

## Efficacy of potassium hydroxide in patient of giant molluscum contagiosum: Use of common agent with a novel technique

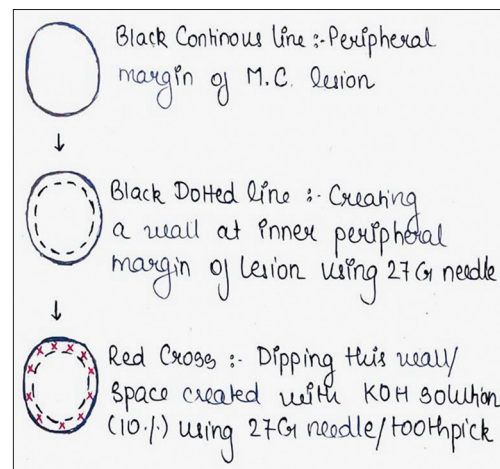
Sir,  
Molluscum contagiosum (MC) is a common benign mucocutaneous disease caused by a double-stranded poxvirus.<sup>[1]</sup> Disease is self-limiting in immunocompetent individuals, while in human immunodeficiency virus (HIV) patients, MC has an atypical predilection and prominence, with the majority of lesions occurring on the face/neck area and sometimes measuring more than 1 cm in diameter, known as giant MC.<sup>[2]</sup> Antiretroviral administration is recommended as the primary treatment for MC in HIV patients.

A 38-year-old, seropositive female, computer typist by occupation, presented with multiple skin lesions over her

face since last 3 months. The patient gave a history of blood transfusion twice, 7 years back. She was a known case of HIV for 24 months and was on anti-retroviral treatment (tenofovir, lamivudine, and efavirenz fixed-dose combination) for 18 months. On cutaneous examination, there were 12, shiny, nondischarging, nontender, papulo-nodular lesions over the face, predominantly around the right eye, all of them having central umbilication. Most lesions were approximately measuring about 10–20 mm. Some lesions were below 10 mm in size. The largest lesion measured 25 mm × 12 mm, which was just below the right lower eyelid [Figure 1]. There was no mucosal involvement. There were no other signs or symptoms related to Acquired immunodeficiency syndrome. Her cluster of differentiation (CD4) count was 244 cells/ $\mu$ l. Lymph nodes were not palpable and systemic examination was unremarkable. Routine hematological and biochemical investigations were within the normal limits. Giemsa stain (Tzanck smear) revealed Henderson-Patterson bodies. Her dermatology life quality index score was 13. The patient visited us during the COVID-19 pandemic, hence considering the limitations of various modalities present then; she was advised treatment with Potassium hydroxide (KOH) solution. Since many lesions were large, she was treated by a novel technique of pricking the lesion with 27G needle, creating a wall



**Figure 1:** Multiple umbilicated papulo-nodules predominantly over peri-ocular region with few giant lesions



**Figure 2:** Schematic illustration of 10% KOH application by novel technique. KOH: Potassium hydroxide



**Figure 3:** Complete resolution of all lesions after 5 sessions spaced at monthly interval

at the peripheral margin and dipping the entire wall with 10% KOH [Figure 2]. The assessment of response and side effects was performed every 15 days. The side effects recorded were edema and signs of secondary bacterial infection (pain, tenderness, and erythema), which were managed symptomatically. It required five sittings at monthly intervals for complete clearance [Figure 3]. She was followed for 2 months from the last treatment session with no sign of relapse.

Usually, the lesions of MC in HIV-infected patients are multiple and can present extensively over the face, including the eyelids. Although management options are multiple, the most widely used among them are curettage and cryosurgery.<sup>[3]</sup> The KOH solution is a strong base with a keratolytic effect, lyses proteins and lipids, and penetrates deeply.<sup>[4]</sup> Irritated lesions may become crusted and even pustular, simulating secondary bacterial infection. This may precede spontaneous resolution. Even though 10% KOH solution is associated with some local side effects, it is a safe, effective, inexpensive, readily available non-invasive alternative treatment option. The present work highlights the use of the traditional agent in a novel way which proved to be a safe, highly effective, and stimulating mode of therapy.

#### Declaration of patient consent

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

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Nil.

#### Conflicts of interest

There are no conflicts of interest.

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