

A Giant Solitary Molluscum Contagiosum, Resembling Nodular Basal Cell Carcinoma, in a Renal Transplant Recipient

Sir,

Molluscum contagiosum (MC) is a poxvirus infection characterized by single or more often multiple, rounded, dome-shaped, pink, waxy papules. These centrally umbilicated lesions, 2–5 mm in diameter, are usually localized on the face, arms, legs and anogenital regions. The diagnosis is easily established in most instances (1).

In HIV-infected patients and immunocompromised individuals, MC is a frequent problem (2). In this article, we present a case of giant solitary MC resembling nodular basal cell carcinoma in a renal transplant recipient.

CASE REPORT

A 24-year-old male renal transplant patient presented with a 2-month history of a tumoral lesion on his face. At the time of clinical

examination, he had been using immunosuppressive drugs (cyclosporine: 100 mg/day, azathioprine: 100 mg/day and prednisolone: 7.5 mg/day) orally for 10 months.

Dermatologic examination revealed increased skin fragility, striae distensae, acneiform eruptions, hypertrichosis, facies lunaris, and a telangiectatic, centrally umbilicated nodule, 8 × 10 mm in size, below the right lower eyelid (Fig. 1). An excisional biopsy specimen of this lesion showed an acanthotic epidermis with an intense epidermal proliferation, with giant craters full of numerous intracytoplasmic inclusion bodies, typical of MC.

DISCUSSION

Disseminated lesions of MC have been observed in immunocompromised hosts, especially in those infected with HIV. Most of these patients appear to have a deficiency in either the function or absolute numbers of T lymphocytes (2, 3).

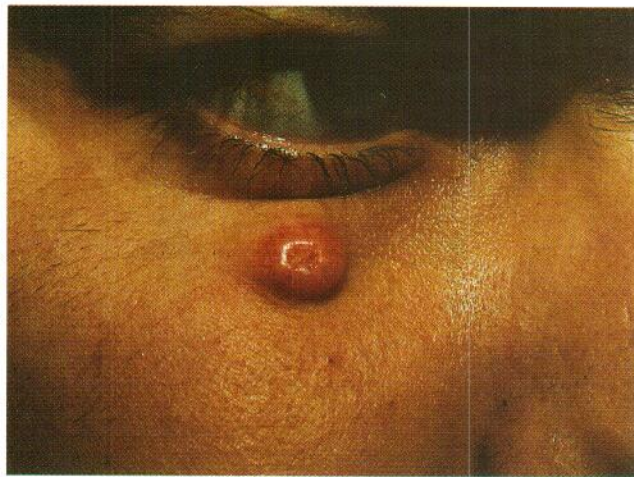


Fig. 1. A telangiectatic, umbilicated nodule.

The presentation of MC in immunocompromised individuals may be atypical and may mimic other cutaneous diseases, including basal cell carcinoma, keratoacanthoma, cutaneous horn, cutaneous cryptococcosis and histoplasmosis (2). Unusual giant lesions have also been described in immunocompromised patients (4, 5).

In 1988, D. P. Fivenson et al. reported a case of a single giant MC lesion, which presented clinically as a basal cell carcinoma in a patient with AIDS (6). MC has been noted in renal transplant recipients (7). But to our knowledge, no giant

solitary MC resembling basal cell carcinoma has been documented in a patient under the conditions of iatrogenic immunosuppression.

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