What Is Molluscum?

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Molluscum lesions affect as many as *20 percent* of children over the course of childhood. This common condition is caused by the *Molluscum contagiosum virus* (MCV), a highly contagious poxvirus *easily* passed from child to child. Mollusucm is an annoyance for many children and parents because of how long the lesions take to disappear.

Left alone, molluscum lesions do disappear on their on, but this process can take six months to as long as four years, and most parents don't want to wait that long. However, sometimes the treatment is worse than the condition. This handout will give parents the information they need to make a good decision as to whether to simply watch and wait, or to treat.

Who Gets Molluscum?

Many children do, and the condition is not related to hygiene or to socio-economic status. The infection spreads easily; more than 40 percent of infected children have an infected sibling, and more than 30 percent have an infected friend. The worldwide trend in recent decades has been towards higher percentages of children contracting molluscum at some time during childhood.

The most common age for children with molluscum is ages 2 to 11 years. Molluscum infections are also more common in children with eczema, and with compromised immune systems.

Does Molluscum Cause Any Symptoms?

Not usually, although as many as one third of infected children experience itching, redness, or worsening of their existing eczema. Secondary bacterial infections occur in some cases when children scratch at their lesions and cause open sores. A small number of children will experience whole-body itching as a result of molluscum lesions.

What Does Molluscum Look Like?

A child with molluscum usually has many small "pearly" white or flesh-colored bumps (papules) on the skin. The lesions are smooth and dome-shaped, and are usually smallest if on the face (where they may look like small pimples). Sometimes, the lesions will appear inflamed from the child itching them, and may appear excoriated (eroded) if the child has scratched them off. If the child has eczema, the lesions may be surrounded by an area of dry, irritated skin.

The average child will develop between 10 and 20 lesions over time, but may have over one hundred. An individual lesion may last for weeks and up to six months; new lesions may appear for up to two to four years. Even after medicated treatment of individual lesions, new lesions can appear for a period of up to six months afterwards.

The most common areas to find molluscum are the underarms (axillae), the inner arms, and the chest and abdomen (especially on the sides). They are less common in the genital area, and on the legs or back.

Scarring occurs in a small number of infections, especially with vigorous scratching, or in children with underlying eczema. Most scarring is temporary, and only occasionally appears permanently.

How Is Molluscum Spread?
Through close physical contact with another infected child, or through "auto-inoculation" (when a child scratches the lesions and then touches and thereby spreads the virus to other parts of her body). Avoid letting your child swim with other children if she has molluscum.

How Is Molluscum Treated?
This depends on the child. A child not having eczema who has just a few molluscum lesions which are not itchy will not need any treatment. However, any itching should be controlled with oral antihistamines, such as Benadryl. For children with itching, the itch is usually worse at night, and therefore a dose of Benadryl before bedtime is often necessary for uninterrupted sleep.

Facial lesions are best left untreated, for they tend to heal on their own with less scarring (usually none) than if treated.

If the skin around the molluscum lesions is dry and irritated, either a gentle, fragrance-free emollient (such as Eucerin Cream) or a topical corticosteroid (beginning with 1% Hydrocortisone) applied two to four times daily after first moistening the skin with warm water is necessary to relieve the irritation, and help reduce the further spread of the molluscum. Topical steroids do not worsen molluscum.

If the skin around the lesions begins to appear more intensely red, or begins to scab or weep, a secondary bacterial infection is likely to have occurred. Applying a topical antibacterial (such as Neosporin) two or three times a day might be tried at home, with a phone call to your doctor's office if no improvement is noted after 48 hours.

Physicians may sometimes decide to treat molluscum lesions if they are causing the child symptoms, or worsening the child's eczema. Cantharidin, which is also sometimes used to treat warts, is generally successful at treating the lesions, although while painless to apply, it may cause blistering of the skin with discomfort over the next several days.

Other physicians may use curettage in the office setting to remove the lesions. However, many kids find this method uncomfortable, or are bothered by the small amount of bleeding that may occur. Home removal is discouraged, as scarring is more likely to result, and there is a greater risk of secondary infection.

Still other physicians choose to freeze the lesions with liquid nitrogen (cryotherapy), but this tends to be painful, and can leave a mark of lighter skin in darker children.