

SCOPE OF PRACTICE

TARGET POPULATION

- Clients presenting with Molluscum contagiosum (MC)

EXCLUSION CRITERIA

- Clients with complex dermatitis issues
- Clients who are pregnant or breast feeding requesting imiquimod
- Clients with ongoing symptoms including multiple lesions of MC

GUIDELINE OBJECTIVES AND ANTICIPATED OUTCOMES

- Provide treatment for clients with MC
- Identification of individual STI risk and provision of appropriate screening
- Identify public health risks to control infections by:
 - Provision of STI education and information
 - Identification and exploration of sexual risk taking behaviours
 - Partner notification and treatment

BACKGROUND

CONDITION DESCRIPTION

Although most common as a childhood infection, MC is usually sexually transmitted in young adults, non sexual transmission can also occur.^{1,2,3} MC is part of the poxvirus and lesions usually occur on the genital region.^{1,2,3,4} The typical lesion is a pearly papule with central umbilication and in HIV infection lesions may be more widespread and atypical.^{2,3,4}

EPIDEMIOLOGY

- The virus is passed on by direct skin to skin contact and can affect any part of the body¹
- Incubation periods range from three to twelve weeks¹
- As this infection can be passed on through sexual contact it is advisable for clients to abstain from sexual contact for the duration of lesion⁶
- Recurrences after clearance occur in 15-35% of cases⁴

INVESTIGATIONS AND DIAGNOSIS

- MC is diagnosed by direct clinical examination


MC CHARACTERISTICS	MC CLINICAL PICTURE
<ul style="list-style-type: none"> • Typical firm small (1-5mm) papules • often umbilicated, • firm white “pearl” expressed on compression, • Usually followed by brisk bleeding. 	

Table C7:1. MC Characteristics ^{1,2,3} (photos courtesy of MSHC)

- The core of lesions can be sent for examination by electron microscopy under which typical poxvirus-like particles will be seen ³
- Extensive or refractory or atypical (face) lesions may indicate immunodeficiency and HIV infection ³

Differential diagnosis may include: ^{1,2,3,4}

- Warts
- Lichen planus
- Syringomas
- Sebaceous adenomas
- HSV
- VZV

TREATMENT AND MANAGEMENT

TREATMENT INDICATORS

- Clinical diagnosis based on examination findings

MOLLUSCUM CONTAGIOSUM

Cryotherapy is indicated for the treatment of MC

Cryotherapy and other purely mechanical methods of destruction are safe during pregnancy

Treatment aims at tissue destruction, resulting in viral demise and viral clearance

TREATMENT

- **Liquid Nitrogen or**
- **Imiquimod 5% cream**

For treatment with liquid nitrogen and or Imiquimod refer to Clinical management of uncomplicated Genital warts (CPG C6)

MANAGEMENT

As spontaneous regression of lesions often occurs treatment is offered for cosmetic reasons.

- For suspected secondary infection; refer to Medical Officer
- Persistent atypical lesions not responding to treatment require Medical Officer review

PUBLIC HEALTH CONSIDERATIONS - FOLLOW UP AND REVIEW

- Contact tracing is not required ^{5,6}

MEDICATION FORMULARY

DRUG	INDICATIONS	ROUTE	DOSE	FREQUENCY	THERAPEUTIC CLASS/ Poisons Schedule	CONTRAINDICATIONS/ INTERACTIONS	PRECAUTIONS/ ADVERSE EFFECTS
Imiquimod 5%	Genital warts	topical	250mg per sachet apply 1/3 of sachet	3 times at night weekly for 4-16 weeks	Immunomodifier (B1) S4	Pregnancy, lactation hypersensitivity	Occlusive dressings Excessive use, inflammatory skin conditions, UV light, prolonged use Remove cream before sexual contact
						Nil known	Local skin reactions, erythema, oedema, erosion, excoriation, itching, pigmentation changes

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