

Molluscum Contagiosum En Plaque – An Unusual Presentation with Dermoscopy to Rescue

Dear Editor,

Molluscum contagiosum (MC) is a benign viral infection of the skin caused by the MC virus, resulting in single or multiple umbilicated papulonodular lesions. Various atypical presentations of the virus have also been described, mainly in immunocompromised patients. Dermoscopy plays an important role in the bedside diagnosis of difficult cases. The classical dermoscopy findings described in MC include yellowish-white structures and vessels in various patterns.^[1]

We describe a case of 53-year-old male with a single, asymptomatic, slowly progressive plaque on the scalp since 7 months. The patient was a renal transplant recipient 5 years back, continuing on oral tacrolimus and steroids. Dermatological examination revealed a solitary, well-defined, skin-colored to erythematous, 5 × 4 cm plaque with lobulated, shiny surface and few overlying hairs present on the frontal scalp [Figure 1]. The lesion was firm and nontender on palpation. Dermoscopy revealed numerous rosettes, multiple crown vessels, and a few polylobular structures [Figure 2]. The differential diagnoses included giant molluscum contagiosum, reticulated



Figure 1: Solitary plaque with lobulated surface

acanthoma with sebaceous differentiation, nevus sebaceous, and intraepidermal eccrine poroma. Serological tests for HIV-1 and HIV-2 were negative. Histopathological analysis revealed inverted lobules of acanthotic squamous epithelium with intracytoplasmic eosinophilic bodies [Figure 3], consistent with diagnosis of MC. Enucleation of the larger nodules was done, followed by application of 5% imiquimod cream for 3 months, leading to resolution of the plaque.

MC is considered a relatively simple clinical diagnosis, characterized by 2 to 6 mm pearly white umbilicated papules, although rare presentations such as giant MC (more than 1 cm), disseminated lesions, verrucous papules, molluscum dermatitis, etc., are well documented in the literature. The atypical lesions occur along with immunosuppression as the viral replication goes uninterrupted.^[2] In our case, the plaque-type appearance of MC leading to a diagnostic dilemma was probably due to multiple coalescent giant MC nodules.

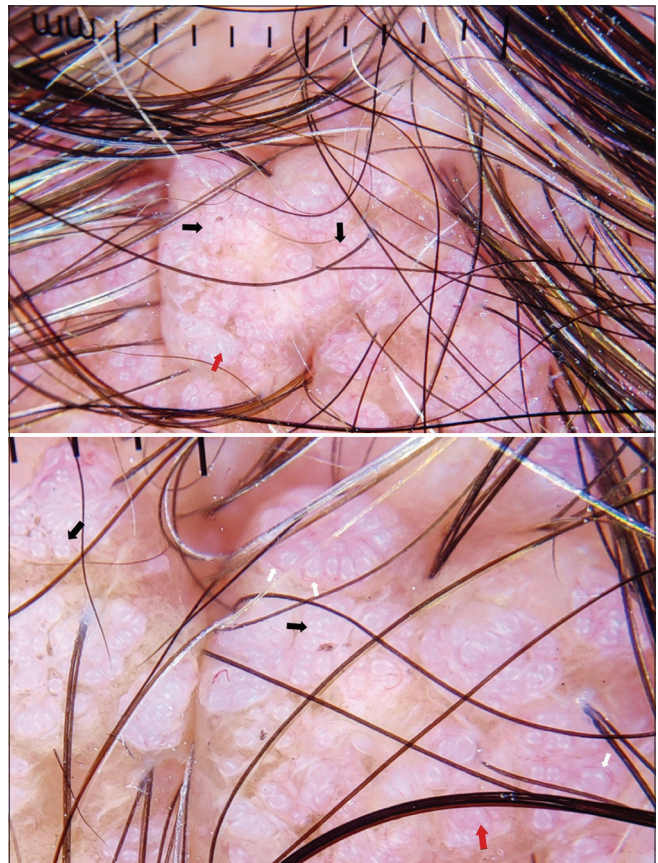


Figure 2: Polarized dermoscopy revealing numerous rosette structures in “four-leaved clover” pattern (black arrows), crown vessels (white arrows), and few polylobular structures (red arrows) (x 10)

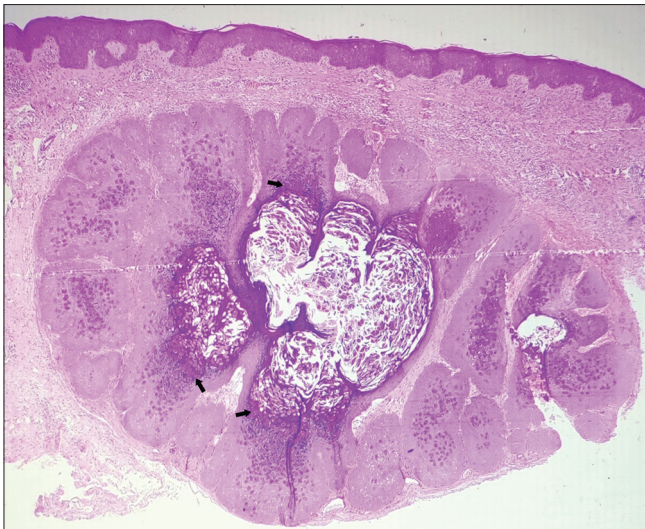


Figure 3: Histopathology showing inverted lobules of acanthotic squamous epithelium with intracytoplasmic eosinophilic bodies (black arrows) (H and E, x 40)

Various dermoscopic findings described in MC have been summarized [Figure 4].^[3] The rosette structure seen as four white points arranged in a ‘four-leaved clover’-like pattern has also been seen in other conditions such as actinic keratosis and squamous cell carcinoma.^[4] Although the exact etiology of this structure remains unknown, Haspeslagh *et al.* stated that rosettes are an optical effect of crossed polarization by concentric fibrosis or horny material at the infundibular level, and hence are not lesion-specific.^[5] Others have also suggested that these could represent an early stage of disease where the central crater formation has not established yet.^[6] In our case, as the lesion was evolving and present on scalp with numerous follicles, white structures in most of the fields of dermoscopy showed a rosette pattern predominantly, corroborating with the proposed etiology.

Overall, the case highlights an unusual plaque-type presentation of a common infection and also reiterates the significance of use of dermoscopy in daily practice, providing an immediate clue toward the diagnosis.

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.

PATTERNS OF WHITE STRUCTURES		
Roundish (Solitary whitish area in the centre of lesion)	Polylobular (White lesions of variable size and shape in centre)	Four leaved clover-like/rosette (White structure in a clover leaf shape)
SINGLE VASCULAR PATTERN		
Radial (Vessels present perpendicular to the centre)	Crown (Vessels surrounding the lesion)	Punctiform (Vessels present in punctate pattern)
MIXED VASCULAR PATTERN		
Crown + Radial	Crown + Punctiform	Crown + Radial + Punctiform

Figure 4: Representative image of various dermoscopic patterns in molluscum contagiosum

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