

## Clinical case blog

### Title: Molluscum Contagiosum

Alexander K.C. Leung<sup>1\*</sup> and Benjamin Barankin<sup>2</sup>

<sup>1</sup>Pediatric Consultant, Clinical Professor of Pediatrics, University of Calgary, Alberta Children's Hospital, Canada

<sup>2</sup>Medical Director and Founder, Toronto Dermatology Center, Canada



A 16-year-old boy presented with two dome-shaped papules on his left upper eyelid for 2 to 3 months' durations. Umbilication was noted in the centers of these lesions. The lesions were asymptomatic.

This patient has molluscum contagiosum that is caused by a poxvirus of the *molluscipox* genus in the Poxviridae family. Typically, molluscum contagiosum presents as discrete, smooth, dome-shaped, waxy papules with central umbilication. The color can be pearly white, yellow, flesh-colored, translucent, or red (especially when irritated). The lesions are most common in areas of skin rubbing or moist regions such as the axillae or popliteal regions. Lesions are usually 1 to 5 mm in diameter and the number is usually less than 20. They often appear in clusters or in a linear pattern. Central umbilication can be hard to observe in small lesions and young children. The lesions are often asymptomatic. Eczematous dermatitis near the molluscum can develop in approximately 10% of cases, and individuals with atopic dermatitis appear to be more prone to molluscum infections. In immunocompromised individuals, the lesions are typically numerous, widely disseminated, and very large.

Some authors suggest benign neglect of the lesions and to await spontaneous resolution. However, most authors suggest active treatment of lesions for cosmetic reasons, social stigma associated with visible lesions, alleviating discomfort including itching, or concerns of transmission and autoinoculation. One of the biggest concerns from parents is that their child will have to avoid participating in swimming or gymnastics or other such activities. Active treatments may be mechanical (e.g. curettage, cryotherapy with liquid nitrogen), chemical (e.g. cantharidin, tretinoin, podophyllotoxin, trichloroacetic acid, potassium hydroxide, lactic acid, glycolic acid, salicylic acid), immune-modulating (e.g. imiquimod, cimetidine) and anti-viral (cidofovir). The choice of the treatment method should depend on the physician's comfort level with the various treatment options, the patient's age, the number and severity and location of lesions, and the preference of the child/parents.

**\*Corresponding author:** Alexander K.C. Leung, MBBS, FRCPC, FRCP(UK & Irel), FRCPC, FAAP, Pediatric Consultant, Clinical Professor of Pediatrics, University of Calgary, Alberta Children's Hospital, #200, 233 – 16th Avenue, NW, Canada, Tel: (403) 230-3322; E-mail: [aleung@ucalgary.ca](mailto:aleung@ucalgary.ca)

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