

# Multiple Eruptive Milia

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## Practice Points

- Idiopathic multiple eruptive milia are benign and asymptomatic but may be cosmetically worrisome to patients.
- Multiple eruptive milia may be treated with topical retinoids.

*Multiple eruptive milia (MEM) is a rare skin condition characterized by sudden onset of multiple milia occurring mainly on the head, neck, and trunk. Milia are small, benign, 1- to 4-mm, white keratinous cysts. The lesions generally are asymptomatic and may arise spontaneously or secondary to a number of processes. Multiple eruptive milia are cosmetically troublesome and difficult to treat. We report the case of a 40-year-old man with an abrupt onset of MEM on the face.*

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## Case Report

A 40-year-old man presented with sheets of asymptomatic hyperpigmented and flesh-colored papules on the nose, bilateral cheeks, and bilateral periorbital areas of 19 years' duration. He reported that the papules had appeared within 2 weeks. He denied a personal history of acne, trauma, use of topical steroids, spontaneous pneumothorax, hair loss, or basal cell carcinoma, and he did not report a family history of similar lesions.

Physical examination revealed numerous 1- to 3-mm hyperpigmented and flesh-colored papules on the nose, bilateral cheeks, and bilateral periorbital areas (Figure 1). No periungual fibromas, hypopigmented macules, atrophoderma vermiculatum, telangiectasia, or hypotrichosis were noted. A lesional punch biopsy specimen was obtained for microscopic

examination (Figure 2). Histologic examination of the biopsy specimen showed a milial cyst located in the superficial dermis. The cyst was lined by a stratified squamous epithelium and contained concentric lamellae of keratin.

No therapeutic interventions had been attempted prior to presentation. The patient was treated with once-nightly application of tretinoin cream 0.25%

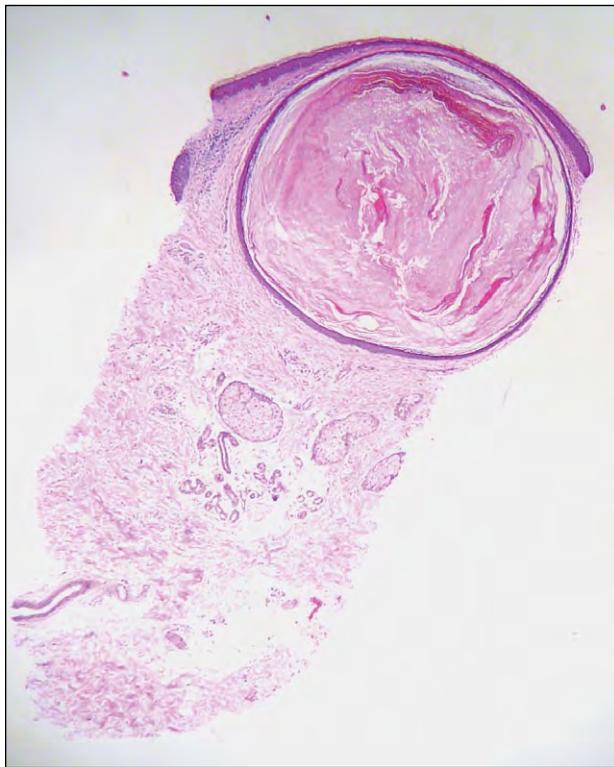


**Figure 1.** Hyperpigmented and flesh-colored papules on the cheek and periorbital area.

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The authors report no conflict of interest.

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**Figure 2.** A milial cyst located in the superficial dermis (H&E, original magnification  $\times 5$ ).

but showed no improvement after 2 months of use. The strength of the tretinoin then was increased to a 0.1% concentration; after 3 months, the patient reported some flattening of the lesions. The patient was lost to follow-up.

### Comment

Milia are small, benign, 1- to 4-mm, white keratinous cysts that are most commonly distributed on the face.<sup>1</sup> Lesions may spontaneously arise, as in primary milia, or secondary to a number of processes. Primary milia typically present as single or multiple papules that are randomly distributed on the face, predominantly around the eyes, forehead, and cheeks; head; and/or trunk of children and young adults.<sup>2</sup> They may be congenital, occurring in up to 50% of newborns. Congenital milia spontaneously resolve within weeks to months, whereas lesions that occur in children and adults tend to persist.<sup>3</sup>

Secondary milia usually arise following trauma; clearance of inflammatory skin diseases, typically bullous diseases; or prolonged use of topical steroids.<sup>3</sup> Although secondary milia may spontaneously resolve, therapeutic intervention usually is required for resolution. Milia also have been reported in association with certain genodermatoses such as Bazex syndrome, Rombo syndrome, Brooke-Spiegler

syndrome, atrichia with papular lesions, and basal cell nevus syndrome.<sup>3</sup>

Idiopathic multiple eruptive milia (MEM), characterized by sudden onset of multiple milia over a period of weeks to months with no known inciting factor,<sup>1</sup> usually are asymptomatic and most commonly are seen on the head, neck, and trunk. They occur in too large a number to be classified as simple benign primary milia.<sup>3</sup> Few cases of MEM have been described in the literature.<sup>4,5</sup> Rare familial cases with autosomal-dominant transmission also have been reported.<sup>6</sup>

Electrodesiccation or simple evacuation through incision and expression are common and effective treatments of limited numbers of milia; however, these treatments are impractical for cases of multiple milia. Few reports of effective treatment options for MEM exist.<sup>5,7</sup> Tretinoin cream 0.1% was shown to be effective after 6 weeks in another reported case of MEM,<sup>7</sup> but only minimal improvement was noted in our patient after treatment with this regimen. Azithromycin also was shown to be effective in another case.<sup>5</sup>

### Conclusion

Milia are common benign asymptomatic growths that can be classified as primary, secondary, and MEM. Multiple eruptive milia are rare, and treatment is difficult secondary to the large number of lesions. Topical retinoids are an appropriate first-line treatment of MEM.

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