

PhotoClinic

A Look at Dermatological Cases

“What’s this on my neck?”

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An 8 year-old boy and his mother are concerned about papules developing on the boy’s chest, upper arms, and neck (Figure 1). These papules were mildly pruritic, and had been present for two months and new papules were still appearing. The child was no in contact with anyone sick, and otherwise he was well.

What’s your diagnosis?

This patient has molluscum contagiosum (MC).

This common condition is caused by the MC virus an unclassified member of the poxviridae family, which is a benign and generally self-limited viral infection. Skin lesions consist of usually multiple dome-shaped, pink to skin-coloured papules 2 mm to 6 mm in diameter of which some lesions show the classic feature of umbilication. MC is usually asymptomatic, although individual lesions may be tender or pruritic.

MC is most common in children by autoinoculation, or who become infected through direct skin-to-skin contact or indirect skin contact with fomites. Lesions typically occur on the chest, arms, trunk, legs, and face. Mucous membrane involvement is quite rare, and palmoplantar skin is spared. Patients



Figure 1. Papules on the neck.

with atopic dermatitis are more prone to MC and may develop many lesions. About 10% of all patients will develop eczema around the lesions. In adults, MC is most commonly a sexually transmitted disease (STD) and presents as a few scattered lesions often limited to the perineum, genitalia, inner thighs, lower abdomen, or buttocks. MC in healthy children and adults is usually a self-limited disease, but may persist for several months and even up to a few years. Widespread, persistent, and atypical MC may occur in patients who are significantly immunocompromised or have acquired immunodeficiency syndrome (AIDS) with low CD4 T-lymphocyte counts.

For the most part, the main concern is temporary

adverse cosmetic results and embarrassment. Most lesions resolve with no permanent residual skin defect; however, occasional lesions may produce a slightly depressed scar, especially if excoriated.

Diagnosis is usually clinical and based on the distinctive central umbilication of the dome-shaped papule. If diagnosis is uncertain, papules can be biopsied which gives a classic histopathologic picture. Adult patients should be questioned about sexual history and, where appropriate, evaluated for other concomitant STDs. Always consider testing for human immunodeficiency virus (HIV) infection in patients with large or facial lesions.

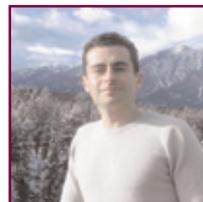
Is there a treatment?

Patients and their families should be educated as to the benign and self-limited nature of this condition and that treatment is not a necessity. Although treatment is not required, it can help reduce autoinoculation or transmission to close contacts and improve clinical appearance. More than one treatment session is frequently required.

In healthy children, a major goal is to limit discomfort, and benign neglect or minor direct trauma is appropriate. Older children can better tolerate cryotherapy or curettage (can pre-apply (eutectic mixture of local anesthetics) which is very effective. For younger children, cantharidin applied carefully by a physician to the lesions, taped over, and removed (and washed off) after 30 minutes to one hour can be effective. Similarly, tretinoin cream applied daily only to the lesions (e.g., with a toothpick) can be used. More expensive, but very effective is imiquimod, a new topical immune response modifier, which is a potent inducer of interferons.

In adults who are more motivated to have their lesions treated, cryotherapy or curettage of individual lesions is effective and well tolerated. In immunocompromised individuals, MC can be extensive and difficult to treat. The goal may be to treat the most troublesome lesions only, such as on the face. In severe cases, these patients may warrant more aggressive therapy with lasers, imiquimod, optimized HIV antiviral therapy, or a combination of approaches.

Prognosis is generally excellent because the disease usually is benign and self-limited, and in healthy patients, one to three treatments are usually effective. [CME](#)



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