

## Congenital Milium of the Nipple

A 13-month-old girl, born of non-consanguineous marriage, presented with complaints of pearl like lesion on right nipple since birth. The lesion had slowly increased to size of a pea, but was not associated with any pain or itching. Growth and development were normal. Examination showed 5×5 mm pearly white nodule involving right nipple, with normal surrounding skin (**Fig. 1**). There was no erythema, induration or tenderness around the lesion. Left nipple was normal. A diagnosis of congenital milium of nipple was made, and parents were counselled about the benign and self-limiting nature of the lesion.

Milia (singular, milium) are inclusion cysts in the epidermis. The lesion develops due to entrapment of keratin. It appears as yellow to pearly white papule on the skin. It can be primary that arise spontaneously or secondary resulting from trauma such as sunburns or bullous skin disorder. Primary congenital milia are common in neonate and may be seen in almost 40% of full-term neonate. They generally appear over the cheeks, nose or eyelids. Solitary and large milium is seen over areola, scrotum or vulva. Solitary milium should be differentiated from the other lesions like syringoma, calcinosis cutis, trichoepithelioma and fibroma. Milium of the nipple should also be differentiated from witch's milk seen in some neonates due to maternal hormones, and galactorrhea due to excessive secretion of prolactin. Congenital milia resolve spontaneously but rarely may persist



**Fig. 1** Pearly white nodule involving right nipple, with normal surrounding skin.

for a long duration. Excision of the lesion in the nipple area should be avoided as it can lead to functional and aesthetic complications, especially in a female child.

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## Cutaneous Pili Migrans

A 2-year-old girl presented with a black linear elevation of the skin on the sole of the left foot. The child had no pain, itching discomfort, and had no history of trauma. On examination, a thin black line of about 1.8 cm was observed on the sole of the left foot without erythema or papules on the periphery (**Fig. 1**). After local skin disinfection, we used a sterile needle in combination with forceps to extract it. It was observed under a microscope as a hair structure with no hair follicles at either end. A diagnosis of cutaneous pili migrans was made. There was no recurrence on follow-up.

Cutaneous pili migrans is a rare skin condition characterized by a fragment of hair embedded in the epidermis or dermis layers of the skin. Differential diagnosis includes cutaneous larva migrans. If there is a hair follicle at one end of the hair, it may be necessary to destroy the hair follicle completely to prevent recurrence.

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**Fig. 1** A distinct, S-shaped black line on the sole of the left foot with no signs of inflammation in the surrounding skin.