Milia en plaque

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A 53-year-old male presented with asymptomatic grouped papules just above the left medial canthus since 1 year. The lesion increased over the period of time to reach the present size. There was no previous history of local trauma or application of any topical medication. No similar complaint in the past as well as in the family.

On cutaneous examination multiple grouped white to yellowish papules, varying in size from 1 to 3 mm, affecting the medial side of left eyebrow was seen. [Figure 1] The papules were asymptomatic and had slowly increased in number and size since they had appeared 1 year previously. The remaining physical examination was unremarkable. A skin biopsy showed multiple keratin-filled cysts in the dermis with lymphocytic infiltrate. [Figure 2] So on the basis of clinicohistopathological correlation, the diagnosis of milia en plaque (MEP) was made.

Milia are keratinous cysts of 1-3 mm in diameter which occurs due to the obstruction of an eccrine sweat duct or hair follicle. Milia are classified into primary which appear spontaneously and secondary which appear following trauma, use of topical or systemic drugs, in renal transplant patient and with inflammatory skin diseases.[1]

MEP was first described by Balzer and Bouquet (1903) and Hubler (1978) named it MEP. MEP is a rare and uncommon variant of primary milia. It is characterized by multiple grouped milia situated over an erythematous plaque. MEP predominantly affects the retro auricular and periorbital area but supraclavicular, submandibular, preauricular, nasal bridge, forehead, eyelid areas may be involved. MEP usually develop in the forth to seventh decade with a female predominance.[2]

Though MEP is a benign condition it mainly represents a cosmetic concern. Rarely spontaneous regression may occur. There are several modalities of treatment like electrodessication, [Figure 3] dermabrasion, cryotherapy, simple excision, surgical opening of the cysts, topical retinoids, oral minocycline, photodynamic therapy and CO_2 laser which is now becoming treatment of choice.[2,3]

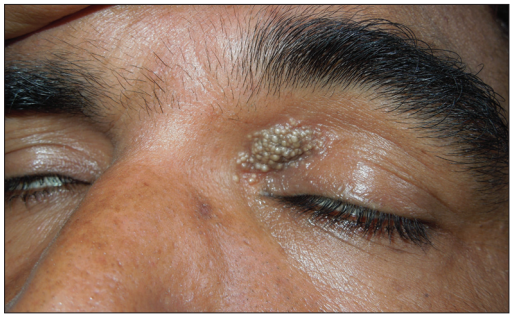

Figure 1: Multiple grouped yellowish cysts over left eyelid

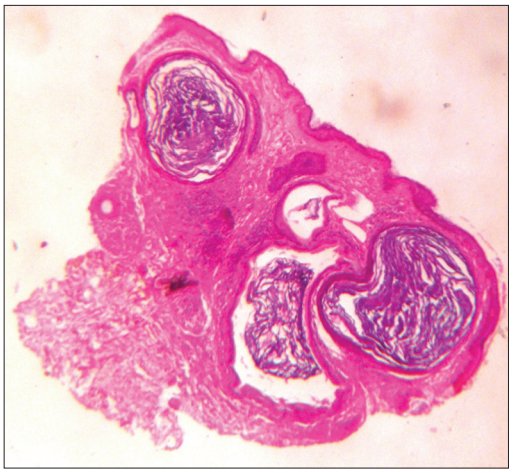

Figure 2: Multiple keratin filled cysts with surrounding lymphocytic infiltrate in the dermis (H and E, ×40)

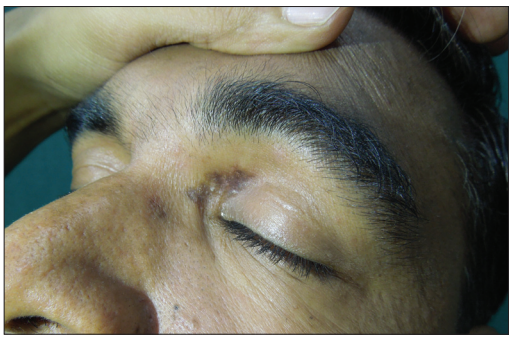

Figure 3: Complete clearance of milia en plaque with post inflammatory hyper pigmentation after 6 weeks

All these treatment methods offer cosmetic improvement but recurrence can occur.

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