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Molluscum Contagiosum

Molluscum contagiosum is a viral skin infection that causes painless, scattered, flesh-toned or white papules on the skin of children and adults. The papule is a little hard bump about one or two sixteenths of an inch, or so, in diameter that has a depressed center (called umbilicated). There is usually no inflammation or redness unless the lesions have been scratched. They commonly have a central core, or plug, of white, cheesy or waxy material. Usually, they are not an issue except for their tendency to spread and cause concern with parents.

This is a common infection in children and spread by autoinoculation (scratching or touching a lesion and transferring the virus from location to location). The lesions are usually found on the trunk, neck, armpits, arms, and hands, although they may occur anywhere on the body except for the palms of the hands and soles of the feet. Genital area involvement is seen more often in adults and may be a sign of sexual abuse in children. Lesions may spread to inflamed skin, such as areas of eczema.

Although lasting from several months to years, they eventually disappear spontaneously. Most will clear spontaneously in 6 to 9 months. Dermatologists can apply slightly caustic chemicals that literally blister them off, causing discoloration to the skin. It is recommended to wait, unless the lesions spread rapidly or the tension level is too high.

If treatment is desired, the goal in children is to eliminate all papules without undue discomfort or scarring. The following are several therapies available that aim to eliminate the lesions:

- **Curettage** – small papules can be scraped off after using lidocaine/prilocaine cream (EMLA) for analgesia; there may be mild scarring therefore not appropriate for the face
- **Cryosurgery** – liquid nitrogen; repeated treatments may be required in 2 to 3 week intervals; works well but does cause moderate pain
- **Evisceration** – eviscerating the core with an instrument such as a scalpel, sharp tooth pick, edge of a glass slide, or any other instrument capable of removing the umbilicated core; this is a simple method but may not be tolerated by smaller children
- **Tretinoin** (Retin-A®) – applied once or twice daily to individual lesions; takes weeks or months to work and is generally not as effective as liquid nitrogen; not painful
- **Salicylic acid** (Occlusal®) – applied each day without tape occlusion
- **Cantharidin** – blistering agent which is sometimes painful and carries the risk of serious skin erosion; usually works well and is not highly uncomfortable

- **Laser therapy** – well tolerated without scars or pigment anomalies; lesions resolve in approximately 2 weeks, most with only one treatment; expensive
- **Tape therapy** – apply silk-backed hypoallergenic surgical tape to the lesions and leave on; remove after bath or shower and immediately reapply; this takes 8 to 16 weeks but usually works if the child tolerates the tape; many get contact dermatitis from the tape and cannot continue treatment)
- **Cimetidine** (Tagamet®) – given once a day orally; stimulates the immune system to reject the lesion

For further information and current therapies for molluscum contagiosum, please consult with your child's dermatologist to determine the appropriate course of treatment for your needs.