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Case report

Erythema ab igne

*Santokh Singh^a Sumeet Singh^b Parampreet Singh^c

^{a,b,c} Professor & Head Junior Resident Intern

Department of Medicine & Gastroenterology, Govt. Medical College, Amritsar, INDIA.

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ABSTRACT

“Erythema ab igne,” derived from the Latin, means “redness from fire.” Erythema ab igne is reported most frequently in temperate countries where people use a variety of heat sources during the cold weather. Historically, erythema ab igne was seen on the legs of women who sat next to coal stoves or fires.

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1. Case Report

A 45 year old female, housewife, villager presented in OPD with the chief complaint of non itchy erythematous patches on both the forearms since last 5 days. There was no history of any exposure to heat on her forearms in the form of heating pads or cooking in the coal stove or wood, cowdung cakes. She was menstruating normally, voice was normal, there was history of weight gain, constipation, decreased appetite and somnolence. On examination reticulated erythematous lesions were present on both the forearms and on the medial aspect of the knees. These lesions were blanchable and nontender. The ankle jerks were found to be delayed. Thyroid profile was done and was suggestive of hypothyroidism. For skin lesions possibility of erythema ab igne was kept.

“Erythema ab igne,” derived from the Latin, means “redness from fire.” Erythema ab igne is reported most frequently in temperate countries where people use a variety of heat sources during the cold weather. Historically, erythema ab igne was seen on the legs of women who sat next to coal stoves or fires. [1] Erythema ab igne has been associated with chronic use of heating pads, hot water bottles, electric blankets, space heaters and other localized heat sources. [2] A modern manifestation of the condition has been seen on the anterior thighs of people who use laptop computers. [3] It results from chronic and repeated exposure to low levels of infrared radiation insufficient to cause a burn. [4]

Rarely, it is seen in hypothyroidism also. [4] Histopathologic findings include epidermal and dermal atrophy, hyperkeratosis, melanin deposition, vasodilation and hemosiderin deposits, and squamous atypia. [2] Skin biopsy is not usually required. [1] Following a single exposure a transient reticular erythema occurs, with further exposure there occurs marked erythema with hyperpigmentation. [4] The differential diagnosis also includes livedo reticularis, cutis marmorata, port-wine stain and poikiloderma. [1] Squamous and Merkel cell carcinomas are very rare malignant sequelae of erythema ab igne, developing after decades of heat exposure. [2] The most important treatment for erythema ab igne is immediate removal of the source of infrared radiation. The eruption itself is mostly asymptomatic, and treatment is not usually required. Topical treatment with tretinoin and hydroquinone has been used for persistent hyperpigmentation, and epithelial atypia may respond to topical therapy with 5-fluorouracil. The patient improved with topical hydroquinone and thyroxine replacement.



* Corresponding Author : Dr Santokh Singh

9-FF HIG Flats A-Block Ranjit Avenue
Amritsar -143001,
Punjab, INDIA.
Mob: 9814313689
E.mail: dr_sumeet2005@yahoo.co.in

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