

## GIANT MOLLUSCUM CONTAGIOSUM IN AN INFANT

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*Enormously sized lesions of molluscum contagiosum were seen in an infant who was HIV seronegative.*

*Key Words : Molluscum contagiosum, Giant Molluscum contagiosum*

### Introduction

Molluscum contagiosum is caused by a double stranded DNA virus of the family poxviridae. In children a typical head and neck distribution, with abundance of lesions is seen and is believed to spread through fomites or casual contact.<sup>1</sup> This is a case report of an atypical presentation of molluscum contagiosum.

### Case Report

A 3-month-old male baby was noticed to have swellings on the scalp, increasing in size, of 15 days duration. The mother was the informant. There were multiple pedunculated, hairless swellings, in the right parieto-temporal region. They were freely mobile with no discharge or ulceration. Clinically a diagnosis of squamous papilloma was made and a wide excision performed (Fig.1).

The histological examination of the tumours showed an acanthotic epidermis. Many epidermal cells contained large intracytoplasmic inclusion bodies (molluscum bodies). Histopathological study rendered the definite diagnosis which was missed clinically because of the age, site and size.

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A retrospective investigation for HIV in the infant, was requested and the result was negative.

### Discussion

Molluscum contagiosum a pox virus infection,

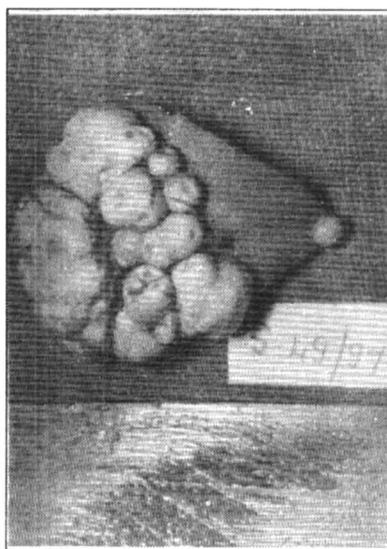


Fig 1. Multiple pedunculated hairless swellings in the excised specimen.

most commonly occurs in children and adolescents, and lesions are localised on the face, arms, legs and anogenital region. The mode of transmission may be by fomites or casual contact,<sup>1</sup> or by sexual route.

Atypical presentations are being increasingly reported in HIV infected patients, i.e., lesions are often upto 2cms in diameter or at greater frequencies. It may occur in patients with atopic eczema and congenital immunodeficiency.<sup>2</sup>

The reported lesions mimic comedones, abscesses, furuncles and giant nodular lesions. Biopsy is often necessary to distinguish between molluscum lesions and their cutaneous simulants.<sup>3</sup> Giant molluscum contagiosum presenting as basal cell carcinoma in an AIDS patient has also been reported.<sup>4</sup>

Giant molluscum contagiosum developing on the face of an AIDS patient has also been reported.<sup>5</sup>

Giant molluscum lesion in our patient was mistaken for a squamous papilloma. Histological diagnosis was followed by investigation for HIV status. The infant was HIV seronegative. Molluscum in AIDS is often a marker of late stage disease and may lead to disfiguring cutaneous lesions.<sup>6</sup> This report highlights the atypical presentation of molluscum contagiosum by its size, location and in an HIV seronegative infant.

## References

1. Postlewaithe R. Molluscum contagiosum : A review. *Arch Environ Health* 1970; 21 : 432-452.
2. Cotton DWK, Copper C, Barrett DF, et al. Severe atypical molluscum contagiosum infection in an immunocompromised host. *Br J Dermatol* 1987; 116:871-876.
3. Female YM. Molluscum contagiosum. *Cutis* 1984; 33: 113-115.
4. Fiveson DP, Weltman RE, Gibson SH. Giant molluscum contagiosum presenting as basal cell carcinoma in an acquired immunodeficiency syndrome patient. *J Am Acad Dermatol* 1988; 19: 912-914.
5. Singh RV, Singh S, Pandey SS. Numerous giant mollusca contagiosa and Kaposi's sarcomas with HIV disease. *Indian J Dermatol Venereol Leprol* 1996; 62 : 173-174.
6. Izu R, Manzano D, Gardeazabal J, et al. Giant molluscum contagiosum presenting as a tumor in HIV infected patient. *Int J Dermatol* 1994; 33: 266-267.