

Atypical molluscum contagiosum – A diagnostic problem

Sir,

Classical molluscum contagiosum has a well-characterised clinical appearance of smooth-surfaced, pale pink papules with central umbilication. We here describe 2 patients with molluscum contagiosum which lacked central umbilication and confirm that this atypical pattern is more common in immunodeficiency states.

CASE REPORTS

Case 1

A 65-year-old man from Iraq presented with a 3-month history of cosmetically troublesome but otherwise asymptomatic lumps on his face. Two years earlier he had begun immunosuppression with prednisolone, azathioprine and cyclosporine for a renal allograft. On examination he had multiple, monomorphic skin-coloured papules limited to the facial area, each approximately 4 mm in diameter (Fig. 1). None of the lesions showed umbilication, even on examination with a magnifying lens. The patient was examined by numerous dermatologists at a clinical case conference but a definitive diagnosis was not reached. An excision biopsy of one of the papules was therefore performed and revealed focal squamous proliferation with the characteristic eosinophilic inclusion bodies of molluscum contagiosum, extruding from keratinocytes to a level flush with the epidermis. The patient has declined treatment and the lesions resolved spontaneously within 12 months. More recently several new lesions have developed.

Case 2

A 56-year-old woman attended this department for 15 years for treatment of severe atopic dermatitis. She developed a sudden onset of pale, flat-topped, round papules, initially on her face (Fig. 2) but

subsequently spreading to involve her trunk and groin. None of the lesions showed central umbilication. At the time she was using a combination of mometasone furoate 0.1% (Elocen) and clobetasone butyrate 0.05% (Eumovate) to control the atopic dermatitis and she occasionally required short courses of prednisolone for severe exacerbations. The patient was examined at a clinical case conference at the St John's Institute of Dermatology, but no definitive diagnosis was reached.

Material forcibly expressed from one of the lesions revealed molluscum bodies on haematoxylin and eosin staining. Peripheral white cell count and CD4/CD8 ratio were within normal limits. The facial lesions have partially responded to ongoing cryotherapy but new lesions continue to appear 19 months after initial presentation.

DISCUSSION

Molluscum contagiosum is a virally-induced benign tumour, which has in the past been most commonly associated with childhood. Classical eruptions are characterised by the presence of smooth-surfaced, white to pale pink papules with central umbilication. Typically the distribution involves the face, trunk, limbs, or genital areas – the latter being present more commonly in adults than in children. In addition, lesions have been described in sites which are not hair-bearing such as the oral cavity and on the palms and soles (1). Untreated the lesions usually resolve within several months but may persist for much longer and up to several years in some cases.

Atypical presentations in the context of severe immunodeficiency states are now well described (2), and indeed molluscum contagiosum may be a clinical correlate of cellular immune dysfunction, with an inverse correlation between CD4 count and the number of molluscum lesions in patients with

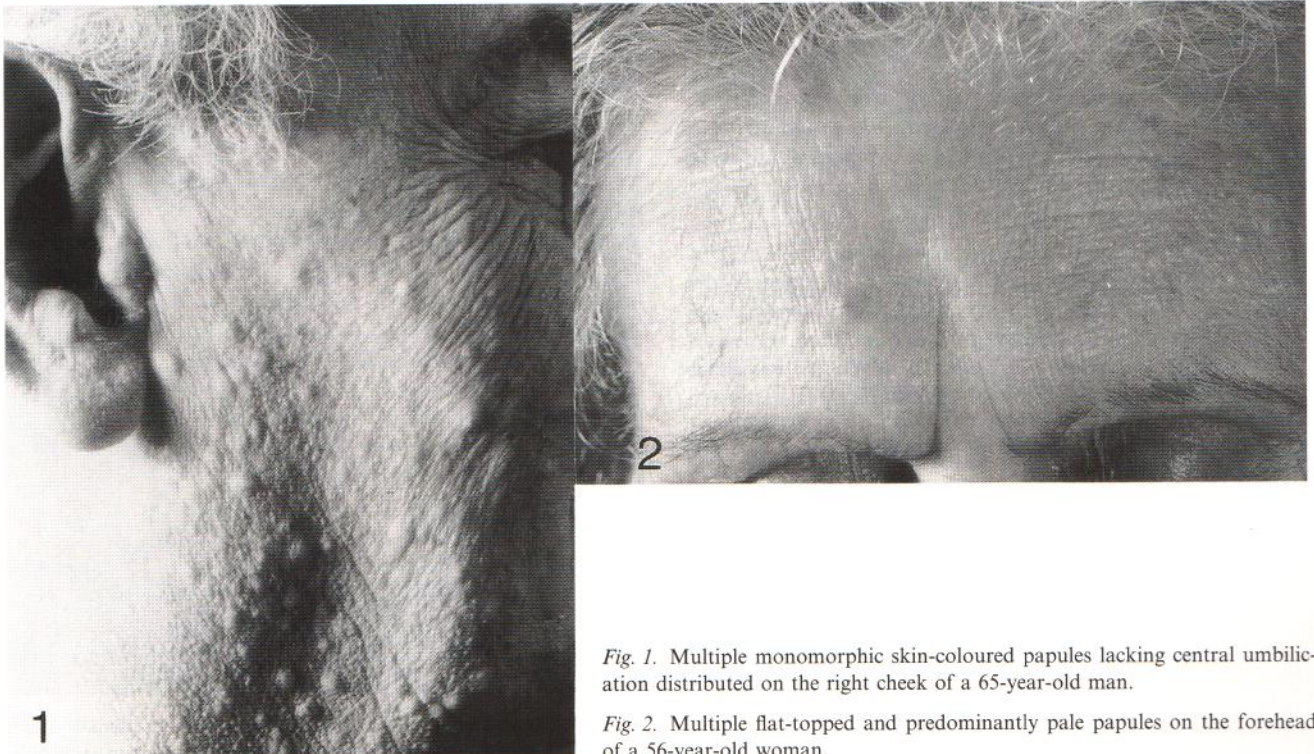


Fig. 1. Multiple monomorphic skin-coloured papules lacking central umbilication distributed on the right cheek of a 65-year-old man.

Fig. 2. Multiple flat-topped and predominantly pale papules on the forehead of a 56-year-old woman.

human immunodeficiency virus infection (3). Unusual appearances are also recognised in immunocompetent or only mildly immunocompromised patients. In 1985 Ive (4) reported 4 individuals with pale papular lesions lacking central umbilication, which were found histologically to be intradermal nodules containing typical molluscum bodies surrounded by follicular epithelium but lacking normal direct communication to the skin surface. Two of the patients had atopic dermatitis and 2 were otherwise well. He coined the term follicular molluscum contagiosum to describe this clinicopathological entity.

We have here described 2 patients, one with severe atopic dermatitis and one renal transplant recipient, with molluscum contagiosum presenting as pale flat-topped papules lacking central umbilication. It is interesting that case 2, who had what may be considered to be a milder form of immunosuppression, had the more recalcitrant lesions. The lack of umbilication observed clinically in case 1 did not correlate with absence of external communication on histological analysis of the biopsied papule but was nevertheless a cause for failure of diagnosis by groups of senior dermatologists. Molluscum

contagiosum should form part of the differential diagnosis in atypical papular lesions, particularly in immunodeficient patients.

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