

Molluscum Contagiosum

WHAT IS MOLLUSCUM?

Molluscum contagiosum is a common viral infection in children. It causes bumps on the skin including the eyelids and eyelid margins (ocular molluscum). The bumps are 2-5mm in size, pink or skin-colored, usually pearl-like and dome-shaped with a central crater (umbilication). There may be only one bump, or a cluster of bumps.

[See figures 1].



Fig. 1: Typical lesions of molluscum contagiosum.

HOW IS OCULAR MOLLUSCUM DIAGNOSED?

The appearance of the bumps is characteristic; so often no biopsy or further testing is necessary to make the diagnosis. If or when a surgical excision is done, a pathologist can confirm the diagnosis from a tissue sample.

WHAT OTHER DISEASES DOES OCULAR MOLLUSCUM RESEMBLE?

Molluscum can look similar to but usually be distinguished from warts (*verruca vulgaris* which often have a rough, hard texture), chicken pox (*varicella* have fluid-filled blisters), and papilloma (usually in the middle-aged and the elderly with pink with finger-like fronds) by its characteristic appearance.

IS MOLLUSCUM CONTAGIOUS?

Yes. Molluscum can spread by direct contact. Use of contaminated bath sponges or towels can also spread the virus. Affected individuals should not scratch or rub the bumps to limit the spread from one body part to another (auto-inoculation). In addition, no sharing of towels, bath toys or soap or bathing with siblings is recommended.

WHO GETS OCULAR MOLLUSCUM?

Molluscum contagiosum is a viral infection that occurs most commonly in children and in patients whose immune system is weakened (immune-compromised). It is estimated that 5% of children in the United States have had molluscum contagiosum.

IS MOLLUSCUM DANGEROUS?

No. Molluscum is a benign disorder. Sometimes, the bumps are itchy, and if the lid margin is affected, children may develop red, irritated eyes.

HOW IS MOLLUSCUM TREATED?

Molluscum lesions will go away by themselves over six to nine months, but sometimes can last 3-4 years. The lesions may develop surrounding mild redness just before they go away, which has been described as “the beginning of the end.” In children with extensive disease or cosmetic complaints, the most common and effective treatments include surgical removal by scooping out the lesions, or cryotherapy (freezing treatment). In children, these treatments often require general anesthesia. Immunosuppressed individuals may try antiviral medications if lesions don’t respond. These treatments can eliminate molluscum lesions, but they also can recur.

WHEN IS TREATMENT OF OCULAR MOLLUSCUM INDICATED?



Treatment is not mandatory but is appropriate to reduce transmission to others, the spread of the lesions from autoinoculation, and scarring or risk of additional bacterial infection from frequent scratching.

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