

Molluscum Contagiosum

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DESCRIPTION (Diagnosis must be confirmed by a physician.)

- raised, round, smooth-surfaced bumps on the skin that look like thick-walled pimples
- waxy or skin-colored surface on bumps
- dimple (indent) in center of bumps
- firm, white material rather than pus in cores of bumps
- found on just one area of body
- usually many different sizes, from pinhead to 1/4 inch across
- not painful, but occasionally itchy.

This diagnosis usually requires that the child be examined by a physician.

CAUSE

Molluscum is caused by a poxvirus. It is transmitted by skin-to-skin contact (close contact) with an infected person. Children 2 to 12 years old are most likely to be infected by this virus. Molluscum can spread to other parts of the body if a child picks at a bump and then scratches elsewhere (this process is called auto-inoculation).

EXPECTED COURSE

Most molluscum disappear without treatment in 6 to 18 months. Molluscum can spread rapidly and last longer in children who also have atopic dermatitis. If repeatedly picked at, molluscum can become infected with bacteria and change into crusty sores (impetigo). Most children develop only five to ten molluscum, but some acquire more. Regardless of the number, they are a temporary condition.

TREATMENT

1. To treat or not to treat?

Because molluscum are harmless, painless, and have a natural tendency to heal and disappear, some physicians recommend not treating them. The treatment itself may be painful and frightening, especially to younger children. In addition, treatment may be unsuccessful or need to be repeated. Treatment doesn't leave scars.

Treatment of molluscum will be considered if your child picks at them, the molluscum are in areas of friction (for example, the armpit), you feel they are a cosmetic problem, or the molluscum appear to be spreading rapidly.

2. Removal techniques

There is no successful home treatment for molluscum. The following techniques must be performed in a physician's office. The molluscum can be destroyed with freezing (cryotherapy) or burning with a mild acid. Another type of treatment involves piercing the center of the molluscum with a needle or scalpel and scraping out the core. Newer techniques may become available.

3. Preventing the spread of molluscum to other areas of your child's body

Every time your child picks at a molluscum and then scratches another area of skin with the same finger, a new site of molluscum can form. To prevent this spread of molluscum, discourage your child from picking at the molluscum. Use distractions to stop younger children from picking. Chewing or sucking on molluscum can lead to similar bumps on the lips or face. If your child is doing this, cover the molluscum with a Band-Aid. Keep your child's fingernails cut short and wash your child's hands more frequently.

4. Contagiousness

Molluscum is only mildly contagious to other people. (The incubation period is 4 to 8 weeks.) Your child can attend child care, preschool, and school without undue concern about spread.

CALL YOUR CHILD'S PHYSICIAN DURING OFFICE HOURS IF:

- A molluscum becomes open and looks infected.
- Your child continues to pick at the molluscum.
- The molluscum are spreading rapidly.
- You have other questions or concerns.