Molluscum in Children

Molluscum (aka ‘Molluscum Contagiosum’) are small bumps which can occur on both adults and children. Similar to warts, they are caused by a virus and are therefore contagious. In fact, they are quite a bit more contagious than the average ‘wart’. In children, the virus is easily spread through contact with friends or classmates at school or daycare. Molluscum infections often start as just one or two lesions. Unfortunately, children who have eczema (which tends to cause itching) are much more prone to molluscum infection. Because scratching or rubbing causes them to spread, what begins as just a few bumps can soon turn into dozens of lesions scattered throughout various parts of the body.

Unlike your average ‘wart’ which can take years to go away unless treated, molluscum lesions do tend to resolve on their own within several months to a year. Because of this, many doctors will recommend not treating them at all and instead advise that you simply wait for the immune system to recognize and eradicate the virus on its own. When treatment is requested, the fastest and most effective options include freezing with liquid nitrogen or even ‘curettage’ (in which the molluscum lesions are literally ‘scraped’ off of the skin).

The main problem we encounter with treating children is that the treatments which are most effective tend to be painful. It is rare for a child to tolerate such treatments. If just a few lesions are present, then perhaps they could withstand brief discomfort. However, the average child who is infected with molluscum tends to have numerous lesions and simply doesn’t have the pain tolerance for freezing or curettage.

The first of the ‘less painful’ options is for us to apply a medicine called Cantharidin to each of the lesions. Cantharidin is a liquid which gradually forms a blister within days of its application. It’s a procedure we perform here in the office and it does not hurt upon application. Generally a blister forms in the 24 hours following treatment. The inflammation from the blister then helps the body to kill the molluscum virus. The ‘downside’ to this approach is that, although the application of this medication doesn’t hurt, the blister and irritation resulting from Cantharidin can be slightly uncomfortable in the days following treatment. Just one or two ‘slightly uncomfortable’ treatment sites are usually not a problem for most children. However, if a child were to have 30-40 lesions (which isn’t uncommon), then 30-40 ‘slightly uncomfortable’ treatment sites can collectively be quite uncomfortable. Also, Cantharidin application may not kill each molluscum lesion with just one attempt, so multiple treatments may be necessary.

This brings us back to the original concept of ‘watching and waiting’ for the body to fight off the virus. The main drawback to this approach is that, because the virus is so contagious, new molluscum lesions can spread just as older ones are resolving. It’s therefore important to
understand how the molluscum virus is spread. Molluscum lesions have a very small ‘dimple’ in the middle of the lesion which contains the virus particles. It’s when this ‘dimple’ is broken open that the virus is exposed and is most contagious. This happens with scratching, but can also simply occur with friction such as clothing rubbing against the skin.

One *painless* treatment option is to ‘seal off’ each molluscum bump. To do this, you can apply clear fingernail polish to the molluscum bump every 2-3 days. This rarely causes irritation and serves the purpose of ‘sealing off’ the virus particles, preventing them from spreading, and allows time for the molluscum bump to naturally resolve on its own.

Another ‘non-painful’ option is to apply a medication called *Imiquimod*. Its purpose is to ‘awaken’ the immune system around the molluscum bump, thereby encouraging the body to fight off the virus. Unfortunately, in this process it’s not uncommon for the molluscum lesions to eventually become inflamed. So, while this medicine doesn't 'hurt’ like freezing or curettage, it does tend to create inflammation which ultimately can be uncomfortable.

If you choose the treatment with *Imiquimod*, we ask that you apply it every day until irritation is noticed. Once the areas start to appear inflamed, you can then skip a day or two and only apply it as often as necessary to maintain the appearance of slight inflammation.

Another ‘downside’ to using *Imiquimod*, apart from the slight potential for irritation, is **cost** and **packaging**. *Imiquimod* is very expensive....often hundreds of dollars for a single prescription. However, it may be covered by insurance. Sometimes the name brand manufacturers of *Imiquimod* offer rebates which decrease the cost to the patient. Additionally, *Imiquimod* is usually available only in very small ‘packets’. Because of this, we recommend that you avoid ‘ripping open’ the packets. Instead, use scissors to just snip of the corner of the packet (or poke the packet with a pin) so that you can dispense just a small amount to each molluscum bump. If there’s residual *Imiquimod* in the packet after application, you can then store the unused portion in the refrigerator and use the remaining content within the following days.

Finally, even if you don’t do anything to treat molluscum, it is **NORMAL** for the molluscum lesions to go through an inflamed stage prior to resolving. During this phase, the molluscum bump can take on the appearance of a ‘pimple’ which is often mistaken for an infection. This inflammation is a sign that the body is recognizing the virus and starting to fight it off. So if it's just a little inflamed, don't worry about it. But if it's significantly inflamed and you're concerned about infection, you may certainly contact us with any questions.