

# An Atlas of Lumps and Bumps: Part 6

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## Molluscum Contagiosum

Molluscum contagiosum is a common cutaneous infectious disease caused by a poxvirus of the *molluscipox* genus in the Poxviridae family.<sup>1-4</sup> The prevalence is approximately 7% of immunocompetent children.<sup>5</sup> This condition is most common in children 2 to 5 years of age but is also common in sexually active teenagers and young adults.<sup>1-4,6</sup> Molluscum contagiosum is rare in infants.<sup>7</sup> The male to female ratio is approximately equal.<sup>8</sup> The virus is transmitted mainly by close physical contact with infected skin, followed by autoinoculation and, occasionally, by contaminated fomites.<sup>4</sup> Predisposing factors include poor hygiene, poverty, overcrowding, atopic dermatitis, and immunodeficiency.<sup>1,4</sup>

Typically, molluscum contagiosum presents as discrete, smooth, firm, waxy, dome-shaped papules with characteristic central dell or umbilication (Figures 1 and 2) from which a plug of cheesy material, which contains virus particles and dead epithelial cells, can be expressed.<sup>2-4,9</sup>



Figure 1.

Central umbilication can be hard to observe in young children and small lesions.<sup>4,9</sup> Dermoscopy aids visualization of the central umbilication, which may not be obvious to the naked eye. Dermoscopy shows a central umbilication with well-defined polylobular, roundish or 4-leaved clover-like, white to yellowish amorphous structures surrounded by a peripheral crown of reddish, linear, or branched vessels (Figure 3). The color of

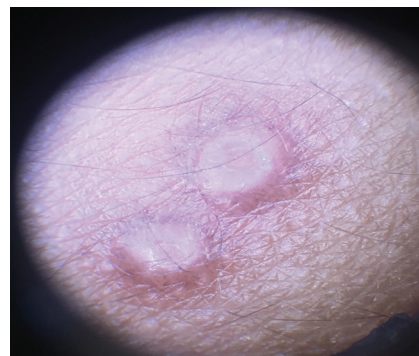


Figure 2.



Figure 3.

the lesions can be translucent, flesh-colored, pearly white, yellow, pink or red (especially when irritated or inflamed).<sup>4,10</sup> The lesions are most common in areas of skin rubbing or moist regions.<sup>11</sup> In children, the most commonly affected areas are the extremities (Figure 4), trunk, intertriginous areas, and genitals (Figure 5).<sup>12</sup> Lesions on the genital areas can be mistaken for penile warts (Figure 5). In adults, particularly those who are sexually active, lesions are more common on the lower abdomen, upper thighs, pubic area, and anogenital area.<sup>1,4,12</sup> Atypical locations include lips,<sup>13</sup> oral mucosa,<sup>14</sup> areolae,<sup>15</sup> nipples,<sup>15</sup> eyelids,<sup>16</sup> conjunctiva,<sup>17</sup> scalp,<sup>18</sup> and soles.<sup>12,19</sup>

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## EDITOR'S NOTE:

This article is part of a series describing and differentiating dermatologic lumps and bumps. To access previously published articles in the series, visit <https://bit.ly/35J11tv>.



Figure 4.



Figure 7.



Figure 9.

In general, the size of lesions ranges from 1 to 5 mm in diameter (Figure 6), and the number of lesions is usually less than 30.<sup>1,20</sup> Lesions often appear in clusters (Figure 7) or in a linear pattern (eg, auto-inoculated).<sup>11</sup> Less commonly, the lesion can be solitary (Figure 8) at the time of presentation.<sup>21</sup> The lesions are usually asymptomatic but may sometimes itch or become irritated.<sup>4,12</sup> In congenital cases,



Figure 5.

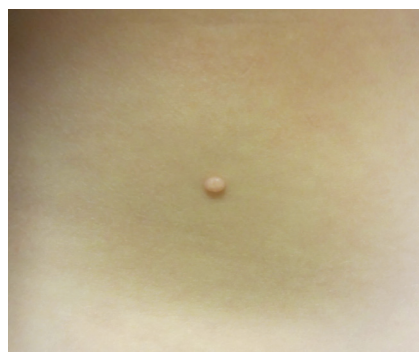


Figure 8.



Figure 10.

the lesions may appear in a halo-like ring around the scalp.<sup>22</sup> Rarely, a pale, hypopigmented ring or halo (Woronoff ring) around the lesion has been described (halo phenomenon).<sup>23</sup>

At the point of regression, the lesion may appear inflamed characterized by swelling, erythema, crusting, and tenderness—a finding that signifies pending resolution of the lesion (Figure 9).<sup>6,14</sup>



Figure 6.

The BOTE (beginning of the end) sign represents a host response that often precedes resolution of the disease rather than secondary bacterial superinfection.<sup>24</sup> Likewise, an eczematous id reaction to the molluscum contagiosum virus may herald immunological clearance of the molluscum contagiosum lesion in an immunocompetent individual.<sup>25</sup>

In immunocompromised individuals, the lesions can be very large and extensive (Figure 10).<sup>26</sup> Also, the lesions may occur in atypical locations and may be atypical in appearance, such as verrucous and hypertrophic.<sup>4</sup> The lesions tend to be rapidly progressive, disseminated, recalcitrant to treatment, and frequently recurring.<sup>27</sup>

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