
MOLLUSCUM CONTAGIOSUM

DEFINITION

Molluscum Contagiosum (MC) is a viral skin infection, caused by a poxvirus.

POTENTIAL CAUSES

- Molluscum contagiosum pox virus

PREDISPOSING RISK FACTORS

- Not always considered sexually transmitted (especially in children)
- Direct contact (skin to skin)
- Shared towels, razors, using public swimming pools

TYPICAL FINDINGS

Sexual Health History

- May or may not have had sexual contact
- Partner may have Molluscum contagiosum

Physical Assessment

- Usually painless red smooth bumps, sometimes with a central depression
- Bumps contain firm white waxy substance that can be expressed when compressed
- May appear on the abdomen, pubic area, thighs, buttocks and genitals.

Diagnostic Tests:

Diagnosis is based on clinical findings

MANAGEMENT AND INTERVENTIONS

Goals of Treatment:

- Reduce transmission
- Prevent secondary bacterial skin infection

TREATMENT OF CHOICE

- Advise clients that they can self-treat by un-roofing the lesions (may use sterile pin or needle tip), and evacuating the contents.
- Lesions may subside on their own so clients may opt not to treat

ALTERNATE TREATMENT

- By clinician: *light* spray of liquid Nitrogen only once to each lesion. One treatment is usually sufficient.

TREATMENT IN PREGNANCY OR FOR NURSING MOTHERS

Molluscum can be treated in pregnant clients or clients who are nursing mothers

PARTNER COUNSELLING AND REFERRAL

Client may notify current partners

MONITORING AND FOLLOW UP

- No Follow-Up indicated
- Advise client to keep area of unroofed lesions clean and dry to prevent secondary infection
- Recommend STI screening

Additional Notes

Molluscum can be more pronounced in immune-deficient individuals and may spread to the face.

POTENTIAL COMPLICATIONS

Lesions can become irritated and inflamed from secondary bacterial infection. Refer to physician/NP.

CLIENT EDUCATION /DISCHARGE INFORMATION

Counsel client:

- that transmission is more likely to occur when lesions are present
- that bumps may resolve spontaneously in approximately in six to nine months.
- that they may suggest current partners are assessed for molluscum.
- regarding harm reduction measures (condom use) and mode of transmission (skin to skin contact)
- regarding the importance of revisiting health care provider if symptoms worsen persist
- that they can self treat: Clean the area then use a sterile pin or needle tip to unroof lesion and evacuate. Carefully wash and dry area afterward.
- that molluscum can be spread by autoinoculation (e.g. from scratching or shaving the area).

CONSULTATION AND/OR REFERRAL

Consult and/or refer to physician/NP for severe cases of molluscum and/or if secondary bacterial infection is suspected.

DOCUMENTATION

- Molluscum contagiosum is not reportable
- Document as per agency guidelines

REFERENCES

British Columbia Treatment Guidelines. Sexually Transmitted Infections in Adolescent and Adults. 2007. BC Centre for Disease Control.

Canadian Guidelines on Sexually Transmitted Infections. 2008 Revised Edition.

Provincial Health Nurses Pre-Determined STI Treatment Schedule. February 2007. STI/HIV Prevention and Control. BC Centre for Disease Control.

Habif, Thomas P. MD.: Clinical Dermatology: A colour guide to diagnosis and therapy. 3rd edition.1996 Mosby