

Molluscum Contagiosum

What is molluscum contagiosum?

Molluscum contagiosum is a viral skin infection most common in children and infants. The virus causes small, flesh-colored, domed papules on the skin known as mollusca.



What causes it?

Molluscum is caused by a poxvirus called molluscum contagiosum virus. It spreads via skin contact, including:

- Direct contact: skin to skin
- Indirect contact: shared towels, washcloths, other items
- Autoinoculation: transmitted from one site to another via scratching or shaving
- Sexually transmitted

The incubation period ranges from 2 weeks to 6 months. It seems to spread more easily under wet conditions, such as bathing or swimming.

What are the clinical features and diagnosis?

Diagnosis is typically made clinically, based on appearance. Mollusca can appear waxy and umbilicated (with a central pit). They can be white, pink or brown, and the size ranges from 1 mm to 6 mm. As papules resolve, they can appear scabbed.

Mollusca are often grouped, but they can be present on multiple body sites. Patients may have anywhere from a few to hundreds of papules. Mollusca are often located in warm areas: the armpit, behind knees, in the groin or genital areas. They can occur on the lips, but rarely occur inside the mouth. The papules do not form on the palms or soles.

What are the complications?

Persistent scratching can result in a secondary bacterial infection. If the eyelid is infected, it could result in a conjunctivitis. Some papules can result in spontaneous, pitted scarring as the lesions resolve. Disseminated secondary eczema may form as an immunologic reaction to the virus.

How is molluscum treated?

Molluscum is typically self-limited and will resolve in the majority of patients. In many cases, no specific treatment is necessary, and families can be advised to avoid sharing towel and clothes. Siblings should avoid bathing together. If possible, encourage the patient to avoid scratching the lesions. Young children with few lesions may benefit from placing a Band-Aid over the papules to avoid scratching and thus causing autoinoculation.

In children who have multiple papules or papules in cosmetically sensitive areas, treatment can be either physical or medical.

Physical:

- Cryotherapy (can result in dyspigmentation)
- Curettage (can scar)
- Laser ablation (can scar) — usually performed by a dermatologist
- Intralesional immunotherapy with *Candida* antigen

Medical:

- Cantharidin – Blistering agent applied directly to the lesion, and the site is then covered with a Band-Aid to prevent spread. Should be washed off with soap and water 2 to 6 hours after application. Should be performed in clinic. Usually needs to be repeated. This treatment is not offered by Seattle Children's. There is a cantharidin-based product that will likely be approved by the Food and Drug Administration (FDA).
- Podophyllin – Apply directly to lesion twice daily for 3 days a week for up to 4 weeks. Local erythema, inflammation, pruritis, and erosions can occur.
- Wart paints containing salicylic acid to be applied per instructions on packaging until lesion resolves

When to refer to a dermatologist?

Refer patients if they have large lesions in cosmetically sensitive areas that are at risk for scarring, if they have symptomatic lesions near the eyes (which should not be treated with the above-mentioned therapies) or if there are numerous symptomatic lesions affecting multiple body sites. If surgical treatment is desired for periocular lesions, ophthalmology would be a more appropriate referral.

Information for families

You can provide our Seattle Children's hand-outs about molluscum (file name [PE570](#)). Link here: <https://www.seattlechildrens.org/globalassets/documents/for-patients-and-families/pfe/pe570.pdf>