

Treatment of Molluscum



Clinical Guideline

This guideline supports initial treatment of patients with Molluscum and includes information for referral to the Children's Wisconsin Dermatology Clinic.

To support collaborative care, we have developed guidelines for our community providers to use when referring to, and managing patients with, the pediatric specialists at Children's Wisconsin. These guidelines provide information and recommendations for jointly managing patient care between community providers and our pediatric specialists.

Diagnosis/symptom	Referring provider's initial evaluation and management:	When to initiate referral/ consider refer to Dermatology Clinic:	What can referring provider send to Dermatology Clinic?	Specialist's workup will likely include:
<p><u>Signs and symptoms</u></p> <p>Pearly, dome-shaped, umbilicated, skin-colored or pink papules. These are often distributed on the torso and flexures but can involve any skin surface, although palms and soles are spared. Lesions typically develop 2-8 weeks after exposure.</p> <p>Molluscum contagiosum is a self-limited condition for patients who are immunocompetent. Clearance can take months to sometimes years.</p> <p>Caused by the Molluscum contagiosum virus (poxvirus family). Transmission is generally skin to skin contact, but it can also be transmitted through fomites. Patients with atopic dermatitis are more likely to have severe disease.</p>	<p><u>Diagnosis and Treatment</u></p> <p>Diagnosis is made by physical exam. Evaluate type, number and location of molluscum. Determine patient/family desire for treatment and patient cooperation. Observation is always an option, especially since response to treatment is variable and resolution is expected with or without treatment.</p> <p>Patients with dry skin or atopic dermatitis should be treated to improve impaired skin barrier.</p> <p><u>Tretinoin</u></p> <ul style="list-style-type: none"> Tretinoin 0.025% or 0.05% cream. Can start 3 times a week and increase to nightly after 2 weeks if tolerated. 	<p>Patients and families should be motivated to pursue treatments that can be painful and generally require repeated visits. Reasons to consider referral:</p> <ul style="list-style-type: none"> Diagnosis is in question. No response to treatment after at least 3 months. No spontaneous response after 2 years. Lesions cover a large body surface area. Very itchy or painful lesions. Inadequately controlled dermatitis. Immunocompromised patient. 	<p>How to refer:</p> <ol style="list-style-type: none"> In Children's Epic: place an Ambulatory referral to Dermatology. External providers: <ul style="list-style-type: none"> In your instance of Epic – Place an external referral order to CHW DERMATOLOGY CLINICS or Fax (414-607-5288) or Online ambulatory referral 	<ul style="list-style-type: none"> History and physical exam After referral to dermatology clinic, multiple follow up appointments may be needed. Families may want to determine their deductible status and whether Children's Wisconsin is in network or out of network.

Diagnosis/symptom	Referring provider's initial evaluation and management:	When to initiate referral/ consider refer to Dermatology Clinic:	What can referring provider send to Dermatology Clinic?	Specialist's workup will likely include:
The condition also spreads through autoinoculation.	<ul style="list-style-type: none"> Slight erythema is desirable. If irritation is severe, stop for a few days, allow the skin to heal, and then re-start at a decreased frequency. <p><u>Liquid Nitrogen</u></p> <ul style="list-style-type: none"> Use liquid nitrogen in a cup with cotton tipped applicators. Apply for two 5-10 second freeze thaw cycles 			
Molluscum surrounded by an itchy, eczematous rash.	<p>Molluscum infection can induce dermatitis which should be treated to prevent pruritus and further spreading.</p> <p>Prescribe a low potency topical corticosteroid such as hydrocortisone 2.5% ointment BID or triamcinolone 0.025% ointment BID. The ointment can be used to treat the eczematous reaction but will not alter the course of the molluscum.</p>	No response to the low potency topical steroid.	<p>How to refer:</p> <ol style="list-style-type: none"> In Children's Epic: <ul style="list-style-type: none"> Place order for eConsult Dermatology (<i>preferred</i>) Place ambulatory referral to Dermatology External providers: <ul style="list-style-type: none"> In your instance of Epic – Place an external referral order to CHW DERMATOLOGY CLINICS or Fax (414-607-5288) or Online ambulatory referral 	<ul style="list-style-type: none"> History and physical exam After referral to dermatology clinic, multiple follow up appointments may be needed. Families may want to determine their deductible status and whether Children's Wisconsin is in network or out of network.

Diagnosis/symptom	Referring provider's initial evaluation and management:	When to initiate referral/ consider refer to Dermatology Clinic:	What can referring provider send to Dermatology Clinic?	Specialist's workup will likely include:
Boil-like lesions in a patient with molluscum	<ul style="list-style-type: none"> Inflamed lesions can signify immune response to the molluscum and are very rarely a secondary bacterial infection. Warm compresses TID should be used to help hasten resolution. If concerned about infection, obtain a bacterial culture (nick with a surgical blade and swab the pus) and only initiate oral or topical antibiotics if Staphylococcus aureus or Streptococcus pyogenes are identified. 	Large and inflamed lesions are occurring repeatedly without resolution of remainder of molluscum. Referral for this problem is rarely needed, as it signifies impending resolution of molluscum.	<p>How to refer:</p> <p>1. In Children's Epic:</p> <ul style="list-style-type: none"> Place order for eConsult Dermatology (preferred) Place ambulatory referral to Dermatology <p>2. External providers:</p> <ul style="list-style-type: none"> In your instance of Epic – Place an external referral order to CHW DERMATOLOGY CLINICS or Fax (414-607-5288) or Online ambulatory referral 	<ul style="list-style-type: none"> History and physical exam After referral to dermatology clinic, multiple follow up appointments may be needed. Families may want to determine their deductible status and whether Children's Wisconsin is in network or out of network.
<div> <div> Send referrals to Children's Wisconsin </div> <div>  </div> <div> <p>Internal referral via Children's Epic Send an ambulatory referral to Dermatology Via fax: 414-607-5288</p> <p>External referral via Epic Send to CHW DERMATOLOGY CLINICS</p> </div> <div>  </div> </div>				

Approved by Specialty Medical Leader, CSG Clinical Integration, CMG Clinical Guidelines Core Team

Medical Disclaimer

This Clinical Guideline (CG) is designed to provide a framework for evaluation and treatment. It is not intended to establish a protocol for all patients with this condition, nor is it intended to replace a clinician's judgement. Adherence to this CPG is voluntary. Decisions to adopt recommendations from this CG must be made by the clinician in light of available resources and the individual circumstances of the patient. Medicine is a dynamic science; as research and clinical experience enhance and inform the practice of medicine, changes in treatment protocols and drug therapies are required. The authors have checked with sources believed to be reliable in their effort to provide information that is complete and generally in accord with standards accepted at the time of publication. However, because of the possibility of human error and changes in medical science, neither the authors nor Children's Hospital and Health System, Inc., nor any other party involved in the preparation of this work warrant that the information contained in this work is in every respect accurate or complete, and they are not responsible for any errors in, omissions from, or results obtained from the use of this information.