Advice on the management of molluscum contagiosum

Molluscum contagiosum is a benign, self-limiting and common viral infection in children, especially under the age of 10 years. Usually, the condition will resolve spontaneously within a couple of years. Multiple lesions are not unusual and can be more prevalent in children with eczema. Very extensive mollusca, persistent or multiple, unusually large lesions can sometimes be a marker of immunodeficiency.

It is spread by direct skin to skin contact, indirectly via sharing towels etc, autoinoculation through trauma/scratching and in adults can be transmitted through sexual contact.

There is often surrounding eczematous change which can be managed with emollients and mild topical steroids such as 1% hydrocortisone.

The lesions can become secondarily infected and use of topical antiseptics and/or topical antibiotics may be useful if this occurs. Occasionally oral antibiotics may nee to be considered if secondary infection is significant. When lesions are resolving, they often become crusted for several days before resolving.

Mollusca can sometimes leave small scars similar to those seen with chickenpox. Lesions may resolve if squeezed but this increases the risk of further inoculation and scarring. Cryotherapy can be used for a few lesions depending on the site but would be considered too painful for multiple lesions especially in children, and can also leave scarring or hypopigmentation. Topical hydrogen peroxide cream e.g. Crystacide cream can be used as an antiseptic cream. Potassium hydroxide preparations e.g. MolluDab are available over the counter and can be considered depending on the site.

Referral is not necessary unless there is diagnostic doubt.