Appendix 1: Differential diagnosis of a reticulated erythematous patch

Diagnosis	Clinical features
Erythema ab igne	• initially reversible; blanchable area of reticulated erythema
	• with repeated exposure to heat, fixed reticulate hyperpigmentation, erythema, epidermal atrophy, scaling and telangiectases
	• localized to area of heat exposure
Livedo reticularis	• mottled violaceous discoloration of the skin, usually on the extremities, occurring in a net-like pattern
	• uncommonly causes hyperpigmentation
	• often aggravated by exposure to cold
Cutis marmorata	• marbled or mottled transient cyanotic appearance of the skin, often on the extremities, as a response to cold
	• frequently seen in infants and young children
Port-wine stain	• fixed vascular malformation consisting of dilated capillaries that produce reddish to purple discoloration of the skin
	• can occur in a reticulated pattern
	• present at birth (may darken over time) and persisting through life
Poikiloderma	• reddish-brown, reticulated pigmentation with atrophy and telangiectases
	• usually occurs in symmetric patches on the cheeks and sides of the neck
	• thought to be related to long-term exposure to ultraviolet light
Poikiloderma secondary to underlying disorder	• telangiectases, atrophy and mottled hyperpigmentation
	• can be found in association with diseases such as dermatomyositis, cutaneous T-cell lymphoma, and several genodermatoses

Appendix to: Beleznay KM, Humphrey S, Au S. Erythema ab igne. *CMAJ* 2010. DOI:10.1503/cmaj.091216.
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