

ERYTHEMA AB IGNE, SCHIZOPHRENIA AND THERMOPHILIA

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A 48-year-old male who had been suffering from schizophrenia developed erythema ab igne. He had thermophilia and frequently used to expose the affected sites in front of open fire in the kitchen.

Key words : Erythema ab igne, Thermophilia, Schizophrenia.

Erythema ab igne, also known as 'toasted skin syndrome', is a persistent macular erythema and hyperpigmentation occurring in a reticular pattern in the areas exposed to continued moderate heat. The legs of women exposed to open fires are the most frequent locations.¹ The abdomen and lower back are also commonly affected after prolonged and excessive use of heating pads or hot water bottles. Histopathologically, it is characterized by dermal elastosis.² Pigmentation is attributed to the presence of melanin as well as haemosiderin in the dermis. Here, we report a case of erythema ab igne in a patient with schizophrenia who had associated thermophilia.

Case Report

A 48-year-old male who had been suffering from schizophrenia since 2 years, was seen with reticulate pigmentation of the thighs and buttocks of 3 months duration. For the mental disorder he had been receiving high doses of chlorpromazine daily orally, in addition to occasional electro-convulsive therapy. Since 6 months, the relatives of the patient observed that the patient had increased desire to warm the skin of the thighs and buttocks and for this he used to expose these areas in front of the open fire in the kitchen.

Detailed psychiatric evaluation of the patient revealed features of paranoid type of schizophrenia. He had bizarre delusions, hallucinations, thought disorders and dementia. General

physical and systemic examination did not reveal any other abnormality. The body temperature, pulse rate and blood pressure were all normal.

Multiple erythematous and brownish-black pigmented macules in a reticulate pattern were seen on the buttocks and on the back and medial aspects of both thighs (Fig. 1). There was no associated atrophy or telangiectasia.

Routine laboratory tests on blood, urine and stools were normal. Tests for thyroid functions were normal. Blood VDRL test was negative. Fasting blood sugar was 90 mg%. Skin biopsy from the thigh revealed mild atrophy of the



Fig. 1. Erythema ab igne on the medial aspect of the thigh. Note hyperpigmented macules in a reticulate pattern.

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epidermis, increased elastic tissue in the upper and mid-dermis, focal collections of lymphocytes and scattered melanophages in the dermis.

Comments

Clinically and histopathologically, the skin lesions seen in our patient were quite typical of erythema ab igne. Erythema ab igne is only rarely encountered in this part of the country. Bedi in 1969 reported it in a 70-year-old male with carcinoma of the lung.⁴ The same author reported 7 other cases in 1971. Among them four had associated diseases like cirrhosis liver, malnutrition, tuberculoid leprosy and carcinoma of the lung.⁵ Even though erythema ab igne is only a localised cutaneous reaction to thermal injury, its observation may sometimes give a clue to the physician to detect underlying associated systemic diseases like hypothyroidism in which hypothermia is an important feature. In mentally disturbed patients with thermophilia, bizarre areas of erythema ab igne are sometimes encountered.⁶ Thermophilia in the present case is most probably a part of the paranoid type of schizophrenia. Chlorpromazine even in moderate doses can result in hypothermia.⁷ But persistent normal body temperature in the present

case excludes this possibility as the aetiologic factor for thermophilia.

References

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