



ERYTHEMA AB IGNE

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Erythema ab igne is an uncommon condition manifesting in a reticulated, or fishnet-like, pattern of hyperpigmentation on the skin resulting from chronic exposure to low-levels of heat or infrared radiation. The name comes from Latin and can be translated 'redness from fire'. These lesions are usually asymptomatic, but can be associated with pain, burning and itching. Historically, erythema ab igne would occur in individuals repeatedly exposed to heat such as bakers, metalworkers or individuals spending long periods next to fires. As the availability of central heating increased, the incidence of erythema ab igne has decreased in developed countries. However, cases of erythema ab igne are now being reported from exposure to space heaters, laptop computers batteries, heating pads and heated seats in cars.

Initially, lesions start as mottling or mildly pink patches and progress to the classic reddish or violaceous to brown reticulated pattern. Multiple stages of the lesions are usually present at the same time. The hyperpigmentation and lace-like patterns develop from repeated injuries to superficial vascular networks and the outer layers of skin after extended exposure to heat. Cellular changes in the skin resemble that of chronic sun exposure with mild cellular atypia and increased elastic tissue in the dermis.

This condition can look very similar to a vascular condition called livedo reticularis, which can be associated with a serious underlying disease such as lupus. Expert consultation with a dermatologist should be sought to make an accurate diagnosis. The mainstay of treatment of erythema ab igne is removal of the offending heat source. Mild cases will resolve over the course of months while more advanced cases can persist for years or remain permanently. If lesions are visually disturbing, treatment with **5-fluorouracil**, **tretinoin** or **laser** therapy may improve appearance. In rare cases, cancer has been reported to arise from erythema ab igne, thus consultation with a dermatologist for monitoring and possible **biopsy** is recommended for long-lasting lesions.

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