

Case Report

A RARE PRESENTATION: BULLOUS ERYTHEMA AB IGNE

Solak SS¹, Kaya Ö²

¹ Trakya University Faculty of Medicine, Department of Dermatology, Edirne, Turkey.

² Çanakkale State Hospital Dermatology Clinic, Çanakkale, Turkey

Corresponding author

Solak SS

Trakya University Faculty of Medicine, Department of Dermatology, Edirne, Turkey.

e-mail: sezgisarikaya@gmail.com

ABSTRACT

Erythema ab igne is a reticular, pigmented dermatose which is caused by repeated or prolonged exposure to a heat. It is typically seen as reticular erythema and hyperpigmentation over the legs and inner thighs of women who sit in front of heat sources. Bullous form of erythema ab igne is rarely reported. We report here a case of young woman who rapidly developed bullous erythema ab igne after two weeks of heat exposure in her new job. She was diagnosed with bullous EAI based on the clinical appearance and her history.

Key words: Bullous erythema ab igne, reticular, hyperpigmentation

ÖZET

Eritem ab igne uzun süreli veya tekrarlayan ısı maruziyeti sonucu ortaya çıkan retiküler, pigmente lezyonlarla karakterize bir deri hastalığıdır. Tipik olarak, ısı kaynaklarının önünde oturan kadın hastaların alt ekstremitelerinde görülür. Büllöz lezyonların eşlik ettiği eritem ab igne literatürde nadir olarak bildirilmiştir. Bu makalede yeni başladığı işinde iki hafta süreyle ısıya maruz kalan genç kadın hastada kısa sürede gelişen büllöz eritem ab igne bildirilmektedir.

Anahtar kelimeler: Büllöz eritema ab igne, retiküler, hiperpigmentasyon

INTRODUCTION

Erythema ab igne is a reticular, pigmented dermatose which is caused by repeated or prolonged exposure to a heat. Few reports of bullous erythema ab igne have been

published. Our patient is a young woman who has an atypical, bullous clinical presentation of erythema ab igne after two weeks of heat exposure.¹

CASE REPORT

A 19-year-old woman admitted to our dermatology outpatient clinic with red-brown skin changes and bullous skin lesions localized to her legs. She described mildly burning and itching. She reported that she had started working a deskjob two weeks ago and since then she had been using an electrical heater under her desk in front of her legs for approximately 6-7 hours/day. Physical examination revealed reticular erythema and hyperpigmentation, tense bullae and a few crusting on bilateral anterior sides of lower extremities (Fig. 1a). Laboratory examination, including blood count, serum

chemistry profile, renal and liver function tests, ANA screening, thyroid function tests and urin analysis were within normal limits. Based on her history and clinical findings a diagnosis of bullous erythema ab igne (EAI) was made. Patient was explained about the cause of skin disease. She stopped using heater in close distance and was treated with topical corticosteroid and epithelizing creams. After a month the erythema reduced leaving postinflammatory hyperpigmentation and bullous lesions healed initially with crusting then with hypo- and hyperpigmentation (Fig 1b).

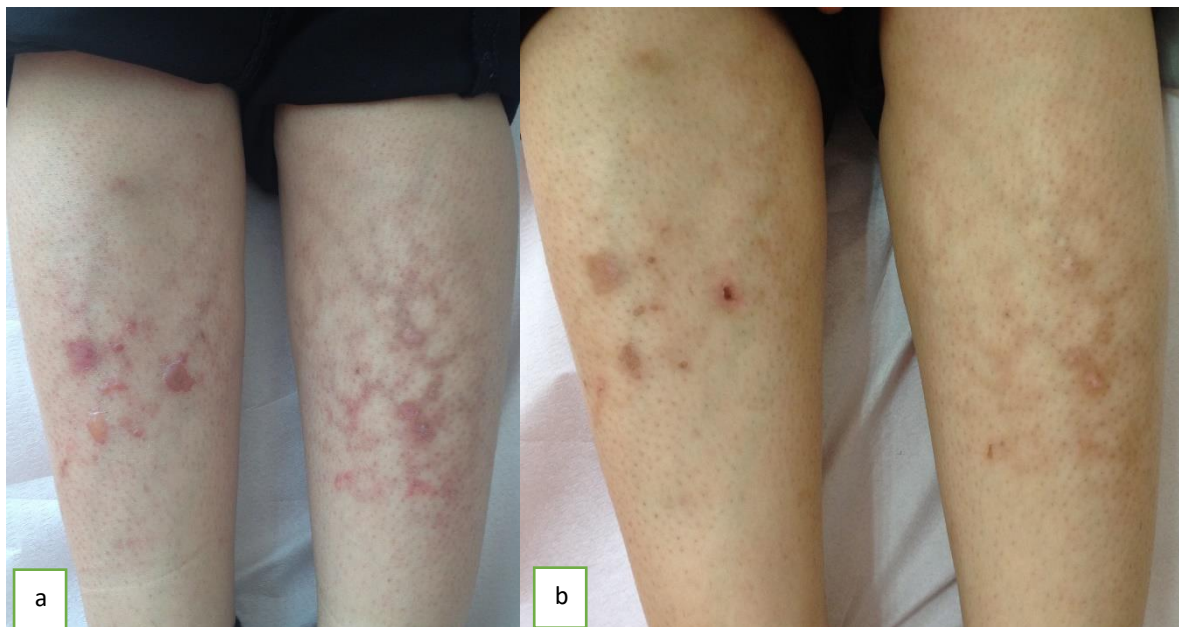


Figure 1. a) Bilaterally symmetrical reticular erythema, hyperpigmentation and bullous lesions, b) Healing after treatment.

DISCUSSION

EAI is a reticulate erythema and hyperpigmentation caused by repeated or prolonged exposure to heat. It is typically seen over the legs and inner thighs of women who sit in front of fires, heaters or room stoves.^{1,2} Prolonged use of hot waterbottles, heating pads for chronic pain or occupational exposure to heat in bakers, foundry workers, silversmiths, blacksmiths may also cause this condition in affected areas.^{1,2} In recent years, increased number of laptop induced EAI is reported³. Diagnosis is mainly based on patients history and physical examination.²⁻⁵

It initially occurs as a mild and transient erythema which evolves into permanent and reticulate hyperpigmentation. Occasionally atrophy and telangiectasia develop after longterm exposure.^{4,5} Development of bullae formation in EAI is rarely reported.⁶⁻⁸ Bullous form of EAI was first described in three patients from Ireland in 1996.⁶ Since then, interestingly, most of the reported patients were from Turkey.^{7,8,9} In this respect we agree that bullous EAI may be more common than it is reported as suggested previously.⁶⁻⁷

Duration of heat exposure required for development of EAI varies between two weeks and several months.^{3,5,8} In previous bullous EAI reports^{7,8} duration of exposure was noted in three patients (three months, two months and two weeks, respectively). Our patient developed bullous lesions in a remarkably shorter period –about two weeks similarly to the patient reported by Asilian et al.¹⁰ This may be due to the significantly longer exposure to high temperatures of heat because of sitting in same position for long hours at work, during six days a week. Elsner&Schliemann¹¹ reported a similar patient with EAI who worked as a secretary in a room where had been heated by a heater under her desk. They have touched a different and interesting point and stated EAI may be an occupational skin disease if the chronic heat exposure is occupationally induced.

There is no specific treatment of EAI. Removal of heat source results in resolution of erythema but chronic exposure usually results with postinflammatory hyperpigmentation.^{1,2,4,5}

CONCLUSION

EAI is a relatively common skin disorder but herein we present the rare form, bullous EAI, in a young woman whose bullous lesions developed rapidly with long episodes of heat exposure.

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