

United Kingdom National Guideline on the Management of Molluscum Contagiosum (2007)

Clinical Effectiveness Group (British Association of Sexual Health and HIV)

Introduction and methodology

Scope and purpose

Molluscum contagiosum (MC) is a benign viral skin infection most commonly seen in children. However sexual contact in adults may lead to the appearance of lesions in the genital area. The main objective of this guideline is to enable the healthcare practitioner to reassure a patient with genital MC that their condition is harmless and to offer an appropriate plan of management.

Specifically:

This guideline highlights the key clinical features that should allow the diagnosis of genital MC to be made with confidence and outlines the treatment options. Reference will also be made to the interaction between MC and HIV infection.

It is aimed primarily at people aged 16 or older presenting to health care professionals working in departments offering level 3 care in STI management in England and Wales, tier 5 in Scotland (1,2). However the recommendations are appropriate in all health care settings.

Stakeholder involvement

This guideline has been produced by medical specialists from relevant disciplines. Successive drafts have been reviewed by the clinical effectiveness group of BASHH. It was posted for comment for 3 months on the BASHH website.

Rigour of development

A Medline search was undertaken using search terms molluscum contagiosum, genital and randomised controlled trial (RCT). The Cochrane database was also searched under molluscum contagiosum. Trials restricted to children aged <16 years only were excluded. One systemic review of treatment of MC in the Cochrane database was also excluded as it did not consider the treatment of sexually transmitted MC. Two studies involving the use of podophyllotoxin and imiquimod were considered. The study on imiquimod used a 1% cream whereas the 5% preparation is available in the UK.

What is new in the guideline

- No new evidence
- Minor rewording
- Audit standards added

Aetiology

- Molluscum contagiosum is caused by a pox virus
- The virus is probably passed on by direct skin-to-skin contact, and may affect any part of the body
- Sexual contact may lead to the appearance of lesions in the genital area
- There is anecdotal evidence associating facial lesions with HIV-related immunodeficiency (3-5)

Clinical features

Symptoms and signs

- After an incubation period of three to twelve weeks, discrete, pearly, papular, smooth or umbilicated lesions appear (6)
- In immunocompetent individuals the size of the lesions seldom exceeds five millimetres, and if untreated there is usually spontaneous regression after several months

Complications

- Secondary bacterial infection may result if lesions are scratched
- In the immunocompromised eg in HIV infection, lesions may become large and exuberant, and secondary infection may be problematic.

Diagnosis

- This is usually based on characteristic clinical appearance
- The main differential diagnosis is with genital warts, which are neither smooth nor umbilicated
- The core of lesions can be examined by electron microscopy, under which typical poxvirus-like particles will be seen.

Management

General advice

- As the natural history is of spontaneous regression of lesions, treatment is offered for cosmetic reasons only

Further investigation

- As other STIs may co-exist, a full screen for these should be undertaken (level of evidence III, grade of recommendation B) (7)

- HIV testing is recommended in patients presenting with facial lesions (level of evidence III, grade of recommendation B)

Treatment

The aim is tissue destruction with viral demise accompanying this. There are no medicines licensed for the treatment of MC in the UK.

Recommended regimes

- Cryotherapy – apply liquid nitrogen until a halo of ice surrounds the lesion. Repeat applications may be necessary (level of evidence 4, grade of recommendation C)
- Expression of the pearly core, either manually or using forceps (level of evidence 4, grade of recommendation C)
- Piercing with an orange stick, with or without the application of tincture of iodine or phenol (level of evidence 4, grade of recommendation C)
- Curettage or diathermy may be carried out under local anaesthesia (level of evidence 4, grade of recommendation C)
- Podophyllotoxin cream (0.5%) can be self-applied in men (level of evidence 1b, grade of recommendation A). (8)
- Imiquimod 5% cream can be self-applied in men (level of evidence 1b, grade of recommendation A).(9)
- In patients with HIV infection, the introduction of highly active antiretroviral therapy may lead to resolution of lesions (level of evidence III, grade of recommendation B) (10,11)

Allergy

- Treatments to which there is known hypersensitivity should be avoided

Pregnancy and breastfeeding

- Cryotherapy and other purely destructive methods are safe
- Podophyllotoxin is contraindicated. The British National Formulary advises that Imiquimod should be used with caution

Sexual partners

- Contact tracing of partners is unnecessary

Auditable outcomes

Percentage of patients with MC offered STI screen : Target 100%

Conflict of interest

None

The recommendations in this guideline may not be appropriate for use in all clinical situations. Decisions to follow these recommendations must be based on the professional judgement of the clinician and consideration of individual patient circumstances.

All possible care has been undertaken to ensure the publication of the correct dosage of medication and route of administration. However, it remains the responsibility of the prescribing physician to ensure the accuracy and appropriateness of the medication they prescribe.

This guideline was commissioned and edited by the CEG of the BASHH, without external funding being sought or obtained

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