MSHC
MELBOURNE SEXUAL HEALTH CENTRE

Molluscum contagiosum treatment guidelines

Also known as molluscum, MC

Molluscum contagiosum (MC) is a harmless skin infection caused by a virus and can be passed on by skin-to-skin contact.

Causes

- *Molluscum contagiosum* is a poxvirus infection of the skin
- Transmission is via direct skin-to-skin contact
- Autoinoculation is common especially with scratching, areas of dermatitis or friction

Clinical presentation

Typically presents as benign spontaneously resolving, painless infection lasting months and occasionally up to 2 years.

Common in young children, where lesions occur anywhere on the body (including the genitals), especially in skin folds.

In adults, it can be seen as a sexually acquired infection affecting the genitals, pubic region, lower abdomen, upper thighs and/or buttocks.

In HIV infection and other immunosuppressive conditions, lesions may be widespread and atypical.

Those with atopic dermatitis may also have disseminated molluscum.

The opportunity to screen for other STIs should be taken as genital molluscum may be a marker of risk for sexually transmissible infections.

This should include testing for HIV, especially where lesions are multiple and widespread, large, or seen on the face.

Diagnosis

Clinical diagnosis where no specific investigations are indicated:

- lesions are usually multiple and occur in clusters, presenting as smooth-surfaced, firm, dome-shaped papules with central umbilication
- lesions are found on keratinised skin, especially skin folds and hair bearing areas, and can affect almost any part of the body

Genital molluscum may be confused with ectopic sebaceous glands, and patients may confuse lesions with genital warts.

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

Approximately 10% of adults develop eczema around lesions that resolves as the lesions regress.

Management

Condition	Recommended	Comments
Molluscum in immunocompetent patients	No treatment is reasonable	Molluscum infection resolves naturally, usually leaving no long-term sequelae. Untreated, lesions can persist for 6 months to 2 years. Most individual lesions clear by 3 months. Some treatments may shorten the disease course, but this should be balanced against possible side-effects and patients should be warned that new lesions may continue to erupt. Patients should be educated about risks of autoinoculation and advised against shaving, waxing or scratching their genital regions, to prevent further spread of lesions, secondary infection and scarring. Transmission to others may be minimised by covering lesions where possible and avoiding sharing towels and bedding.
Physical treatment for molluscum	Cryotherapy with liquid nitrogen cryospray until a halo of ice surrounds the lesion	Repeat treatments may be performed weekly until resolution. 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.
Topical treatment for molluscum	**Podophyllotoxin 0.5% cream or paint twice daily for 3 days per week for 4 weeks** OR **Imiquimod 5% applied sparingly 3 times per week for up to 16 weeks has shown some limited efficacy.**	Podophyllotoxin and imiquimod should be avoided in pregnancy and breastfeeding.
Immunosuppressed patients	Seek specialist advice	Immunosuppressed patients and people living with HIV may require input from a sexual health physician, infectious diseases specialist or dermatologist for systemic treatments where the above treatments have failed or lesions are large or extensive.

Disclaimer

We recognise that gender identity is fluid. In our treatment guidelines, the words and language we use to describe genitals and gender are based on the sex assigned at birth.

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