



Rectal cancer presenting with erythema *ab igne*

Alexandra R Molina • N Behar • Rakesh Bhardwaj

Department of Colorectal Surgery, Darent Valley Hospital, Darent Wood Road, Dartford DA2 8DA, UK

Correspondence to: Alexandra R Molina. E-mail: alexandramolina@doctors.org.uk

DECLARATIONS

Competing interests

None declared

Funding

None

Ethical approval

Written informed consent to publication has been obtained from the patient or next of kin

Guarantor

RB

Contributorship

All authors contributed equally

Acknowledgements

None

Reviewers

Kingsley Ekwueme,
Sanjay Chaudhri

Erythema *ab igne*, a skin reaction which follows heat exposure, is characteristically associated with pancreatic malignancy but unusually in this case was a presenting sign of colorectal cancer.

Case report

A 45-year-old tugboat worker presented to his general practitioner with a four-month history of anal pain and bleeding per rectum. A diagnosis of haemorrhoids was initially made. He then re-presented with additional symptoms of tenesmus, 'wet wind', weight loss and pelvic pain so was promptly referred to colorectal outpatient clinic. On further questioning, he described prolonged use of a hot water bottle to ease his worsening localized pain. He had no focal neurological symptoms and signs in his lower limbs, and no indication of pelvic autonomic dysfunction. Clinical inspection of his buttocks revealed erythema *ab igne* (Figure 1) though abdominal examination and digital rectal examination were unremarkable. Of significance, rigid sigmoidoscopy was inconclusive as it revealed stool mixed with blood in the rectum, obscuring views of the mucosa.

A subsequent flexible sigmoidoscopy demonstrated a circumferential, near-obstructing lesion 10 cm from the anal verge. Representative biopsies of the lesion were taken. After considering a colorectal stent the patient opted to have the colon proximal to the lesion defunctioned laparoscopically.

Magnetic resonance imaging (MRI) confirmed a circumferential tumour commencing 9 cm from the anal verge, extending 10 cm proximally into the distal sigmoid (Figure 2). The lesion had breached the rectal wall at several locations, reaching the mesorectal fascia. There was no apparent neural involvement. A staging computed

tomogram (CT) showed multiple peri-rectal nodes and two tiny putative liver metastases which were not amenable to biopsy. Radiological staging was thus T3 N2 M1 (assuming the liver lesions to be metastatic). The histology of the lesion confirmed moderately differentiated invasive adenocarcinoma of colorectal origin.

Following his successful laparoscopic defunctioning colostomy the patient recovered satisfactorily and was discharged within one week. He has now commenced chemoradiotherapy with a view to definitive curative surgery after neo-adjuvant treatment.

Discussion

To our knowledge there is only one previously reported case in the literature of rectal cancer presenting with erythema *ab igne*.¹ The site of the pigmentation often provides a clue to the origin of the

Figure 1

Photograph of erythema *ab igne* on our patient's buttocks. Note the characteristic reticular appearance of the erythema



Figure 2
Sagittal MRI image showing the rectal tumour commencing approximately 9 cm from the anal verge and extending 10 cm proximally into the distal sigmoid colon.



pain – for example, patients with pancreatic cancer may present with erythema *ab igne* on the anterior abdominal wall,^{1,2} and a patient with myeloma was reported to have exhibited erythema *ab igne* on her back.¹ The primary

tumour or metastases may both give rise to the pain leading to repeated topical heat application.

In other circumstances erythema *ab igne* may be indicative of a local heat source. Elderly patients classically present with erythema *ab igne* on their shins as they expose their legs to absorb the heat from fires. More recent reports have described erythema *ab igne* on the anterior aspects of the thighs from direct contact with the heat from laptop computers.³

However, when seen in an unusual anatomical location, it is important to remember that erythema *ab igne* is an alarming sign which should prompt rapid clinical investigation.^{1,2} In this case our patient described accompanying symptoms which alone may not have been sufficient to prompt urgent investigation, but, when evaluated together with the erythema *ab igne* and pelvic pain, compounded to produce a very concerning clinical picture.

References

- 1 Ashby M. Erythema ab igne in cancer patients. *J R Soc Med* 1985;78:925–7
- 2 Mok DW, Blumgart LH. Erythema ab igne in chronic pancreatic pain: a diagnostic sign. *J R Soc Med* 1984;77:299–301
- 3 Levinbook WS, Mallett J, Grant-Kels JM. Laptop computer-associated erythema ab igne. *Cutis* 2007;80:319–20

© 2010 Royal Society of Medicine Press

This is an open-access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by-nc/2.0/>), which permits non-commercial use, distribution and reproduction in any medium, provided the original work is properly cited.