

# Molluscum contagiosum

## What is molluscum contagiosum?

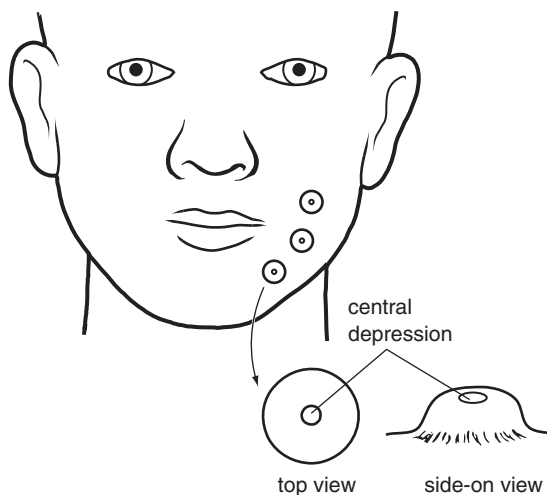
*Molluscum contagiosum* is a common and contagious viral infection that causes small, firm, wart-like lumps anywhere on the body. It usually occurs in school-age children. It also occurs in adults where it is commonly found on the genitals, inner thighs and abdomen and is usually sexually transmitted.

## What is the cause?

Molluscum contagiosum is caused by a poxvirus. It is contagious and spreads by direct contact from person to person, although some poxviruses may be transmitted indirectly. Children usually pick up the infection from family members or other infected people with whom they swim or bathe. The incubation period can vary from 2 weeks to 26 weeks. The virus can be spread by scratching and by cortisone therapy. People with a depressed immune system, such as those with HIV infection, are prone to the infection.

## What are the signs and symptoms?

The mollusca are small, firm, white or pearly lumps shaped like domes. Each lump has a central depression rather like a small pit and is about 3 to 5 mm in diameter. Some may grow to as large as 10 mm. They are filled with a cheese-like fluid. The lumps can be solitary or, more commonly, multiple. The lumps do not hurt or itch but can cause eye irritation if present on the eyelid. Some people find the lumps slightly itchy.



Typical appearance of molluscum contagiosum

## Where are the lumps found in children?

They can be found anywhere on the body but are more common on the face, the trunk and the flexures such as the armpits and the backs of the knees. Although they can be generalised, they tend to be confined to a particular region.

## What are the complications?

The problem is not dangerous but dermatitis or a bacterial infection can develop. Scarring can occur with larger lumps. People with HIV infection can get a very profuse outbreak which is difficult to treat.

## What happens to the lumps?

If untreated, just a few lumps can increase rapidly over a few weeks and can keep appearing up to 1 year later. However, all lumps will eventually disappear by themselves when the body's immune system is able to respond and destroy them. This rejection usually takes from 6 to 24 months but can take many years.

## What is the treatment?

### Preventing spread

Avoid scratching the lumps and keep out of communal swimming pools or spa baths.

### Specific treatment

There are 101 different treatments but no magic one. It is not advisable to use painful methods such as deep pricking and lancing in children with small uncomplicated lumps (children under 10 years do not tolerate painful methods very well). There are various 'tricks of the trade' to stimulate the immune response. For large areas, apply aluminium acetate (Burow's solution, 1:30) or wheatgrass recovery cream (Dermawheat) twice a day. For smaller areas, daily dabbing of benzyl peroxide 2.5% or 10% povidone-iodine (Betadine) after gently lifting open the tip of the lump with a sterile needle inserted from the side (parallel to the skin) is worthwhile. The lump can then be covered with low-allergy paper-based tape such as Micropore. A simple but protracted method is to cover the lump or lumps with this tape only and replace it each day.

Another method is to apply liquid nitrogen to the lump and cover it with dry dressings for 2 weeks (this works better in adults). The application of imiquimod 0.1% cream applied 3 times weekly for as long as advised is also effective. The most effective method is to extract the core with a large needle or curette, performed professionally. It is best to avoid antibiotic and cortisone ointments if the lumps are inflamed.