

Warts and Molluscum

FAST FACTS

up to 20%

of pediatric patients develop warts

over 75%

of warts clear spontaneously within two years

100%

of molluscum clear spontaneously in healthy children, and typically in immunocompromised children as well

MANAGEMENT/TREATMENT

Consider referral to the Division of Dermatology for:

- Any HPE red flag
- Symptomatic or function-limiting warts that are refractory to multiple treatment modalities or cannot practically be treated with topical salicylic acid and/or cryotherapy
- Patients with warts or molluscum who have coexisting moderate to severe dermatitis

For more information or to discuss a case, contact the Division of Dermatology at 513-636-4215 or dermatology@cchmc.org

Warts and molluscum are cutaneous viral infections that are common in childhood and usually resolve without intervention or sequelae. However, treatment may expedite the rate of resolution.

ASSESSMENT

Perform a standard health history and physical exam (HPE) with specific questions regarding lesion location and duration, treatments attempted and effect on daily life. Ask whether the patient is immunocompromised, as this decreases the likelihood of spontaneous clearance without intervention.

Examination of warts will reveal a hyperkeratotic papule with thrombosed capillaries, which can appear as black dots in the lesion. Molluscum typically appear as multiple dome-shaped papules that are shiny and skin-colored or pink, usually with central umbilication.

HISTORY AND PHYSICAL EXAM RED FLAGS

- Diffuse or extensive involvement, including “giant” molluscum
- Known or suspected immunocompromised status
- Symptomatic or function-limiting lesions
- Warts or molluscum in genital region in children >4 years old and/or safety concerns for potential child abuse

MANAGEMENT/TREATMENT

Primary care providers can manage warts and molluscum in most patients. Treatment typically is not necessary when lesions are asymptomatic and non-distressing. Conservative treatment options appropriate to the PCP setting are listed below.

Treatment of Warts

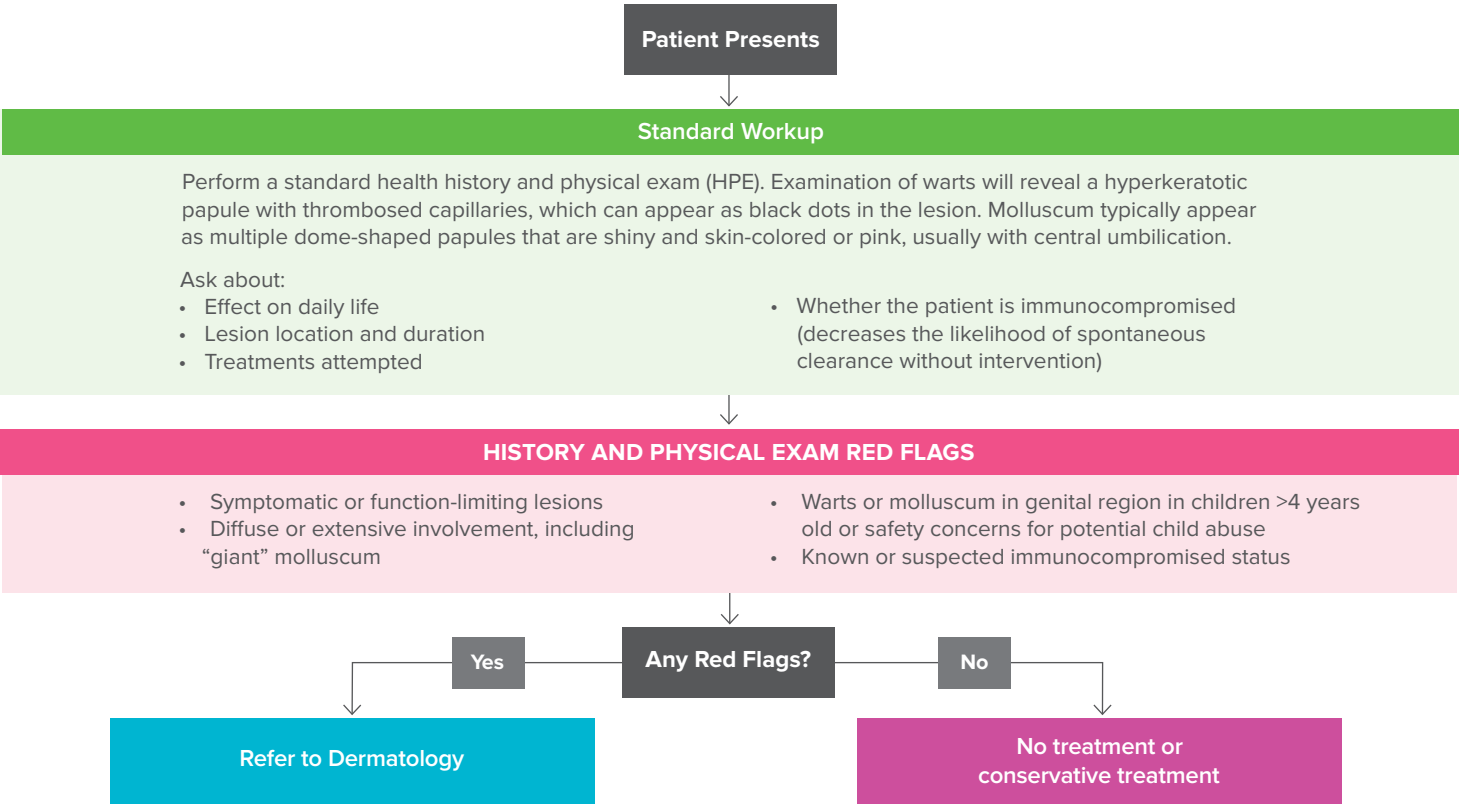
- Active non-intervention
- Educate patient/family, encouraging them to:
 - Prevent spread by keeping skin well moisturized.
 - Avoid scratching/manipulating lesions.
 - Practice good hand hygiene.
 - Avoid sharing towels with other family members.
- May recommend over-the-counter (OTC) 40% salicylic acid preparation, ideally under occlusion overnight with duct tape or bandage, depending on location.
- May provide cryotherapy with liquid nitrogen.

Treatment of Molluscum

- No active intervention. In healthy patients, lesions are expected to resolve within four years, but typically within 18 months.
- May recommend ZymaDerm as a safe, daily OTC treatment.
- May recommend emollient if redness or itching occurs. Development of “molluscum dermatitis” is a sign of immune response against the virus and impending resolution. If significantly bothersome, treat with OTC hydrocortisone 1% cream.
- May recommend OTC adapalene 0.1% gel, ideally under occlusion overnight with duct tape or bandage.
- With numerous widespread lesions, 4–6 week course of cimetidine can be considered.

If you would like additional copies of this tool, or would like more information, please contact the Physician Outreach and Engagement team at Cincinnati Children's.

Warts and Molluscum



Treating Warts and Molluscum in the PCP Setting	
Warts	Molluscum
• Consider active non-intervention • Educate patient/family, encouraging them to: • Prevent spread by keeping skin well moisturized • Avoiding scratching/manipulating lesions • Practice good hand hygiene • Avoid sharing towels with other family members • Reassure family of benign and often self-resolving nature of warts • May recommend OTC 40% salicylic acid daily under duct tape or bandage occlusion overnight • May offer cryotherapy with liquid nitrogen	• Consider no treatment • Reassure family of benign and self-resolving nature of molluscum • May recommend OTC ZymaDerm daily • May recommend emollient or hydrocortisone 1% cream if redness or itching occurs • May recommend adapalene 0.1% gel daily under duct tape or bandage occlusion overnight • Consider short term cimetidine in widespread bothersome lesions

Consider referral to the Division of Dermatology for:

- Any HPE red flag
- Symptomatic or function-limiting warts that are refractory to multiple treatment modalities or cannot practically be treated with topical salicylic acid and/or cryotherapy
- Patients with warts or molluscum who have coexisting moderate to severe dermatitis