

A rare case of neonatal molluscum contagiosum

Um caso raro de molusco contagioso neonatal

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Keypoints

What is known

- Molluscum contagiosum is a common skin infection seen in children.
- In rare circumstances, it can be transmitted during labor from an infected mother.
- There are defined risk factors that increase the risk of transmission.

What is added

- Unlike school-aged children, molluscum contagiosum in neonates tends to affect the scalp.
- Dermoscopy plays an important role on the differential diagnosis of this infection in neonates.
- Off-label topical treatment with 5% potassium hydroxide is a possible treatment option in this group.

A previously healthy six-week-old female infant presented at a pediatric consultation with multiple round, non-coalescing papules (< 1 cm in diameter) with an umbilicated center, affecting the scalp (Fig. 1 and 2). The lesions first appeared in small numbers over the two preceding weeks. No other skin alterations were found.

The infant was delivered via vacuum-assisted vaginal delivery. During the pregnancy and labor, the mother had similar lesions in the perineal region (Fig. 3). These lesions were left untreated by the obstetric team due to the perceived low risk of transmission. The physical examination of the newborn at birth was unremarkable. No specific measures were taken during delivery to prevent skin-to-skin contact between the mother and newborn.

Dermoscopy of the lesions revealed polylobulated whitish-yellow amorphous structures with peripheral linear vessels surrounding a central depression, consistent with the diagnosis of neonatal molluscum contagiosum

(Fig. 4). The patient was referred to a pediatric surgery consultation and started on off-label topical treatment with a 5% potassium hydroxide solution, which resulted in progressive improvement (Fig. 5).

Molluscum contagiosum is common in school-age children. Its presentation during the first weeks of life is extremely rare, with fewer than 20 cases described in the scientific literature.¹⁻²

This condition is caused by a double-stranded DNA virus of the *poxvirus* family and is typically transmitted through person-to-person contact or autoinoculation. However, in rare circumstances, it can be vertically transmitted through the birth canal of an infected mother.² Prolonged rupture of membranes and prolonged or instrumental delivery are risk factors for viral transmission.¹⁻⁴ The incubation period can range from two to eight weeks.² In the first months of life, the lesions are typically located on the scalp rather than the torso, arms, or limbs, as in older children.^{2,3}

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Figure 1. Molluscum contagiosum lesions located at the scalp of a newborn.



Figure 3. Multiple papules on the perineal region of the mother before labor.



Figure 2. Multiple umbilicated papules scattered on the scalp.



Figure 4. Dermoscopy of the lesions showing polylobulated whitish-yellow amorphous structures with peripheral linear vessels surrounding a central depression.



Figure 5. Residual lesions after treatment.

The diagnosis is primarily clinical; however, a biopsy may be indicated in cases of uncertainty.³

The prognosis is generally good, with spontaneous remission of the lesions occurring after two to four years in immunocompetent hosts.⁵ However, to prevent transmission and auto-inoculation, topical therapies or the removal of the lesions with cryotherapy, curettage, or electrosurgery may be indicated.³ In the literature, curettage is typically the preferred method of treatment for these cases.¹⁻⁴ Although there are no studies on the use of 5% potassium hydroxide in this age group, its apparent efficacy compared to other topical treatments made it a viable option in this case, with no side effects such as stinging or burning reported.^{6,7}

Author contributions

L.P. Soares: came up with and designed the study, report, review, or other types of paper; acquired data from patients, research studies, or literature; analyzed and interpreted data from patients, research studies, or literature; drafted the article; critically reviewed the article for important intellectual content; provided final approval of the version to be published; agreed to be held accountable for the accuracy and integrity of the paper. B.B. Pedreira: acquired data from patients, research studies, or literature; critically reviewed the article for important intellectual content; provided final approval of the version to be published; agreed to be held accountable for the accuracy and integrity of the paper. B. Pereira: analyzed or interpreted data from patients, research

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Conflicts of interest

None.

Ethical considerations

Protection of human subjects and animals. The authors declare that no experiments on humans or animals were performed for this research.

Confidentiality, informed consent, and ethical approval. The authors have followed their institution's confidentiality protocols, obtained informed consent from all patients, and secured approval from the Ethics Committee. SAGER guidelines have been followed as applicable to the nature of the study.

Declaration on the use of artificial intelligence. The authors declare that no generative artificial intelligence was used in the writing or creation of the content of this manuscript.

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