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## **Molluscum Contagiosum**

Molluscum Contagiosum is a benign viral infection of skin occurring worldwide commonly affecting children. Spread may occur by direct or indirect contact or auto-inoculation (spreading by touching and scratching by the patient). In individuals with normal immunity, each lesion may last 6-8 weeks. With continuous autoinoculation however, new lesions appear over time, such that the mean duration is about 6 months, with reports of infection lasting 5 years. The lesions often disappear by themselves and heal without scarring unless infected by bacteria. Removal of lesions reduces the rate of spread to other people as well as autoinoculation. Genital lesions in adults should be treated in order to prevent spread sexually.

### **Treatment**

Leaving Molluscum to spontaneously resolve is often reasonable, especially in young children for whom treatments may be painful and frightening. The dictum *primum non nocere* (first do no harm) has a special significance in children with minor self-limited conditions. Many physicians do not treat Molluscum in small children without symptoms. Prevention of rubbing and scratching is emphasized.

Various wart remedies include topical podophyllotoxin cream (such as Condylox), which is derived from plant resins, cantharidin (Cantharone, obtained from the blister beetle), imiquimod (Aldara), a topical cream that works by boosting the immune system. (Although this drug is currently approved only for treatment of genital warts, it has been found to be effective against Molluscum & can be used at home),

Popping the central core out (similar to popping a zit - pimple) or removal of the cores by piercing the lesion with a sterile needle can accomplish the same in less threatening, comfortable home environment. It makes the body cause an inflammatory reaction to the viral elements and resolves the lesions. Once the immunity builds up, the other lesions disappear even without treatment.

The surgical removal of a lesion for definitive diagnosis is necessary at times. Isolated lesions in critical areas can also be considered for surgical removal. Other methods of destruction of lesions are scraping of the lesions (called curettage) or removal using heat (called cauterization) or cold (called cryotherapy).

### **Follow-up**

It is not necessary to keep children who are infected with Molluscum Contagiosum out of school, although physical contact and sharing of clothes and towels should be discouraged.

### **Prevention**

Good personal hygiene is a key factor in avoiding transmission of this disease. Avoid skin-to-skin contact with infected persons in order to prevent transmission. Transmission in children occurs by sharing of baths, towels & gym equipment and benches etc. Prevent spreading from one part of the body to another by touching and scratching the lesions.

### **Outlook**

The overall prognosis is excellent. Spontaneous cure is the rule in people who have intact immune systems, but the process may take months or even years. Individual lesions may last two to four months, and the development of new lesions by autoinoculation is common. Most cases go away by themselves in six to 12 months. Infection in patients with impaired immunity can last for years. Reinfection can occur.