Melbourne Sexual Health Centre
TREATMENT GUIDELINES

Melbourne Sexual Health Centre
A part of Alfred Health

MOLLUSCUM CONTAGIOSUM

March 2010

This common poxvirus infection is seen often in young children where lesions occur anywhere on the body and in adults where it is seen most often as a sexually acquired infection of the genital area. In HIV infection, lesions may be widespread and atypical. The typical lesion is a pearly papule with a central umbilication and a core that may be extracted with the tip of a needle. It typically affects keratinized skin, especially hair bearing, rather than mucous membranes, the palms or the soles. There is no documented maternal-foetal transmission.

DIAGNOSIS

Clinical appearance.
Incubation period is 1 week – 6 months.

Transmission is skin – skin, especially in moist conditions. Autoinnoculation occurs associated with scratching especially in areas of dermatitis, friction or injury. Bathing and shared towels can also transmit mollusca.

Localized redness and soreness may be due to secondary bacterial infection. Redness also occurs prior to natural resolution.

MANAGEMENT

As molluscum contagiosum are benign and self limiting, and recurrences frequent (15-35%), treatment choice should balance the desire for more rapid resolution of existing lesions against pain and possible scarring produced
as a result of treatment. Treatment is primarily for cosmetic reasons but might reduce autoinoculation and transmission to others.
"Molluscum dermatitis" occurs in about 10%. This is an eczematous reaction that usually clears as the lesions resolve.

TREATMENT

Untreated, lesions can persist 6 months – 2 years. Most individual lesions clear by 3 months.
Treatments induce local epidermal inflammation and various treatments are effective. There is no clear evidence base supporting one treatment over another.

The usual mode of treatment is:

- Cryotherapy.
- Apply liquid nitrogen with a cotton bud or cryospray until a halo of ice surrounds the lesion.
- Repeat treatments may be necessary.

Where cryotherapy is not feasible you could try imiquimod 5% applied sparingly 3 times per week. A small number of paediatric studies support this, but it is expensive and resolution can be slow. Imiquimod 1% cream has also been reported to be effective in around 80% of patients.
0.5% podophyllotoxin cream bd 3 days per week has been reported to be effective in more than 90% of patients over 4 weeks.
Other destructive treatments such as piercing with a sterile 19 gauge needle, with expression of the pearly core and application of tincture of iodine or phenol, or diathermy / curettage under local anaesthesia are seldom performed owing to issues of pain and potential scarring.

The opportunity to screen for other STIs should be taken as genital molluscum is considered to be a marker of risk for sexually transmitted infection.
Offer HIV testing, especially in a patient presenting with a very large number of lesions, particularly large lesions or on the face.

Disclaimer
The content of these treatment guidelines is for information purposes only. The treatment guidelines are generic in character and should be applied to individuals only as deemed appropriate by the treating practitioner on a case by case basis. Bayside Health, through MSHC, does not accept liability to any person for the information or advice (or the use of such information or advice) which is provided through these treatment guidelines. The information contained within these treatment guidelines is provided on the basis that all persons accessing the treatment guidelines undertake responsibility for assessing the relevance and accuracy of the content and its suitability for a particular patient. Responsible use of these guidelines requires that the prescriber is familiar with contraindications and precautions relevant to the various pharmaceutical agents recommended herein.

MOLLUSCUM CONTAGIOSUM

March 2010

References.

King Holmes Sexually Transmitted Diseases 4th Edition. 2008.
Van der Wouden JC, and others. Interventions for cutaneous molluscum contagiousum. Cochrane Database Syst Rev 2009 Oct 7; (4):CD004767.
Syed TA, Lundin S, Ahmad M. Dermatology. 1994;189(1):65-68.
Syed TA, and others. Treatment of molluscum contagiousum in males with an analogue of imiquimod 1% in cream: a placebo-controlled, double-blind study. J Dermatol. 1998 May;25(5):309-13.