## MOLLUSCUM CONTAGIOSUM

### DEFINITION
Viral skin infection with molluscum contagiosum in adults is most commonly sexually transmitted and presents as small, painless, umbilicated, raised, pearl-like papules or nodules in the genital area. It can also spread by direct contact or by contact with contaminated objects.

### SUBJECTIVE
May include:
1. Small, waxy appearing genital lesions that slowly increase in size or number.
2. No symptoms.

### OBJECTIVE
Must include:
1. Small (1 to 5 mm) lesion(s) that are smooth, rounded, shiny, flesh-colored to pearly-white, centrally umbilicated (dimpled) papular lesion which grow(s) over several months. Lesions are usually found on external genitalia, inner thighs or lower abdomen.
2. Exceptions occur in immunosuppressed patients, particularly those with HIV infection, in whom lesions may be diffuse or become bulky.

### LABORATORY
Not applicable.

### ASSESSMENT
Molluscum contagiosum.

### PLAN
1. Infection is self-limited and may not require any therapy if lesions few and asymptomatic.
2. Rapid treatment options (require trained provider and may require local anesthesia, and can result in post-procedural pain, irritation, and scarring):
   a. Cryotherapy.
   b. Curettage.
      1) Scrapping off the core with its caseous or cheesy material for each lesion with a curette.
      2) De-core by removing the waxy core of each lesion with a needle.
   a. Instruct patient to apply Imiquimod 5% cream to lesions nightly 3 times a week for up to 16 weeks. Patients should wash area with soapy water 6-10 hours after application until lesions resolve. **(Safety in pregnancy has not been established).**
   b. Podofilox 0.5% is a reliable home therapy but is not recommended for pregnant women because of presumed toxicity to the fetus. **(Contraindicated in pregnancy).**
   a. Trichloroacetic acid 80-90%: apply weekly.
   b. Podophyllin 10-25% in tincture of benzoine: apply in office every 1-2 weeks, for a maximum of 4 weeks. Avoid surrounding skin. Instruct patient to wash off in 1-4 hours. **(Contraindicated in pregnancy).**
   c. Laser treatments are generally reserved for immunocompromised patients.
5. Assess risk for other STIs.
6. Refer sex partner(s) for evaluation.

### PATIENT EDUCATION
1. Transmission information, especially in patients considering no treatment:
   a. Advise patient to avoid self-inoculation, since that typically increases the duration of infection from 2-3 months to 18 months. Encourage good hand washing. Avoid picking/scratching at lesions.
   b. Do not share clothing. Avoid contact sports or swimming unless lesions are covered.
   c. Avoid skin-to-skin contact. Condoms do not cover all areas affected.
2. If Imiquimod or Podofilox prescription given, review instructions for use.
3. If Podophyllin applied in office, review the importance of washing off this medicine in 1-4 hours.
4. Encourage patient to refer sex partner(s) for evaluation.

### REFER to MD/ER
1. Secondary infection(s).
2. Questionable lesion(s).
3. Immunosuppressed patients.
5. National Center for Emerging and Zoonotic Infectious Diseases (NCEZID). Available at: [http://www.cdc.gov/ncezid/](http://www.cdc.gov/ncezid/)  