


What is Molluscum Contagiosum?

Pediatricians sometimes tell parents that molluscum are “childhood warts”, and that is not a bad way to describe them. Like warts they are caused by a virus (but a different virus). Like warts they are contagious and they are transmitted through direct contact. The lesions also look a little bit like warts, but warts are rough, while molluscum are smooth dome-shaped little bumps, often with a dent in the center.



Why didn't I catch it?

Molluscum contagiosum is extremely contagious (hence the name) and can spread like wild-fire to other young children or to other parts of a child's body. But it is mainly a disease of children under the age of 10. Parents and older siblings (and dermatologists) who have close contact with the infected child almost never seem to “catch” the molluscum. The more mature immune system of an adult prevents this.



“Beetlejuice” (aka Cantharone)

This treatment is our favorite because it is effective and it does not hurt. The real name of the medicine is Cantharone and it is derived from the blister beetle. We use a Q-tip to painlessly apply the medicine in the office to several molluscum. By the next day, a small blister will form wherever we put the medicine. Cantharone can only be administered in the office. And it is not necessary to treat every lesion.

Attention “first timers”:

Some children react more than others to cantherone (we want a little painless blisters, and NOT several large painful blisters). . . therefore we limit the first treatment to 4 or 5 lesions AND we ask that you wash it off in 2 to 3 hours (simply bathe your child and use soap and water) If a painful blister occurs - you can use a clean needle to gently prick and deflate it (but do not pull it off) OR come in and we will do it for you, and of you have any questions or concerns please do not hesitate to call us

How many treatments needed?

This is a bit unpredictable because we are at the mercy of the child's immune system. We irritate a few molluscum each time we treat in order to recruit the child's immune system to recognize and clear the virus. Some children clear quickly, others require several treatments (i.e. several months). We typically re-treat every 2 to 4 weeks.

See www.minarsdermatology.com for more information