

Molluscum contagiosum: the little rash with the big name



Kinda cute. At least that's what the medical books lead you to believe. They are described as little pink or flesh-colored dome-shaped harmless bumps with belly buttons. The little rash with the big name, Molluscum Contagiosum, is cute only until you discover the bumps on your child's skin. Like your neighbor's cute toddler, the little belly-buttoned rash can overstay its welcome.

Pictured here is the rash of molluscum. The bumps are generally flesh colored, but can be slightly pink. Look carefully at the circled bump— this one has a tiny dimple in the center (the "belly button"). While the rash often appears on areas with irritated skin such as eczema, molluscum can show up on every part of the body. As with any new rash, visit your child's doctor to confirm the diagnosis.

The best thing about molluscum is that it is not harmful. Children can attend school and camp with it. Yes it looks funny, but like warts, it is a virus that is only skin deep. Also, like warts, it can be very stubborn about going away. Probably because it is so benign, children's immune systems don't get excited about an out-cropping of molluscum and do not bother attacking the rash.

The rash is spread by direct skin to skin rubbing (think wrestlers or think kids rolling around in play or think sexual contact—teens can get molluscum in compromising areas) and by towel sharing and very close contact in water—siblings catch molluscum from each other when they bathe together. However, kids do not contract the virus in

swimming pools. The rash itself is not particularly itchy. But, because it often appears on itchy patches of skin, kids will scratch areas with molluscum and with each scratch, spread the molluscum over a greater area. One of my patients first developed molluscum on the inner aspect of his arm. During the summer when he went shirtless, the rubbing of his arm against his body caused molluscum to appear on the side of his chest where his arm brushed against his body. Mysteriously, some kids don't seem prone to picking up the rash. One of my twins had the rash all over his belly for close to a year. Yet my other twin only had one bump on his ankle for a few months.

Treating molluscum is frustrating. Pediatricians and dermatologists have some agents which irritate the molluscum in hopes that the body's immune system will wake-up and get rid of it. Medications such as cantheridin (extract of blister beetle), Retin A, liquid nitrogen, and others all are used to treat molluscum with varying success rates. Hydrocortisone 1% three times a day for a few days will soothe itchy skin patches of molluscum. Although the medication will not cure the rash, it will help calm the itch and prevent further spread. Rarely, just like any area which is scratched, bacteria from the skin will infect the rash. If a bump is scratched open, put a dab of antibacterial ointment on along with the hydrocortisone. If redness increases and the area becomes progressively tender, seek medical attention. Take heart in the fact that molluscum DOES go away on its own, but can linger for months or even years before finally fading. My husband and I opted not to treat our twins, and waited for the molluscum to leave on its own, which it did. Often, just before spontaneously going away, the bumps become red and irritated for a day or so and then just... go.

When I diagnose a patient with this condition, the name of this rash always makes me feel like I am casting a Harry Potter spell:

Parent: "Doctor Kardos, what is this rash on my child?"

Dr. Kardos, brandishing a magic wand: "MOLLUSCUM CON-TA-GIOSUM!!!"

The medical literature and 15 years in pediatric practice tell me there are no vitamins or behavior therapies that play any role in banishing this rash. In short, there are no quick fixes.

If only the cure were as easy as waving a wand. We'll let you know if we hear of any new spells.

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