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. As its name implies, 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, including sexual 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 contagiosum, but most people with molluscum contagiosum are perfectly healthy.

Is molluscum contagiosum hereditary?

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

What are its symptoms?

Usually there are no symptoms, 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 spots of molluscum contagiosum are usually easily recognised, and are:
- Small (from 2 to 6 mm. across); however they can grow larger than this.
- 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, rather like eczema, appear around the spots.

There may be only one or two spots, but usually there are less than 20. They often occur in groups. Some people may have large numbers of spots.

**How will molluscum contagiosum be diagnosed?**

Usually no tests are needed as the spots can easily be recognised by a doctor (see above). They should not be confused with warts, which have a rough surface and no central pore. If a molluscum contagiosum spot becomes inflamed, it can look rather like a boil.

If there is any doubt about the diagnosis, material squeezed out of the central pore of a spot can be looked at under the microscope. Occasionally, if only one spot is present, the diagnosis can be difficult and it may then necessary 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.

If active treatment is needed, there are several possibilities:

- The spots can be frozen with liquid nitrogen (cryotherapy) at intervals until they are clear.
- Some simple measures cause the spots to become inflamed and then to go away. These include squeezing the spots out with a pair of forceps, and piercing them with a small sharp object such as a clean cocktail stick. A local anaesthetic cream, applied to the area and left on under a plastic film for one hour before the procedure, will help to reduce the pain.
• The spots can be scraped off with a sharp instrument (curettage) after local anaesthetic injection.
• An eye specialist should deal with spots on the eyelids.
• A cream containing a chemical that affects the immune system (imiquimod) has recently had some success, but should be avoided in pregnancy. Imiquimod is not licensed for treating molluscum contagiosum, although it is often prescribed for this condition.

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 and clothing. 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: its contents, however, may occasionally differ from the advice given to you by your doctor.

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

BRITISH ASSOCIATION OF DERMATOLOGISTS
PATIENT INFORMATION LEAFLET
PRODUCED MAY 2008
UPDATED AUGUST 2011, AUGUST 2014
REVIEW DATE AUGUST 2017