

Molluscum Contagiosum

In the past year I have had several friends tell me that their children developed this strange rash, which turned out to be molluscum contagiosum. I had never heard of it before but apparently it's pretty common, especially in children, and highly contagious as well.

Molluscum are usually small flesh-colored or pink dome-shaped growths. They may appear shiny and have a small indentation in the center. Molluscum are often found in clusters on the skin of the chest, abdomen, arms, groin or buttock. They can also involve the face and eyelids. Because they can be spread by skin-to-skin contact, molluscum are usually found in areas of skin that touch each other such as the folds in the arm or in the groin. Often the molluscum may become red or inflamed. This tends to occur just before the growth is ready to go away on its own. Sometimes, the dermatologist might scrape some cells from the lesion and look at these under the microscope to confirm the diagnosis of molluscum. In people with diseases of the immune system, the molluscum may be very large in size and may involve the face.

Molluscum contagiosum is most common in children, especially under the age of 10, but can occur in adults as well. The lesions are harmless, but can spread easily. Occasionally, the lesions can rupture and form a boil (an inflamed area of skin containing pus). In children, lesions can be spread to other parts of the child's body by scratching or touching a lesion. Lesions can also be spread to other children by skin-to-skin contact.

Treatment for molluscum contagiosum in children is not always needed because the lesions usually go away by themselves. However, treatment may be done to remove a lesion that is visible or embarrassing, or to prevent the lesions from spreading to other areas of the body, or to other people. Because the lesions will eventually go away on their own, initial treatment for children should not be extremely painful or traumatic.

If treatment is desired, the goal in children is of course to get rid of it without undue discomfort or scarring. There are a number of therapies available that more or less meet those criteria.

curettage - small papules can be scraped off after using a lidocaine/prilocaine cream (EMLA) for analgesia; there may be mild scarring, so this is not appropriate for the face.

cryosurgery- liquid nitrogen -works best but can be painful

tretinoin (Retin-A=AE) - applied once or twice daily to individual lesions; takes weeks or months to work and it is generally not as effective (but it doesn't hurt)

salicylic acid (Occlusal=AE and others) - applied each day without tape occlusion

cantharidin - a blistering agent which is sometimes painful and carries risk of serious skin erosion, but usually works well and is not uncomfortable

laser therapy

tape therapy - apply silk-backed hypoallergenic surgical tape to the lesions and leave it on; removed after bath or shower and immediately reapplied . This takes 8-16 weeks but does usually work if the child tolerates the tape (many get contact dermatitis from the tape and have to stop)

cimetidine (Tagamet=AE) - given once a day orally and somehow stimulates the immune system to reject the wart.

But they don't easily go away. Molluscum contagiosum can last months or even years, and the bumps spread easily from one part of the body to another, particularly if scratched. They also are highly contagious, as the name indicates. In places where lots of kids are together, like day care, it doesn't take much to get them.

Left untreated, the bumps usually disappear in about six to nine months without leaving scars. But they can last much longer. Parents who notice the spots on their children should consult a pediatrician or dermatologist for a definitive diagnosis and to obtain treatment if desired, though lack of treatment presents no threat.

Children with molluscum contagiosum should be discouraged from picking at the bumps to minimize spreading and should be treated for any underlying skin problems, such as eczema, which can make the skin itch.

But above all, don't overreact. Normal, healthy children get molluscum. It's just like getting a wart: harmless but annoying.

www.dermnet.org.nz/index.html

www.depts.washington.edu/hhpccwebtwomen/contagiosum.html

www.skincare.com/info-molluscum-contagiosum.htm molluscum_contagiosum.htm

www.netdoctor.co.uk/diseases/facts/molluscum.htm

www.dorset.swest.nhs.uk/comm_dismollusc.html

www.aad.org/pamphlets/molluscum.htm

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