



Government of **Western Australia**
South Metropolitan Health Service
Fiona Stanley Fremantle Hospitals Group

Dermatology pre-referral guidelines – molluscum contagiosum (water warts)

Fiona Stanley Hospital Dermatology

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Disclaimer

These guidelines have been produced to guide clinical decision making for General Practitioners (GPs) and referring non-GP Specialists. They are not strict protocols. Clinical common-sense should be applied at all times. These clinical guidelines should never be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of each patient. Clinicians should also consider the local skill level available and their local area policies before following any guideline.

Introduction

Molluscum contagiosum is a common viral skin infection of childhood caused by a pox virus, the molluscum contagiosum virus or MCV. Molluscum contagiosum presents as small skin-coloured, umbilicated (central dimple) papules that are usually found in crops and most commonly occur in areas of skin rubbing or moist areas, such as the axillae, popliteal fossae, groin and inner thighs. The average number of molluscum papules is 30; however, numbers can be in the hundreds. Molluscum contagiosum tends to be more extensive and persistent in eczema sufferers and those with immune dysfunction. Occasionally, larger (giant) molluscum contagiosum lesions can be seen.

The molluscum contagiosum virus is found in warm water, so children are often infected in swimming pools and baths. Sharing towels and face washes is another way to spread the virus. Molluscum can also spread from skin-to-skin contact involving the molluscum papules. Auto-inoculation from scratching or shaving also occurs.

Molluscum contagiosum can induce eczema around lesions and occasionally more generalised, this is known as molluscum dermatitis. Complications of molluscum contagiosum include secondary bacterial skin infection and scarring related to pruritus and subsequent excoriation. However, more often when molluscum papules become inflamed it is a sign that the body is mounting an immune response against the virus prior to resolution. Gianotti-Crosti syndrome-like reactions have been observed in some patients with molluscum contagiosum. Molluscum contagiosum papules on the eyelid can cause chronic conjunctivitis or superficial punctate keratitis.

Molluscum contagiosum spontaneously resolve over years, with average time to resolution ranging between 6 and 16 months in published studies. There are many treatments available for molluscum contagiosum; however, there is no single perfect treatment that directly targets the virus. As many treatments are painful, taking a watchful waiting approach for younger children is often advised. Older children and adults may prefer to actively treat molluscum contagiosum, particularly if they are symptomatic, numerous or persistent. It is worth noting that small pit-like scars can occur at sites of old molluscum contagiosum spots, and this can occur with or without treatment.

Molluscum contagiosum is extremely common in children and is not dangerous. In general, it is not a reason for a child to be isolated or restricted in their activities.

Pre-referral investigations

- Clinical examination is usually enough to diagnose molluscum contagiosum

Pre-referral management

General measures

- Keep nails short and hands clean to avoid auto-inoculation by scratching.

- Avoid sharing towels, clothing or baths to prevent spread to others.
- Showering is preferable to bathing to prevent auto-inoculation.
- Keep molluscum papules covered with clothing or plasters to prevent spread to others and auto-inoculation.
- Gentle skin care measures will optimise barrier function of the skin and minimise auto-inoculation, i.e. avoid soap, use a soap-free wash, apply an emollient daily.

Specific measures

- In most cases no specific treatment is needed.
- Molluscum dermatitis should be actively treated with an appropriate strength and formulation of topical corticosteroid - refer to Eczema Pre-referral guideline.
- If secondary bacterial skin infection occurs, more likely in the presence of pain and fever, treat as per impetigo.

Various treatments can be used to hasten resolution in motivated patients; however, they need to be used with caution in patients with eczema as they typically cause irritation which can flare eczema. These treatments are typically trialled for 3-months and include:

- Tape stripping – An adhesive tape can be applied to the molluscum papules and left on for 24-48 hours, before being pulled off rapidly. This produces an irritating effect desired for the treatment of molluscum contagiosum and may remove the central core to hasten resolution.
- Over the counter wart paints – Treat a few molluscum papules at a time as per product instructions and protect the surrounding skin by applying petroleum jelly around the periphery of the area to be treated.
- Prescription retinoid creams – These prescription topicals are used to irritate the surface of the skin, to help the body's immune system clear the virus sooner.
- Liquid nitrogen cryotherapy – Directly freezing the molluscum papules can be effective; however, it is somewhat painful and may result in scarring.

When to refer

If there are ongoing signs or symptoms which remain problematic despite the above management, please refer to the Dermatology Department.

Essential information to include in your referral

- Duration of molluscum
- Site(s) of molluscum – including periocular and/or genital involvement
- Co-morbid atopic dermatitis or immune dysfunction
- Previous and current treatment

References

1. The Australian Healthy Skin Consortium. National Healthy Skin Guideline: for the Diagnosis, Treatment and Prevention of Skin Infections for Aboriginal and Torres Strait Islander Children and Communities in Australia (2nd edition), 2023.
2. Paller and Mancini – Hurwitz Clinical Pediatric Dermatology: A Textbook of Skin Disorders of Childhood and Adolescence (6th edition). Elsevier, 2022.

Useful resources

1. [Molluscum Contagiosum](#) - Healthy WA
2. [Molluscum Contagiosum](#) - Dermnet NZ
3. <https://www.dermcoll.edu.au/atoz/molluscum-contagiosum/> - Australasian College of Dermatologists
4. https://pedsderm.net/site/assets/files/1028/6_molluscum_color_final.pdf - Society of Pediatric Dermatology

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