A 25-year-old woman was referred for suspected allergy to the ink of a tattoo placed 2 months previously. The patient had no personal history of atopic dermatitis and reported no intolerance to jewelry. Physical examination revealed multiple nonconfluent solid cysts distributed symmetrically throughout the tattoo. Dermoscopy revealed round structures with abrupt borders composed of a homogeneous white area with no vessels or other structures in the interior. Milium cysts are common benign lesions that may appear spontaneously or secondary to inflammatory skin diseases (eg, cutaneous porphyria and epidermolysis bullosa). They have also been associated with some skin treatments (eg, chemical peels). Tattoos are now a well-established fashion in our society as a form of body art. Consequently, we now see inflammatory reactions to ink, infections, and, as in the case we report, milium cysts secondary to the injury caused by the procedure (Fig. 1). Dermoscopy reveals well-delimited nonconfluent round whitish structures that do not blanch under pressure. These lesions are not considered a reaction to tattoo ink, given that, as we observed in the present case, they are uniformly distributed, with no specific color spared. Spontaneous resolution is infrequent.

The lesions can be treated with topical corticosteroids or retinoids, although these approaches are poorly effective. They can also be eliminated mechanically, albeit with frequent recurrences. Other techniques such as dermabrasion or CO₂ laser are also useful, although they may eliminate the pigment and, therefore, disfigure the tattoo.