

# BCCDC Non-certified Practice Decision Support Tool: Molluscum Contagiosum

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## 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.

Treatment	Notes
<b>First Choice</b>	
liquid nitrogen (LN2)	<ul style="list-style-type: none"> <li>• if using a spray canister, apply one light spray</li> <li>• if using a cotton-tipped swab dipped in LN2, hold for 6 - 10 seconds on each lesion</li> <li>• one treatment may be sufficient, but it could take a few once weekly treatments to completely resolve the infection</li> </ul>
Histofreezer®	<ul style="list-style-type: none"> <li>• follow package insert instructions</li> </ul>
<b>Alternative Treatment</b>	
no treatment	<ul style="list-style-type: none"> <li>• lesions should be covered to prevent ongoing transmission</li> <li>• molluscum contagiosum can resolve on its own within 6 - 12 months, but can persist for up to 3 - 5 years</li> </ul>

## 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

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