

Multiple Milia during Treatment with Acitretin for Mycosis Fungoides

Sir,

We report a case of mycosis fungoides (MF) treated with acitretin, in which multiple milia developed on the patient's head. We are not aware that such a phenomenon has ever been described before.

A 29-year-old man was referred to our department in June 1985, with a 1-year history of alopecia areata and eczematoid lesions disseminated over the trunk and extremities. Repeated biopsies provided an unspecific picture of superficial dermatitis with some eczematous features. One month later, an enlargement of several lymph nodes was noted and one of the superficial skin eruptions became infiltrated. Biopsies taken from one of the lymph nodes and from the skin confirmed the clinical suspicion of MF. An extensive screening for internal involvement (CT-scan, x-rays and ultrasonographic examination of the thorax and abdominal cavity, sternal bone marrow aspiration biopsy, blood morphology) was negative. Based on these data the final diagnosis was made of MF in stadium T1 N3 MO.

The patient underwent six courses of polychemotherapy (August–December 1985; vincristine, cyclophosphamide, prednisolone), which resulted in a full remission.

In May 1986, he developed an extensive dermatitis progressing almost to erythroderma. Repeated screening examination, as mentioned above, continued to be negative and the lymph nodes were not further involved. In July 1986, treatment with PUVA was initiated and intermittently applied until January 1990. This was sufficient to induce and support a relatively

stable course of the disease with the persistence of only a few circumscribed erythematous lesions.

In January 1990, 35 mg of acitretin per day was introduced and used in combination with PUVA until March 1990. Thereafter only acitretin was given in doses ranging from 25 to 50 mg per day, with excellent results (slight erythema, no infiltrations or plaques, no lymph nodes or internal involvement). In March 1991, a maintenance therapy was started, during which 35 mg and 25 mg acitretin were given on alternate days.

The patient has remained in remission ever since, but during his control visit in September 1991 an eruption of numerous whitish papules on his head was observed (Fig. 1). The clinical diagnosis of milia (connected to hair follicles) was later fully confirmed by the histological examination.

We were not aware that milia could develop in the course of MF. The well-known cutaneous associations of MF include follicular mucinosis, poikiloderma and occasionally lymphomatoid papulosis (1). Recently the association of epidermal cysts, comedones and MF has been reported (2).

Milia were also not expected to appear during treatment with retinoids, as this group of medications normalizes abnormal epidermal differentiation, promotes desquamation, and is used with considerable success in various disorders of keratinization (3). However, as shown by Kanerva et al. for pityriasis rubra pilaris (4), retinoic acid derivatives have no effect on the follicular plug formation.

Further case reports will confirm whether the appearance of milia may be attributed to acitretin treatment, to the course of MF or to a different cause.

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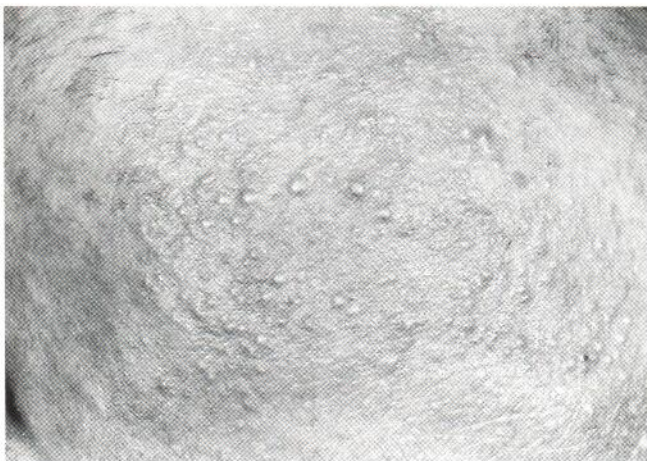


Fig. 1. Close-up of multiple milia on the patient's head.