



Treating molluscum contagiosum

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Molluscum contagiosum is a common poxvirus-induced childhood infection that causes discomfort and psychosocial distress for patients and families.

Although the lesions are benign and will resolve spontaneously in immunocompetent individuals, many people desire treatment due to the long duration of lesions. Cook Children's Dermatology team appreciates these concerns; however due to extended wait periods for referred patients with complicated conditions, we will not be taking referrals for uncomplicated molluscum contagiosum as only limited treatment options are available.

Current evidence shows that many prescribed treatments, such as imiquimod, are not superior to placebo and often cause complications, such as ulceration and irritant dermatitis. In-office treatment options, such as curettage and liquid nitrogen (LN₂), are effective, but can leave post-inflammatory pigment changes and scarring. These methods are often not tolerated well by most patients between the ages of 6 months to 6 years – the ages most commonly seen with molluscum contagiosum.

Cantharidin has been a common treatment by dermatologists for molluscum, but is not approved by the Food and Drug Administration and not available to use in our office in a regulated formulation. Additionally, cantharidin often leaves post-inflammatory hyperpigmentation that can last for up to two years. This is often equally displeasing cosmetically, compared to molluscum lesions.

Cimetidine at a concentration of 40mg/kg/day, divided twice daily, can be helpful for patients with molluscum contagiosum; however, it is most useful for patients with atopic dermatitis, asthma and allergic rhinitis. Cimetidine can interfere with many other medications.





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Many families are encouraged to learn that natural remedies, such as Conzerol soap and cream containing calendula flower extract and essential oils, are inexpensive, superior to placebo, and can be used in sensitive areas, such as the face, with little to no side effects other than staining clothes. Additional treatment options include adhesive tape stripping to aid in exfoliation of the lesions. This is done by using the sticky side of clear tape to cover the lesions before bed. Also, lemon myrtle oil has been studied and shown to improve molluscum lesions.

Cook Children's Dermatology team appreciates your understanding of the limits of molluscum contagiosum treatment and of our department at this time. We don't want to disappoint families who may have to wait weeks for an appointment only to learn of over-the-counter remedies for their children's molluscum lesions. We are still able to accommodate complicated molluscum cases and older children desiring in-office therapies, such as curettage of molluscum lesions.

References

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