



MOLLUSCUM

WHAT IS MOLLUSCUM?

Molluscum contagiosum is a skin infection. It is caused by a virus. Molluscum causes small bumps (lesions) to appear on the skin. Most of them are less than half an inch in diameter. They have a hard white core. Some lesions have a small dent or dimple in the center. The lesions are the same color as normal skin, but they look waxy. They usually don't hurt or itch.

The molluscum virus is very common, and almost everyone has it in his or her body. A healthy immune system will control molluscum so that if lesions appear, they do not last a long time. People with weakened immune systems can develop molluscum lesions that spread, last a long time, and are very difficult to treat.

Molluscum is not a serious health problem. However, many people find the molluscum lesions to be very unattractive. This can cause serious emotional or psychological problems.

HOW DOES MOLLUSCUM SPREAD?

Molluscum can be spread by direct skin contact. It often spreads through sexual activity. Molluscum can infect any part of the skin, but it is especially common on the face or in the groin and pubic areas.

It can be spread from existing lesions to other parts of the body or to other people. It can also be spread by objects (or clothing) that came in contact with a lesion.

Men with HIV often develop molluscum on their face. Shaving with a razor blade can spread it.

HOW DO I KNOW IF I HAVE MOLLUSCUM?

A doctor can easily identify molluscum lesions. They are waxy, flesh-colored bumps that don't hurt or itch. There are only one or two other infections that cause skin problems that look at all similar to molluscum.

HOW IS MOLLUSCUM TREATED?

Molluscum lesions are treated the same way as warts. Unfortunately, the lesions often return and need to be treated again.

- They can be frozen with liquid nitrogen. This is the most common method of treatment.
- They can be burned with an electric needle (electrocautery) or a laser. This treatment can be painful and sometimes leaves scars.
- They can be treated with chemicals used on warts such as trichloroacetic acid (TCA), podophyllin or podofilox. These chemicals can not be used on sensitive skin or near the eyes.
- They can be cut or "scooped" out surgically. This treatment can be painful and can leave scars.
- They can be treated with drugs used to treat acne such as tretinoin (Retin-A) or isotretinoin (Accutane). This is a newer approach. These drugs reduce the amount of oil in the skin. The top layer of skin dries out and peels off. These drugs can cause redness and soreness. Retin-A is a cream that is put onto the lesions. Accutane is taken in pill form.
- Another new approach is to use the antiviral medications cidofovir or imiquimod. These drugs are applied directly onto the lesions.

CAN MOLLUSCUM BE PREVENTED?

Because the virus that causes molluscum is so common, it is not possible to avoid being exposed to it. However, if you have molluscum you should make sure that the lesions don't touch anyone else. You should also be careful not to spread molluscum to different parts of your body.

Be careful not to scratch the lesions or to cut them while shaving. Some doctors think that using an electric shaver helps prevent the spread of molluscum.

DRUG INTERACTION PROBLEMS

The acne drugs tretinoin (Retin-A) and isotretinoin (Accutane) tend to dry out the skin. Dry skin is also a side effect of the protease inhibitor indinavir (Crixivan) and some other antiviral medications. If you take use Retin-A or Accutane to treat molluscum along with antiviral drugs that can cause dry skin, your skin problems could get worse.

THE BOTTOM LINE

Molluscum is a viral infection that can produce skin lesions. Although they are not medically dangerous, the lesions can cause serious emotional and psychological problems.

Molluscum can be spread from person to person by direct skin contact. It can be spread during sexual activity. If you have molluscum, you can spread the lesions to new areas if you shave with a blade.

Molluscum lesions are removed in the same ways as warts. Unfortunately, they often return and have to be treated again.

Revised May 6, 2002