

Molluscum Contagiosum



Case Definition

Typical clinical presentation (see below), confirmed by light microscopy or histology.

Reporting Requirements

- Molluscum contagiosum is not reportable in Manitoba.

Clinical Presentation/Natural History

Molluscum contagiosum is a viral disease of the skin resulting in a smooth-surfaced, firm and spherical papule with umbilication of the vertex. The lesions may be flesh-colored, white, translucent or yellow, and may be mistaken for pustules. Most molluscum papules are 2-5 mm in diameter, but giant-cell molluscum papules (more than 15 mm in diameter) occasionally occur. Lesions in adults are found most often on the lower abdominal wall, pubis, genitalia or inner thighs. Lesions on children are most often on the face, trunk and proximal extremities. HIV-infected persons may present with extensive facial lesions. Persons of any age may be affected by molluscum contagiosum, but it is more often seen in children (with non-sexual transmission). It is fairly common among persons with HIV infection, and the lesions tend to disseminate.

Without treatment, molluscum contagiosum persists for six months to two years. A lesion has a life span of two to three months. Lesions may resolve spontaneously, or as a result of the inflammatory response following trauma or secondary bacterial infection. Treatment (mechanically removing the molluscum lesions) may shorten the course of the illness. In the setting of HIV infection, the lesions may enlarge and spread, and spontaneous resolution is uncommon.

Etiology

A human poxvirus, member of the *Poxviridae* family. It has not been grown in cell culture.

Epidemiology

Reservoir: Humans

Transmission: Both sexual and non-sexual, the latter including spread via fomites. Auto-inoculation is also suspected.

Occurrence:

General: Worldwide. As serologic tests are not well standardized, inspection of the skin is the only screening technique available. Therefore, epidemiologic studies of the disease have been limited.

Incubation Period: Average 19 to 51 days; range seven days to six months.

Susceptibility and Resistance: Any age may be affected, but more often seen in children. Disease is more common in persons with HIV infection.

Period of Communicability: Unknown, but probably as long as lesions persist.

Diagnosis

Most often, the disease is diagnosed presumptively on the basis of the typical clinical multi-lesion presentation. A definitive diagnosis is made if virus-filled vacuoles (the molluscum inclusion bodies) are identified on microscopic examination of specially stained lesion material, or if poxviruses are seen by electron microscopic examination of material forwarded to the laboratory on a glass slide or in virus transport medium.

Key Investigations

- For sexually transmitted molluscum contagiosum infections:
 - Counselling and contact investigation as appropriate. Additional STD/HIV testing may be indicated if sexual transmission is suspected.

Control

Management of Cases:

- Lesions may resolve spontaneously without scarring. However, surgical or medical removal may be warranted. Procedures directed at individual lesions include curettage under

local anesthesia; cryotherapy with liquid nitrogen; and topical application of cantharidin or peeling agents (salicylic, lactic or trichloroacetic acid).

- With sexually transmitted molluscum contagiosum infections, additional STD/HIV testing may be clinically indicated.

Management of Contacts:

- With sexually transmitted molluscum contagiosum infections, additional STD/HIV testing may be clinically indicated for sexual contacts.

Preventive Measures:

- Avoid direct contact with lesions of infected persons.