

A painful subungual lesion with a surprising diagnosis: Molluscum contagiosum

Sir,

A 33-year-old female dermatologist presented to us with complaints of a painful subungual mass of 2 weeks duration on the middle finger of her right hand. On examination, a brownish, oval, lesion resembling an 'oil spot' located at the distal part of the nail was observed. In the following 2 weeks, the lesion grew and reached a size of 4 mm across and simultaneously a 2 mm keratotic papule formed on the hyponychium [Figure 1]. The lesion was significantly tender. Dermoscopic examination revealed brown-black vertical lines resembling splinter hemorrhages on the oil drop-like discoloration. The patient had no similar lesions anywhere else on her body and no history of any significant trauma to her hand. The list of differential diagnoses considered included subungual keratoacanthoma, fibrokeratoma, foreign body tumor, and glomus tumor. The lesion was completely excised by a plastic surgeon; a complete nail plate avulsion was done because of suspicion of a tumor [Figure 2].

Histological examination revealed the presence of intracytoplasmic hyaline eosinophilic inclusion bodies (Henderson-Paterson bodies), confirming the diagnosis of molluscum contagiosum [Figure 3].

Morphologic variants of molluscum contagiosum are common and include giant lesions greater than 5 mm, eczematous lesions, and folliculo-centric lesions with secondary abscess formation. These atypical presentations can closely mimic other dermatologic conditions like lymphangioma, condyloma acuminatum and basal cell carcinoma.^[1] Other unusual variants include presentation as a cutaneous horn,^[2] on the lip,^[3] and giant lesions of the sole.^[4] Atypical molluscum contagiosum can be a diagnostic challenge, especially in human immunodeficiency virus type-1 (HIV-1) positive individuals.^[5]

To the best of our knowledge, subungual molluscum contagiosum has not been previously described.

Our patient is a dermatologist handling an outpatient clinic and may have acquired the infection from a



Figure 1: A brownish oval lesion resembling an 'oil spot' located at the distal part of the nail. A keratotic papule 2 mm in diameter on the hyponychium is observed



Figure 2: Complete nail plate avulsion was undertaken

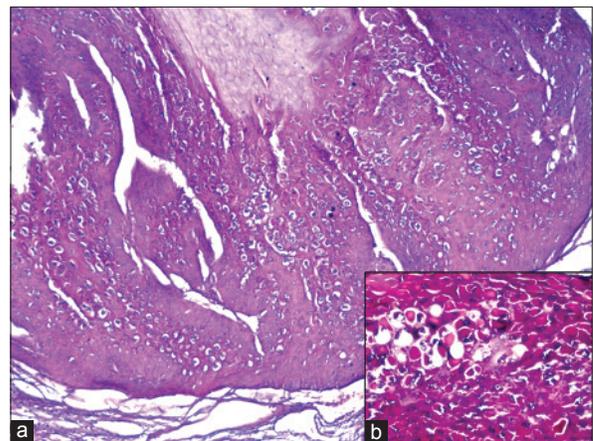


Figure 3: Intracytoplasmic hyaline eosinophilic inclusion bodies (Henderson-Paterson bodies; (H and E, x400)

How to cite this article: Basaran YK, Turan E, Keklik B, Tarini EZ. A painful subungual lesion with a surprising diagnosis: Molluscum contagiosum. *Indian J Dermatol Venereol Leprol* 2014;80:278.

Received: July, 2013. **Accepted:** February, 2014. **Source of Support:** Nil. **Conflict of Interest:** None declared.

patient. Molluscum contagiosum infection should be considered a rare possibility in the differential diagnosis of lesions of the nails.

***Yeliz Karakoca Bařaran, Enver Turan¹,
Barıř Keklik², Emine Zeynep Tarin³***

Dermatology Clinic, ²Plastic Surgery Clinic, ³Pathology Clinic,
Sanliurfa Training and Research Hospital, ⁴Faculty of Medicine,
Harran University, řanlıurfa, Turkey

Address for correspondence: Dr. Yeliz Karakoca Bařaran,
Sanliurfa Training and Research Hospital,
Dermatology Clinic, 63300, řanlıurf, Turkey.
E-mail: yelizkarakoca@hotmail.com

REFERENCES

1. Vanhooteghem O, Henrijean A, de la Brassinne M. Epidemiology, clinical picture and treatment of molluscum contagiosum: Literature review. Ann Dermatol Venereol 2008;135:326-32.
2. Sim JH, Lee ES. Molluscum contagiosum presenting as a cutaneous horn. Ann Dermatol 2011;23:262-3.
3. Matsuura E, Tsunemi Y, Kawashima M. Molluscum contagiosum on the lip. J Dermatol 2013;40:137.
4. Cohen PR, Tschén JA. Plantar molluscum contagiosum: A case report of molluscum contagiosum occurring on the sole of the foot and a review of the world literature. Cutis 2012;90:35-41.
5. Smith KJ, Yeager J, Skelton H. Molluscum contagiosum: Its clinical, histopathologic, and immunohistochemical spectrum. Int J Dermatol 1999;38:664-72.

Access this article online

Access this article online	
Quick Response Code:	Website: www.ijdvI.com
	DOI: 10.4103/0378-6323.132273
	PMID: 24823422