

Isolated Scalp Lesions of Molluscum Contagiosum—Report of Three Cases

Sir,

Case 1: A 24-year-old male presented with complaints of raised skin-colored eruptions over the scalp of 2 months duration associated with mild itching. He had noticed them when the lesions got stuck in his comb. There was a history of getting his hair cut with an electric trimmer 4 months ago at a barber's shop. Dermatological examination of the lesions revealed multiple pearly white papules (around 30) of size ranging from a pinhead to the size of large sago grain [Figure 1]. Few of the lesions showed central umbilication whereas others had a smooth upper surface. Biopsy from one such lesion was done and sent for histopathology. Histopathology revealed lobular hyperplasia of the epidermis into the dermis resulting in a cup-shaped lesion. Also seen were the eosinophilic inclusion bodies, the Henderson-Patterson bodies [Figure 2]. A diagnosis of molluscum contagiosum (MC) was made and the patient was evaluated to rule out an immunocompromised state which did not reveal any abnormality. ELISA for HIV antibodies was normal. Lesions were treated with enucleation of the contents and further cauterized with trichloroacetic acid local application. He was treated in multiple sittings as there were many new lesions.

Case 2: The second case is a 27-year-old male with complaints of skin-colored lesions over the scalp. He had incidentally noticed them when he had a haircut and he too gave a history of barber using an electric trimmer 2–3 months back. Dermatological examination revealed multiple pearly white papules with central umbilication seen scattered over the scalp [Figure 3]. On investigation, there was no evidence of immunocompromise. He was treated with enucleation of the contents and chemical cautery.

Case 3: A 20-year-old boy presented with raised skin-colored lesions over the scalp of 3 months



Figure 1: Multiple skin-colored umbilicated papules seen over scalp and hairline

duration [Figure 4]. There was no history of discharge or pruritus associated with the lesions, however, he had also got his hair tonsured 3 months back with the help of an electric trimmer. Dermatological examination revealed multiple pearly white papules with central umbilication seen scattered over the scalp. No similar lesions were found elsewhere on the body. He was treated with enucleation of the contents and chemical cautery.

When we tried to find the common source of infection in these three patients, all three gave the history of using electrical trimmers in different barbershops 3–4 months back. The second person had tonsured his head as a part of religious ritual in a common tonsuring venue. All three patients were followed up for over the next 6 months with no recurrence of lesions over the scalp or any part of the body and all three were immunocompetent.

MC infection can occur both in childhood and adults irrespective of the immune status. The usual sites of

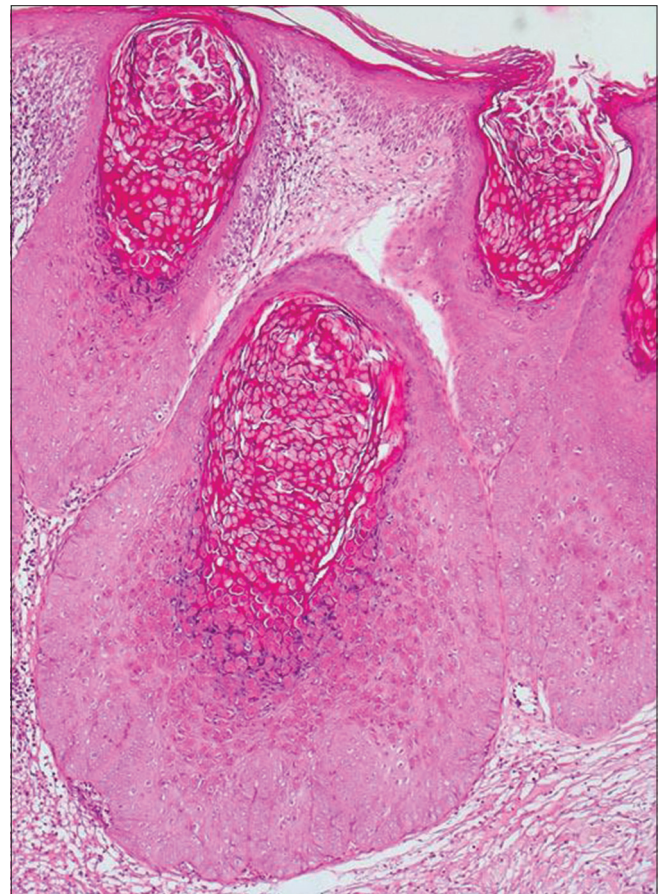


Figure 2: Histopathology revealed lobular hyperplasia of the epidermis into the dermis resulting in a cup-shaped lesion. Also seen are the eosinophilic inclusion bodies the Henderson-Patterson (HP) bodies (H and E, 100×)



Figure 3: Multiple skin-colored colored papules of molluscum infection seen over scalp

occurrence of MC lesions in an adult are the genitals, abdomen, or the inner thighs. They may occur less commonly in other sites of skin and mucosa including oral cavity and eyelids.^[1-3] They can occur on the scalp along with lesions on other sites but lesions localized only to the scalp is quite infrequent.^[4,5] However, lesions over scalp have been described in the past in a newborn^[6] and in children^[7,8] Cases of isolated lesions on the scalp of an adult by Hill and Messina^[9] have been reported in the past in the western literature. Reports from India of isolated scalp involvement are very few. An increase in these cases could be linked to increased use of electric trimmer/clippers acting as fomites in the transfer of the virus as seen in our three patients. Apart from trimmers, other items used by the barber like the clippers, towels, combs, tweezers, needles can act as fomites in spreading various bacterial and viral infections.

Conclusion

We report these cases to increase vigilance about an increase in scalp lesions of MC in young immunocompetent adults in the Indian scenario as well as to look for reasons as to why this is increasing. Also, the role of electric trimmers acting as fomites has to be kept in mind.

It is recommended that all barbershops maintain thorough sterilization of tweezers, needles, trimmers, and all other instruments used regularly. Tweezers, needles, and other instruments of a similar nature should be sterilized by immersion in boiling water or in a 5% phenol solution (a carbolic acid) for a minimum of 30 min.



Figure 4: Molluscum lesions are seen over scalp

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

**M. Sivasankari, Preema Sinha¹,
Subramaniyan Radhakrishnan¹**

Department of Dermatology, Military Hospital Jodhpur, Jodhpur, Rajasthan, ¹Department of Dermatology, Armed Forces Medical College, Pune, Maharashtra, India

Address for correspondence:


*Dr. Preema Sinha,
Department of Dermatology, Armed Forces Medical College,
Pune - 411 040, Maharashtra, India.
E-mail: sinhapreema@gmail.com*

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