

## Case Report of Molluscum Contagiosum in a 10-Year-Old Child

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### ABSTRACT

*Molluscum contagiosum is caused by pox virus. It's an infection affecting the mucous membrane and skin. It is most common in children. It appears as pink or pearly white umbilicated, dome shaped lesions called "Mollusca". It is usually diagnosed clinically which is aided by histopathology. This is an article about a case of 10-year-old female child affected with Molluscum Contagiosum.*

**Key words:** Molluscum, Immunocompromised

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### INTRODUCTION

Molluscum contagiosum (MC) is a superficial localised viral infection of the skin and mucous membrane. MC usually affects children and sexually active and immunocompromised adults. The virus is spread either by direct contact or via contaminated objects such as clothes, public baths, swimming pools etc. Here, we are presenting a case of female child affected with MC with its clinical and histo-pathological findings [1,2].

### CASE REPORT

A 10-years girl presented to pediatrics department with complaints of appearance of papules in the face on right side in the last 1 month. History showed us that papules were small and painless. Examination showed two large papules of 4 mm size and three small papules of 2 mm in diameter, at the angle of the mouth in face on right side. The surface of the lesions appeared smooth, reddish pink coloured, semitransparent; umbilicated papules and that were non tender and soft inconsistency. On routine blood investigations no abnormalities were found. HIV testing was done, which was negative. Based on the clinical examination, the child was provisionally diagnosed with MC. The two larger lesions were surgically excised under local anaesthesia, and the biopsied tissues were sent for examination histopathological. The excised tissue under microscopic examination revealed hypergranulosis and pathognomonic Molluscum bodies

or Henderson-Paterson bodies (basophilic inclusions of virus). The small lesions were allowed to spontaneously resolve and after a month patient came for review, and there was no recurrence or scarring in the lesion area as which was surgically excised.

### DISCUSSION

MC is an infection of the mucous membrane and skin and causative agent is Molluscum contagiosum virus (MCV), a DNA virus of the poxvirus family. MCV is of four types; MCV 1 to MCV IV of which MCV 1 is commonly affecting children and MCV 11 commonly affect adults. Molluscum is common in children of 1 - 12 years age and in adults who are sexually active and with low immunity and HIV infected adults. MCV is spread through either direct contact with person infected or infected objects. So people with weaker immune system are advised not to share towels etc. The virus is also transmitted by autoinoculation like scratching of the skin and Traumatic inoculation such as those caused by tattoos and contacts sexually. 2 to 8 weeks is the incubation period sometimes extending up to, 6-18 months. In children papules are commonly present frequently skin of the face, hands, armpits and neck [4]; and buccal mucosa and mucous membrane of lips and tongue in adults who are active sexually and with low immunity with AIDS, the lesions are present in the abdomen, inner side of thigh and genitals.

In immunocompetent adults and children, the papules resolve spontaneously. In immunocompromised patients such as with HIV the lesions are numerous in number and sometimes used as a cutaneous marker and HIV infection indicator.

MC presents as shiny, semitransparent, round papule with a clear border. Surface is smooth and a concavity

in the centre. It maybe fleshy pink to dark red in color measuring around 2-5 mm and sometimes grows larger. At times they coalesce to form a large rounded lesion (giant Molluscum). Lesions which break into dermis can show a suppurative inflammatory reaction which mimics an abscess.

MC papules are usually pain-free, but sometimes associated with itching or become irritated. Picking OR Scratching the lesions can cause secondary bacterial infection or can cause scarring or autoinoculation.

In HIV patients, the differential diagnosis for MC are Atopic dermatitis, Cryptococcosis, Histoplasmosis, Basal cell carcinoma, Darier's disease, Keratocanthoma, Epithelial nevi. The lesion is diagnosed clinically and is confirmed by biopsy and microscopic examination. Histopathological examination shows the lesions invading the follicular epithelium. In the prickles cells, cytoplasm shows eosinophilia and basophilic inclusion bodies named Henderson-Paterson body's or molluscum bodies. Under electron microscopy, pox virus which are brick shaped particles are seen. The patients with MCV produce virus-specific antibodies of the immunoglobulin M class and anti-cellular antibodies are elicited by immunofluorescence. MCV can be detected by polymerase chain reaction assay in lesions present in skin. MC usually resolves without treatment in children and immunocompetent adults within 6- 18 months. In adults with low immunity and those who are HIV infected, the lesions can get extensive and can cause disfigurement if left untreated.

Scrubbing the area affected with beta dine or retin-A 0.025% gel for 5 mins daily till the lesions disappear are home treatments for MC. Cryosurgery using liquid nitrogen, frigiderm (9) or dry ice are the quick methods to eliminate the lesions. Pulsed laser surgery, adhesive tape usage, curettage with or without electrocauterization are other methods employed. Removing the lesions by surgery can cause scar. Sharp instruments like Scalpel, edge of a glass slide are used to remove the central core. 10% benzyl peroxide, imiquimod, retinoid, potassium hydrochloride, trichloro acetic acid, cantharidin, and similarly, essential oils and tea tree oil are some of the topical agents used over the lesions. Antiviral drugs like Cidofovir can be used for extensive lesions

either topically or by injecting intralesional [1-11]. The complications of MC include secondary bacterial infections, inflammation, irritation and cellulitis in HIV infected patients. The prognosis is good in healthy patients after treatment.

## CONCLUSION

Molluscum Contagiosum is a self-limiting viral infection in Children. Diagnosis is usually made clinically and is supported by histopathological examine at of the biopsied lesion. It usually resolves without treatment. Though it is a self-limiting epidermal disease which resolves without scar, treatment is indicated for large lesions, multiple lesions and for cosmetic reasons.

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