Molluscum Contagiosum

MD Information
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This leaflet aims to provide information about:

- Molluscum contagiosum: what it is, what it looks like, how it is transmitted
- General treatment guidelines
- Common complications
- Criteria for dermatology referral

Molluscum contagiosum is a common benign cutaneous poxvirus infection characterized by skin-colored or pink umbilicated papules. The condition is limited to the skin and oral mucosa. It occurs commonly in healthy children, sexually active adults and immunocompromised patients.

The virus is transmitted by

- Direct skin-to-skin contact;
- Contact with contaminated objects (like towels or sponges); or
- Autoinoculation.

To prevent the spread of molluscum:

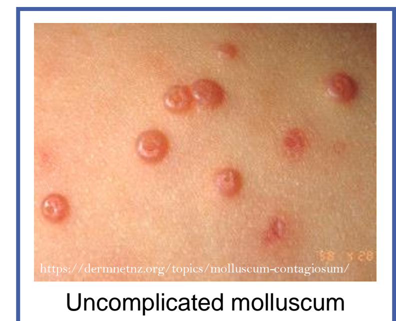
- Wash hands frequently
- Avoid rubbing or scratching the lesions
- Cover all visible lesions with watertight bandages if swimming
- Avoid sharing towels, clothing, or other personal items
- Clean toys and sports equipment frequently
- Treat any rash or eczema surrounding the lesions to minimize scratching

Skin lesions begin to appear after an incubation period of 2 weeks to 6 months.
Location: primarily in axillae, antecubital, popliteal, and crural folds.
Duration: lesions may last several months to 2-3 years and usually regress without scarring.

General Treatment Guidelines for Uncomplicated Molluscum

- Reassure patients/families of the benign and self-limited nature of the condition.
- Counsel on transmission prevention
- Similarly to warts, molluscum are contagious but do not pose a serious health risk. Physicians should emphasize that as long as transmission precautions are followed, molluscum lesions do not justify keeping a child home.

In most cases, it is preferable to simply observe the lesions. However, certain treatment options can be offered to the patient, knowing that they may or may not affect time to resolution.



Uncomplicated molluscum

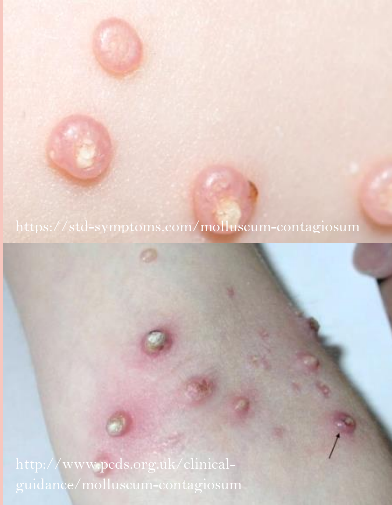
Options for Active Treatment

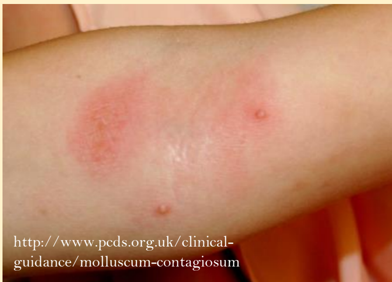
- Retinoids (vitamin A acid derivatives)
  - Stieva-A 0.05-0.1% QHS or Retin-A Micro Gel 0.1% QHS
  - Apply to individual lesions until inflamed.
  - Common side effects are mild irritation and stinging of the skin.
- Potassium hydroxide solution
  - KOH aqueous solution 5-10% BID
  - Apply to individual lesions until inflamed.
- Curettage *
  - Place a pea-sized amount of Emla cream on each lesion and cover with Tegaderm for 60 minutes to anesthetize the lesions.
  - Scrape each lesion with a 3mm curette or a disposable ear speculum.
- Cryotherapy *
  - Apply liquid nitrogen to lesions with a cotton swab or a portable sprayer for 5-10 seconds in 1 or 2 cycles. Treatment may be repeated at intervals of 1-3 weeks.
  - Patients may develop a blister, redness, and some irritation where the liquid nitrogen was applied. Ideally, the bumps resolve as the blisters heal.

** These destructive methods are painful and may be poorly tolerated in children. Scarring and temporary or permanent hypopigmentation may result.*

Common Complications

The condition is usually self-limited, but complications that patients may present with include:

Inflamed, red, or pus-filled lesions		
	This is referred to as the "<u>B</u>eginning <u>O</u>f <u>T</u>he <u>E</u>nd" (BOTE) sign. It signifies that the patient's immune system is recognizing the virus and is starting to clear the viral infection. However, consider a secondary soft tissue infection if the patient develops - Fever; - Increasing pain; or - Expanding erythema.	**Reassure** patients/families if there is no sign of soft tissue infection. If soft tissue infection is present, treat with topical/systemic **antibiotics** with staphylococcal and streptococcal coverage.

Eczematous reaction surrounding molluscum		
	Patients may have a background history of eczema or may develop red and rough eczematous areas around molluscum. Treat pruritus to prevent autoinoculation and further spread of the virus due to scratching.	**Low-potency topical corticosteroid** Hydrocortisone 1% cream; or Desonide 0.05% cream to red and rough areas BID for up to 2 weeks AND **Emollient or moisturizer** BID until resolution

Guidelines for Dermatology Referral

- Immunocompromised patients
- Rapidly spreading, extensive, or painful lesions
- Giant molluscum (>1cm)
- Molluscum with eczematous reaction that is not responsive to treatment with mild topical steroids
- Diagnostic uncertainty

** Please specify indication on consultation sheet, as well as age, sex, and treatment prescribed to date.*
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Disclaimer:
The recommendations provided in this document are based on up-to-date evidence and expert opinions. However, the educational material contained herein is NOT a substitute for clinical judgment that is required to meet the different needs of individual patients. For more information, please consult a physician.