

## The pursuit of beauty

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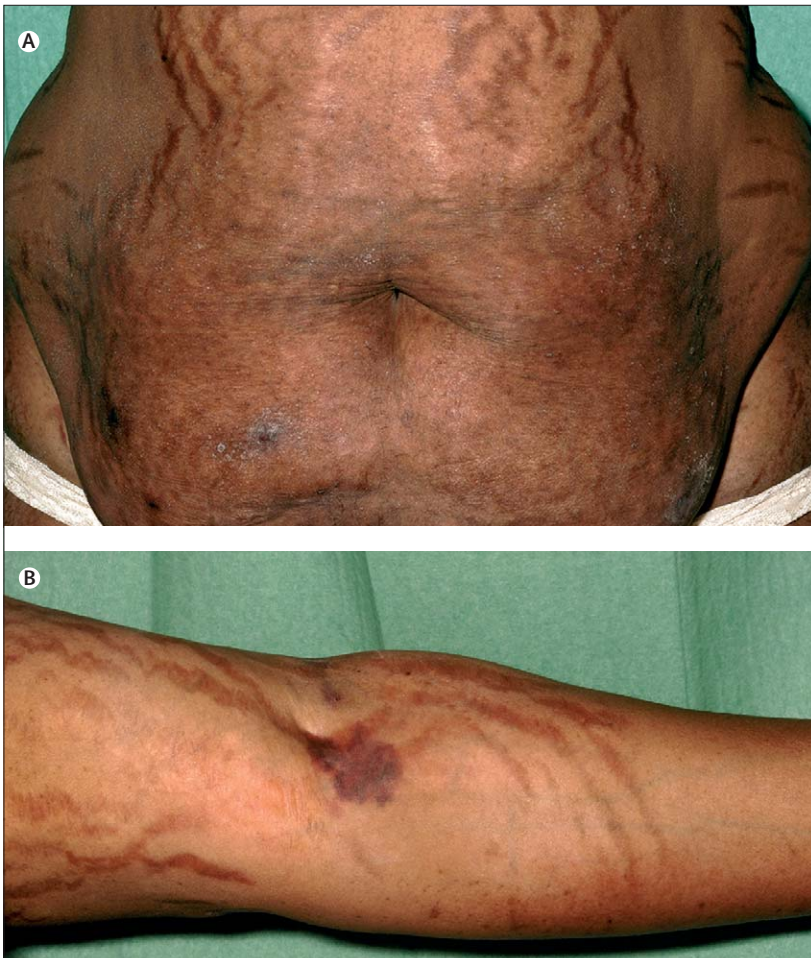
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For more on the sale of skin-bleaching creams see [http://observer.guardian.co.uk/uk\\_news/story/0,,1593303,00.html](http://observer.guardian.co.uk/uk_news/story/0,,1593303,00.html)

Despite her best efforts, a 28-year-old woman had gained 12·7 kg in 3 years. She had also been trying to conceive for 18 months—without success—despite menstruating regularly. She reported having stripes on her arms, back, abdomen and legs, and bruising easily; she also had recurrent vulval candidosis. Her history was otherwise unremarkable—in particular, she denied taking any illicit or prescribed drugs. On examination, we noted central obesity (body-mass index 36·6 kg/m<sup>2</sup>), an interscapular fat pad, and a round face; the patient had pigmented striae all over her body (figure) and thin, bruised skin, as well as mild hirsutism on her back, and pseudofolliculitis on her chin. She had a mild proximal myopathy. We provisionally diagnosed Cushing's syndrome. But blood tests showed extremely low concentrations of cortisol and corticotropin. We asked again about drugs—and the patient admitted that she had used a skin-lightening

cream for 7 years. This cream had not been bought from a pharmacy, but from a local shop unauthorised to stock it. Further inquiries revealed the cream to be clobetasol. The patient was using around 60 g (two tubes) a week. Patients are often reluctant to admit that they have used skin-lightening creams, especially if these are supplied illegally. Similarly, doctors can be unaware of the need to inquire. But the market is worth millions of pounds a year, in the UK alone. Creams can contain toxic substances, such as steroids and hydroxyquinone—and patients are typically unaware of the risks.



**Figure: Drug-induced Cushing's syndrome**  
(A) Obesity and striae. (B) Striae and bruising.