***no patient handout*

Miliaria pustulosa

Synopsis

Miliaria pustulosa is a miliaria variant that occurs when pustules form in **miliaria rubra**. These pustules are usually sterile, but occasionally secondary infection with *Staphylococcus aureus* can occur.

The pathogenesis of miliaria is often related to conditions of high fever or high ambient temperatures with resulting hyperhidrosis, and it is more prevalent in hot, humid conditions and tropical climates. It is a benign disease characterized by intense pruritus and a stinging or "prickly"-type sensation. It is a common phenomenon postoperatively and in bedridden and febrile patients.

Both miliaria rubra and pustulosa have been reported to occur in newborns with **type 1 pseudohypoaldosteronism**. This typically resolves upon stabilization of disease.

Codes

ICD10CM:
L74.3 – Miliaria, unspecified

SNOMEDCT:
26988005 – Miliaria pustulosa

Look For

Miliaria pustulosa appears as densely distributed "pinhead" pustules on erythematous bases.

Typically, occluded areas, such as on the back of hospitalized or bedridden patients, are involved. Other sites of predilection in adults include the neck, other parts of the trunk, and the intertriginous and flexural areas.

Diagnostic Pearls

The palms, soles, and acral areas are spared. There is often secondary anhidrosis in the affected site(s).

Dermoscopy can be used to confirm that pustules arise separately from hair follicles (absence of vellus hair in the center of each pustule).

Differential Diagnosis & Pitfalls

- Other miliaria variants (**miliaria crystallina**, **miliaria rubra**, miliaria profunda)

- **Candidiasis** – Often has some pustules.
- **Folliculitis** – Has follicular-based pustules.
- **Acne** – Can also be worsened by occlusion but usually lacks pruritus and is less acute.
- **Acute generalized exanthematous pustulosis** (AGEP) – Is more diffuse with widespread pustules.
- **Varicella** – Occasionally pustules are seen.
- **Grover disease** – Also flares on the back of hospitalized patients with resulting very pruritic papules and erosions. Pustules are not a feature.

Best Tests

This is a clinical diagnosis that could be confirmed by skin biopsy if absolutely necessary.

Consider swabs for bacterial or fungal microscopy and culture if there is concern for infection. Consider performing a viral culture if varicella is in the clinical differential diagnosis.

Consider testing for type 1 pseudohypoaldosteronism in patients with recurrent miliaria pustulosa in the neonatal period.

Management Pearls

Control heat and humidity with air conditioning and recommend removing excessive clothing, restricting activity, and taking cool showers. In serious cases, the patient may consider relocation to a more temperate climate.

Treat the underlying cause of any fever and administer antipyretics (eg, Tylenol). Bland cool lotions, talcum powder, or cornstarch may be applied to the skin, but patients should avoid heavy emollients.

Reassure the patient that the problem is self-limited. Lesions rarely become infected.