



## Molluscum Contagiosum

- Extremely common, harmless condition caused by a virus
- Small, skin-colored to pink bumps; sometimes a central pit/crater present
- In children, lesions can range from one or two to hundreds; spread from non-sexual contact
- No need for children to be kept out of school or isolated in any way

### Treatment

- Untreated, the body's immune system will, over time, fight off the molluscum virus; this can take many months or even 1-2 years
- No one treatment is universally effective
- Treatment targets destruction of virally-infected cells
- Several treatments may be necessary before resolution
- **Treatment options:**
  - o **Curettage** – Use of a surgical instrument to scrape the molluscum lesion off. Can be somewhat painful or uncomfortable. May leave a chicken pox-like scar.
  - o **Freezing with liquid nitrogen** – Somewhat painful since treatment feels similar to a burn. Blister formation possible. Heals initially with a pink spot.
  - o **Cantharidin/"Beetle juice"**- chemical compound secreted by the blister beetle applied to molluscum lesions. Not painful. Covered for 4-6 hours. Blister (which can be tender) forms later and helps to peel molluscum lesion away.
  - o **Podophyllotoxin** (Podofilox) is a standardized solution or gel containing podophyllin, which is a plant resin that causes tissue necrosis by arresting mitosis. It can be applied at home with a recommendation of twice daily for 3 days followed by 4 days without therapy for up to 6 weeks. Treatment area should be restricted to less than 10cm<sup>2</sup>, with a daily maximum dose of 0.5mL to reduce systemic side effects. Local side effects are minimal but include pruritus, erythema and postinflammatory pigmentary changes.
  - o **Intralesional injections of candida antigen** (a killed yeast protein) is used as immunotherapy for MCV. The immune response from the candida antigen to the region infected with MCV is thought to help the body also mount an immune response to MCV. A small amount (typically 0.3mL) of candida antigen is injected directly into the lesion at monthly intervals as needed.
  - o **Imiquimod** works to activate the immune system. There may at times be a local reaction consisting of redness, itching and irritation surrounding the molluscum lesions. It is applied to the lesions 3 times a week for 12-16 weeks.
  - o **Cimetidine**, evidence has shown that cimetidine may provide an antipruritic activity and may enhance cell-mediated immunity against MCV. Although its utility is unclear, it is a relatively safe medication for children and may be beneficial, especially in concurrent atopic dermatitis. Dosing of the medication is generally from 25mg/kg/day - 40mg/kg/day administered for several months.
  - o **Simply waiting** – Vast majority of lesions will spontaneously resolve
  - o **Tape stripping** - Cover the spots with an occlusive (watertight/waterproof) tape such as duct. Leave the tape on for two days, and then pull it off. This irritates the spots. This may need to be done several times to try to remove the central core of the spot. Make sure the adhesive part of the tape directly touches the molluscum. Just covering the molluscum with a bandaid will not work. Betadine may also be applied to the molluscum before applying the tape.

\*\* In adults, molluscum can be a sexually transmitted condition.