

MOLLUSCUM CONTAGIOSUM

WHAT ARE THE AIMS OF THIS LEAFLET?

This leaflet has been written to explain more about molluscum contagiosum: what it is, what causes it, what can be done about it, and where to find out more about it.

WHAT IS MOLLUSCUM CONTAGIOSUM?

Molluscum contagiosum is a common and generally harmless condition that causes skin-coloured bumps on the skin. It is most common in children and young adults.

WHAT CAUSES MOLLUSCUM CONTAGIOSUM?

This condition is caused by a virus known as the Molluscum contagiosum virus. It is infectious and can spread to other people if the bumps are in direct contact with someone, or by sharing the same items such as towels, flannels, bedding, etc. The bumps usually appear a few weeks following the infection. They are commonly seen in people with eczema and can be widespread. This is because people with eczema have dry, cracked skin, which allows the virus to enter the body more easily, leading to infection.

Most individuals develop few or no molluscum contagiosum bumps. However, people with a weakened or suppressed immune system may experience more bumps. This can happen due to various reasons, such as underlying health conditions like HIV or treatments that affect the immune system.

IS MOLLUSCUM CONTAGIOSUM HEREDITARY?

No, although it can affect several members of a family at the same time as it is contagious.

WHAT DOES MOLLUSCUM CONTAGIOSUM FEEL AND LOOK LIKE?

The bumps are usually not itchy, but in some cases, they may cause mild itching if they become inflamed. If scratched or squeezed, they can become sore, infected or bleed slightly.

Molluscum contagiosum bumps have the following characteristics:

- They are usually small, ranging from 2 to 6 mm across; however, they can grow larger than this, up to 20 mm.
- They are raised dome-shaped bumps with a shiny surface.
- Usually they are skin-coloured but may also appear as red or pink. In darker skin, the spots may also appear as a darker brown.
- Their most striking feature is a central dimple.
- Occasionally, dry, red patches similar to [eczema](#) can appear around the spots.
- In children, the spots are most commonly seen on the face, trunk and upper legs.
- In adults, the spots are often seen on the lower abdomen, thighs and genitals. These are mostly spread by sexual contact.
- There may be only one or two bumps, and usually fewer than 20. They can be clustered together.

HOW WILL MOLLUSCUM CONTAGIOSUM BE DIAGNOSED?

Usually, no tests are needed as the molluscum contagiosum bumps can easily be recognised by a healthcare professional. If a molluscum contagiosum bump becomes inflamed, it can look like a [boil](#). If there is uncertainty about the diagnosis, then a skin biopsy can be carried out.

CAN MOLLUSCUM CONTAGIOSUM BE CURED?

Yes. This condition usually clears by itself within 6 to 18 months. However, during this time there may be development of new molluscum contagiosum bumps whilst the old ones are clearing. Sometimes it may take a few years for the body to clear the virus and for the bumps to disappear.

HOW CAN MOLLUSCUM CONTAGIOSUM BE TREATED?

Usually, no treatment is needed and the molluscum contagiosum bumps clear on their own. After they have healed and cleared, the skin may initially look white, pink, or purplish, or darker. Over time, the skin usually goes back to its normal tone.

There are a few treatments which may help to speed up the process of clearing the spots. However, this is dependent on the age of the person affected. Many treatments are painful, and this must be taken into consideration as molluscum contagiosum is a harmless (benign) and self-resolving condition. Furthermore, it is thought that some treatments can increase the risk of scarring. There is no research evidence that any one treatment is better than others at clearing molluscum contagiosum.

If active treatment is needed, there are several possibilities:

- There are a range of topical therapies used which include salicylic acid and potassium hydroxide. These work by irritating the bumps

and causing them to become inflamed. The immune system then detects the virus and clears the bumps. The medication needs to be applied carefully to prevent unnecessary skin irritation. Sometimes a small scar or paler area of skin is left.

- They can be frozen with liquid nitrogen ([cryotherapy](#)) at intervals until they are clear.
- They can be scraped off with a sharp instrument (curettage) after local anaesthetic injection.
- A hospital eye specialist can treat them on the eyelids.
- Squeezing them is not recommended as it can result in scarring and risk of spreading the virus to other parts of the body.

SELF-CARE (WHAT CAN I DO?)

To prevent spreading the infection to others, especially your household, take the following precautions:

- Use your own towel, flannel, clothing, and bedding. Avoid sharing these items with others.
- Cover all visible lesions with clothing or waterproof bandages.
- Adults should practice safe sex or abstinence.

Children with molluscum contagiosum do not need to be kept off school.

WHERE CAN I GET MORE INFORMATION?

Weblinks to other relevant resources

<https://www.nhs.uk/conditions/molluscum-contagiosum/>
<http://www.pcds.org.uk/clinical-guidance/molluscum-contagiosum>
<http://www.dermnetnz.org/viral/molluscum-contagiosum.html>



Please note that the British Association of Dermatologists (BAD) provides web links to additional resources to help people access a range of information about their treatment or skin condition. The views expressed in these external resources may not be shared by the BAD or its members. The BAD has no control of and does not endorse the content of external links.

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

BRITISH ASSOCIATION OF DERMATOLOGISTS

PATIENT INFORMATION LEAFLET

PRODUCED | MAY 2008

UPDATED | AUGUST 2011, AUGUST 2014, AUGUST 2015, OCTOBER 2018, JANUARY 2025

NEXT REVIEW DATE | JANUARY 2028

