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Molluscum Contagiosum An Increasing Trend

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Abstract:
Molluscum Contagiosum is a cutaneous disease which was of little significance. However with the emerging use of Immunosuprressant drugs and emerging trends of diseases with immunosupression there has been a relatively increase in number of cases of molluscum contagiosum cases. The sporadiac and severe cases are on the rising trend.

Key Words: Mollusum, Imunosuprressant, HIV, Lymphoma,

Introduction:

Mollusum contagiosum is a viral infection of benign nature. The lesion can be present in normal indivuals as well as associated with severe immunocompromised diseases. It can also be confused with other dermatological Entities.

Text:

This common infection of the skin is associated with the pox virus group Molluscum contagiosum is caused by the poxvirus . The Term Mollusum was coined by Bateman[1] as early as nineteenth century. These bodies were later named as Henderson Paterson Bodies. [2] It is a large double-stranded DNA virus that replicates in the cytoplasm of host epithelial cells. The typical sites are mucocutaneous. There are three types that cannot be differentiated on the basis of clinical appearance, location of lesions, or patient age or sex. Type 1 virus causes most infections. The disease is contagious and can be acquired by direct contact with an infected person or from fomites and is spread by autoinoculation. Children , Infants and immunosuppressed are affected most commonly. The incubation period is estimated to be 2 weeks k or longer. Molluscum contagiosum usually presents as umbilicated, dome-shaped papules . The characteristic feature is central umbilication usually is associated with a pulpy core.

The clinical spectrum is in the form of well defined, discrete, typical pearly, skin-colored, dome-shaped, smooth papules vary in size from

0.5 –7mm. Typically, they have a central umbilication from which a plug of cheesy material can be expressed. The Characteristic lesions in the firm of papules may occur anywhere on the body, but the face, eyelids, neck, axilla, and thighs are sites of predilection. Clinical Spectrum depends on the location of lesion . genital, opthamic or diffuse lesioins can be seen. They may be found in clusters on the genitalia or in the groin of adolescents and may be associated with other venereal diseases in sexually active individuals. Ophthalmic Lesions on the eyelid margin can produce unilateral conjunctivitis; rarely, lesions may appear on the conjunctiva or cornea. Dermatological Manifestations in the form of erythema or an eczematous dermatitis may accompany the papules. Lesions on patients with acquired immunodeficiency syndrome (AIDS) tend to be large and numerous, particularly on the face; exuberant lesions may also be found in children with leukemia and other immunodeficiencies states like Lymphomas, HIV Positive Individuals and patients' on Immunosuppressant's. [3,4,5.]

A recent surge of cases in Dermatological clinics has been noted . Most of the severe cases are associated with severe degrees of immunosupressants especially in patients undergoing transplant surgeries .HIV Positivity is associated with higher risk as iare Lymphomas and other Sexually transmitted diseases.

These lesions need to be differentiated from other lesions like trichoepithelioma, basal cell carcinoma, ectopic sebaceous glands, syringoma, hidrocystoma, keratoacanthoma, and warty dyskeratoma. In individuals with AIDS, cryptococcosis may be indistinguishable clinically from molluscum contagiosum.

Pathology :

On Histopathological Examination , The epidermis is characteristically hyperplastic and hypertrophied, extending into the underlying dermis and projecting above the skin surface. The molluscum papule consists of a lobulated adhesive mass of virus-infected epidermal cells. Virus infectivity can vary. Central cellular debris and mitotic figures may be seen. Eosinophilic viral inclusion bodies (Henderson-Patterson or molluscum bodies) become more prominent as the cells move upward from the basal layer to the stratum corneum. Mitotic figures, Cellular disarray may be noted. The central plug of material, which is composed of virus-laden cells, may be shelled out from a lesion and examined under the microscope with 10% potassium hydroxide or Wright or Giemsa stain. The rounded, cup-shaped mass of homogeneous cells, often with identifiable lobules, is diagnostic. [6,7, 8]

Specific antibody against molluscum contagiosum virus is detectable in most infected individuals but is of uncertain immunologic significance.

Differential diagnoses include Moluscum contagiosum, condyloma accuminatum, and vulvar intraepithelial neoplasia.

Treatment requires elimination of the lesions, usually by application of silver nitrate after gentle curettage, Pottasium hydroxide, cidofovir, imiquimod ; other methods of therapy include cryosurgery or electrocautery. [8,9,10]

Conclusion:

Although these lesions are rare and benign usually but their emergence and rising trends in association with imuunosuppresant conditions and chemotherapy , they can be severe along with contagious nature, their effective diagnosis and treatment in early stage is of utmost importance.

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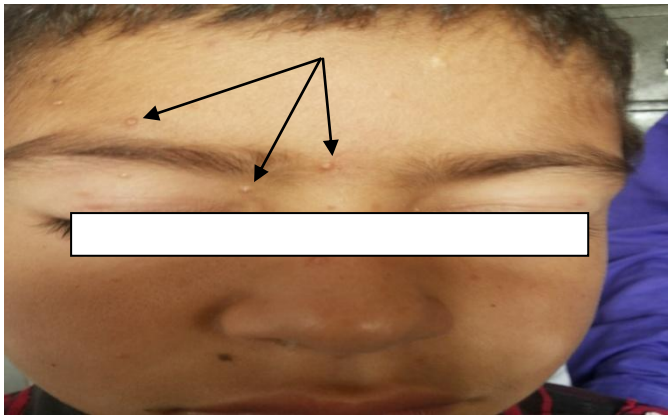

Fig 1: Moluscum Lesions in a child

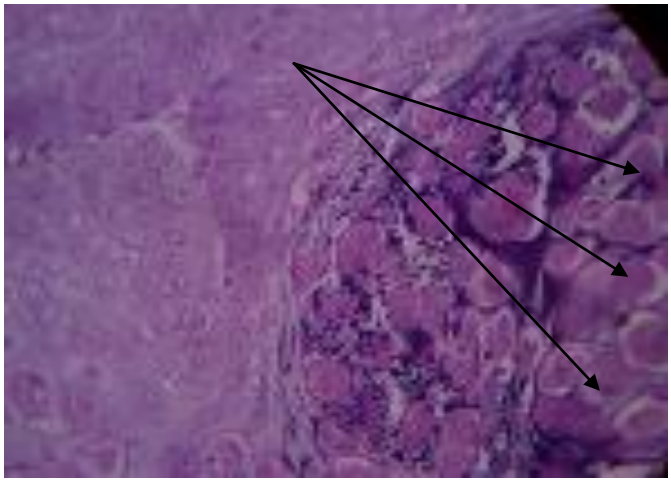

Fig 2 : Moluscum Bodies in High Magnification

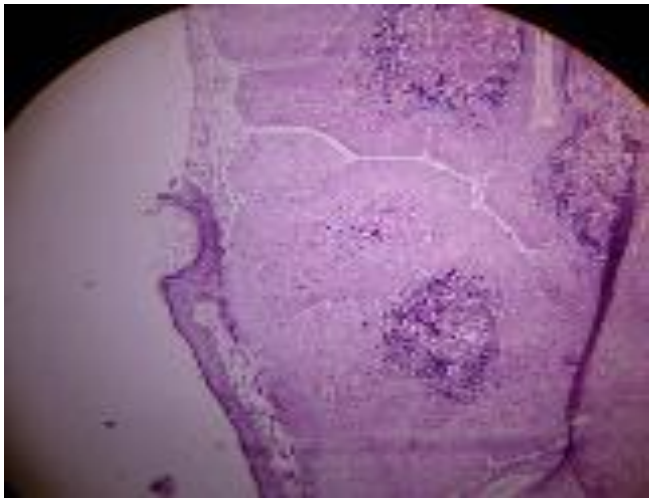

Fig 3 : Moluscum Bodies in Low Magnification