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Clinical Pearls

Clinical Pearls help prepare residents for the future by providing them with insights about what they should know about a specific subject area by the time they complete their residency.

Molluscum contagiosum

By Nanette Silverberg, MD, FAAD

Pearl #1: Pediatric molluscum has become exceedingly common and we can all expect to see many cases and experience it in our families. With a prevalence between 5.1–11.5% in children aged 0–16 years, molluscum contagiosum (MC) is the third most common viral skin infection in children and one of the five most prevalent skin diseases worldwide. Skin lesions present as firm rounded papules, pink or skin-colored, with a shiny and umbilicated surface.

Pearl #2: Educating parents is the first aspect of shared decision-making. Three key elements to education include natural history, preventing spread, and therapeutic options. We really must look at each patient individually. It's a patient-centered outcome that we're looking for because molluscum does eventually go away. We want to make sure it's not scarring. We want to make sure that they're not uncomfortable and then support them in their decisions. If they really feel they want to be clear, and they're upset with their appearance, we should support those patients and offer them judicious treatment.

Pearl #3: Parents should know these facts: More than half of molluscum cases last over a year and some will go two years. For our individuals who have molluscum, we expect them to have disease naturally for one to two years. About 50% of people will clear around the one-year mark, 70% by a year and a half, and about 90% by two years out. We start to see intense clearance in the second year, but not so much in the first year.

Pearl #4: Good skin care in molluscum includes not sharing bath and bath equipment, avoiding rubbing and scrubbing, and treating dermatitis to improve quality of life and reduce spread. We want to make sure any associated eczema is under control first. We use a lot of topical steroids largely because things like topical calcineurin inhibitors may promote spread of molluscum. About half of kids with molluscum live in households that support co-bathing. It's certainly something we see in early childhood, particularly with early childhood activities.

Pearl #5: Therapeutic options include our two FDA-approved agents, berdazimer and cantharidin, as well as myriads of in-office destructive therapies like lidocaine/prilocaine and curettage. Choose therapies with more than 50% clearance for patient satisfaction. Parental choice and the child's choice are important in shared decision-making. Not every child needs to be treated. As much as we want to offer people immediate clearance, sometimes it's okay to do things more slowly to avoid trauma in children. We sometimes respond to parents' anxiety and stress, and they may be encouraging us to be very aggressive — and we may want to be a little less aggressive, depending on the situation.

Cantharidin 0.7%, which is applied through an applicator device, was approved by the FDA in July 2023. Despite its status as a newly approved treatment for molluscum, the compounded form has been used for decades. We've always known cantharidin creates blisters, but now we have better control over the product. Berdazimer is interesting because it has some antiviral properties. We really have only had compounded cidofovir in the past that has antiviral properties, which we reserve for very severe cases or for people who are treatment resistant. Berdazimer offers an alternative mechanism of action, with the option for combination with other agents.

If there is a lesion that is extremely bothersome to a child, we may want to do curettage to try to get the lesion off as quickly as possible. Cryotherapy has proven successful for patients with molluscum, with adults being more tolerant of it. However, cryotherapy can cause pigmentation issues in skin of color patients. DR