

Rumpel Leede Phenomenon: Once in a Blue Moon Sign

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A 53-year-old female patient was posted for a laparoscopic cholecystectomy. She was obese with a BMI of 30, not a known diabetic or hypertensive. Total duration of surgery was one hour, with standard ASA monitoring under general anaesthesia. Hemodynamics were stable throughout the surgery and she was extubated uneventfully. In the immediate postoperative period, after detaching the non-invasive blood pressure cuff from the left arm (Mindray, non-disposable) which is made of nylon material, multiple longitudinal erythematous lesions (Figure 1) were discovered on the arm mimicking the folds of blood pressure cuff. The lesions were non pruritic and non-progressive in nature. Patient did not complain of pain in the hand in the postoperative period. Clinical diagnosis of Rumpel Leede sign (RL sign) was made after the dermatological consultation. It is characterized by the presence of a petechial rash that results from acute dermal capillary rupture. Patient was followed up and the lesions gradually subsided uneventfully.

Rumpel Leede sign was documented in literature quite often and it is associated with conditions like hypertension, diabetes, chronic steroid use, secondary to autoimmune disorders, mechanical trauma, thrombocytopenia and in patients taking antiplatelet drugs [1-3]. It usually goes unnoticed except for the cases where it is associated with thrombocytopenia and other comorbidities. As reported by Rehman HU et al., age related changes would be one of the risk factors in our case other than obesity wherein cuff size is smaller for the arm circumference [3-4]. Repeated measurements with the blood pressure cuff could be the possible cause

in this case. Vasculitis screen was not performed due to unavailability. Most of the cases of Rumpel Leede sign have resolved within 2 weeks without any residual effects and we have observed the same.

We have previously reported a similar case of contact dermatitis with nylon non – invasive blood pressure cuff after elective surgery [5]. Park et al. reported a case of contact dermatitis caused by ambulatory blood pressure monitoring in which the patient recovered following treatment with antihistamines and topical steroid cream [6]. This clinical picture can be a differential diagnosis to R-L sign.

Figure 1- Multiple longitudinal erythematous lesions (RL sign)



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The authors declare no conflicts of interest.

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