Warts and molluscum are cutaneous viral infections that are common in childhood and usually resolve without intervention or sequelae. However, treatment may expedite the rate of resolution.

**ASSESSMENT**

Perform a standard health history and physical exam (HPE) with specific questions regarding lesion location and duration, treatments attempted and effect on daily life. Ask whether the patient is immunocompromised, as this decreases the likelihood of spontaneous clearance without intervention.

Examination of warts will reveal a hyperkeratotic papule with thrombosed capillaries, which can appear as black dots in the lesion. Molluscum typically appear as multiple dome-shaped papules that are shiny and skin-colored or pink, usually with central umbilication.

**MANAGEMENT/TREATMENT**

Primary care providers can manage warts and molluscum in most patients. Treatment typically is not necessary when lesions are asymptomatic and non-distressing. Conservative treatment options appropriate to the PCP setting are listed below.

**Treatment of Warts**

- Active non-intervention
- Educate patient/family, encouraging them to:
  - Prevent spread by keeping skin well moisturized.
  - Avoid scratching/manipulating lesions.
  - Practice good hand hygiene.
  - Avoid sharing towels with other family members.
- May recommend over-the-counter (OTC) 40% salicylic acid preparation, ideally under occlusion overnight with duct tape or bandage, depending on location.
- May provide cryotherapy with liquid nitrogen.

**Treatment of Molluscum**

- No active intervention. In healthy patients, lesions are expected to resolve within four years, but typically within 18 months.
- May recommend ZymaDerm as a safe, daily OTC treatment.
- May recommend emollient if redness or itching occurs. Development of “molluscum dermatitis” is a sign of immune response against the virus and impending resolution. If significantly bothersome, treat with OTC hydrocortisone 1% cream.
- May recommend OTC adapalene 0.1% gel, ideally under occlusion overnight with duct tape or bandage.
- With numerous widespread lesions, 4–6 week course of cimetidine can be considered.

For more information or to discuss a case, contact the Division of Dermatology at 513-636-4215 or dermatology@cchmc.org.

Tool developed by Cincinnati Children’s physician-hospital organization (known as Tri-State Child Health Services, Inc.) and staff in the James M. Anderson Center for Health Systems Excellence. Developed using expert consensus and informed by Best Evidence Statements, Care Practice Guidelines, and other evidence-based documents as available. For Evidence-Based Care Guidelines and references, see www.cincinnatichildrens.org/evidence.
# Warts and Molluscum

## Standard Workup

Perform a standard health history and physical exam (HPE). Examination of warts will reveal a hyperkeratotic papule with thrombosed capillaries, which can appear as black dots in the lesion. Molluscum typically appear as multiple dome-shaped papules that are shiny and skin-colored or pink, usually with central umbilication.

Ask about:
- Effect on daily life
- Lesion location and duration
- Treatments attempted
- Symptomatic or function-limiting lesions
- Whether the patient is immunocompromised (decreases the likelihood of spontaneous clearance without intervention)

## HPE (HISTORY AND PHYSICAL EXAM) RED FLAGS

- Symptomatic or function-limiting lesions
- Diffuse or extensive involvement, including “giant” molluscum
- Warts or molluscum in genital region in children >4 years old or safety concerns for potential child abuse
- Known or suspected immunocompromised status

### Any Red Flags?

- Yes: Refer to Dermatology
- No: No treatment or conservative treatment

## Treating Warts and Molluscum in the PCP Setting

### Warts

- Consider active non-intervention
- Educate patient/family, encouraging them to:
  - Prevent spread by keeping skin well moisturized
  - Avoiding scratching/manipulating lesions
  - Practice good hand hygiene
  - Avoid sharing towels with other family members
  - Reassure family of benign and often self-resolving nature of warts
  - May recommend OTC 40% salicylic acid daily under duct tape or bandage occlusion overnight
  - May offer cryotherapy with liquid nitrogen

### Molluscum

- Consider no treatment
- Reassure family of benign and self-resolving nature of molluscum
- May recommend OTC ZymaDerm daily
- May recommend emollient or hydrocortisone 1% cream if redness or itching occurs
- May recommend adapalene 0.1% gel daily under duct tape or bandage occlusion overnight
- Consider short term cimetidine in widespread bothersome lesions

## Consider referral to the Division of Dermatology for:

- Any HPE red flag
- Symptomatic or function-limiting warts that are refractory to multiple treatment modalities or cannot practically be treated with topical salicylic acid and/or cryotherapy
- Patients with warts or molluscum who have coexisting moderate to severe dermatitis

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For urgent issues, or to speak with the specialist on call 24/7, call the Physician Priority Link® at 1-888-987-7997.