

Giant hyperplastic molluscum contagiosum

M. Wiederkehr and R. A. Schwartz

SUMMARY

Molluscum contagiosum (MC) is a common viral infection of the skin in healthy children. Unfortunately, it may be seen in exuberant form in children and adults with leukemia or other types of immunodeficiency, including the acquired immunodeficiency syndrome. It usually appears as a solitary or small group of papules which are characteristically flesh colored, slightly translucent and umbilicated. We report a case of a 40-year-old AIDS patient with multiple keratotic, papillomatous projections on his anterior neck, some resembling cutaneous horns. A skin biopsy specimen revealed the presence of numerous molluscum bodies.

Introduction

Molluscum contagiosum (MC) is a common viral infection of the skin and mucous membranes of healthy children (1,2). Unfortunately, it may be seen in exuberant form in children and adults with leukemia or other types of immunodeficiency, including the acquired immunodeficiency syndrome (2-4). It usually appears as a solitary or small group of papules which are characteristically flesh colored, slightly translucent and umbilicated (1,4-6). Our patient was remarkable in that he had MC, some in the form of multiple hyperplastic cutaneous horns.

Report of a case

A 40 year-old Black man was seen for multiple growths of the face and neck of one year's duration. The patient had a history of AIDS with a CD4 count of 22. He was not on antiretroviral therapy. One year prior to our examination, he had developed "growths" on his face and neck. They were non-painful, non-pruritic, and slowly but continuously growing. Occasionally, one would rupture and extrude a white, foul-smelling substance. A dermatologist previously excised several of these lesions. Three months earlier, he had developed a red, scaly rash around his nose extending to his

KEY WORDS

molluscum contagiosum, AIDS, cutaneous horn

cheeks, eyebrows, and forehead.

On physical exam, the patient appeared cachectic, but in otherwise no distress. Multiple keratotic papillomatous projections were present on the patient's mandible and anterolateral neck. Several smaller dome shaped umbilicated papules were also present, primarily on the forehead. Additionally, the patient had scaly erythematous patches on his nasolabial folds extending to his cheeks, glabellar and forehead region, as well as scales in his scalp and eyebrows. The rest of the skin exam was normal except for a few scattered dome shaped papules on upper chest. Shave excision of one of the keratotic lesions on his anterior neck was performed. Skin biopsy specimen revealed numerous molluscum bodies in the dermis. A diagnosis of molluscum contagiosum was confirmed; the patient began treatment with liquid nitrogen.

Discussion

Molluscum contagiosum usually appears as tiny 1-2 mm papules which are smooth, dome shaped and pearly white or skin colored. They tend to develop central umbilication as they enlarge, reaching a diameter of 1.5 centimeter or more in some patients. They are often 3 to 5 mm in diameter when first noted by the patient, with smaller ones sometimes also evident. There may be hundreds of nodules, especially if the patient is immunocompromised. An associated erythema sometimes surrounds molluscum contagiosum (7). Atypical MC may arise from follicular involvement (8), manipulation of which may produce secondary abscess formation (9). On the eyelid, MC may produce unilateral refractory conjunctivitis, and may be evident as a conjunctival or even corneal nodule (10).

MC is a cutaneous infection by the molluscum contagiosum virus, a pox virus of double stranded DNA 200-300 nm in diameter (2). One of the largest viruses in size, its incidence is worldwide, attacking humans, other primates and the kangaroo. The virus has not been grown in tissue culture or eggs. It has two distinct viral types based on DNA analysis, labeled MCV-1 and MCV-2 (2,11). There is no predominance of either type in genital infection, nor is there a morphological difference clinically between the two types. MCV-2 was not seen in patients under 15 years of age in one study of 90 patients (11).

MC is transmitted by fomites, close physical contact and by autoinoculation. It is worldwide in distribution, and is most prevalent in children of school age (12). It has been associated with close contact sports, especially



Figure 1. 40-year-old AIDS patient with giant hyperplastic molluscum contagiosum on anterior neck.

wrestling (12). It is also a sexually transmitted disease (13,14).

Molluscum contagiosum may resemble a number of other disorders. Its pearly quality with central umbilication suggests a basal cell epithelioma or a trichoe-pithelioma (15). A giant MC may resemble a keratoacanthoma or a warty dyskeratoma. Benign appendageal tumors such as syringomas and hydrocystomas may require distinction at times, as may ectopic sebaceous glands (12,16). On the eyelids, MC may be mistaken for a chalazion, a lid abscess, or a granuloma (11). More importantly, in patients with AIDS, a deep fungal infection, especially cryptococcosis, may resemble MC (17). In our patient the cutaneous horn formation also suggested human papilloma virus infection.

The therapeutic approach to molluscum contagiosum in patients with AIDS is often challenging. Initiating highly active antiretroviral therapy (HAART) may indirectly help treat the condition. Cryosurgery is good modality in immunocompetent patients, however, it is often unsuccessful in AIDS patients. In addition, chemical destruction and other methods can also be used successfully such as retinoic acid, phenol, salicylic acid, lactic acid, imiquimod, cidofovir, and cantharidin (2,13,17-24). The humoral response to MC may be affected by the patient's immunological status (25), with or without therapy.

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A U T H O R S ' A D D R E S S E S *Michael Wiederkehr, MD, pathologist, Dept Pathology, New Jersey Medical School, Newark, New Jersey*
Robert A. Schwartz, MD, MPH, Professor & Head, Dermatology, New Jersey Medical School, 185 South Orange Avenue, Newark, New Jersey 07103-2714

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