

Molluscum Contagiosum Virus

Molluscum is a common, usually harmless, skin infection similar to warts found in kids.

They appear as clusters of small round bumps on the skin, usually 1 to 6mm in diameter. They can be white, pink or brown with a waxy or shiny surface, a small central pit and contain white cheesy material. They prefer warm hot areas such as the armpit, behind the knee or groin.

Transmission

Skin-to-skin contact or shared objects such as towels.

Molluscum prefers wet areas to spread, such as swimming pools or shared baths.

Treatment

Most children do not need treatment.

Complete resolution happens when an immune response develops, the range is 3 months to 3 years.

Half of the kids will clear the rash by 12 months and two-thirds by 18 months.

Potential advantages of treatment include limitation of spread to other parts of the body, possible prevention of scarring, and reduction in any psychological stress associated with the lesions.

Disadvantages are that treatment can be time-consuming, and result in pain, irritation and scarring.

Exclusion from daycare or school is not required.

Avoiding sharing towels and bathing together will reduce transmission to other family members.

Shower instead of bathing.

There is no great evidence for the effectiveness of one method of treatment over others.

The gentlest option for treating at home is **taping**. Applying a sticky adhesive such as Elastoplast over the lesions, leave it on for several days and then rip it off. This irritates the lesions and sometimes removes the central core. Can be repeated several times if needed.

There are many irritating solutions that can be applied before taping. The gentlest of these are wart paints such as **Duofilm**. The easiest way is generally to use a toothpick and apply a small amount to the centre of the lesion and then tape as above.

Doctors can perform **cryotherapy** using a squirt of liquid nitrogen for 6 to 10 seconds over the centre of the lesion. Can be challenging to do for little kids.

Dermatologists can also use other methods such as **Curettage** (the physical removal of the lesion using a small curette device), and use other topical agents such as **Cantharidin** (a topical blistering agent that minimises scarring), **Benzoyl Peroxide**, **Tretinoin cream**, **Imiquimod**, or **Potassium Hydroxide**.