

Short Report

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Cisco brazier-induced Erythema Ab Igne**Luis Posado-Domínguez^{1,2*}; Luis Figuero-Pérez^{1,2*}; Aránzazu Amores-Martín^{1,2}; Emilio Fonseca-Sánchez^{1,2,3}**¹Oncology Department, University Hospital of Salamanca, Salamanca, Spain.²Salamanca Biomedical Research Institute, IBSAL, Spain.³Faculty of Medicine, University of Salamanca, Spain.***Corresponding Author:****Luis Posado-Domínguez**

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Abstract

Erythema Ab Igne (EAI) is a skin condition manifested by net-like darkening due to continuous exposure to moderate temperatures generated by various heat sources which predominantly appear in the calf area and distal region of the lower extremities. EAI diagnosis is clinical and treatment consists of removal of the heat source. We presented a 65-year-old male with EAI secondary to chronic exposure to a cisco brazier. The importance of this clinical case lies in recognizing certain patterns of presentation of skin lesions and the search for their origin through a directed anamnesis.

Keywords: Ab-Igne; Clinical medicine; Physical examination; Rural medicine.

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Case presentation

The patient was a 65-year-old man with a history of locally advanced epidermoid lung cancer under follow-up by the Medical Oncology Service.

He came to the Emergency Department for severe abdominal pain in the left flank of 14 days of evolution that in the last 48 hours had worsened abruptly. Physical examination revealed abdominal defense on palpation and hyperpigmentation in the lower limbs (Figure 1). In the anamnesis he reported nausea coinciding with the episode of pain and moderate asthenia. When asked about the conditions of his home, he reported that it was a house in a rural environment and that the heating source was a cisco brazier. At that time he was diagnosed with EAI.

On the other hand, given the intensity of the pain and the pathological examination, an urgent abdominal CT scan was requested, visualizing a 4x5 cm lesion in the tail of the pancreas, which was diagnosed as metastasis of squamous cell carcinoma of the lung. The patient was admitted for 48 hours for adequate management with third step analgesia. He was subsequently discharged.

Discussion

Spain is a country in which a significant percentage of the population lives in rural areas and, in cold winters, continues to use traditional heating methods such as wood or coal stoves, braziers or electric blankets [1-3].

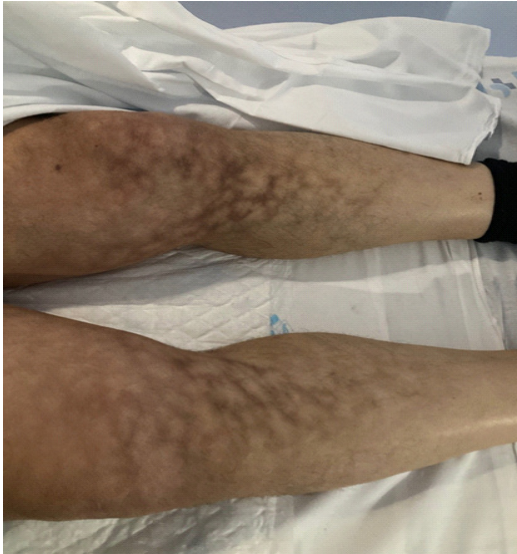


Figure 1: Hyperpigmented patches of reticular distribution on the lower extremities, presenting as erythema Ab Igne.

The continued use of these methods causes skin lesions such as EAI, which predominantly appear in the calf area and distal region of the lower extremities. However, the popularity of other heat sources such as laptops has led to cases in the lower abdominal region or thighs in young patients [4].

EAI is a type of acquired diffuse reticular hypermelanosis caused by chronic exposure to moderate heat [2,3].

Initially vasodilatation and changes in the microcirculation occur producing the characteristic redness of this lesion. Also, repeated exposure to heat induces melanin accumulation in response to stress resulting in brown or mottled coloration [1,2]. In some patients, symptoms such as itching or burning are manifested secondary to the release of inflammatory mediators by skin cells and local blood vessels [2,3].

Finally, after a long period of exposure, a mottled appearance and changes in skin texture may be observed secondary to keratinization of the horny layer of the epidermis [3].

Although infrequent, continued exposure to heat sources can eventually lead to skin atrophy or the development of ulcerative lesions and an increased risk of developing cutaneous malignancies such as squamous cell carcinoma or Merkel cell carcinoma [3-5].

EAI diagnosis is clinical and treatment consists of removal of the heat source [1,2]. Detection of this lesion should involve an anamnesis aimed at assessing the patient's social and economic background and whether the application of the heat source is in response to an attempt to treat previous pain in the affected area.

When Dr. Gregorio Marañón was asked what he considered to be the most important advance in medicine, he replied: "The chair; the chair that allows us to sit next to the patient, listen to him and auscultate him".

Conclusion

The importance of this clinical case lies in recognizing certain patterns of presentation of skin lesions and the search for their origin through a directed anamnesis, which will avoid the request for unnecessary and costly tests that may delay the diagnosis.

Declarations

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References

1. Leal-Lobato MM, Blasco-Morente G. Eritema ab igne inducido por manta eléctrica. *Semergen.* 2015; 41: 456-7.
2. Miller K, Hunt R, Chu J, Meehan S, Stein J. Erythema ab igne. *Dermatol Online J.* 2011; 17.
3. Lario AR-V, Gómez-Zubiaur A, Piteiro-Bermejo AB, Medina-Montalvo S, Trasobares-Marugán L. Lesiones cutáneas reticuladas en un paciente con dolor lumbar. *Rev Cuba Reumatol.* 2018; 20: 24.
4. Kesty K, Feldman SR. Erythema ab igne: Evolving technology, evolving presentation. *Dermatol Online J.* 2014; 20.
5. Jones CS, Tying SK, Lee PC, Fine JD. Development of neuroendocrine Merkel cell carcinoma mixed with squamous cell carcinoma in erythema ab igne. *Arch Dermatol.* 1988; 124.