Case Report

‘Toasted Skin’ of Pregnancy

Prashant Kaushik1*, Aadya Kaushik2, Craig Zelig3, Vivek R Mehta4, Jennifer Walia5

*Corresponding author: Prashant Kaushik, MD, MB BS, FACP, FACR, RhMSUS
Address: 1Associate Professor, Department of Medicine, Division of Rheumatology, Albany Medical College; Lead Rheumatologist, Albany VA Medical Center, Albany, NY 12208; 2BS Candidate 2020, Northeastern University, Boston, Massachusetts; 3Department of Obstetrics and Gynecology, Albany Medical Center, Albany, NY; 4Former Rheumatology-Fellow, Albany Medical College, Albany, NY; 5Former Obstetrics-Gynecology resident, Albany Medical College, Albany, NY
e-mail Prashant.Kaushik@va.gov
Received: 25 November 2019; Accepted: 29 November 2019

Case Report

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).

Figure 1. Mottled lacy purplish rash on the lower back
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**

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

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 (Riahi et al., 2017). It has been seen after prolonged use of heat pads, 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 individual (Gibbs et al., 2005). If livedo reticularis is persistent, underlying etiologies like systemic lupus erythematosus, vasculitis, cryoglobulinemia etc. should be ruled in appropriate clinical setting (Toubi et al., 2005).
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 (Kawakami et al., 2009). 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 (Dean, 2011).

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 ((Nieto and Doty, 1986; Missal et al., 1965). Management of underlying cause is the mainstay of treatment.

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

Acknowledgment

The corresponding author expresses gratitude and acknowledges Albany VA Medical Center and Albany Research Institute for all the kind support.

References


