



Clinical Thresholds

Condition or Treatment	Molluscum contagiosum
Commissioning Threshold	<p>These lesions do eventually resolve spontaneously. They are commonest in children in whom the common treatment methods (expression with forceps or cryotherapy) are often not feasible, although prior use of topical anaesthesia may help.</p> <p>Referral to Secondary Care Services</p> <p>Referral to the dermatology dept should only be made if patients have either of the following:</p> <ul style="list-style-type: none"> • molluscum contagiosum in immunosuppressed patients <p>OR</p> <ul style="list-style-type: none"> • molluscum contagiosum causing significant problems in the management of atopic eczema.
Referral Guidance	Referral guidance only.
Effective from	April 2013
Summary of evidence / rationale	<ul style="list-style-type: none"> • Most people do not require treatment, as lesions will usually resolve within 1–2 years, and do not limit activities or cause symptoms. • No treatments are licensed in the UK for treating molluscum contagiosum • CKS did not identify any randomized controlled trials comparing treatments with watchful waiting. A Cochrane review concluded there was insufficient evidence to determine whether treatments are effective • In addition, there is no evidence that treatment prevents spread of infection, and the approaches used can be painful and lead to scarring. • Eczematous reactions are common, especially in children with atopy • Leaving eczema untreated could result in further scratching, spread of the virus, and persistence of the infection
Date	October 2014
Review Date	October 2016
Contact for this policy	<p>Dr Bruce Willoughby GP / Governing Member Brucewilloughby@nhs.net</p>

References:

1. Clinical Knowledge Summaries Molluscum contagiosum
<http://cks.nice.org.uk/molluscum-contagiosum#!scenario>