



INFANTILE GIANT MOLLUSCUM CONTAGIOSUM: THE IMPORTANCE OF EARLY INTERVENTION

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ABSTRACT

We present a giant molluscum contagiosum case of 2-year-old girl with a history of atopic dermatitis. She was recommended to watchful waiting; however, the lesions extended and she came to our clinic. After the therapy, many dome shaped papular aftereffect with thin atrophic epidermis remained. We emphasize that early active intervention is desirable especially in the case of atopic dermatitis who develops rapid growth and giant lesions.

INTRODUCTION

Molluscum contagiosum (MC) is a common viral infection mainly affecting children and is consisting of flesh-colored, dome-shaped papules. Lesions are usually 2-5 mm in diameter and giant MC lesions are rarely seen in healthy individuals.

CASE REPORT

A 2-year-old girl with atopic dermatitis (AD) and asthma had developed asymptomatic pink papules on her shoulder these 7 months. Her treatment for AD included oral antihistamines and topical corticosteroid. The lesion increased in size and number within two months. She consulted a pediatrician, and was diagnosed having MC. She was recommended to watchful waiting; however, the lesions extended and she came to our clinic. She had many pink and raised nodules with central umbilication around her shoulder. The size of the each papule was from 8-15 mm (Fig. 1A) with many smaller lesions also on her buttock. After topical anesthesia with lidocaine patch (penless®) for 1 hour, the white cores of the lesions were removed by curettage. Histopathology revealed a bulk of eosinophilic cytoplasmic inclusion bodies surrounded by

lobulated transformed keratinocytes (Fig. 2), which confirmed the diagnosis of MC. After the therapy, she was treated with a topical moisturizer for AD dry skin without relapse of MC. However, many dome shaped papular aftereffect with thin atrophic epidermis remained (Fig. 1B).

DISCUSSION AND CONCLUSION

MC is a common virus induced tumor, and develops even in healthy individuals. MC forms the characteristic manifestations: small, firm, skin-colored and umbilicated papules. In immune compromised individuals may develop atypical, large, and uncommon manifestations. MC virus can be transmitted by direct skin-to-skin contact, autoinoculation or via fomites. In healthy individuals, the lesions may be self-limiting and usually spontaneously resolve within 6-9 months without scarring. MC escapes from interferon-mediated self-defense immune systems of the host secreting virus IL-18 binding proteins and other immunosuppressive mechanisms [1]. Therefore, exposure of the MC protein to the host immune systems in their early stage is required for earlier extermination of MC without scar formation. In addition,



Fig 1. A 2-year-old girl developed a pink, normal-colored, and raised nodule of 8-15 mm in diameter with central umbilidation around the shoulder (A). Even after treatment, skin extension and scar remained (B).

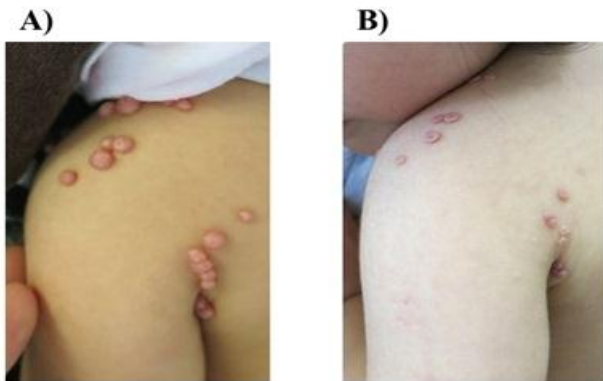
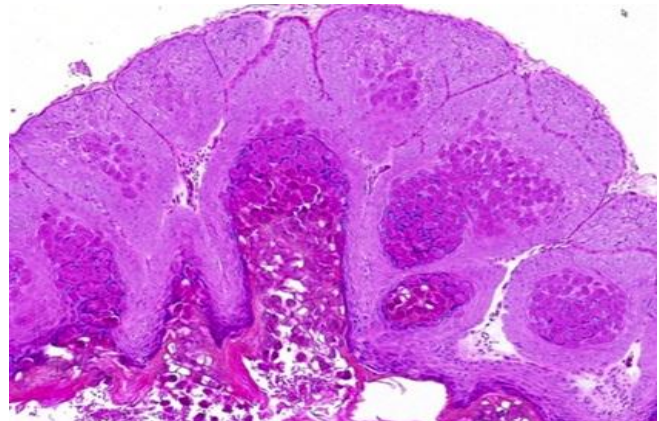


Fig 2. Characteristic eosinophilic cytoplasmic inclusion bodies (Molluscum bodies) (HE, x100).



AD has been estimated as a risk factor for MC [2] and concurrent AD leads to higher numbers of MC lesions [3]. People with deteriorated immune system and impaired skin barrier function in AD can develop severe and long lasting infections. The treatment of MC is still a matter of debate because of its self-limiting nature and the paucity of strong evidence for the efficient treatment for MC. Most MC lesions resolve without scars. However, scarring may occur in the case of the inflamed, traumatized, or secondary infected lesions including a case with AD. Risk of scar increases with increased number of the lesions [4]. The widespread numerous disfiguring scars were reported in MC with severe AD [5]. Removal of the long lasting large MCs left multiple bizarre scars in the present case.

Interestingly, no relapse of MC was found after successful AD control with emollients. Skin care with emollients might prevent spreading of MC by decreasing the minor fissures of the skin. Thus we considered that early active intervention of MC is desirable especially in the case with AD.

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None

CONFLICT OF INTEREST

The authors declare that they have no conflicts of interest.

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