



MOLLUSCUM CONTAGIOSUM

What are the aims of this leaflet?

This leaflet has been written to help you understand more about molluscum contagiosum. It will tell you what it is, what causes it, what can be done about it, and where you can find out more about it.

What is molluscum contagiosum?

Molluscum contagiosum is a common and generally harmless viral infection of the skin. It is contagious (can be caught from another person by direct contact). It is most common in children and young adults, but can occur at any age.

What causes molluscum contagiosum?

Molluscum contagiosum is caused by a virus that can be picked up through close personal contact with someone who has it, or from objects such as a shared flannel or a towel. The spots come up after an incubation period of a few weeks. They are more common and extensive in people who have atopic eczema (the type of eczema that runs in families, together with asthma and hayfever). Sometimes people whose immune system is suppressed for any reason, such as by HIV infection or through taking immunosuppressive treatments may develop large numbers of molluscum spots, but most people with molluscum contagiosum are generally in good health.

Is molluscum contagiosum hereditary?

No, although it often affects several members of a family at the same time.

What are its symptoms?

Usually these skin lesions are asymptomatic, but the spots can be itchy or sore if they become inflamed or infected. They can bleed slightly if scratched.

What does molluscum contagiosum look like?

The molluscum contagiosum spots have the following characteristics:

- Are small (from 2 to 6 mm across); however they can grow larger than this, up to 10 to 20 mm
- Are raised, and hemispherical (like a tiny dome), with a shiny surface
- Usually they are skin coloured, though they can be redder or paler
- Their most striking feature is a central dimple
- Sometimes areas of dry redness, like eczema, appear around the spots

There may be only one or two spots, and usually fewer than 20. They often occur in groups.

How will molluscum contagiosum be diagnosed?

Usually no tests are needed as the spots can easily be recognised by a doctor (see above). If a molluscum contagiosum spot becomes inflamed, it can look rather like a boil.

Occasionally, if only one spot is present, the diagnosis can be difficult and the dermatologist may need to do a skin biopsy, removing the whole spot for examination under the microscope in order to make the diagnosis.

Can molluscum contagiosum be cured?

Yes. It usually goes away by itself, taking between 6 and 18 months to do so. Sometimes it can last for much longer than this, and may last for years. The spots often become red and inflamed just as they are about to go away, and can leave small permanent scars.

How can molluscum contagiosum be treated?

This depends partly on the age of the person who has it. Many of the treatments are painful and often it is best not to treat since the spots will eventually go away on their own. It is almost always better to avoid painful non-essential treatment in children since a child hurt by active treatment may be frightened of doctors for life. Furthermore it is thought that some treatments can increase the risk of scarring from this condition. There is no research evidence that any one treatment is better than others at clearing molluscum contagiosum.

If active treatment is needed, there are several possibilities:

- There are a range of topical therapies which are aimed at producing inflammation in the molluscum leading to resolution, and the options can be discussed with your dermatologist. All of these can cause irritation and/or scarring, and need careful application.
- The spots can be frozen with liquid nitrogen (cryotherapy) by the general practitioner or dermatologist at intervals until they are clear.

- The spots can be scraped off with a sharp instrument (curettage) after local anaesthetic injection by the general practitioner or dermatologist.
- A hospital eye specialist can deal with spots on the eyelids.
- A cream containing a chemical that affects the immune system (imiquimod) has been used for molluscum contagiosum, but it is not licensed for the condition and most research studies have shown that it is not effective.
- Squeezing the spots is not recommended anymore as it can result in scarring.

Self Care (What can I do?)

You should make every effort not to pass the infection on to others, particularly those in your family. Stick to your own towel, flannel, clothing and bedding. However children with molluscum contagiosum need not be kept off school, nor should they be barred from swimming, etc.

Where can I get more information?

Links to other Internet sites:

<http://www.dermnetnz.org/viral/molluscum-contagiosum.html>

For details of source materials used please contact the Clinical Standards Unit (clinicalstandards@bad.org.uk).

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

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