BCCDC Non-certified Practice Decision Support Tool: Molluscum Contagiosum

Scope
RNs may recommend and administer treatment for molluscum contagiosum.

Etiology
A viral skin infection caused by molluscum contagiosum pox virus.

Epidemiology
Epidemiological data for molluscum contagiosum is limited; however, molluscum contagiosum is a frequently seen skin infection in British Columbia.

Risk Factors
- in adults, usually occurs in those who are sexually active
- direct person to person physical contact
- prior molluscum contagiosum infections (can autoinoculate)
- immunocompromised
- atopic dermatitis
- residence in warm, humid climates where there are crowded living conditions

Clinical Presentation
- white, pink or flesh-coloured smooth bumps, often with central depression
- typically presents on the:
  - lower abdomen
  - pubic area
  - inner thighs
  - buttock
  - genitals
- does not typically present on palms or soles
- incubation period ranges from two weeks to six months after exposure to the virus.
Physical Assessment

A head-to-toe assessment is recommended to identify all lesions. These typically appear as:

- ~10 to 20 lesions of ~2 to 5 mm diameter
- cheesy or waxy, white substance can be expressed (not encouraged due to risk for autoinoculation)
- may or may not be accompanied by pruritus
- can present with inflammatory dermatitis if there has been scratching of lesions
- can present with erythema or eczematous patches around lesions

Molluscum can present differently in individuals who are immunocompromised:

- ~100+ lesions that can be more widespread, greater than 15mm diameter, disseminated or appear as confluent plaques
- infection can be more aggressive
- can affect the eyelids, presenting as chronic conjunctivitis

Diagnostic and Screening Tests

No diagnostic or screening tests available. Diagnosis based on clinical presentation and physical assessment.

Management

Diagnosis and Clinical Evaluation

The following individuals require clinical evaluation and/or treatment:

- those diagnosed with molluscum contagiosum
- current sexual partners should get assessed

Consultation and Referral

Consult with or refer to a physician (MD) or nurse practitioner (NP) all individuals who:

- are severe cases
- develop a secondary bacterial infection
- have lesions affecting the eye area
- have pruritus that is not sufficiently managed with over-the-counter (OTC) treatments
- are not responding to liquid nitrogen (LN2) treatment
Treatment

Molluscum contagiosum can be treated in pregnant individuals and individuals who are breast-/chest-feeding. Prior to treatment, a full skin examination should be performed on individuals presenting with molluscum contagiosum to identify all lesions. Incomplete treatment may result in continued autoinoculation and failure to achieve cure.

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Notes</th>
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<tbody>
<tr>
<td>First Choice</td>
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<tr>
<td>liquid nitrogen (LN2)</td>
<td>• if using a spray canister, apply one light spray</td>
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<td></td>
<td>• if using a cotton-tipped swab dipped in LN2, hold for 6 - 10 seconds on each lesion</td>
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<td>• one treatment may be sufficient, but it could take a few once weekly treatments to completely resolve the infection</td>
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<tr>
<td>Histofreezer®</td>
<td>• follow package insert instructions</td>
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<td>Alternative Treatment</td>
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<tr>
<td>no treatment</td>
<td>• lesions should be covered to prevent ongoing transmission</td>
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<td>• molluscum contagiosum can resolve on its own within 6 - 12 months, but can persist for up to 3 - 5 years</td>
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Monitoring and Follow-up

- **Repeat testing**: No
- **Test-of-cure (TOC)**: No
- **Follow-up**: No; unless new lesions appear after completion of initial recommended treatment

Partner Notification

Though not a reportable infection, molluscum is highly contagious. To help prevent its spread and possible reinfection, notification of all household, sexual and other close contacts is highly recommended.

- **Reportable**: No
- **Trace-back period**: current partner(s)
- **Recommended partner follow-up**: No
Potential Complications

- secondary bacterial infections, particularly if immunocompromised
- scarring from infection, topical treatments, scratching or physical removal of lesions possible

Additional Education

- visible lesions are infectious
- infections do not provide immunity (can get re-infected)
- refrain from scratching, shaving or squeezing lesions to avoid autoinoculation
- avoid sexual contact with current partners until partners have been assessed and treated as appropriate
- refrain from contact sports unless all lesions can be covered with watertight bandages or clothing. Do not share sports equipment
- not to share personal use objects (e.g., towels, razors)
- avoid electrolysis treatment on an area of the skin where molluscum is present
- keep lesions clean and wash hands after touching lesions to avoid autoinoculation
- use two towels when drying off – one for skin with molluscum and one for skin without molluscum
- Standard Education for Sexually Transmitted & Blood-Borne Infection (STBBI)
References


