

MOLLUSCUM IN CHILDREN

Molluscum (aka "Molluscum Contagiosum") are small bumps that occur on both adults and children. Like warts, they are contagious. In fact, they are quite a bit more contagious than the average "wart". Someone who acquires these bumps will usually have just one or two initially. However, without realizing what they are doing, patients will pick or scratch at them, which then spreads the contagious virus particles to other areas of the skin. Before long, what was once just a bump or two then turns 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 easily resolve on their own within months. Because of this, many doctors take the approach of not performing any treatment but instead simply wait for the body to recognize the Molluscum virus and fight it off itself. When a patient (or their parent) does wish to have treatment, the fastest, easiest, and most effective options include freezing with liquid nitrogen or even "curettage" (in which the lesions are literally "scraped" off of the skin).

The main problem we encounter with treating children infected with Molluscum is that the treatments which are most effective tend to be painful. It's a rare child who is able to tolerate such treatment. If a younger patient has just one or two lesions, then perhaps they could stand the discomfort for such a brief period of time. However, the "average" patient who has Molluscum tends to have numerous lesions and does not have the necessary pain tolerance for treatment of so many spots.

The first of the "less painful" options is for us to apply a medicine called "Cantharadin" to the individual spots. Cantharadin is a medicine which gradually forms a blister after it's applied to the skin. We apply it here in the office and **it does not hurt upon application.** The blister itself forms in the 24 hours following application of the medication. The inflammation from the blister then helps the body to kill off the Molluscum virus. The "downside" to this approach is that, although the application of this medication doesn't hurt, the blister and irritation created from Cantharadin can be slightly uncomfortable in the days following treatment. Just one or two "slightly uncomfortable" treatment sites are usually not a problem for most younger patients. However, if someone were to have 30-40 lesions (this is not uncommon), then 30-40 "slightly uncomfortable" treatment sites can add up to be a fairly uncomfortable treatment overall. Finally, Cantharadin application sometimes doesn't kill the Molluscum with just one try, and 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 itself. 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 important therefore to know how Molluscum are 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 able to spread. This often happens with scratching, but can also happen with typical friction or rubbing of clothing.

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Therefore, one painless option in the way of treatment is to focus on “sealing it off” to keep it from spreading. To do this, you can apply clear fingernail polish to the Molluscum bump every 2-3 days. This rarely results in irritation and serves the purpose of “sealing off” the virus particles to keep them from spreading. The Molluscum bump will then go away on its own. It may take weeks or months to go away, but still, it will go away.

The other “non-painful” option we can use with children is to apply a medication such as Zyclara (or another called Aldara). Its purpose is to “awaken” the immune system around the Molluscum thereby encouraging the body to fight off the virus. Unfortunately, in this process the Molluscum will often get inflamed. So, while this process doesn’t “hurt” like freezing in the office, it will tend to create inflammation which ultimately can be uncomfortable.

If you choose the treatment with Zyclara/Aldara, we typically 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 is necessary to maintain the appearance of “slight” inflammation.

The “downside” to using Zyclara or Aldara, apart from the slight potential for irritation, is cost and packaging. Both of these medications are extremely expensive...in fact, hundreds of dollars for a single prescription. They are covered by most (but not all) insurance plans. Sometimes they do offer manufacturer rebates which decrease the cost to the patient, so be sure to ask about that if you choose this method. Secondly, neither medication is available in a “tube”, but instead they are only available in “packets”. Because of this, do not “rip open” the packets to use each time. Instead, take scissors and just snip off the corner of the packet (or poke the packet with a pin) so that you can dispense only a small amount to each Molluscum bump. If there’s extra left in the packet after each day’s application, you can then simply use the leftover for the next day’s application. Please note that the manufacturer’s instructions will tell you otherwise, but trust us, it’s OK to do this and it will save you from wasting medication.

Finally, even if you don’t do anything to the Molluscum, it is NORMAL for the Molluscum to go through an inflamed stage prior to resolving. This inflammation is often mistaken for infection. Even if you only use the fingernail polish approach, expect that some spots may start to look inflamed and this can actually be a good sign that the body is recognizing the virus and starting to fight it off. If it’s a little inflamed, don’t worry about it. But if it’s significantly inflamed and you’re worried about infection, you can come back in and we’ll look at it.