

PhotoClinic

A Look at Dermatological Cases

“What’s wrong with my thighs?”

Benjamin Barankin, MD

A 53-year-old man presented to the clinic due to concern regarding a brownish-red rash on his bilateral thighs (Figure 1). The rash was asymptomatic, and he was simply curious as to its etiology and treatment. He is otherwise healthy and is not taking medications.

What is your diagnosis?

This patient has *Erythema Ab Igne* (EAI). For the past 20 years, he has been applying a hot water bottle to both thighs to deal with leg soreness following exercise. He has been applying the hot water bottle daily for extended periods of time.

EAI is an uncommon condition that occurs when skin is chronically and repeatedly exposed to an external heat source. Exposure to the heat source results in persistent, reticulate, reddish-brown patches. The exposure of persistent and prolonged heat results in cutaneous hyperthermia and histopathologic changes similar to those seen in sun-damaged skin. The skin often develops telangiectasia and hyperpigmentation.

While usually asymptomatic, patients may occasionally complain of mild pruritus and burning.



Figure 1. Reddish-brown rash on a patient's thighs.

Various heat sources have been implicated in causing EAI.

EAI most commonly affects the legs of middle-aged and elderly women who use indoor fire as a heat source. EAI can affect the face and/or palms of cooks who work over an open fire. More common heat sources in North America are hot water bottles, heating pads, and heated recliners used to relieve chronic pain (*e.g.*, pain associated with malignancy and chronic back pain).

There is little in the way of differential diagnosis, although livedo vasculitis should be considered. A thorough history-taking, focusing on the use of external heat sources to either keep warm or treat

pain quickly, leads to the diagnosis of EAI. This is almost always a clinical diagnosis, although a punch biopsy in uncertain cases is beneficial. Use of a heat source for pain management and the resulting presence of EAI in the absence of a known cause of chronic pain should lead to further investigation, as this may be a sign of an underlying primary or metastatic malignancy or other cause of chronic pain (e.g., chronic pancreatitis).

Cessation of chronic heat exposure is essential in most patients, often resulting in a gradual improvement of the condition over many months. Lasers may be used to improve the appearance of persistent lesions with hyperpigmentation. In addition, actinic

keratoses, Bowen's disease, and squamous cell carcinoma, have been reported within these lesions. Therefore, patients should be examined periodically. Patients should be educated as to the cause of their problem, and reminded there can be no improvement until the heat source is eliminated. Other options for coping with pain should be considered, where relevant. [CME](#)



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CME Congress 2004: you belong in Toronto

May 15-18, 2004 at the Fairmont Royal York Hotel, in Toronto, Canada

This Congress is sponsored by the Alliance for Continuing Medical Education, the Society for Academic Continuing Medical Education, and the Association for Hospital Medical Education, and is hosted by the University of Toronto, in association with the Canadian Association for Continuing Health Education.

- Information:** **Rajesh Mangrulkar, MD**, University of Michigan, Ann Arbor, Michigan, "On targeting and structuring information resource use - a path towards informed clinical decisions."
- Education:** **Karen Mann, PhD**, Dalhousie University, Halifax, Nova Scotia, "The role of educational theory in CME - has it helped us?"
- Implementation:** **Jeremy Grimshaw, MB, ChB, PhD**, University of Ottawa, Ontario, "Changing physician behaviour in the real world: lessons from guideline implementation."
- Regulation:** **Donald E. Melnick, MD**, President, National Board of Medical Examiners, Pennsylvania, will speak on "Physician performance assessment in the next few years and how it will affect CME."
- Environment:** **Mark Smith, MD, MBA**, President and CEO of the California Health Care Foundation, Sacramento, California, will be speaking on "The future of health care; the future of CME."

Who Should Attend? The relevant and multifaceted nature of the Congress themes will appeal to a broad range of individuals from the United States, Canada, and internationally, including CME planners, health services researchers, policy-makers, leaders in organized medicine, physicians and other health care professionals, quality improvement professionals, and health educators.

How Do I register? The CME Congress 2004 website <http://www.cmecongress.org> provides more detailed information about the program, speakers, submission of poster presentations, registration, accreditation, sponsors, etc. The final program will be available by February 1st 2004. Please refer to this site or contact the organizers at:

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