

MOLLUSCUM CONTAGIOSUM IN A CHILD WITH ATOPY

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Abstract: Molluscum contagiosum is a frequent cutaneous viral infection in childhood, characterized by umbilical lesions and with spontaneous resolution in most two cases, but it can be aggravated in children with a history of atopy. The following case report aims to discover a typical case of molluscum contagiosum in atopic childhood and characterize the behavior. The care was given in a basic unit of the city of Franca, and a complete history and physical examination were carried out, and from there, foram feitos or diagnosis and the best conduct indicated for the patient, taking into consideration other clinical conditions and presentation of the doctor.

Keywords: Molluscum contagiosum, Atopic dermatitis, Pediatrics.

INTRODUCTION

Molluscum contagiosum is a frequent cutaneous viral infection in childhood, caused by Molluscipox, belonging to the poxvirus family. The most affected age groups are from 1 to 14 years old, especially for the ease of transmission, apart from sexually active adults and immunocompromised people. A presentation before 1 year is rare, probably due to maternal immunization (FRAUCHES, 2017).

Transmission occurs for as long as the lesions are present (MINISTÉRIO, 2002) and occurs through fomites, skin contact or autoinoculation, or incubation time varies from 14 days to 6 months, and recurrence is very common (FRAUCHES, 2017).

This doença is expressed by single or multiple papules (GASPAR, 2012), cor da pele, between three and five millimeters in diameter, being able to reach 3 centimeters, appearing as a giant mollusk. Its striking characteristic is a central umbilication (depression) whereby a white-stained substance full of viruses can extravasate

(FRAUCHES, 2017). The papules can also be shiny, cor rosy, smooth and located mainly in the armpits, lateral face of the trunk, genital regions, perianal and face (MINISTÉRIO, 2002). These injuries can lead to complications such as: inflammation, itching, eczema, secondary bacterial infections and scars (FRAUCHES, 2017).

The diagnosis is predominantly clinical, through the identification of umbilicated lesions, but if the lesions are atypical, histopathological studies, microscopy and gram staining can be used (FRAUCHES, 2017).

It is important to emphasize that most cases in immunocompetent children are self-limiting, with spontaneous resolution within 6 months to 2 years, and some cases may persist up to 5 years (GASPAR, 2012). In cases where treatment is needed, such as in atopic children or children who attend day care centers and schools, the same can be done with local cryotherapy, which achieves almost 100% cure, but there are still chances of recurrence and the possibility of side effects, such as pigmentary changes. sites, scars and atrophy. It is widely used due to its fast resolution and relatively low cost (FRAUCHES, 2017).

It is important to emphasize the existence of environments that facilitate transmission, such as day care centers, which are establishments that provide assistance to the population that have their own epidemiological characteristics, due to the characteristic profile of the people they serve and the specific risk of transmission of infectious diseases, since children are crowded together and receiving attention collectively (NESTI, 2007). It is important to emphasize that this risk relates to any institution that provides care to children, whether private or public.

Another very important factor in the transmission of any infectious disease with regard to children is the easy transmission

caused by poor hygiene habits, such as taking hands and objects to the mouth, very close physical contact, lack of hygienic habits (NESTI, 2007).

One of the aggravating factors of molluscum contagiosum in children is atopy, which are changes in the immune system where there is an exacerbated response to substances that are normally tolerated by non-atopic individuals. The main manifestations are asthma, rhinitis and dermatitis, the latter being usually the “gateway” for the development of allergic diseases (VERDE, 2013). The relationship between molluscum contagiosum and atopy is extremely strong, and it is possible to correlate the increase in the number of cases of molluscum contagiosum with the increase in the number of atopic children (GASPAR, 2012).

It is believed that the higher prevalence of molluscum contagiosum in atopic patients is due to changes in cellular immunity and skin barrier function. In these patients, the lesions are difficult to resolve, are more widespread and are more likely to have complications, especially pruritus and eczema (SEIZE, 2011).

With this, it is clear the need to know the clinical picture of the disease in atopic children, in order to diagnose it early, treat when necessary and carry out all preventive measures, especially with regard to children of preschool and school age.

Therefore, the following report aims to describe a typical case of molluscum contagiosum in an atopic school-age child, as well as to characterize the conduct taken and the necessary guidelines.

DESCRIPTION OF THE CASE

DEMOGRAPHIC DATA

IG, 5 years old, born and resident in Franca, has been attending the day care center in his neighborhood for 3 years.

ANAMNESIS

The patient came to the UBS complaining of pruritic elementary lesions spread over the right hand and arm and back. During the investigation, the mother reports that the patient had already presented the lesions on the arm for three weeks, believed that it was an allergy and therefore applied “nebacetin” on the site, and after 1-2 days, the lesions began to disappear. In the last episode, the mother reports that lesions appeared 2 days ago and that since then the patient has been complaining of itching, and therefore, this time she decided not to apply anything and wait for medical advice. In relation to lesions on the right hand, the patient reported that they are the ones that most bother him, being extremely itchy. The mother reports that the lesions have been present for weeks and that they have not disappeared with the use of “nebacetin”. Regarding the lesions present on the back, the patient reports that they are pruritic, especially at night, and the mother reports that the lesions seem to have a liquid inside, which has not yet leaked.

With regard to the patient’s history, the mother reports that the patient was diagnosed with asthma at the age of 3, making constant use of medication and an inhaler (she was unable to inform the name and exact dosages). Also at the age of three, the patient had pneumonia that progressed to pleural effusion, and later to necrosis of the right lower lobe, requiring surgical removal. After surgery, the patient suffered several seizures due to the ingestion of large amounts of anticonvulsants, requiring hospitalization for constant monitoring. After all these episodes, the mother reports that the patient received the pneumo 13 vaccine, and after that, her asthma attacks decreased considerably, with almost no need for inhaled medications.

PHYSICAL EXAM

Good general condition, acyanotic, anicteric and without signs of malnutrition. Weight: 15kg.

Skin and mucous membranes: the mucous membranes were well hydrated and normal chords and the skin was dry. Dorsal lesions are papules with central umbilication, characteristic of Molluscum Contagiosum. Lesions on the anterior aspect of the arm are urticarial, characteristic with lesions of allergic origin. The lesions on the palmar surface of the right hand were hyperemic plaques of dehidrosis.

Head and neck: absence of bulges and retractions, absence of palpable cervical lymph nodes. Mouth and throat with mild signs of hyperemia, with no plaques of pus or other changes. Pearly tympanic membrane, without bulging or color changes, absence of ear canal hyperemia.

Cardiovascular: two rhythmic, normophonetic sounds, without splitting or murmurs. Symmetrical radial pulses.

Pulmonary: Absence of bulges and retractions on inspection, but there is a horizontal scar in the lateral region of the chest at the level of the fifth or sixth intercostal space. Symmetrical expansion, no signs of respiratory effort. On auscultation, vesicular murmur was present bilaterally, except in the right base, where the lower lobe was removed. Absence of transmission snores or other noises.

Abdomen: hydro-air sounds present, absence of scars, bulges or retractions. Tympanic percussion in hollow viscera and massive in massive viscera. Absence of pain or masses on superficial and deep palpation, no pain on sudden decompression.

Genitourinary: presence of grade II phimosis.

INTERVENTION

Compound W was prescribed – Wart remover to be applied once a day, at night, before bed; dexamethasone cream 1mg to be applied twice a day to lesions on the hand and arm; Hexisine 4mL, three times a day, every 8 hours, for 5 days; cetaphil, neutrogenakids or stelatopia moisturizer, apply all over the body after every shower. The patient was instructed to remove allergens (such as peanuts) from the diet, take warm baths (hot baths dry out the skin), drink plenty of water and be aware of the possibility of relapse of molluscum contagiosum.

DISCUSSION

Analyzing the clinical picture and epidemiological profile of the patient, the diagnosis of molluscum contagiosum becomes clear, which is corroborated by the presence of atopy, living in day care centers and the evolution of pain lesions.

Living in day care centers and schools can be considered a risk factor for all communicable infectious diseases and this risk is related to the prevalence of the disease in the general population and the number of susceptible individuals in the day care center (NESTI, 2007). With this in mind, it is clear that even if the prevalence of molluscum contagiosum is not high in the general population, the probability of a child contracting the virus in day care is still high, since they are represented in the most susceptible groups.

When we analyze the fact that the patient is already more likely to attend day care centers and add another risk factor, that is, the fact of being atopic, the risk of complications, such as pruritus and secondary bacterial infections, increases even more (FRAUCHES, 2017).), and reduce the chances of spontaneous resolution of the disease, and drug treatment is indicated.

The prescribed treatment was cryotherapy with wart removers (FRAUCHES, 2017), whose main compound is salicylic acid, which has an antipruritic and caustic action, leading to the destruction of the lesion by tissue disintegration (GAMONAL, 1999). This was the treatment of choice since the patient has few lesions spread over the body, if he has a greater number of lesions and more extensive involvement of the body, the indicated treatment would be surgical, with curettage of the lesions under local anesthesia (OLIVEIRA, 2017).

Another finding in the patient was dehydrosiform eruptions, represented by acute and recurrent vesicular lesions, mainly on the palms of the hands and soles of the feet, more prevalent in the summer, associated with emotional stress, and closely related to intense pruritus and hyperhidrosis (MINELI, 2008).

Atopic desidrosiform eruption occurs mainly in patients with a family history or positive person for atopy. In them, the vesicles are grouped in plaques in the plasmoplantar region, mainly on the lateral and dorsal surface of the fingers, being accompanied by intense itching (MINELI, 2008). The most indicated treatment is careful hand washing, use of moisturizers, potassium permanganate and indication of topical corticosteroids.

FINAL CONSIDERATIONS

In short, the case study covered all the proposed objectives, making a reliable description of a real case of molluscum contagiosum, in a patient with atopy, that is, with an aggravating factor. The appropriate treatment for the clinical presentation of molluscum contagiosum, for the desidrosiform eruption and topical treatment of atopy in general was also characterized.

Along with the case, other publications were cited that emphasize the importance

of molluscum contagiosum and its close relationship with atopic children, caused by defects in barriers or other types of susceptibility.

As it was a case report made from a single consultation, it was not possible to know if there were relapses or not after the proposed treatment, or even if it worked.

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