

ERYTHEMA AB IGNE

By

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Erythema ab Igne as already reported earlier (Bedi, 1969¹) is a peculiar reticular pigmentation, mottling or marbling showing characteristic annular or gyrate pattern developing over those areas of the body which are repeatedly and persistently exposed to heat. The climate of Simla being cold especially during winter, people have to resort to various heating devices to protect themselves from the severity of cold – the most common and probably the cheapest being open fire which is within the reach of an average person.

During this study extending over a period of two years, seven cases of Erythema ab Igne were met with. The clinical features are outlined in the form of a table below:—

Erythema ab Igne

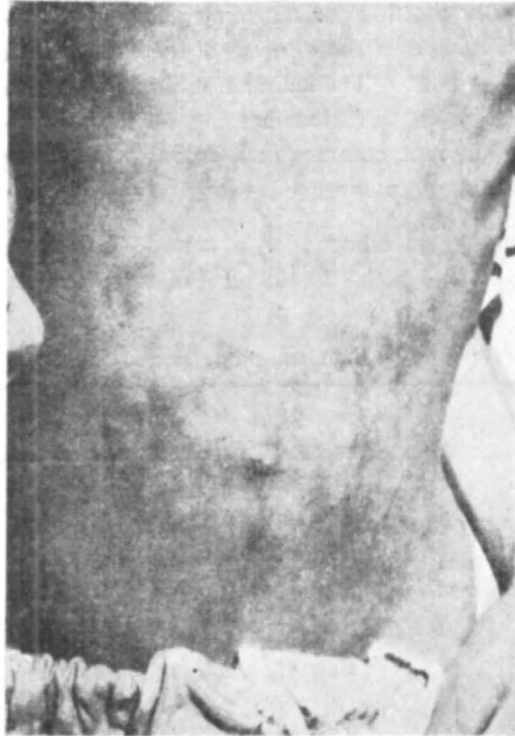
S. No.	Name	Age	Sex	Site	Duration of lesions	Any associated disease
1.	B. R.	55	M	Knee rt. side	6 years	Nil
2.	B.	22	F	Knee both sides	3 years	Nil
3.	K.	70	M	Palm left	2 years	Carcinoma Lung
4.	S. C.	23	M	Abdomen	3 months	Cirrhosis of liver
5.	D.	43	M	Palm – both sides	5 years	Nil
6.	S. M.	32	F	Left knee and leg	3 years	Tuberculoid Leprosy
7.	T. R.	35	M	Knee and legs both sides	2 years	Malnutrition

All these cases were subjected to histopathology apart from detailed clinical and investigative study to find out any other associated systemic disease.

DISCUSSION

As is obvious from the above table, there is no particular age or sex predilection in these cases. The commonest site of involvement encountered in this series was the knee or the front of the leg which is in conformity with the site usually described for this disease. However, we could see two cases of involvement of the palm of the hand – a rather uncommon site. But keeping in view the popular practice in this part of the country to place the hands over fire to get immediate warm feelings, palm involvement may not be a rare occurrence. In one case of a shop-keeper (case No. 3) the left palm was affected because he used to keep it over fire while disposing off the customers with right hand. The other case (case No.5) who had erythema ab igne over both palms was a bank accountant

who could keep both of his hands over fire intermittently. There was one case (case No. 4) of erythema ab igne over the abdomen due to indirect heat (hot water bottle, hots and bag) applied to get relief from pain in abdomen due to cirrhosis of liver.



The histopathology in most of these cases showed varying degree of inflammatory changes in the dermis with vasculitis; some atrophy of epidermis with increase in pigmentation. The consistent histological feature seen in four out of seven cases was the elastotic degeneration of the dermal collagen— a characteristic feature outlined by Fonlayson et al² (1966).

Most of cases in this study were moderately anaemic (Hb. between 10-12 gm%) one case was suspected of carcinoma of lung (case No. 3), one was suffering from tuberculoid Hansen (case No. 6) and one was malnourished (case No. 7) Only three cases were free from any other associated debilitating disorder. This may support the view of Hartzell³ (1912) that this disease is more common amongst those persons whose health is below normal, due to some associated internal disease.

But in none of these cases we could find associated hypothyroidism against the observations of Sneddon⁵ (1968) who mentions hypothyridism or hypothermia as a primary factor in these individuals being responsible for excessive desire to heat themselves.

The elastosis in the dermis is bound to give this condition a premalignant status like solar keratosis and radio dermatitis. Attention to this important aspect was drawn by Peterkyn⁴ (1955) who reported squamous cell carcinoma supervening in two cases of Erythema ab Igne. However in our study, we did not come across any case of malignancy or premalignancy in this group even in patients who had been suffering for last 5-6 years. But it is important for us to abandon the



usual complacent approach to this condition. Taking stock of the serious consequences like pre-malignancy or malignancy which may complicate the disease, one should warn these patients at the very first interview and dissuade them from direct heating. A note of warning is thus called for.

This study underlines the importance of ecology and the role of regional dermatoses.

SUMMARY

A clinico-histological study on seven cases of Erythema ab Igne is reported from Simla. The clinical and histological features are outlined. The literature on the subject is reviewed.

REFERENCES

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