

LETTER TO THE EDITOR

Molluscum Contagiosum: A Therapeutic Challenge

Malan Malumani

*Mulungushi University, School of medicine and Health Sciences, Livingstone, Zambia
Livingstone University Teaching Hospital, Livingstone, Zambia
Email: drmalumaniimla@gmail.com*

The emergent of the coronavirus disease 2019 (COVID-19) pandemic has put a massive strain on the already leaping healthcare system in most developing or Lower Middle-Income Countries. Other infectious agents like molluscum contagiosum (MC) still ravage our communities. We discuss some challenges and old important pearls of its management.

Therapeutic Challenge:

Molluscum Contagiosum (MC) is a common superficial cutaneous infection caused by the poxvirus which is a highly infectious, enveloped deoxyribonucleic acid virus. It is very common in children, sexually active adults and is becoming common in people living with HIV(PLWH). Of note is, extensive and persistent molluscum infection with the virus can indicate underlying immunodeficiency. It is characterized by painless white or skin-coloured papular lesions that are generally between 2 - 5 mm in size, although early lesions can be smaller. The patients typically have 1 - 20 molluscum lesions.

It has been observed that in immune-competent persons, MC infection could resolve spontaneously. However, due to its highly infectious nature, cosmetic and psychological impact, for the treatment, active management is advocated for. Among these but not limited to: (a) physical or mechanical methods such as curettage, cryotherapy, electrodesiccation/coagulation and pulsed dye laser therapy,(b)Chemical methods like use of topic acids (e. g., acetic acid, trichloroacetic acid, lactic acid, glycolic acid, salicylic acid) and alkalis (e. g., potassium hydroxide),(c) immune-modulating

agents (e.g. imiquimod, interferon-alpha, cimetidine) and anti-viral (e.g. cidofovir). In the recent past Chinese Herbal medicine has been used in the treatment of MC. Effective prevention is problematic due to the high infectivity of the virus and a vaccine is not available.

We sought to develop a simple office-based procedure to treat Molluscum Contagiosum infection with minimal adverse effects, providing consistent results, and which can be performed by using readily available instruments (e.g., surgical forceps,) even in a remote or resource-poor setting.

Procedure:

Local anaesthesia using 2% lignocaine was applied on the lesions subcutaneously using a 29 Gauge insulin disposable syringe. The thermal destruction of the lesion was done using artery forceps. An improvised burner was made from an empty 20ml lignocaine container with a wick made from a piece of gauze dipped in methylated spirit as shown in figure 1A. We conducted the procedure in one sitting, which yielded destruction of the lesions. The red hot tip of the artery forceps was applied to the lesions directly for not more than ten seconds repeatedly until the lesion was destroyed. The patient reported bearable heat sensation around the treated lesion during the procedure but no pain and had only post-procedure edema. There was no serious complication throughout the procedure. Figure 1(B and C) shows pre and 2 weeks post thermal destruction of MC.

We tried a simple cost-effective treatment that can be easily performed and obviates the need for any

high-end or complex equipment or instruments to treat Molluscum Contagiosum. This is an off-label use of thermal destruction. The demerits are that it stains the instruments, the handle is hot with the potential of burning the operator and has high chances of causing fire spread. The novelty of our pearl is that it providing consistent results, which can be performed by using readily available instruments (e.g., surgical forceps, candle or paraffin or spirit lamp) even in a remote or resource-poor setting. It could be used for other smaller lesions like genital warts, cutaneous horns and skin tags.

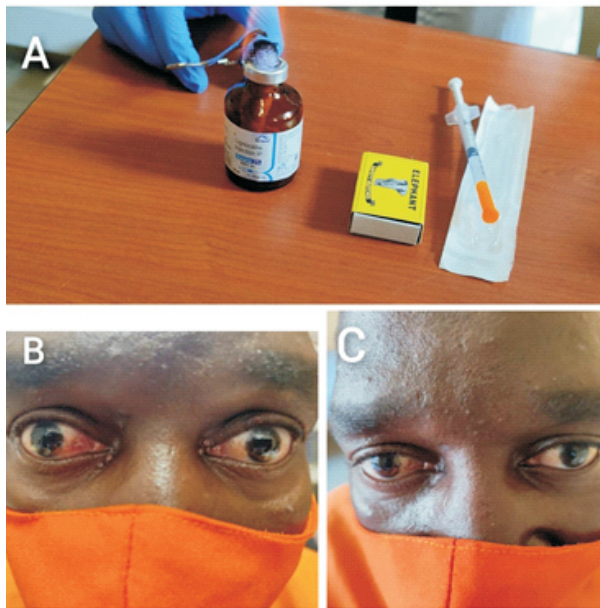


Figure 1 : (A) Improvised instruments used for the procedure. (B) Molluscum Contagiosum before treatment and (C) Two weeks post-treatment.

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Ethic considerations: Informed consent was obtained from the client to use his images and identifying features were excluded.

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