

Molluscum Contagiosum of the Newborn : An Unusual Presentation

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Molluscum contagiosum is a common, benign, viral disease of the skin and mucous membrane that generally affects children. This disease is characterized by a 2 to 7 week incubation period; the involvement of the face, trunk, and extremities; spontaneous resolution within 2 to 4 months; and common autoinoculation. Individuals are susceptible from the age of one.

Herein, we report a case of molluscum contagiosum with an unusual manifestation. The skin lesions, which occurred at ten days postpartum, showed two adjacent hard papules on the posterior scalp. They remained for 8 months in the same size and number.

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Key Words : Molluscum contagiosum, Ten days postpartum, Scalp

Molluscum contagiosum is a poxvirus infection of the skin characterized by discrete, 2~5 mm, flesh-colored, slightly umbilicated, dome-shaped papules with frequent grouping. The incubation period of molluscum contagiosum is 2 to 7 weeks and the susceptible age is usually more 1 year and above. It usually resolves spontaneously, but new lesions appear by autoinoculation. The most common involved areas are the face, trunk, axilla and extremities in children. In adults the pubic and genital areas are commonly involved.

In the present case, two small papules developed on the scalp of a newborn baby within 10 days of birth, and there was no spontaneous resolution or autoinoculation during the 8 months that followed. To our knowledge, this is a rare case showing unusual manifestation of molluscum contagiosum.

CASE REPORT

A nine-month-old infant was brought to our out-patient clinic with small papules on his posterior scalp. These were noted within 10 days of birth by his mother. The lesions did not increase in size and remained small for 8 months.

A physical examination revealed two adjacent, raised, skin-colored, centrally umbilicated, hard papules on the posterior scalp (Fig. 1). One measured 5 × 5 mm, the other 2 × 2 mm in diameter. No other specific skin lesions were found. The pregnancy and delivery were normal; the placenta was normal. No lesions of molluscum contagiosum were apparent on the neonate at birth. The infant had no history of atopic dermatitis and immune disorders. There was no family history of infectious disease, and no lesions of molluscum contagiosum were noted on the parents. The infant had been in good health and had grown at a normal rate.

Laboratory studies including a complete blood cell count, a blood chemistry study, urine analysis, a chest X-ray and EKG were within normal limits or negative. On examination of the child's immune status, immunoglobulin G, A, and M levels and cell-mediated immunity were within normal limits.

An excisional biopsy specimen showed a small subcutaneous cyst containing white keratinous material and intracytoplasmic inclusion bodies, so

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Fig. 1. Adjacent two, raised, skin-colored, hard central umbilicated papules of the posterior scalp. One is measured in 5×5 mm, the other is in 2×2 mm (arrows).

called molluscum bodies (Fig. 2).

Based on the characteristic and histological findings, the diagnosis of molluscum contagiosum was made.

After excision, no relapse has happened to-date, a year later.

DISCUSSION

Molluscum contagiosum is a cutaneous skin neoplasm, caused by a DNA virus from the poxvirus family¹. Although worldwide in its distribution, molluscum contagiosum has been most frequently encountered as an easily treated disease of childhood and has rarely been a cause of serious morbidity¹.

The peak age incidence for molluscum contagiosum varies; in Fiji it is 2-3 years; in Scotland it is 10-12 years²; in Congo it is between 1 and 4 years³; and in Japan the greatest incidence is in 1-year olds⁴. However, this disease is rare under the age of 1 year, perhaps due to maternally transmitted immunity and a long incubation period². In the case reported here, the skin lesions were noted within 10 days of birth by the child's mother. The worldwide accepted incubation periods are 2 to 7 weeks⁵. There was a report of a newborn having lesions as early as 7 days postpartum⁴. In the case reported here, molluscum contagiosum was noted within 10 days postpartum and the above reports throw doubt on the incubation period of 2 to 7 weeks.

Lesions in children commonly occur on the

Fig. 2. An excisional biopsy specimen showed a small subcutaneous cyst-like structure containing white keratinous material and intracytoplasmic inclusion bodies, so called molluscum bodies (H&E stain, $\times 20$). Inset: high power view of the marked square. The numerous molluscum bodies showed (H&E stain, $\times 100$).

face, trunk, or extremities; in adults, genital lesions may be transmitted sexually³. However, lesions may be rarely found on the palms, soles, and scalp⁶. In the case reported here, two adjacent, raised, skin-colored, hard central umbilicated papules had developed on the posterior scalp.

Molluscum contagiosum mainly affects children, sexually active adults⁷, and immunocompromised individuals⁸. In patients with atopic dermatitis, they show wide-spread distribution, or atypical presentation of molluscum contagiosum, for example, follicular molluscum contagiosum¹³ due to impaired cell-mediated immunity and functional abnormality of T-cells¹. In an immunocompetent state, an individual lesion may usually last 2 to 4 months, and the development of new lesions by autoinoculation is common. Most cases resolve spontaneously in 6 to 9 months⁵. In the case reported here, the skin lesions showed no spontaneous resolution and autoinoculation during 8 months, in spite of a lack of history of atopic dermatitis and other immune disorders.

The diagnosis of molluscum contagiosum can be easily made by histopathological examination. A typical microscopic finding is a closely packed lobulated epidermis containing intracytoplasmic inclusion bodies (the molluscum bodies) growing into the dermis¹⁴.

The differential diagnosis may be broad due to the unusual clinical picture with which mollus-

cum contagiosum sometimes presents¹. In a study of 42 cases of molluscum contagiosum diagnosed by skin biopsy, only 8 were correctly suspected by clinical examination¹⁵. The unusual clinical picture resembles that of other diseases including: basal cell carcinoma, histiocytoma, keratoacanthoma, intradermal nevus, Darier's disease, nevoxanthoendothelioma, syringoma, sebaceous adenoma¹. The molluscum contagiosum must be clinically differentiated from warts, varicella, pyoderma, papilloma, epitheliomas, and lichen planus³.

Curettage is the treatment of choice. Applications of cantharidin, liquid nitrogen, trichloroacetic acid, or topical retinoids are alternatives¹⁶.

We report this case as an unusual manifestation in aspect of occurrence after 10 days of birth with an incubation period of about 10 days. The site was the scalp, and there was no spontaneous resolution and autoinoculation during 8 months and no history of atopic dermatitis and other immune disorders.

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