Milia en Plaque of the Earlobe

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ABSTRACT

Introduction: Milia en plaque is an uncommon benign dermatosis.

Case presentation: We present a case of a 43-year-old Caucasian man with a five-month history of asymptomatic symmetric lesions on the earlobes that has been previously treated by self-medication with potent topical steroids, emollients, cosmetic procedures, herbal medication and punch-procedure. Based on clinical examination, a diagnosis of milia on earlobes was established and treated with topical steroids.

Conclusions: Milia en plaque of the earlobes has yet not been reported. Treatment is not different from other localizations.

Keywords: milia en plaque, topical retinoids, earlobe.

INTRODUCTION

Milia en plaque are rare benign dermatosis. We present a case of a 43-year-old Caucasian man, with a five-month history of asymptomatic symmetric cystic lesions on the earlobes that has been previously treated by self-medication with potent topical steroids, emollients, cosmetic procedures, herbal medication and punch-procedure. Based on clinical examination, a diagnosis of milia on ear-

lobes was presumed, with complete healing after topical retinoids. □

CASE REPORT

A 43-year-old Caucasian man presented with a five-month history of asymptomatic symmetric lesions on the earlobes that has been previously treated by self-medication with potent topical steroids, emollients, cosmetic procedures, herbal medication and punch-procedure. The patient was a healthy person, with negative fami-

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FIGURE 1. Milia en plaques on earlobes before treatment (A) and after treatment (B)

ly history for skin disorders and very anxious due to newly onset skin lesions on the earlobes. On clinical examination, numerous tiny, whitish, 1-2 mm diameter, spread cysts were noticed on the earlobes, which were completely asymptomatic but quite visible from distance. No other skin lesions were observed on any other part of the body, no mucous lesions. Skin biopsy was denied by the patient due to fear of scars. A clinical diagnosis of milia was presumed and two-month treatment with daily application of topical tretinoin was recommended. The patient was satisfied with the results when he was re-examined at two months of treatment, with almost complete disappearance of milia. Close follow-up was done and the six-month control revealed no lesions (Figure 1). □

DISCUSSION

Milia are encountered as tiny epidermal cysts probably of vellus hair follicles with a whitish color. Primary milia can be separated from secondary milia which develop on an underlying pathology like porphyria cutanea tarda, burn scars or certain genodermatoses (1).

Milia en plaque (MEP) is a rare cystic hamartoma with trichoepithelial features, which has been first described by Balzer in 1903 (2). The term MEP was coined by Hubler in 1978 (3).

Multiple milia are grouped together on an erythematous plaque. Dermoscopy reveals numerous white or white-yellow cystic structures of variable size, scattered brown dots and telangiectatic blood vessels. Histologically, multiple cystic structures can be found at different dermal levels, which are lined by a stratified squamous

epithelium. Cysts are filled with keratinous material and may be surrounded by a mononuclear inflammatory infiltrate (4, 5).

Milia en plaque can occur at any age (6). The mean age in a review on 53 cases was 38.7 years. Females are affected double as much as males. It is most commonly localized in the head and neck area (5). The majority of MEP is unilateral, but bilateral occurrence has been reported occasionally (7, 8).

The outer ear and auditory canal were affected in several cases (9-12), but involvement of the earlobe has yet not been reported to the best of our knowledge.

Treatment is warranted due to esthetic reasons. There is no standard therapy for MEP, but topical tretinoin (13) oral etretinate (14), photodynamic therapy (PDT) with methyl aminolevulinic acid hydrochloride (12), erbium-YAG-laser (15), fractional CO₂ laser (16), radiofrequency (8), electrodesiccation (17), and microwave thermotherapy can be used (18). □

CONCLUSIONS

The present case has the following particularities: male patient with abrupt onset of milia localized symmetrically on earlobes, treated with topical retinoids with perfect results. □

Ethic Statement: The paper is exempt from ethical committee approval according to the local rules. Written informed consent was obtained from the patient for publication of this case report and any accompanying images.

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