Tower Bridge Hospital London

Tower Bridge Hospital London
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020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · PAEDIATRICS

Molluscum contagiosum

harmless, tediously long, and usually best left alone

Molluscum is a common viral skin infection of childhood causing small firm bumps with a dimple in the centre. It clears completely by itself, leaves no scar if untreated, and requires no exclusion from anything. The difficulty is that it takes a year or more, and it spreads in the meantime.

Seek assessment if the spots

- are **on or very close to the eyelid**, with a red or irritated eye
- become **hot, spreading red, painful or weeping**, with fever
- are **very widespread or unusually large**, particularly over 1cm
- occur in someone **immunosuppressed** or with severe eczema
- appear in an **adult in the genital area** — this is sexually transmitted and warrants screening

Molluscum near the eye can cause conjunctivitis and occasionally more serious eye inflammation. Extensive or atypical molluscum in an adult can be a marker of immune suppression and warrants assessment.

What it looks like

- small, firm, dome-shaped bumps, **1 to 5mm**, pearly, pink or skin-coloured
- a **central dimple or plug** — the characteristic feature
- commonly in clusters in warm moist areas: armpits, behind the knees, groin, trunk, face
- often surrounded by **patches of eczema**, which is a reaction to the virus
- usually 10 to 30 spots, though children with eczema often have many more
- spread by direct contact, shared towels, baths and by scratching

The red, angry phase is a good sign

At some point spots typically become red, swollen and inflamed, sometimes with pus, and parents understandably assume they have become infected. In most cases this is the **immune system finally recognising and clearing the virus** — the so-called beginning-of-the-end sign, usually followed by resolution within weeks. Genuine bacterial infection spreads beyond the spot, with surrounding warmth, spreading redness and often fever. If in doubt have it looked at, but do not assume the angry phase means treatment failure.

Why doing nothing is usually right

12–18 months
typical duration

Up to 4 years
occasionally, with crops appearing

No scar
if left alone

There is no treatment that reliably shortens it, and most active treatments — freezing, curettage, caustic preparations — are painful for a child and can cause scarring, which the illness itself does not. Treating is therefore reserved for particular situations rather than being the default.

What to do meanwhile

Do

- Keep any eczema well treated with emollients — this reduces spread more than anything else
- Cover spots with clothing or a plaster during contact sports and swimming
- Use separate towels and flannels within the household
- Keep nails short, and discourage scratching and picking
- Bathe siblings separately, or the affected child last

Do not

- Do not squeeze or pick the spots — this spreads them and causes scarring
- Do not shave over affected skin
- Do not use over-the-counter wart treatments unless advised
- Do not keep a child off school or nursery — no exclusion is needed
- Do not stop swimming lessons; covering the spots is sufficient

When treatment is considered

- spots **near the eye**, or in a site causing genuine problems
- **widespread or persistent** disease, particularly with severe eczema
- significant **distress or bullying** in an older child
- **genital molluscum in adults**, where treatment and sexual health screening are appropriate
- immunosuppression, where the illness behaves differently
- Options include topical preparations, cryotherapy and curettage, chosen against the child's age and tolerance.

Why come to us. Most families need the diagnosis confirmed, the eczema treated and honest reassurance about the timescale — which is one appointment, and prevents months of trying things that do not help. Our paediatric and dermatology teams can confirm it is molluscum rather than warts or something else, prescribe proper emollient and eczema treatment, and treat the small number of cases that warrant it. Seven days a week, no referral needed.

Diagnosis confirmed, eczema treated, timescale explained

Paediatrics and dermatology on site, seven days a week.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Paediatrics** · **Dermatology** · **Verruca & Wart Treatment** · **All patient leaflets**

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This leaflet is based on current NHS and NICE CKS guidance on molluscum contagiosum. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.