

OCULAR COMPLICATIONS IN MOLLUSCUM CONTAGIOSUM*

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MOLLUSCUM contagiosum is a skin condition caused by a large virus. It may spread through public swimming baths, infected garments, and contaminated cosmetics and fingers, and may involve the face, hands, and genitalia. When the lid margin is involved, particularly the upper lid, it induces conjunctivitis which is follicular in nature, and is sometimes accompanied by keratitis which may simulate trachoma (Sorsby, 1951). Molluscum nodules in the bulbar conjunctiva were reported by Baflaban (1903) and Redslob (1927), and on the cornea by Quill (1940).

Case Reports

Case 1, a male assistant in the Public Health Laboratory aged 22 years, attended the hospital with multiple vesicular eruptions, mostly over the left side of the face and eyelids, which had been present for 2 months. There had been no associated pain nor itching, but the lesions had gradually increased in number. There was a history of recurrent attacks of conjunctivitis, more often in the left eye.

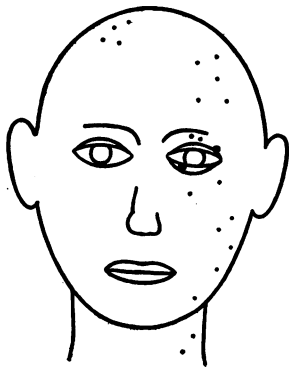


FIGURE.—Distribution of nodules of molluscum contagiosum in Case 1. Note those over the lid margin and the lower palpebral conjunctiva.

Examination.—Pale shining nodules the size of a pin-head and smaller were scattered over the forehead, scalp, left upper and lower lids, and the left side of the face and neck (Figure). A similar nodule was present on the medial side of the lower palpebral conjunctiva with surrounding congestion and oedema. This had been giving a foreign body sensation to the patient for the last 6 days. Central umbilication was visible in a few of the skin nodules but nothing could be squeezed out.

The nodules over the skin and the palpebral conjunctiva were excised and sent for section. The former showed the typical appearance of molluscum contagiosum, and the conjunctival nodule was described as follows:

The conjunctival epithelium is normal except for slight hyperplasia at places. Subepithelial tissue shows marked capillary dilatation with discretely distributed granuloma formation. The granulomatous collections are composed of lymphocytes and plasma cells. One of these shows a foreign body giant cell in the centre. There are no epithelioid cells. Slight fibroblastic activity is present. No organism can be demonstrated.

The skin nodules were incised with the tip of a knife to let the cavity fill with blood, and touched with carbolic acid. Because of their large number this had to be done in three sittings to eradicate all the nodules.

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Case 2, a female aged 40 years, complained of recurrent attacks of conjunctivitis in the right eye for 4 months. There were follicles in both the upper and lower fornices. Superficial corneal vascularization was present, particularly in its upper half. Treatment as for trachoma had given temporary relief. Later a pale, shining hard nodule of the size of a pin-head was noted in the middle of the upper eye lashes. There was no central umbilication and nothing could be squeezed out. The nodule was excised and histological studies revealed the presence of molluscum contagiosum. The case was followed for 5 months during which there were no further attacks of conjunctivitis, but the conjunctival follicles and keratitis completely disappeared.

Cases 3 and 4, two brothers aged 6 and 8 years, developed multiple nodules, which had gradually spread over the face, neck, chest, and forearm during the last 6 months. They had had recurrent attacks of conjunctivitis for about 3 months. The nodules varied in size from a pin-head to a millet seed. They were pale, translucent, and centrally umbilicated, and a few of the bigger ones extruded sebaceous material when squeezed. The clinical appearance of the conjunctival inflammation was that of follicular conjunctivitis.

The appearance of the skin nodules was so typical of molluscum contagiosum that it was considered unnecessary to subject them to biopsy. They were treated by incision and carbolicizing in several sittings and the condition was completely relieved within 20 days. Both these patients have been followed up for about 6 months, during which the conjunctivitis has not recurred.

Comment

The clinical appearance of the conjunctival nodule in Case 1 resembled in every respect that of the skin lesions, although the former did not show the typical histological appearance of molluscum contagiosum. At the time of study the nodule was of only 6 days' duration and had reached the stage of granuloma formation.

The ocular manifestations in the last three cases resembled those of trachoma or follicular conjunctivitis, but a complete cure followed the treatment of the skin nodules. This point is significant, particularly in places where trachoma and follicular conjunctivitis are common.

Summary

Four cases of molluscum contagiosum are described. The first had a conjunctival nodule in addition to those on the skin, and others had nodules over the lid margin and other parts of the skin with recurrent conjunctivitis resembling trachoma and follicular conjunctivitis.

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