Erythema ab igne (EAI) is a localized cutaneous eruption that occurs after chronic exposure to heat. In the past, EAI was a common condition seen on the legs of women who stood or sat too close to a fire, but in current times, the development of EAI has been linked to space heaters, fireplaces, car heaters, and even the use of laptop computers propped on the legs. It has also been known to develop after repeated application of hot water bottles or heating pads used to treat chronic pain or backaches.1 EAI occurs when exposure to heat is recurrent but acutely insufficient to cause a classic burn.

The typical initial manifestation of EAI after a single exposure is transient reticular erythema. With continued exposure to heat, a more marked erythema with hyperpigmentation develops and occasionally superficial epidermal atrophy. Eventually, the skin becomes persistently erythematous with pig-
ment changes, reticulate telangiectasia, and diffuse hyperkeratosis. Subepidermal bullae are rare but have been reported. Although lesions are typically asymptomatic, patients may describe burning or itching sensations. On rare occasions, squamous cell carcinoma and Merkel cell carcinoma have also been known to arise in the lesions.

Avoidance of chronic heat to any one site on the body is the best preventative measure, and immediate removal of the source of heat is the mainstay of therapy for EAI. Early removal of the heat source results in an excellent prognosis with spontaneous resolution over time. However, chronic exposure without discontinuation can result in persistent pigmentary abnormalities, atrophy, or even malignancy. Some reports have shown that 5-Fluorouracil cream is effective in clearing epithelial atypia. Furthermore, it is important to perform a biopsy of the lesion if any evidence of cutaneous malignancy, such as nodules or ulceration, exists.