

Molluscum Contagiosum



What is Molluscum

- * Molluscum is a common, harmless skin growth caused by a type of virus that lives on the outer most layers of the skin (epidermis).



What is Molluscum Contagiosum?



- A benign skin disease caused by Molluscum Contagiosum Virus (MCV).
- More common among children
- Characterized by small pearly papules with a central depression
- Its core may be expressed out, producing a white cheesy material.
- Most commonly occurs on face, trunk and extremities.



Molluscum Contagiosum is highly contagious and spreads easily through physical contact

For complete details Click

Molluscum Contagiosum

- Poxvirus
- **Self limited** skin lesion
- Lasts **weeks to months**
- Most commonly occurs in **School-age children**
- Small, **flesh-colored papules**
- Transmitted by **direct contact**
- **Painless**
- Typically affects the **face, torso, and extremities**
- **Spare**s the palms, soles, and scalp
- **No** systemic symptoms
- **No** treatment

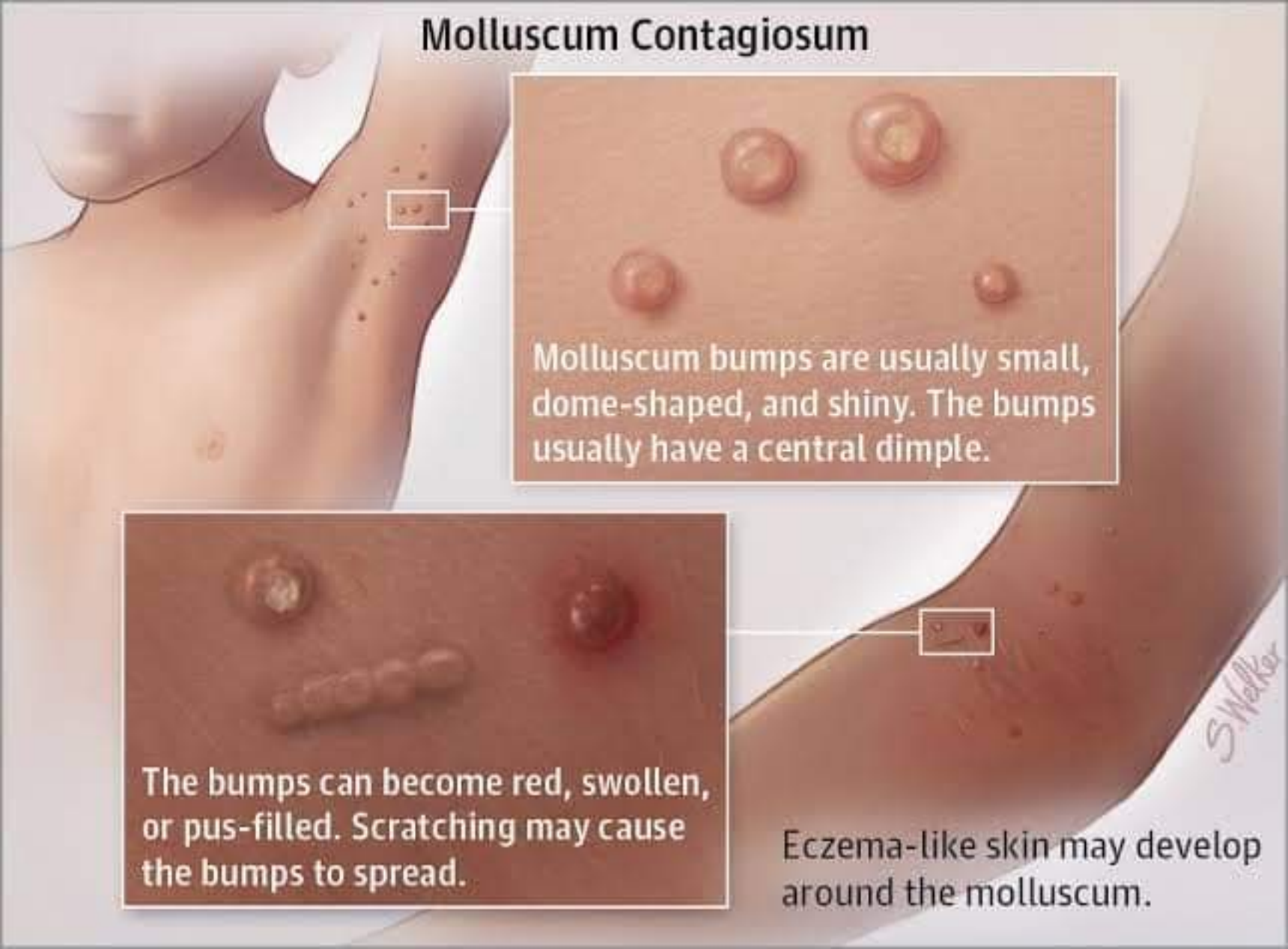
Umbilicated



Central keratin plug



Molluscum Contagiosum



Molluscum bumps are usually small, dome-shaped, and shiny. The bumps usually have a central dimple.

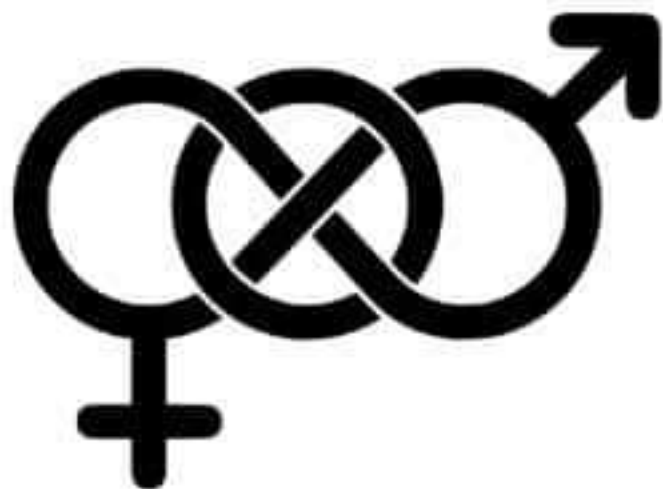
The bumps can become red, swollen, or pus-filled. Scratching may cause the bumps to spread.

Eczema-like skin may develop around the molluscum.

Epidemiology

- Transmission:

- Direct skin to skin/ mucous membrane contact (particularly during sexual activity) or through fomites.
- Close contact sports (e.g. wrestling), bath towels and swimming pools also been reported as sources of infection.



Molluscum Contagiosum

- An eczematous reaction encircles lesions in approximately 10% of patients
- Three groups of people are primarily affected:
 - Young children, especially those with atopy
 - Sexually active adults
 - Immunosuppressed individuals
- People with eczema and immunocompromising conditions have more widespread and prolonged eruptions.



Causative organisms:

- Molluscum contagiosum virus is classified within the poxvirus family in a specific genus, the *Molluscipox*
- It cannot be grown in tissue culture or eggs.
- Following types exist:
 - MCV-1: commonest type (76-95% of the cases)
 - MCV-2: seen in adults and HIV patients
 - MCV-3
 - MCV-4

Rarer
subtypes



Incubation period

- * The time from infection to the appearance of lesions ranges from 1 week to 6 months.



What are the Risk Factors for Molluscum Contagiosum?



- People with **weak immune system**, either by prolonged use of steroids, viral infections, chemotherapy or other causes.
- Individuals in **close contact with infected persons**. E.g.: Healthcare professionals, teachers, students, contact sports participants, etc.
- People suffering from **atopic dermatitis**.
- **Children** between the ages of 1 to 10 years.



For complete details

Clinical Features

- Gross appearance:
 - Multiple, discrete, firm, small (1-5mm) dome shaped pink to pearly white or flesh colored papules with central umbilication containing a white curd like or “sago grain”- like plug (known as molluscum bodies or Henderson Paterson bodies)



SYMPTOMS OF MOLLUSCUM CONTAGIOSUM

- The symptoms of Molluscum contagiosum may not be visible for up to 6 months. The symptoms of Molluscum contagiosum can be more severe if a patient has a weak immune system. Some common symptoms of Molluscum contagiosum are:
- Bumps on the abdomen, face, arms, and legs
- Bumps filled with fluid
- Itchy boils
- Red or pink colored blisters
- Lesions measuring 2–5 millimeters in diameter
- Lumps around genital area and thighs

Diagnosis

- * Diagnosis is made on the clinical appearance; the virus cannot routinely be cultured. The diagnosis can be confirmed by excisional biopsy.
- * Histologically, molluscum contagiosum is characterized by molluscum bodies in the epidermis above the stratum basale, which consist of large cells with: abundant granular eosinophilic cytoplasm (accumulated virions), and a small peripheral nucleus.

PREVENTION MOLLUSCUM CONTAGIOSUM

- Avoid sharing personal items such as soaps, towel, or hairbrush.
- Avoid scratching the affected area.
- Keep the blisters clean and covered.
- Avoid sexual contact with an infected person.
- Wash your hands after touching a blister.

Molluscum Contagiosum Management



- **AIMS OF THERAPY ARE:**
 - 1) To remove the MC;
 - 2) Not to produce scarring;
 - 3) To induce lifelong immunity to prevent recurrence.
- Consider **benign neglect**:
 - Eventual spontaneous involution in immunocompetent patients.
 - Risks of spread (especially in atopic patients), associated dermatitis and pruritus.
- **PREVENTION**: avoid direct, indirect or sexual contact (Genital lesions in adults should be definitively treated) with known patient.
- Treatment must be **individualized**.

TREATMENT OF MOLLUSCUM CONTAGIOSUM

- The treatment of Molluscum contagiosum may include:
- Laser therapy to help reduce the size of the bumps by exposing them to a low intensity laser beam.
- Applying ointments containing certain acids to induce the drainage of blisters.
- Curettage procedure to scrape off the affected skin.
- Cryotherapy which involves the use of liquid nitrogen for freezing the each bump.
- Topical medicines such as Aldara and Tagamet to treat the Molluscum contagiosum in small children.

Management of MC



- **MEDICAL TREATMENT**

- I. **Topical agents**



- II. **Systemic agents**

- III. **Intralesional injections**

- IV. **Alternative treatments**

1. Keratolytics (e.g. Salicylic and lactic acids)
2. Trichloacetic acid (TCA)
3. Retinoids (e.g. Tretinoin)
4. Podophyllotoxin 0.5%
5. Imiquimod 5% (Aldara)®
6. Cantharidin
7. Cidofovir (1-3% oint)
8. Silver nitrate paste
9. Potassium hydroxide (KOH) 10% solution
10. Topical corticosteroid (molluscum dermatitis)

Molluscum Contagiosum in Immunosuppressed Patients

- Adults with chronic MC outside the genital area should be evaluated for immunosuppression
- Patients with untreated HIV often have lesions concentrated on the face or genitalia. Oral and genital mucosa may be involved
- Giant lesions can occur
- HAART leads to clearance but may have lag time before improvement is seen



Do's & Don'ts

Do's

- **Maintain proper hygiene** of the body.
- **Wash contaminated clothes** and other items in hot water and medicated soap.
- **Wash contaminated clothes** separately.
- **Wash hands** regularly to minimize spread of infection.
- **Avoid touching** other people till the infection completely resolve.
- **Refrain from sexual intercourse** if the lesions are present in or around the **genital areas**.



Do's and Don'ts

Don'ts

- **Don't scratch the eruptions** as it leads to spread of infection to other parts of the body.
- **Don't share your personal items** like soaps, towels, clothes, etc. with other people.
- **Don't shave** or perform any kind of medical/surgical procedures by **yourself** on the affected skin.
- **Don't stop treatment** until instructed to do so even if symptoms disappear sooner.



Complications & Prognosis

- Complications of molluscum contagiosum include irritation, inflammation, and secondary infections.
- Lesions on eyelids may be associated with follicular or papillary conjunctivitis.
- Molluscum contagiosum is a benign, self-limited disease.
- Treatments for molluscum contagiosum are effective if patients are compliant.
- Additional duration of therapy may be required in immunocompromised patients.
- Overall, molluscum contagiosum prognosis is excellent.