Molluscum contagiosum is a viral infection of the skin, resulting in raised, pearl-like papules or nodules on the skin. The pimples usually appear in groups, although they may occur singly. This skin infection is common in children between the ages of 2 and 5, and is easily spread by direct or indirect contact with infected towels, clothing or lesions (A.D.A.M, 2011; Collins, 2003).

Causes:

The molluscum contagiosum virus is a member of the poxvirus family. The virus enters the skin through small breaks in the skin barrier. After an incubation period, papules appear. The infection can be transmitted from one person to another in several ways;

By coming into direct contact with a lesion. These lesions can occur almost anywhere on the body but are most frequently seen on the face, neck, armpit, arms and hands.

Through contact with contaminated objects, such as toys, towels, or clothing.

The virus is spread through sexual contact. Early lesions on the genitalia may be mistaken for herpes or warts, but these lesions are painless.

If your child has a weakened immune system due to an underlying medical condition or is receiving treatment that affects the immune system- for example, for leukemia- the spots can be more widespread and last longer.

The disease has a higher incidence in institutions and communities where overcrowding, poverty and poor hygiene potentiate its spread (AAD, 2010; A.D.A.M, 2011; Collins, 2003).

Symptoms:

Symptoms generally appear 2-7 weeks after infection;

In children, the lesions are generally found on the face, trunk, armpits and extremities. While in adults, the disease tends to appear in the groin, genital area, thighs and lower abdomen. It is rare for the lesions to develop on the palms and soles.

Mollusca are generally small flesh-coloured or pink dome-shaped growths, with a central dimple or shiny white core.

If you squeeze a molluscum, a white, cheesy fluid comes out.

These growths may become red and inflamed due to scratching. If an infection develops, it can be treated with antibiotics.

Scratching or other irritations to the skin, causes the virus to spread in a line or groups, called crops

The papule range in size, depending on the stage of development, usually averaging 2-6mm. In immunosuppressed individuals, the papules can exceed 1cm in size.

The mollusca are usually not itchy, dangerous or serious. In a few people, the skin may be lighter where each molluscum had been or there may be a tiny pitting or indented scar remaining.

It is rare for a molluscum on the eyelid to cause eye inflammation (ADD, 2010; A.D.A.M., 2011; Collins, 2003; Dermatology Online Journal, 2003; EMIS, 2011).

Diagnosis:

A diagnosis of molluscum contagiosum is generally made on the basis of the characteristic appearance of the disease. In cases where a diagnosis is not clinically obvious, a biopsy of a lesion may be made for confirmation. Although additional tests are usually not required, if someone has mollusca in the genital area, the doctor may also test for sexually transmitted diseases (Dermatology Online Journal, 2003; the Nemours Foundation, 1995-2011).

Treatment:

Molluscum contagiosum is a self-limiting disease, in that the condition will usually resolves itself without treatment and generally leaves no scars. The healing process tends to take 6-12 weeks but as new mollusca develop on other parts of the body, it can take 12-18 months for the mollusca to disappear completely. This process is prolonged in atopic and immunocompromised individuals, with the condition lasting for as long as 5 years. If scarring does occur, it is usually from patients picking and scratching at the lesions. Most of the more common treatments consist of various ways to traumatize the lesions. The removal of lesions reduces the rate of spread to other individuals and from one part of the body to another, which is caused by touching the lesions (called autoinoculation). Genital lesions in adults, generally require treatment, to prevent the spreading of the disease through sexual contact (Dermatology Online Journal, 2003; EMIS, 2011; WebMD, Inc., 2011).

The most popular treatments include;

- Curettage- Scraping the lesions off with a sharp instrument
- Cautery- Removal of the lesions using heat
- Cyrotherapy- A procedure using liquid nitrogen to freeze the lesions
- Cantharidin- A blistering agent applied sparingly to each lesion
- Imiquimod (Aldara)- An immune system modulating cream that is generally used to treat warts
- Tretinoin (Retin-A)- A cream commonly used for acne that can be applied to the lesions for weeks to months
- Salicylic Acid (Compound W)- A solution applied to the lesion, with or without tape occlusion
- Laser- May be a preferable option for individuals with genital lesions (About.com, 2011; The Nemours Foundation, 1995-2011; WebMD, 2011).

The treatment of MC must be highly individualized. Some of the treatment options are painful and would not be the first choice for children. Others are time consuming and require diligence in order to be effective. All of the treatments run a small risk of scarring. Sometimes the best treatment is the reassurance that the lesions will eventually disappear on their own (About.com, 2011).

Prevention:

High standards of personal hygiene are key in avoiding the transmission of the disease. MC is spread by close personal contact with other people. Therefore avoid skin-to-skin contact with affected persons in order to prevent transmission. In children, transmission commonly occurs from swimming pools and the sharing of baths, towels, gym equipment and benches. Avoid scratching the lesions because the rash can spread by autoinculation. In adults, avoid sexual contact with affected individuals (WebMD, 2011).

Although MC is contagious, it is unnecessary to keep children out of school. The chance of passing on the virus to others is small, it is not serious and usually clears in 12-18 months without treatment. Once a child has had MC, they are usually immune to the virus and it is rare for them to experience any further episodes (EMIS, 2011).