

Case Report

Ocular molluscum contagiosum - A case report

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Abstract

Molluscum contagiosum is a viral disease of the skin caused by poxvirus. Infection is usually spread by direct contact, particularly among children and young adults. It may occur on the skin and mucous membranes, with a predilection for the trunk and anogenital areas. Ocular molluscum contagiosum is very rare. Here we present a case of right lower eyelid region molluscum contagiosum. This patient is a 28 years old young woman from Ramchandropur, Pabna, Bangladesh. She noticed a painless swelling in her right lower eyelid for six months. Examination revealed a firm, rough and non-tender growth. There was no visual disturbance. After excisional biopsy, histopathological examination was performed. Microscopically, it shows verrucous epidermal hyperplasia and multiple intracytoplasmic molluscum bodies which are diagnostic key feature of molluscum contagiosum.

Keywords: *Molluscum contagiosum (MC), ocular region, histopathology, virus.*

Introduction

Molluscum contagiosum is a self-limited viral disease of the skin caused by poxvirus¹. It is a cutaneous and mucosal eruptive lesion, was first described and later assigned its name by Bateman in the beginning of the nineteenth century². In 1841 Henderson and Paterson described the intracytoplasmic inclusion bodies now known as molluscum or Henderson-Paterson bodies³. This disease is transmitted by close personal contact including sexual transmission. It is quite common in children and can be widespread in patients with reduced cellular immunity⁴.

Molluscum contagiosum virus (MCV) may be found worldwide with increase distribution in tropical areas. In children, the lesions involved the face, trunk and extremities and in adults the lesions are most often found near the genital region. The disease is endemic with a higher incidence within institutions and communities where overcrowding, poor hygiene, and poverty which potentiate its spread⁵. Over the last 30

years its incidence has been increasing, mainly as a sexually transmitted disease, and it is particularly rampant as a result of concurrent human immunodeficiency virus (HIV) infection⁶.

Case presentation

Mrs. Lily Khatun aged 28 years, R-140801102241, non-diabetic, housewife, hailing from Ramchandropur, Pabna was referred to KYAMCH by a local physician for a medical treatment non-responsive swelling in her right lower eyelid for six months. It is associated with occasional pruritic condition. There was no history of trauma, discharge, fever, visual difficulty or any other systemic manifestation.

On examination the lesion was firm, non-tender, and showed no sign of inflammation. The size of the growth was 0.5 cm. The other investigation revealed UTI. Excision biopsy was done and later it was diagnosed Molluscum contagiosum by Histopathological examination.

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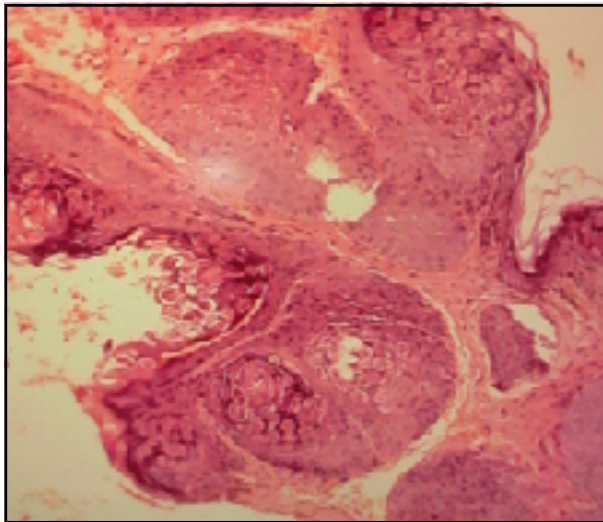


Figure: Histopathological finding of *M. contagiosum*.

Discussion

Molluscum contagiosum of eyelid is very rare^{7,8}. The worldwide incidence is estimated to be between 2% and 8%⁹. There are four main subtypes of molluscum contagiosum: MCV I, MCV II, MCV III, and MCV IV^{10,11}. All subtypes cause similar clinical lesions in genital and nongenital regions. Studies show MCV I to be more prevalent (75%-90%) than MCV II, MCV III, and MCV IV, except in immunocompromised individuals^{12,13}.

The molluscum bodies contain large numbers of maturing virions. These are contained intracellularly in a collagen-lipid-rich saclike structure that is thought to deter immunological recognition by the host¹⁴. Rupture and discharge of the infectious virus-packed cells occur in the centre of the lesion. MCV induces a benign tumour instead of the usual necrotic pox lesion associated with other poxviruses¹⁵.

Molluscum cannot be cultured in the laboratory. Diagnosis is confirmed by Histopathological examination. Microscopically, it shows verrucous epidermal hyperplasia. The histological diagnosis is confirmed by the presence of multiple intracytoplasmic molluscum bodies which are large, homogenous cytoplasmic inclusion in the cells of the stratum granulosum and stratum corneum¹. Removal of the eyelid lesion, commonly by excision is the preferred treatment, as it prevents recurrence and scarring¹⁶.

Conclusion

Although it is a benign infection, delay in the diagnosis might facilitate spread of infection and cause

discomfort. It is significantly higher among patients presenting with conjunctivitis than in those presenting with non-conjunctivitis symptoms. Thus, patients presenting with persistent unilateral chronic conjunctivitis, Ocular molluscum contagiosum should be ruled out.

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