

## ‘Toasted Skin’ of Pregnancy

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### Introduction

Rheumatology was consulted on a 27 year old primigravida hospitalized to the Obstetric floor at 37 weeks of gestation for a possible ‘vasculitic’ rash. The history was not suggestive of any systemic vasculitic process. On examination, there was a mottled lacy purplish rash on the lower back [Figure 1].

On more attentive listening, the patient admitted using a ‘hot pack’ for several hours a day to relieve chronic low back pain (mechanical) aggravated by the abdominal growth of pregnancy.

Q: Based on history and physical exam findings, which is the most likely diagnosis?

- A. Livedo reticularis
- B. Erythema *ab igne*
- C. Livedo racemosa
- D. Caput medusa

### Discussion

The answer is B: Erythema *ab igne*.

Erythema *ab igne* (also known as ‘toasted skin syndrome’) is a hyperpigmented reticulated erythema seen in association with long term exposure to the heat. Etiology is thought to be repetitive exposure to infrared radiation causing erythematous reticulated bands to darken (1). It has been seen after prolonged use of heat pads,

Condition	Characteristic
Livedo reticularis	Reticulated vascular pattern with a red to purple hue. “Unbroken” rings.
Erythema <i>ab igne</i>	Reticulated erythema and hyperpigmentation at the site of heat application.
Livedo racemosa	Violaceous conical lesions irregularly and asymmetrically distributed. “Broken” rings.
Caput medusa	Distended superficial veins radiating from umbilicus across the abdomen, often seen in portal hypertension.



Figure 1.

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laptop computers, car heaters etc. It tends to be self-limiting and resolves after cessation of heat application. If heat application has persisted for a long time, the rash can become permanent. In case of persistent lump or sore, biopsy should be considered to rule out malignancy.

Livedo reticularis is a red-purple violaceous reticulated rash. It is often associated with exposure to cold; patients can have concomitant Raynaud's phenomenon as well. Often it is benign but can be pathologic. Benign variant is most commonly seen in neonates and fair skinned individuals (2). If livedo reticularis is persistent, underlying etiologies like systemic lupus erythematosus, vasculitis, cryoglobulinemia etc. should be ruled in appropriate clinical setting (3).

Livedo racemosa is characterized by "broken" rings, which helps to differentiate it from livedo reticularis. Identifying clinical picture is vital as it is often pathologic and requires active intervention (4). Sneddon's syndrome is an example of a disease state that can present with livedo racemosa; these patients are typically young female presenting with cerebrovascular accidents (5).

Caput medusa is a distention of superficial veins radiating from umbilicus across the abdomen. It is most commonly associated with portal hypertension but can be seen in superior or inferior vena cava syndrome (6,7). Management of underlying cause is the mainstay of treatment.

Our patient sacrificed the attachment to the heating pack and the skin rash started abating.

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