

MOLLUSCUM CONTAGIOSUM

WHAT ARE MOLLUSCUM?

Molluscum contagiosum is a viral skin infection seen most commonly in young to school-age children, particularly in warm environments. They are usually small, flesh-colored to pink bumps with a shiny appearance and slightly depressed center. They can develop on the face, eyelids, trunk, extremities, and genitalia but usually do not involve the palms or soles. Molluscum bumps can only affect the skin and mucous membranes (fleshy lining of the eyes and genitals) – the virus never affects the internal organs. Molluscum bumps are painless, but may be itchy and can last for several months to sometimes years.

The virus is contagious and spread by direct contact with the skin of an infected person or sharing damp towels, clothing, personal items and gym mats (e.g., wrestlers, gymnasts, etc.) with someone who has molluscum. Siblings bathing together and swimming together (especially when sharing kickboards and towels) also seem to be risk factors to develop the bumps, but this is not a reason to limit swimming.

After contact with the virus that causes them, molluscum may incubate for 2-8 weeks before appearing in the skin. Scratching or picking the bumps is one way the virus can be spread. Areas of the body where rubbing/friction of skin surfaces occurs (for example, the inner arm and sides of the belly) are common locations for molluscum infection.

In some patients, the bumps will become red and form pus bumps resembling pimples. This change in appearance is usually good and signifies that the patient's immune system is recognizing the virus and is starting to clear the viral infection. If there is no pain or fever, the molluscum bump is unlikely to be "infected".

PREVENTION

As the virus is contagious through direct contact, it is best to take measures to avoid the spread of the virus.

- Try to prevent your child from scratching or picking at the bumps. If eczema/rash is forming around the bumps, topical steroid preparations can be helpful to reduce the inflammation and the urge to scratch.
- Do not have children with molluscum bumps share towels or clothing; you may want to consider having siblings bathe separately.
- Avoid direct contact with a known infection.
- Molluscum is not dangerous. In general, it is not a reason a child should be held out of daycare or school activities.

TREATMENT

The virus usually lasts for a period of several months to years and resolves on its own over time (on average 13 months). If the bumps are not causing symptoms, many doctors recommend watchful waiting for improvement and resolution. Management options, such as no active treatment/monitoring alone, topical therapy, or direct destructive treatment can be considered.

CANTHARIDIN ("BEETLE JUICE")

Application of a chemical such as Cantharidin, which is made from blistering beetles, is typically a painless, in-office destructive procedure. It causes a "water blister" to develop on each treated bump, with the goal of resolving the bump as the blister heals.

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PATIENT CARE INSTRUCTIONS

As a general rule, patients can expect the following:

2-6 HOURS:

- If clear tape was placed over the lesion, remove it at this time.
- Gently wash off the medication with soap and water. It is important to wash off the medication to control the amount of blistering.
- If there is a stinging sensation prior to 2 hours, wash off the medication immediately.

4 HOURS:

- After a while, some kids complain of a “stingy” feeling on the skin where the cantharidin was applied. Any stinging should subside after the first 24 hours.
- For mild to moderate pain, you can give your child tylenol or motrin.

24 HOURS:

- Blisters usually fully formed. Occasionally, there may be some blood in the blister fluid. This is ok. Do not pop the blisters.
- If the blisters pop and skin stings in open air, you may apply a small amount of Vaseline or Aquaphor as needed for comfort. It is okay to cover with small bandages.

4 DAYS:

- Crusted blisters usually fall off, leaving superficial abrasions. The skin may look raw and red. This is normal.
- You can continue to apply Vaseline or Aquaphor twice daily to the open areas until healed.

7 DAYS:

- Lesions usually fully healed with temporary residual redness.

POSSIBLE SIDE EFFECTS & HOW TO MANAGE SYMPTOMS:

1. **Mild to moderate pain** - Please use tylenol or motrin.
2. **Burning sensation** - Please use cold water or ice compresses.
3. **Itching/eczema** - You may use a 1% cortisone ointment twice daily for 5 days should there be an itchy rash. Over the counter antihistamines (benadryl, zyrtec) can also be helpful.
4. **Post-treatment skin discoloration** - This can take weeks/months to resolve. No treatment is needed.
5. **Recurrence** - If the lesions remain or if new lesions appear, we can repeat the treatment after a few weeks. Most individuals will require 2-3 applications of cantharidin.