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Meryem Elomari Alaoui
Department of Dermatology and venerology, University Hospital Center Ibn Sina, University Mohamed V, Rabat, Morocco

Amani Fliti
Department of Dermatology and venerology, University Hospital Center Ibn Sina, University Mohamed V, Rabat, Morocco

Nadia Ismaili
Department of Dermatology and venerology, University Hospital Center Ibn Sina, University Mohamed V, Rabat, Morocco

Mariame Meziane
Department of Dermatology and venerology, University Hospital Center Ibn Sina, University Mohamed V, Rabat, Morocco

Laila Benzekri
Department of Dermatology and venerology, University Hospital Center Ibn Sina, University Mohamed V, Rabat, Morocco

Karima Senouci
Department of Dermatology and venerology, University Hospital Center Ibn Sina, University Mohamed V, Rabat, Morocco

Corresponding Author:
Meryem Elomari Alaoui
Department of Dermatology and venerology, University Hospital Center Ibn Sina, University Mohamed V, Rabat, Morocco

Eruptive milia in a patient with bullous pemphigoid

Meryem Elomari Alaoui, Amani Fliti, Nadia Ismaili, Mariame Meziane, Laila Benzekri and Karima Senouci

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Abstract
Grains of milium (GM) is classic in epidermolysis bullosa acquisita but rare in bullous pemphigoid. It is characterized by small keratinous cysts superficial whitish. Herein we report a case of eruptive milia in a patient with bullous pemphigoid.

Keywords: Grains of milium, pemphigoid, epidermolysis bullosa

Introduction
Grains of milium (GM) are small keratinous cysts superficial whitish. They are diagnosed clinically. These lesions are common in children, and it is important to distinguish between isolated benign forms and GM associated with an underlying pathology. Acquired forms are the most common, whereas congenital GM are transient or permanent [1].
Autoimmune subepidermal bullous diseases may manifest as scars with GM. This is classic in epidermolysis bullosa acquisita but rare in bullous pemphigoid. We report a case of eruptive milia in a patient with bullous pemphigoid.

Materials and Methods
We report a case of eruptive milia in a patient with bullous pemphigoid.

Results
A 69-year-old man with a history of hypertension who had been treated for bullous pemphigoid for a year with cyclin and dermocorticoids with good improvement, and who had been presenting for a month with an asymptomatic eruption of "white pimples" on the upper trunk, abdomen, neck and lower limbs. The lesions started on the neck and spread rapidly.
Clinical examination revealed multiple firms, discrete, white, dome-shaped papules on the neck, trunk, abdomen and lower limbs. Individual papules measured between 1 and 3 mm in diameter. Hyperpigmented scarring macules were also.
Enucleation of the grains with vaccinostyl showed a whitish keratin substance and histological examination revealed a small cyst filled with a whitish substance corresponding to keratin arranged in lamellae observed.

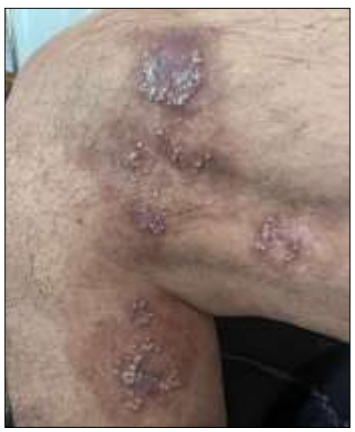

Fig 1: Multiple grains of millium on the lower limbs

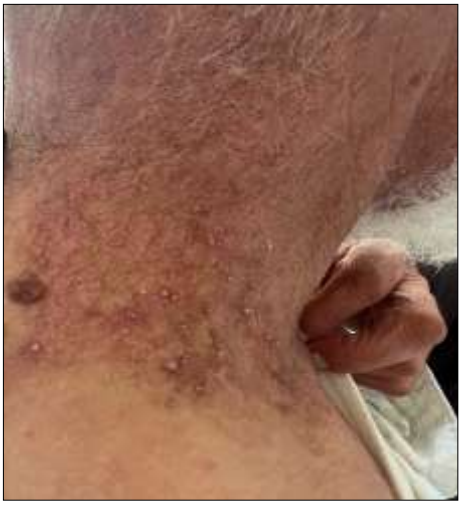

Fig 2: Multiple grains of millium on the neck

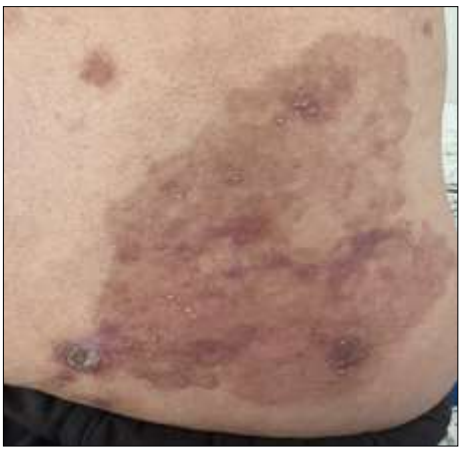

Fig 3: Abdominal image showing hyperpigmented scarring macules surmounted by grains of millium

Discussions

Milia can be classified as primary or secondary. The primary form develops spontaneously and is mainly localized on the face, as they can also be present on the trunk and extremities. The secondary form can appear anywhere following trauma, burns, radiotherapy, topical therapy with glucocorticoids or 5-fluorouracil, subepidermal bullous dermatoses (bullous epidermolysis, cutaneous porphyria) or genodermatoses [2]. Other forms of milia include plaque milia and multiple eruptive milia. The plaque form is characterized by multiple tiny white papules within an erythematous plaque may be primary or secondary [7].

While multiple eruptive milia has been rarely reported, Miescher described the association of this form with multiple trichoepitheliomas [3].

Other cases have been reported in the context of an autosomal dominant familial disorder or in the course of a genodermatosis, such as Rombo syndrome, basaloid follicular hamartoma syndrome or Gardner syndrome [4].

To our knowledge, this is the first case to describe a miliary eruption in a patient presenting bullous pemphigoid.

There is no standard treatment for this condition. Milia may disappear spontaneously without treatment after several months. Incision, curettage and electrodesiccation can be effective in the case of small lesions. Topical or oral retinoids have also been described as effective [5, 6].

In the case of our patient, we opted for therapeutic abstention with disappearance of the lesions after 3 months.

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The authors have no conflicts of interest to disclose.

Conflict of Interest

Not available

Financial Support

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