

CASE REPORT

Vulvar molluscum contagiosum in a prepubertal girl: dermoscopy as a diagnostic tool in an unusual location

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ABSTRACT

Molluscum contagiosum (MC) is a viral cutaneous infection caused by the Molluscum contagiosum virus (MCV), which produces characteristic umbilicated papules. It primarily affects school-aged children and less frequently adults and immunocompromised individuals. In children, it frequently affects the face, trunk, and extremities, but rarely occurs in the genital region and can represent a diagnostic challenge due to its rarity and the need to differentiate it from other pathologies. In children, MC frequently affects the face, trunk, and extremities, but rarely occurs in the genital region, where molluscum contagiosum lesions are more likely to develop in adults as a sexually transmitted disease. We present a case of vulvar molluscum contagiosum in a prepubertal girl, where dermoscopy was key to the diagnosis in an unusual location.

INTRODUCTION

Molluscum contagiosum (MC) is a viral skin disease, first described by Bateman in 1817, caused by the Molluscum contagiosum virus (MCV), a DNA poxvirus. This infection most commonly affects children and typically presents as small, pearly, umbilicated papules primarily located on the trunk, extremities, and areas of skin folds.

When the genital region is affected in pediatric patients, the clinical diagnosis becomes challenging—both due to the unusual location and the need to consider and rule out child abuse or autoinoculation. In this context, dermoscopy has become a valuable, non-invasive diagnostic tool, especially useful in pediatric dermatology. This technique allows visualization of characteristic MC patterns, even in anatomically sensitive or difficult-to-examine areas.

CLINICAL CASE

A 6-year-old female patient with a personal history of atopic dermatitis presented, accompanied by her parents, with a 2-month history of pearly papules in the genital area, located on the labia majora (anterior labial column). On physical examination, she exhibited multiple millimetric papules measuring between 1 and 4 mm, skin-colored to pink, round, well-defined (Figure 1a), non-tender, and associated with mild pruritus.

Dermoscopy revealed multiple pearly millimetric papules arranged in cluster-like formations without vascular structures (Figures 2a and 2b). With some difficulty, the central pore characteristic of molluscum contagiosum was identified in each lesion.

The parents reported that the child frequently swam in a public pool, which was considered a possible predisposing factor for the development of molluscum contagiosum lesions. A history of sexual abuse was ruled out.

DISCUSSION

Molluscum contagiosum is caused by a poxvirus that remains confined to the skin and subcutaneous tissues.¹⁻³ This condition occurs most frequently in pediatric and immunocompromised patients, presenting as distinctive pearly white millimetric papules with a

central umbilication.¹ Its prevalence in immunocompetent children is estimated at approximately 7%.² Transmission occurs from person to person through autoinoculation or via swimming pools and bathtubs. It is more commonly observed in children with atopic dermatitis.³ In general, the lesions are asymptomatic, although they may occasionally present with pruritus or inflammatory signs.

The most frequent locations of molluscum contagiosum in children are the trunk and both the upper and lower extremities. In some cases, the diagnosis becomes challenging due to the anatomical site of the



Figure 1A: Pearly papules arranged in a cluster-like pattern in the area of the anterior labial column; a "roundish" pearly papule is also observed on the left labia majora.

Figure 2A: Dermoscopy of molluscum contagiosum in the anterior labial column region.

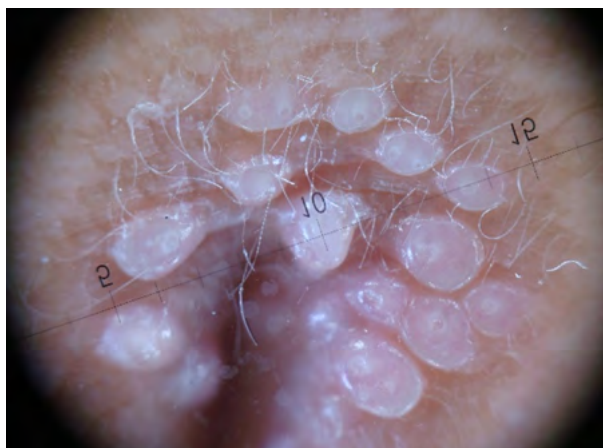


Figure 2B: Smooth-surfaced pearly papules are observed, displaying a multilobular structure composed of multiple white globules. The circles highlight the presence of the central pore.



lesions; in our patient, the lesions were located in the genital area, a site that is infrequently affected during childhood.⁴ For this reason, a thorough evaluation must be conducted to rule out sexual abuse and to investigate the patient's daily activities.

The diagnosis of molluscum contagiosum is generally clinical, based on the characteristic appearance of the lesions. However, in atypical or uncertain cases, a skin biopsy may be required to confirm the diagnosis; in such situations, dermoscopy becomes a highly valuable tool for visualizing the characteristic central umbilication and additional complementary findings, such as amorphous whitish-yellow polylobular structures and peripheral crown vessels.²⁻⁵ In our case, the diagnosis was made clinically with support from dermoscopy, which revealed a cluster of pearly white papules with a polylobular structural pattern—meaning variable sizes and shapes grouped at the center of the lesion—located in the anterior labial column region. On the left labia majora, an isolated umbilicated pearly papule measuring a few millimeters was also observed, displaying a structural pattern known as “roundish,” which refers to a lesion with a solitary whitish, discoid central area.²⁻⁵

The treatment of molluscum contagiosum is diverse, ranging from expectant management to topical therapy, curettage, and cryotherapy. The choice of treatment should aim to minimize pain and scarring, while also taking into account the patient's characteristics and the location of the lesions.

In our patient, curettage was performed to remove the lesions and prevent their spread to new sites. It is also important to consider the history of atopic dermatitis and the patient's environmental exposure, as she frequently visited swimming pools—a common means of transmission for molluscum contagiosum.

CONCLUSION

Although molluscum contagiosum is common in childhood, its occurrence in uncommon sites such as the vulvar region can make the diagnosis challenging. In this context, dermoscopy represents a fundamental

diagnostic tool, as it allows for the rapid and safe visualization of characteristic findings without the need for invasive procedures. Its use is particularly valuable in anatomically delicate areas, contributing to a more precise and less traumatic clinical approach in pediatric patients.

CONFLICT OF INTEREST

The authors declare that they have no conflicts of interest

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