

## SHORT COMMUNICATION

# Molluscum contagiosum in a patient with no risk factors

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**PURPOSE.** *To report a case of molluscum contagiosum in a patient with no risk factors.*

**METHODS.** *A 38-year-old patient with a tumor located in the lower eyelid that appeared 5 months previously was seen in the authors' hospital. The lesion had grown slowly and appeared as a crateriform mass with elevated edges. It was surgically excised and the histopathology study confirmed the diagnosis of molluscum contagiosum. Risk factors were absent.*

**RESULTS.** *The histopathologic study confirms the presence of eosinophilic inclusion bodies in the keratinocytes cytoplasm.*

**CONCLUSIONS.** *External evaluation of the lower lid lesion did not show the morphologic configuration of a molluscum contagiosum. A virus can be suspected if attention is paid to the margin of the eyelid and the patient's age. (Eur J Ophthalmol 2006; 16: 621-3)*

**KEY WORDS.** *Molluscum contagiosum, Virus, Eyelid*

*Accepted: March 26, 2006*

## INTRODUCTION

Molluscum contagiosum is a cutaneous infection caused by a large DNA poxvirus that affects young children and adults. Physical findings are generally limited to the skin and mucous membrane. In children the contagious contact is skin to skin with another affected child. In adults, it is considered as a sexually transmitted disease (1). Prevalence of molluscum contagiosum in patients who are HIV-positive may be as high as 5–20% (2, 3). The incubation period ranges from 2 weeks to 2 months – 14 to 50 days. In adults, lesions are often located in the pubis and genital area. Lesions in the eyelids have been frequently reported although they are rarely found in mouth, palms, and soles (4, 5).

## Case report

A 38-year-old man with a small mass in his lower eyelid for 5 months was examined. The lesion had no changes during this time. Its growth was slow and he wanted surgery for esthetic reasons.

The tumor had a diameter of 8 mm with a central crater (Fig. 1). On the corresponding site of the molluscum at the bulbar conjunctiva the limbus and the cornea

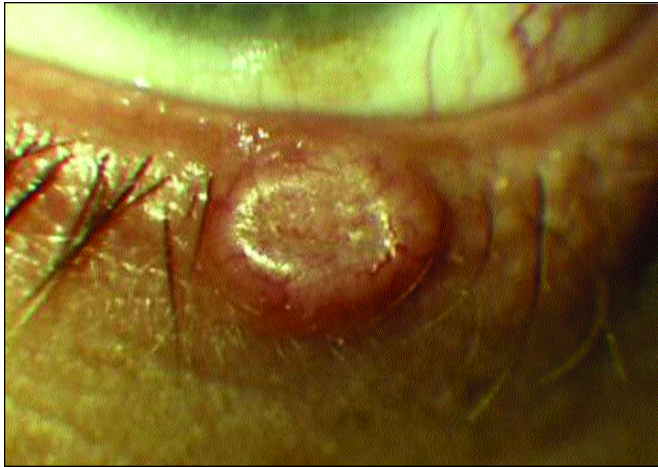
no follicles, epithelial keratitis, or erosions were seen.

Best-corrected visual acuity was 10/10 in each eye. Ocular pressure was 15 mm Hg and 23 mm Hg in the right and left eye, respectively. The high pressure in the left eye may be due to the topical use of methylprednisolone, because the patient had initially been diagnosed with a chalazion. The fundus of both eyes was normal.

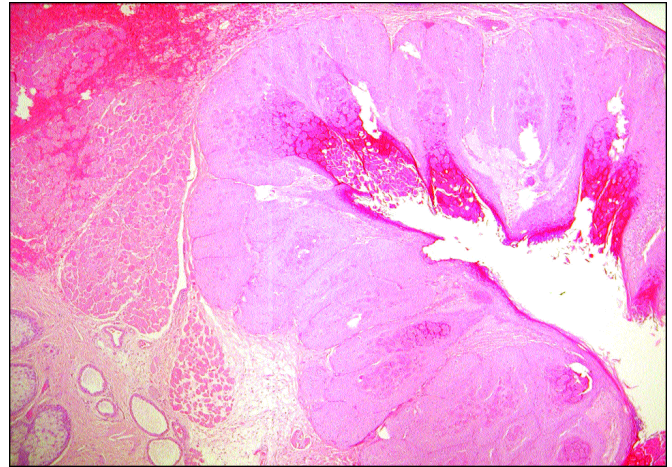
The tumor was totally excised. The lesion consisted of lobes of hyperplastic squamous epithelium entering into the dermis (Fig. 2). In the keratinocytes cytoplasm there were eosinophilic inclusion bodies – molluscum bodies – that increase in volume until they fill the whole cell in the granular layer. The inclusion bodies and keratohyalin granules may be pushed to the dilated ostiums (Figs. 3, 4). The histopathologic diagnosis was molluscum contagiosum. HIV test was normal.

## DISCUSSION

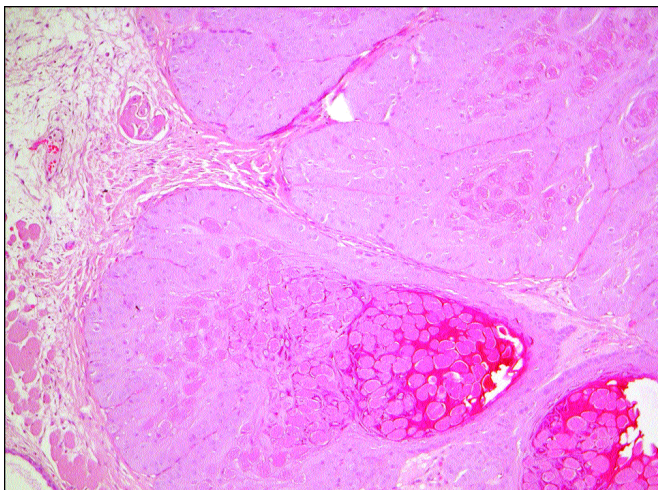
Infection with molluscum contagiosum has been reported in adults, children, HIV-positive patients, and patients with other immunocompromised conditions. The severity in HIV patients is irreversible in relation to the CD4-lymphocyte count and its prevalence can be as high as 33%



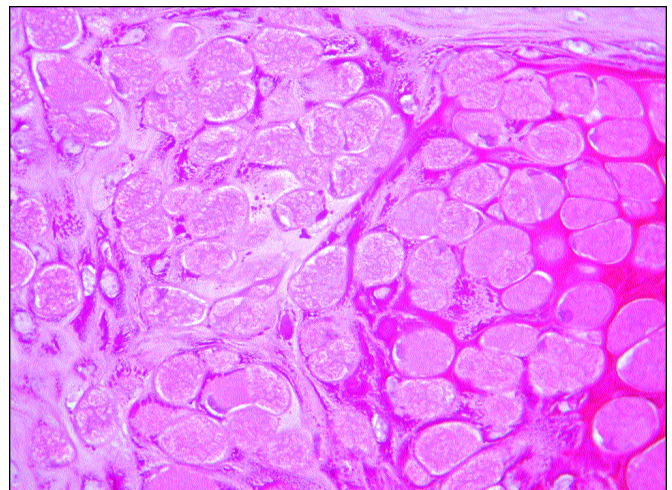
**Fig. 1** - Cratering deformity in the lower eyelid.



**Fig. 2** - Intradermic lesion with hyperplasia and hyperkeratosis of the stratum corneum of the epidermis (x40).



**Fig. 3** - Lobus of stratum corneum with molluscum bodies maturing towards the surface (x100).



**Fig. 4** - Big molluscum bodies occupying almost totally the infected cells.

(6). Our patient had no risk factors. The lesion began as flesh-colored papules with a smooth surface. They are normally asymptomatic, but itching perilesional reactions may develop. The diameter ranges between 1 and 15 mm. Lesions greater than 15 mm have been described, particularly in patients with AIDS (2, 3, 7).

In our case it was located in the lower eyelid and looked like a crater mass with a diameter of 8 mm. External evaluation of the lesion did not show the morphologic configuration of a molluscum contagiosum. On puncturing, the lesion expressed was negative and the ulcer was more like a basal cell carcinoma, which was the initial diagnosis.

The incidence of molluscum contagiosum is low (8). Basal cell epitheliomas are more frequent. A virus disease

should have been suspected, paying attention to the margin and overall the patient's age. However, the incidence in our area, the negative expression, and the external configuration was more compatible with a basal cell carcinoma than a molluscum contagiosum.

*None of the authors has any proprietary interest.*

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