

Vasilios G. Bournas, DO, Wesley Eilbert, MD

From the University of Illinois Affiliate Hospitals Residency Program, University of Illinois at Chicago College of Medicine, Chicago, IL (Bournas); and the Department of Emergency Medicine, University of Illinois at Chicago, Chicago, IL (Eilbert).

0196-0644/\$-see front matter

Copyright © 2011 by the American College of Emergency Physicians.

doi:10.1016/j.annemergmed.2011.01.006

---



**Figure 1.** Bilateral erythematous indurated cheek lesion.



**Figure 2.** Right erythematous indurated cheek lesion. Used with permission of Vasilios G. Bournas, DO, University of Illinois Affiliate Hospitals Residency Program, University of Illinois at Chicago College of Medicine, Chicago, IL.

[Ann Emerg Med. 2011;58:216.]

A 4-month-old black female infant presented to the emergency department with discrete areas of erythema and underlying induration on each cheek that had developed during the past few days (Figures 1 and 2). There was no associated history of trauma to the areas, though the mother reported applying a Popsicle and frozen teething rings to the patient's gums within the previous week in an attempt to relieve teething pain.

*For the diagnosis and teaching points, see page 221.  
To view the entire collection of Images in Emergency Medicine, visit [www.annemergmed.com](http://www.annemergmed.com)*

## IMAGES IN EMERGENCY MEDICINE

(continued from p. 216)

### DIAGNOSIS:

*Cold panniculitis.* First described in 1902, cold panniculitis refers to the inflammation of subcutaneous tissue after exposure to cold, which is believed to induce crystallization of the saturated fats in the tissue.<sup>1</sup> Young children are more likely to develop cold panniculitis than adults because of the higher ratio of saturated fats in their subcutaneous tissue. Lesions typically occur on the chin and cheeks because these are areas rich in subcutaneous fat and tend to be more exposed to cold than other body areas.<sup>2</sup> Precipitating factors of cold panniculitis in children include Popsicles (“Popsicle panniculitis”), ice packs used to convert supraventricular tachycardia, and exposure to cold environments.<sup>3,4</sup> Clinically, erythematous indurated nodules appear 1 to 2 days after the exposure to cold. No treatment is necessary for cold panniculitis, other than avoiding the offending source. Red lesions usually become purple with less induration and resolve within 3 months. This patient had complete resolution of lesions within 2 months.

### REFERENCES

1. Quesada-Cortes A, Campos-Munoz L, Diaz-Diaz RM, et al. Cold panniculitis. *Dermatol Clin.* 2008;26:485-489.
2. Polcari IC, Stein SL. Panniculitis in childhood. *Dermatol Therapy.* 2010;23:356-367.
3. Epstein EH, Oren ME. Popsicle panniculitis. *N Engl J Med.* 1970;282:966-967.
4. Ter Poorten JC, Hebert AA, Ilkiw R. Cold panniculitis in a neonate. *J Am Acad Dermatol.* 1995;33:383-385.