

Referral Support Service

Dermatology

D12

Molluscum Contagiosum

Definition

- [Molluscum contagiosum](#) is a common self-limiting viral skin infection.
- Young children are most commonly affected but it can also affect older children and adults.
- Lesions mostly multiple and in clusters, but can present as solitary lesion.
- Lesions appear as small, pearl like smooth shiny papules with an umbilicated centre.
- Diagnosis usually clinical and no investigation necessary.

Differential Diagnosis

- [Viral wart](#): Rough surface, no umbilication.
- [Milia](#): Small, pin head sized, white cysts mostly on the face.
- [Lichen Planus](#) (uncommon): Purplish papules, inflammatory and pruritic.

Exclude Red Flag Symptoms

- If very widespread, numerous and persistent consider immunosuppression and HIV test if appropriate.

Management

- Most cases are self-limiting with resolution within 18 months in immunocompetent individuals, so no treatment is required.
- Patients need to be managed in **primary care and referral to secondary care is not routinely commissioned for treatment.** (see under “Indication for referral) for advice and guidance).
- Advice about **self – care and prevention** of spread and auto-inoculation:
 - Avoid sharing towels, clothing and baths.
 - Avoid scratching or squeezing.
 - Use condoms if in genital area to avoid spread through skin to skin contact.
- Exclusion from school, gym and swimming is **NOT necessary.**
- Any surrounding eczema should be managed with standard eczema therapy.
- If skin is infected prescribe topical antibiotic like **Fusidic acid.**
- **Molludab®** (potassium hydroxide) is **NOT commissioned** and should not be prescribed. The evidence for this is limited to small uncontrolled trials.

Indications for referral

1. **Urgent referral to Ophthalmology** if eyelid margin or ocular lesions associated with red eye.
2. **Referral to the dermatology department** should only be made if patients have either of the following:
 - Molluscum Contagiosum in immunosuppressed patients.
 - Diagnostic uncertainty of a solitary lesion.
3. **Advice & Guidance (A&G)** attaching clinical photographs if appropriate to seek specialised opinion, where Molluscum Contagiosum is causing significant problems in the management of atopic eczema, or other widespread conditions. (Prior approval from individual funding request (IFR) panel is **not necessary for A&G referral**).
4. **Referral for secondary care** for all other requests should have **prior approval from IFR panel**. Funding for treatment will not be routinely commissioned.
5. **Genito-Urinary clinic** referral for adults with Molluscum in the ano-genital region to rule out sexually transmitted infection. Molluscum is not a sexually transmitted infection, but could be transmitted through skin to skin contact.

Information to include in referral letter

- Site and number of lesion
- How long lesion(s) has been present
- Photograph is desirable if solitary lesion
- Relevant past medical/surgical history
- Current regular medication
- BMI/Smoking status

Investigations prior to referral

- For widespread Molluscum Contagiosum: FBC, CRP, Consider HIV/ BBV screening.

Patient information leaflets/ PDAs

Patient information leaflet available on

- [patient.co.uk website](http://patient.co.uk)
- [British Association of Dermatologists](http://britishassociationofdermatologists.org)

References

- [PCDS website](#) for information and pictures
- [Dermnetz](#) for images
- [NICE and CKS](#) (March 2017)
- Guidance on infection control in schools and other childcare settings. Public Health England. PHE (2016)
- [Minor Skin Surgery for Skin Lesions Commissioning Policy](#), Scarborough and Ryedale, Vale of York Clinical Commissioning Group, May 2018