BCCDC Non-certified Practice Decision Support Tool
Molluscum Contagiosum

MOLLUSCUM CONTAGIOSUM

SCOPE
RNs can recommend and administer treatment for molluscum contagiosum.

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

EPIDEMIOLOGY
Risk Factors
- direct skin-to-skin contact with someone who has the molluscum contagiosum virus, or with an object that has the virus on it
- in adults, usually occurs in those who are sexually active
- can occur through contact sports
- immunocompromised
- atopic dermatitis
- residence in warm, humid climates where there are crowded living conditions

CLINICAL PRESENTATION
- sexually active and/or engaged in contact sports
- prior molluscum infection (can autoinoculate)

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
- white, pink or flesh-coloured smooth bumps, often with a central depression
- cheesy or waxy, white substance can be expressed (not encouraged due to risk for autoinoculation)
• typically appears on the lower abdomen, pubic area, inner thighs, buttocks and genitals; but not usually on palms or soles
• 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

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

**DIAGNOSTIC AND SCREENING TESTS**
Diagnosis based on clinical presentation and physical assessment.

**MANAGEMENT**

**Diagnosis and Clinical Evaluation**
The following clients require clinical evaluation and/or treatment:
• those diagnosed with molluscum
• current sexual partners should get assessed

**Consultation and Referral**
Consult with or refer to a physician (MD) or nurse practitioner (NP) all clients who:
• are severe cases
• have 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
Molluscum can be treated in pregnant clients and clients who are breast-/chest-feeding.

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Notes</th>
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<tbody>
<tr>
<td><strong>First Choice</strong></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>• If using a cotton-tipped swab dipped in LN2, hold for 6 to 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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<td>Histofreezer®</td>
<td>• Follow package insert instructions.</td>
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<td><strong>Alternate Treatment</strong></td>
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<tr>
<td>no treatment</td>
<td>• All lesions must be covered to prevent transmission during this time.</td>
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<td>• Molluscum can resolve on its own within 6 to 12 months, but can persist for up to 3 to 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 Counselling and Referral**
- **Reportable**: No
- **Trace-back period**: current partner(s)
- **Recommended partner follow-up**: partner notification completed by client, providing assistance where needed. Reinforce the importance of partner follow-up, as re-infection can occur if all contacts are not assessed and treated where appropriate

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

**Additional Client Education**
Counsel client:
- that they are infectious so long as lesions can be seen.
Molluscum Contagiosum

- that infections are not protective (can get re-infected).
- to refrain from scratching, shaving or squeezing lesions to avoid autoinoculation.
- to refrain from sexual contact unless all lesions can be covered with bandages or clothing.
- to avoid sexual contact with current partners until partners have been assessed and treated as appropriate.
- to 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).
REFERENCES


