



Managing Pediatric Molluscum Contagiosum



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PEDIATRIC MOLLUSCUM CONTAGIOSUM

What is molluscum contagiosum?

Molluscum contagiosum is a benign skin disease caused by a poxvirus. The virus enters through small breaks in the skin, and molluscum lesions start to appear after a period of incubation. Molluscum contagiosum only affects the skin and does not cause systemic or internal problems.

How to recognize molluscum contagiosum?

Typically, molluscum contagiosum presents as small, shiny, flesh-colored or pink dome-shaped papules with an umbilicated center. Although they start as small papules, they may grow to the size of a pencil eraser. A white core may also be visible. Molluscum can appear anywhere on the body and commonly involves skin folds or areas of close skin-to-skin contact, such as the armpits and the back of the knee. They do not appear on the palms of the hands or soles of the feet.

Who is at risk?

Molluscum contagiosum can occur at any age, but it most commonly affects school-age children, sexually active adolescents and adults or patients of any age with a weakened immune system. Immunosuppressed patients may develop molluscum that can become large in size and number.

A history of atopic dermatitis or eczema also increases the risk of molluscum contagiosum, as the skin barrier is impaired in these conditions.

How is it spread?

The virus is spread by skin-to-skin contact and contact with items that can carry the virus. For example:

- A person with molluscum can spread the virus to other body parts by touching a non-infected area after rubbing or scratching a lesion.
- The virus can spread to another person through direct skin-to-skin contact, as with hugging or linking arms.
- A person can get molluscum through fomites such as kickboards, towels and clothing.



This image shows typical molluscum contagiosum on the back of a child's knee.

How to treat molluscum contagiosum

Molluscum contagiosum will eventually resolve without treatment, although this can take several months to a few years. Given that molluscum is a benign skin condition and that it will likely spontaneously resolve, reassurance to the parents and a watchful-waiting approach is reasonable.

As some lesions resolve, others may appear. It is also common for molluscum to become irritated with redness, pruritus and swelling. This represents a natural immune reaction against the virus that is seen before spontaneous involution.

Treatment can help prevent the spread of the virus to other body parts or people. Treatment of molluscum contagiosum is similar to that of warts.

Treatment recommendations

IN-OFFICE TREATMENT OPTIONS

Extraction of the core • Curettage • Cryotherapy with liquid nitrogen

Note: These are effective destructive measures that are often appropriate for older pediatric patients but may be uncomfortable or painful and hence are not always suitable for younger pediatric patients.

Cantharidin

Cantharidin is a chemical compound derived from a blister beetle that induces the formation of a vesicle when applied to the skin. It must be obtained from a compounding pharmacy. This can be an effective and well-tolerated treatment option when used with the appropriate application technique.

Note: Because of the unpredictable nature of blister formation, use of this chemical should be restricted to the body, arms and legs and should not be applied to the face or genitals.

AT-HOME TREATMENT OPTIONS

Topical medications: salicylic acid, topical retinoids and imiquimod

These are off-label uses but have been documented as valid treatment options for molluscum contagiosum. These medications may cause irritation of the lesions as well as the surrounding unaffected skin. To prevent this, it is important to instruct parents to apply the medications to the individual lesions only, avoiding the surrounding normal skin as much as possible. Patients with eczema have an increased risk of irritation, redness and pruritus with these topical medications. A trial period or treatment with an every-other-day course may be beneficial.

No treatment

Molluscum will spontaneously resolve with time but may last several months to a couple of years.

FOLLOW UP: Multiple treatments may be needed for molluscum. Evaluation and treatment every six to eight weeks may be necessary until the lesions disappear.

When to refer

Most lesions of molluscum contagiosum can be treated by the primary care physician. However, some circumstances may warrant referral to a dermatologist. These include:

- When the diagnosis is questionable
- When multiple treatments do not resolve the molluscum or when the condition has lasted for longer than one year
- When the molluscum contagiosum covers a large area of the body
- When lesions become infected, severely irritated or do not heal
- When the patient has immunodeficiency

Referrals and Consultations

Online: [NationwideChildrens.org/Dermatology](https://www.NationwideChildrens.org/Dermatology)

Phone: (614) 722-6200 or (877) 722-6220 | Fax: (614) 722-4000

Physician Direct Connect Line for 24-hour urgent physician consultations:
(614) 355-0221 or (877) 355-0221.

