

***NEW MEHOD FOR REATMENT OF MOLLUSCUM
CONTAGIOSUM BY PUNCTURING OF THE SKIN
LESIONS BY DISPOSABLE NEEDLE***

*Dr.Khudair Kh. AL-Kayally M.B.CH.B.,D.D.V.,F.I.C.M.
College of Medicine Diyala University 2006*

ABSTRACT

Molluscum contagiosum is a common viral skin disease. This has encouraged us to conduct this study, to describe a new, cheap, relatively pain less and effective method for the treatment of this disease.

Eighty patient were seen and examined a private day clinic in baquba city for the period sep. 2003-sep. 2006. They were 65 male and 15 female, their ages ranged from 5-40 year (mean age 20 year). they complained of skin lesions on different sites of their bodies, which were diagnosed as molluscum contagiosum clinically . They were divided into two groups :

- The first one was consist of fifty patient and was treated by single puncture of the lesions by disposable syringe needle gage twenty .
- The second group was consist of thirty patients and was treated by curettage using 2 mm sized curate .

Both groups were followed up for twenty day.

Molluscum contagiosum was more common in young adult and married males may be sexually transmitted and recurrent , most commonly affecting the genital region .

The method of treatment described in this study was cheap, simple, relatively painless, with 100% cure rate and without squally .

We conclude that this method was very simple, cheap , relatively painless and with 100% cure rate .

We think that this new method had not been described in literature .

INTRODUCTION

Molluscum contagiosum is a viral disease, caused by poxvirus, which is called (mcv) (1) . There are four types of MCV (MCV₁ caused 96.6% and MCV₂ caused 3.4% of infection) (1) .

Cell – mediated immunity is significant in control and elimination of the infection, so unusually widespread have been reported in patients with HIV disease and those on immunosuppressive therapy (1)(2) . In adults, molluscum contagiosum was primarily a sexually transmitted disease and infection of children through sexual abuse was presumably possible (1)(3). Although the disease in immuneocompetent patients involute spontaneously , many therapeutic methods have been used, which include cryotherapy, curettage, diathermy, squeezing with forceps and Shaving off the lesions (1)(4)(5).

Many topical preparations were sometimes recommended, including tretinoin (6) Cantharidin (7) and salicylic- lactic acid wart paints, but their value was limited by causing irritation (1).

Because all of the therapeutic method, described above were painful, may cause Irritation may be expensive and need local anesthesia. So the aim of the present work was to describe a new, simple, relatively painless and cheap method for the treatment of molluscum by puncturing of the lesions by disposable syringe needle which had not been reported in literature .

PATIENTS AND METHODS

The study was conducted in a private day clinic in baquba city for the period sep.2003-sep.2006. Eighty patient were seen and examined and followed for 20 days included (65 male & 15 female) their ages ranged from five to forty year with a mean age of twenty year. They complained of skin lesions on different sites of their bodies, which were diagnosed clinically as molluscum contagiosum, the duration of the lesions ranged from one month to one year .

All patients were fully interrogated regarding their ages, onset and duration of the lesions, previous similar lesions, occupation marital status, illegal

sexual contact, drug therapy, present and past medical and dermatological history . they were fully examined for other skin systemic diseases.

The patients were divided into two groups :

- 1- Group one was consist of fifty patient, they were forty male and ten females, they were treated by single puncture of the lesions by disposable syringe needle gage twenty and they were followed up for twenty day.
- 2- Group two was consist of thirty patient, they were twenty five male and five females, they were treated by curettage using 2 mm sized curate which was the classical method and they were followed up for twenty days.

RESULTS

Eighty patient with molluscum contagiosum were seen and examined in a private day clinic in baquba city.

They were sixty – five male (81.25%) and fifteen female (18.75%), their ages ranged from five to forty year, with a mean age of twenty year.

It was the disease of young adult males. The number of the lesions in the patients varies from one to fifty lesions, with duration ranged from one month to one year.

Forty (61.53%) of the males and ten (66.66%) of the females were married.

Two (5%) of the married males their wife's had the lesions and to (20%)of the married femalcs their husbands had the lesions.

Five (7.6%) of the males and none of the females had illegal sexual contact.

Ten (15.3%) of the males and none of the females had previous attack of similar lesion.

Fifty (76.9%) of the males and two (13.3%) of the females had lesion on the genetal region, were adult.

This first group consists of fifty patients, they were treated by single puncture of the lesions by disposable syringe needle gage twenty, all the lesions (100%) were completely cured with in ten to twenty day after the puncture.

The second group consists of thirty patients, they were treated by curettage, and also all lesions (100%) were completely cured within ten to twenty days after curettage.

In both groups the lesions showed simple signs of inflammation started on the second day of therapy and cured after 20 days.

Six (20%) of the patients treated by curettage and none of those treated by puncturing showed small fine scarring.

The lesions which were treated by puncturing showed minimal or no pain and did not need local anesthesia, while those lesions which were treated by curettage showed moderate to severe pain and may need local anesthesia.

DISCUSSION

The present study described a new, simple, relatively painless and cheap method for the treatment of molluscum contagiosum which was a common viral skin disease. This method compared with other previous methods showed:

- 1- It was simple, cheap and relatively painless, while other methods are relatively expensive, painful, may need local anesthesia and some of topical therapy caused irritation (1).
- 2- The cure rate was 100%, so it was similar to the other methods (1).(4).(5).
- 3- This method was not associated with any trace on the treated site, while other methods may be associated with fine scarring, hyperpigmentation and hypopigmentation particularly the curettage and cryotherapy (1).(4).(5).
- 4- It was a good method for the treatment of infected children because it needs no instruments and can be done in the house by medical or patient's relatives.
- 5- The mode of action of this method was most probably by the induction of inflammation, which attracts a different type of immune cells like lymphocytes, resulting in induction of cell-mediated immunity, which was important for controlling and elimination of the infection (1).(2).

6- We concluded that this method was very simple, cheap, painless, easily done, with 100% cure rate. We think that this new method had not been described in literature.

REFERENCES

- 1- Rook a., wilkinsom danes, ebling FIG, Burton ji molluscum contagiosum.in: text book of dermatology, vol. 2,5th edition oxford, London, black well scientific publications, 1992; 876-878.
- 2- Cctton DWK, Cooper C., Barrett DF . Server a typical molluscum contagiosum infection in an immunocompromised host. Br.j. dermatol, 1987; 116:871-6.
- 3- Lever's WF. Molluscum contagiosum. In: Histopathology of the skin, 8th Edition, 1997,577-8.
- 4- Habief TP. Molluscum contagiosum. In: Clinical Dermatology, A color guide to diagnosis and therapy, Stows, Toronto, Princetion, The Mosby company,3rd edition, 1996,304-305.
- 5- Odom DA., Andrews. Molluscum contagiosum. In: Disease of the skin, Clinical Dermatology, 10th Edition, 2006,395-397.

- 6- Papa Cm., Berger RS., Venereal herpes- like. Molluscum contagiosum treatment with tretinoin. *Cutis* 1976; 18:537-40.
- 7- Epstein E. Cantharidine treatment of molluscum contagiosum. *Acta.Derm. Venereol.* 1989; 69:91-92.

..

—

()

:

•

•

%