



Texas Children's Hospital Dermatology Service PCP Referral Guidelines- Molluscum Contagiosum

Diagnosis: MOLLUSCUM CONTAGIOSUM

GENERAL INFORMATION:

- Even without treatment, molluscum will resolve in a few months to years, so treatment is not always necessary.
- Recommend avoiding sharing towels and bath water with others. Consider use of a band-aid to cover molluscum in swimming pools.
- It is common to develop a rash around the molluscum (molluscum dermatitis). You may consider a topical steroid to decrease pruritus and inflammation.
- It is common for molluscum to become inflamed, mimicking infection. This is often a good prognostic sign, as it usually signals that the immune system is mounting a response to the molluscum. You may consider a topical steroid to decrease pruritus and inflammation.

TREATMENT RECOMMENDATIONS:

- If family desires treatment, please start tretinoin 0.025% cream. Please apply sparingly with Q tip to avoid normal surrounding skin. Please allow a 3-6 month trial BEFORE referring to dermatology. Frequency of use depends on amount of irritation, patient experiences.
 - Eyelids: usually tolerated 3 times week.
 - Face: usually tolerated 3-5 times per week.
 - Body: usually tolerated 3-7 times per week.
- Other treatments based on expertise/availability of PCP: cantharidin, trichloroacetic acid (TCA), cryotherapy

REFERRAL GUIDELINES:

- Please follow Guidelines for at least 3-6 months prior to the initiation of referral.
- We do not treat molluscum contagiosum with laser.
- We do not routinely offer curettage ("surgical") removal.

Educational recommendations are made from the best evidence, expert opinions and consideration for the patients and families cared for by the service. This is NOT intended to impose standards of care preventing selective variation in practice that are necessary to meet the unique needs of individual patients. The physician must consider each patient's circumstance to make the ultimate judgment regarding best care.