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## **How is it diagnosed?**

The diagnosis is made by clinical appearance, which means that your doctor can usually diagnose you in the clinic without the need for any additional tests or labs. However, your doctor may need to biopsy the lesion to rule out other causes.

## **Is it contagious?**

Yes, these spots are contagious, so patients with MC should be careful not to spread them to others. MC is spread on the patient by scratching and to others through direct skin-to-skin contact. It can also be spread on bath sponges or towels or through skin contact during sports. It is spread through sexual activity if located in the anogenital region. For this reason many doctors will treat sexually transmitted MC to decrease the spread.

Other reasons to treat MC instead of waiting for the lesions to clear include:

- Increase the speed of clearance
- Reduce the risk of spread both for the patient and others
- Appearance concerns
- Relieve itching

*For more information on molluscum contagiosum visit your doctor or check out these websites:*

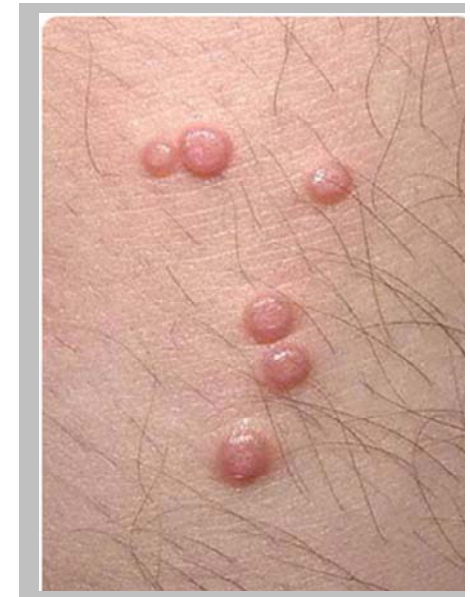
### **Mayo Clinic:**

***<http://www.mayoclinic.com/health/molluscum-contagiosum/DS00672>***

### **MD Consult:**

***<http://www.mdconsult.com.ezp2.lib.umn.edu/das/patient/body/303171541-3/0/10041/36662.html>***

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## **A Patient's guide to Molluscum Contagiosum**

Image of molluscum contagiosum courtesy of  
DermNet.com, Dartmouth Medical School, New  
Hampshire

# What is Molluscum Contagiosum?

*Photo from Department of Dermatology and Pathology, U of Alabama*



**Cause:** Molluscum contagiosum (MC) is caused by a poxvirus. The virus causes small lesions to develop on your skin.

**Description:** MC is a benign skin condition characterized by:

- Pearly dome shaped papules with an indentation in the center
- Usually 2-5 mm in size
- Located everywhere except the palms and soles.
- May cause itching

## How long does it last?

In patients with a healthy immune system, individual spots will usually resolve by about 2 months and the whole infection will often resolve in several months. Rarely, the disease can last for years.

## Who gets it?

This rash is most common in children (usually aged 2-5) on the hands, arms and back, but can also be found in teenagers and adults more commonly in the anogenital region. People with weakened immune systems are also more likely to get MC, such as patients with AIDs. It is also frequently found in patients with atopic dermatitis.

## Treatment Options

1. Watchful waiting:
  - o MC lesions will usually resolve on their own in a few months.
2. Physically destructive therapy:
  - o Cryotherapy- freezing the lesions with liquid nitrogen
  - o Curettage- cutting the lesions off after locally numbing the area
3. Topical therapy
  - o Cantharidin
  - o Salicylic acid
4. Immunomodulating therapy
  - o Imiquimod- this therapy increases your body's ability to fight off a viral infection like MC.

## Side Effects of Treatment

- Clinic visits require patients and parents to miss school or work
- Pain and local irritation, discoloration and scarring of the treatment sites
- Some of the more invasive approaches may be traumatic for young children
- Significant time investment in daily application of topical therapy

## Which treatment is best for you?

There remains some debate about the best treatment for MC.

- There appears to be no major side effects associated with the available treatments
- If the patient is not concerned about potential spread, watchful waiting is also an appropriate strategy.
- Cryotherapy has been proven to eliminate MC faster than some topical therapies, but it is more time consuming and can be traumatic for young kids
- Imiquimod appears to be as effective as cryotherapy in the long run (12-16 weeks), and is less painful for kids, however, patients have to be dedicated to daily treatments
- **Visit your doctor to decide what therapy is best for you.**