

Atypical Presentation of Molluscum Contagiosum on the Thorax: Diagnostic and Therapeutic Approach

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ABSTRACT

Molluscum contagiosum is a common viral skin infection in the pediatric population caused by a virus belonging to the Poxviridae family, characterized by the appearance of progressively growing umbilicated pearly papules. Although it commonly affects the face, extremities, and trunk, extensive or atypical forms may represent a diagnostic and therapeutic challenge. We present the case of an 8-year-old immunocompetent male patient with multiple lesions predominantly located on the thoracic region with four months of evolution, associated with pruritus and progressive dissemination. Physical examination revealed multiple pearly hemispheric papules with central umbilication and grouped distribution on the anterior and right lateral thorax. Due to the unusual clinical presentation, dermoscopy and skin biopsy were performed, confirming the diagnosis of molluscum contagiosum through histopathological findings compatible with intracytoplasmic Henderson-Patterson bodies. Treatment consisted of selective curettage of the main lesions and complementary topical therapy associated with hygienic and dermatological measures to reduce autoinoculation. The patient showed satisfactory clinical evolution, adequate healing, and progressive resolution of the lesions without major complications. This case highlights the importance of considering molluscum contagiosum among the differential diagnoses of thoracic papular lesions in pediatric patients, as well as the usefulness of clinical and histopathological approaches for establishing timely and individualized treatment.

KEYWORDS: molluscum contagiosum, pediatric dermatology, thoracic lesions, viral skin infection, Henderson-Patterson bodies, umbilicated papules, curettage, case report, dermoscopy, pediatric patient.

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INTRODUCTION

Molluscum contagiosum is a benign viral skin infection caused by a DNA poxvirus belonging to the Poxviridae family, characterized by the appearance of pearly,

umbilicated papules with progressive growth. It occurs most frequently in the pediatric population, especially in children younger than 10 years of age, due to direct skin-to-skin contact, contaminated fomites, or autoinoculation. Although

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it is generally considered a self-limited disease, some presentations may acquire unusual clinical characteristics that complicate diagnosis and therapeutic management.¹

Lesions are usually located on the face, neck, extremities, and anogenital region; however, lesions predominantly localized on the thorax are uncommon and may be confused with other infectious, inflammatory, or tumoral dermatoses. Atypical presentations include giant, multiple, inflamed, extensively distributed lesions or lesions associated with immunosuppression, representing a diagnostic challenge for clinicians.²

The diagnosis of molluscum contagiosum is mainly clinical and based on the characteristic morphology of the lesions; however, atypical cases may require dermoscopy, skin biopsy, or histopathological examination to rule out other entities such as viral warts, keratoacanthoma, cutaneous cryptococcosis, histiocytosis, or even neoplastic lesions. Histologically, it is characterized by lobulated epidermal hyperplasia with the presence of intracytoplasmic Henderson-Patterson bodies.³

Treatment depends on lesion location, number of lesions, symptoms, and the patient's immune status. Multiple therapeutic modalities have been described, including curettage, cryotherapy, electrocautery, topical keratolytic agents, and immunomodulators. In extensive lesions or unusual locations, management should be individualized in order to reduce dissemination, prevent secondary complications, and improve aesthetic outcomes.³

We present the case of a patient with an atypical presentation of molluscum contagiosum localized in the thoracic region,

highlighting the clinical characteristics, diagnostic approach, and therapeutic options used for comprehensive management.

CASE REPORT

A 10-year-old previously healthy male patient, with no relevant family history of dermatological diseases and no history of immunodeficiency, allergies, chronic illnesses, or prolonged use of immunosuppressive medications, presented to the pediatric dermatology service accompanied by his mother due to multiple skin lesions predominantly located on the anterior and right lateral thoracic region, with approximately four months of evolution.

The patient's mother reported that the condition began with the appearance of a small isolated papular lesion on the right hemithorax, which was initially interpreted as a "rash" or secondary reaction to an insect bite. However, over the following weeks, new lesions appeared around the initial lesion, progressively increasing in both number and size. The patient reported occasional pruritus and frequent scratching, especially after sweating or during the night, which favored local spread of the lesions. Fever, weight loss, asthenia, adynamia, chest pain, respiratory distress, or any other associated systemic symptoms were denied.

During directed questioning, the patient's mother reported a history of frequent attendance at swimming classes and close interaction with other children during school and sports activities. There was no recent history of local trauma, previous surgeries, or similar dermatological lesions in other family members.



Figure 1: Initial clinical image.



Figure 2: Dermoscopy image.

Dermatological physical examination revealed multiple well-defined pearly hemispheric papules with a smooth and shiny surface, predominantly distributed on the anterior and right lateral thoracic region, with partial extension toward the sternal and submammary areas. The lesions measured between 2 and 8 mm in diameter, several of them presenting characteristic central umbilication and whitish content within. Some lesions showed peripheral erythema and mild inflammation secondary to scratching. Grouped lesions with linear distribution suggestive of autoinoculation were identified. No clinical signs of secondary bacterial infection, ulceration, purulent discharge, or active bleeding were observed.

Examination of the remaining integument showed no lesions on the face, extremities, cervical region, or genital area. No palpable regional lymphadenopathy was identified, and

systemic physical examination was within normal parameters for the patient's age.

Due to the predominantly thoracic localization and extensive distribution of the lesions, an atypical presentation of molluscum contagiosum was initially considered. Differential diagnoses included viral warts, bacterial folliculitis, multiple keratoacanthoma, residual varicella, cutaneous histiocytosis, papular dermatitis, and other viral infectious dermatoses.

Dermoscopy evaluation demonstrated amorphous central whitish areas compatible with molluscum bodies surrounded by a peripheral crown vascular pattern, findings suggestive of molluscum contagiosum. Because of the unusual clinical presentation and the large number of lesions, an excisional biopsy of one of the papules located on the lateral thoracic region was performed for histopathological study.

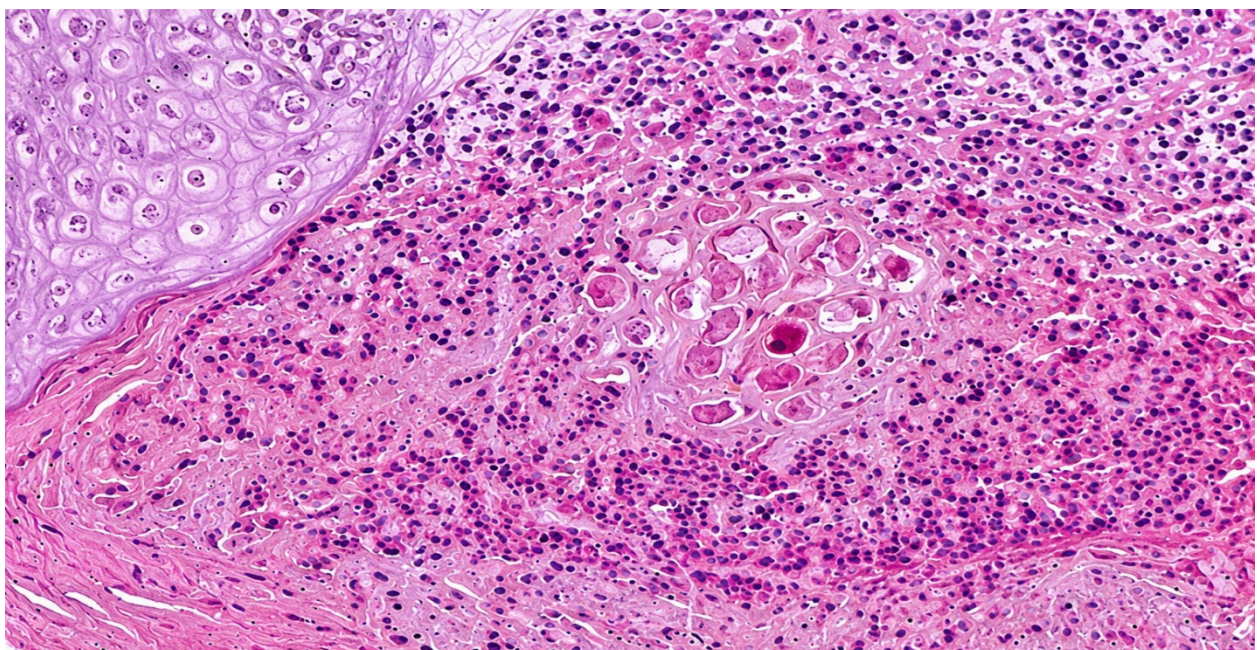


Figure 3: Histopathological findings.

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Histopathological analysis revealed lobulated epidermal hyperplasia with invaginations extending into the dermis and the presence of abundant eosinophilic intracytoplasmic Henderson-Patterson bodies within keratinocytes, confirming the diagnosis of molluscum contagiosum. No evidence of malignancy or findings suggestive of another associated dermatosis were identified.

Comprehensive therapeutic management was subsequently initiated due to the extent of the lesions and the aesthetic and psychological impact on the patient. Selective curettage of the larger lesions was initially performed under topical lidocaine/prilocaine anesthesia, achieving complete extraction of the characteristic central content. Inflamed lesions were additionally managed with topical keratolytic therapy and strict hygienic-dermatological measures.

The patient was advised to avoid manipulation or scratching of the lesions, maintain proper skin hygiene, avoid sharing towels, clothing, or sponges, and temporarily discontinue group aquatic activities to reduce the risk of transmission and autoinoculation. Close follow-up was also recommended to identify the appearance of new lesions or signs of secondary infection.

During outpatient follow-up in the subsequent weeks, the patient demonstrated favorable clinical evolution with progressive reduction in the number of lesions, resolution of local inflammation, and adequate healing without hypertrophic scar formation or significant pigmentary alterations. No early recurrence or infectious complications were documented after treatment. The patient's mother reported significant improvement in pruritus and in the emotional impact caused by the visible thoracic skin lesions. The present case represents an atypical presentation of molluscum contagiosum in the thoracic region of an immunocompetent pediatric patient, highlighting the importance of considering this entity among the differential diagnoses of multiple papular thoracic lesions. Furthermore, it emphasizes the usefulness of dermoscopy and histopathological examination in uncommon clinical cases, as well as the relevance of individualized treatment in preventing dissemination, recurrence, and subsequent aesthetic alterations.

DISCUSSION

Molluscum contagiosum is a common viral dermatosis in the pediatric population caused by a DNA virus of the Poxviridae family. Although it usually follows a benign and self-limited course, atypical clinical forms continue to represent a diagnostic and therapeutic challenge, especially when lesions are located in unusual regions or present extensive distribution. In the present case, the patient developed multiple papular lesions predominantly located in the thoracic region, a less frequent localization in immunocompetent pediatric patients.^{4,5}

Transmission of molluscum contagiosum mainly occurs through direct skin-to-skin contact, autoinoculation, or exposure to contaminated fomites. In children, factors such as overcrowding, group sports activities, swimming, and atopic dermatitis favor the spread of infection. In this case, the history of frequent swimming classes and constant scratching probably contributed to the local dissemination of thoracic lesions.⁶

Clinically, molluscum contagiosum is characterized by hemispheric, pearly, umbilicated papules; however, atypical variants may complicate the differential diagnosis with other infectious, inflammatory, or tumoral dermatoses. The extensive thoracic localization observed in this patient required exclusion of entities such as viral warts, folliculitis, cutaneous histiocytosis, keratoacanthoma, and papular dermatitis. Dermoscopy and histopathological examination played a fundamental role in confirming the definitive diagnosis.⁷

Histopathologically, molluscum contagiosum presents lobulated epidermal hyperplasia with intracytoplasmic Henderson-Patterson bodies, considered a characteristic finding of the disease. These bodies correspond to intracellular viral inclusions that displace the keratinocyte nucleus toward the periphery. In the present case, histological examination confirmed the diagnosis and ruled out aggressive cutaneous lesions or atypical infections.⁸

Treatment of molluscum contagiosum remains controversial due to the possibility of spontaneous resolution. However, in pediatric patients with multiple lesions, visible localization, significant pruritus, inflammation, or psychological impact, active treatment may be indicated to reduce dissemination and improve aesthetic outcomes. The most commonly used therapeutic options include curettage, cryotherapy, electrocautery, topical keratolytic agents, and immunomodulators.⁹

In this case, selective curettage associated with topical management was chosen due to the number and distribution of the lesions. Curettage remains one of the most effective treatments because it allows immediate lesion removal, although it may be associated with pain, minimal bleeding, and anxiety in pediatric patients. Clinical evolution was favorable, with adequate healing and absence of early recurrence.¹⁰

The importance of the present case lies in the extensive thoracic presentation of molluscum contagiosum in an immunocompetent patient, an uncommon situation in pediatric dermatology. Furthermore, it highlights the need for appropriate clinicopathological correlation and individualized treatment aimed not only at lesion resolution but also at reducing the emotional and social impact associated with visible dermatoses during childhood.¹¹

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Table 1. Clinical Characteristics of Molluscum Contagiosum

Characteristic	Description
Etiological agent	DNA virus of the Poxviridae family
Most affected age group	Children younger than 10 years
Typical lesion	Pearly umbilicated papule
Transmission route	Direct contact, fomites, and autoinoculation
Clinical course	Benign and self-limited
Frequent locations	Face, neck, extremities, and trunk

Table 2. Differential Diagnoses of Pediatric Thoracic Papular Lesions

Differential Diagnosis	Clinical Characteristics
Viral warts	Irregular hyperkeratotic surface
Folliculitis	Papules or pustules centered on hair follicles
Residual varicella	Lesions in different evolutionary stages
Keratoacanthoma	Rapid growth with keratotic center
Cutaneous histiocytosis	Infiltrated erythematous lesions
Papular dermatitis	Diffuse pruritic lesions

Table 3. Histopathological Findings of Molluscum Contagiosum

Finding	Description
Epidermal hyperplasia	Lobulated epidermal growth
Epidermal invaginations	Extension into superficial dermis
Henderson-Patterson bodies	Intracytoplasmic viral inclusions
Displaced keratinocytes	Peripheral nucleus displacement due to viral accumulation
Dermal inflammation	Variable according to lesion stage

Table 4. Therapeutic Options for Molluscum Contagiosum

Treatment	Advantages	Disadvantages
Curettage	Immediate lesion removal	Pain and mild bleeding
Cryotherapy	Good efficacy	Risk of hypopigmentation
Electrocautery	Adequate local control	Requires anesthesia
Salicylic acid	Easy application	Skin irritation
Imiquimod	Immune stimulation	Variable response
Observation	Spontaneous resolution	Prolonged persistence

Table 5. Potential Complications of Molluscum Contagiosum

Complication	Clinical Manifestation
Autoinoculation	Appearance of new lesions
Secondary bacterial infection	Erythema, pain, and secretion
Residual scarring	Aesthetic alteration
Intense inflammation	Local erythema and edema
Psychological impact	Anxiety and emotional distress
Recurrence	Reappearance after treatment

CONCLUSION

Molluscum contagiosum is a common viral dermatosis in the pediatric population; however, atypical, extensive, or unusually localized presentations such as thoracic involvement may represent a diagnostic and therapeutic challenge. Proper clinical identification, complemented by dermoscopy and histopathological examination in selected

cases, is fundamental for establishing a timely diagnosis and excluding other dermatological conditions with inflammatory, infectious, or tumoral behavior.¹²

In the present case, the pediatric patient presented multiple molluscum contagiosum lesions predominantly located in the thoracic region, with progressive evolution and extensive distribution probably secondary to autoinoculation

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phenomena. The comprehensive approach allowed confirmation of the diagnosis and establishment of individualized treatment through selective curettage and complementary topical management, achieving favorable clinical evolution and satisfactory lesion resolution.^{13,14}

Furthermore, this case highlights the importance of timely treatment in patients with visible or symptomatic lesions, not only to reduce dissemination and prevent cutaneous complications but also to decrease the psychological and social impact associated with dermatological diseases during childhood. Finally, multidisciplinary management and clinical follow-up remain fundamental elements for achieving favorable functional and aesthetic outcomes in this type of patient.

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