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RESEARCH ARTICLE

MOLLUSCUM CONTAGIOSUM PRESENTING AS A POLYP IN MUCOCUTANEOUS JUNCTION OF NASAL SEPTUM – A RARE CASE

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ABSTRACT

Molluscum contagiosum occurs worldwide. It is seen most commonly in children, but it may be found in persons of allages. It consists of a variable number of small, discrete, waxy, skin-colored, domeshaped papules, usually 2 to 5 mm in size. A 19 year old male patient presented to the ENT OPD with complaint of small nodule in the mucocutaneous junction of nasal septum for 6 month. Histopathology of excised nodule revealed hyperkeratosis, parakeratosis, acanthosis, elongation of rete ridges, ulcer formation and follicular plugging. Stratum corneum and stratum malpighian shows presence of eosinophilic intracellular molluscum bodies.

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INTRODUCTION

Molluscum contagiosum is a DNA virus from the poxvirus group and is responsible forthis epidermal and mucous membrane infection that involves the face. It is not contagious and occurs in temperate climates. Profuse eruptions are seen in immunocompromised adults and patients with the acquired immunodeficiency syndrome (Michel, 2008). Molluscum contagiosum in the nasal septum is very rare. Our case had an incidental histopathological finding of molluscum bodies in nasal septum without any immunocompromised state

CASE REPORT

A 19 year male presented with complaint of small nodule in the mucocutaneous junction of nasal septum which bleeds on touch for six month. History of epistaxis from nasal mass was present. Routine investigations was with in normal limits. On gross examination a grey white small nodule measuring around 0.5x0.5x0.4cm was received. Histopathological examination of excised mass revealed hyperkeratosis, parakeratosis, acanthosis, elongation of rete ridges, ulcer formation and follicular plugging. Stratum corneum and stratum malpighian layers show the presence of eosinophilic intracellular molluscum bodies.

DISCUSSION

Molluscum contagiosum virus (MCV) is a poxvirus that causes tumor-like skin lesions and these features characterize the inflammatory response in lesions that will likely undergo spontaneous regression (Swiecki, 2011). Molluscum contagiosum (MC), also called as water warts. Lesions are flesh-colored, dome-shaped, and pearly in appearance. They are often 1–5 mm in diameter, with a dimpled center (umbilicated) (Likness, 2011). Molluscum lesions are most commonly found on the face, arms, legs, torso, and armpits in children. Adults typically have molluscum lesions in the genital region and this is considered to be a sexually transmitted infection; because of this, if genital lesions are found on a child, sexual abuse should be suspected. In about 10% of the cases, eczema develops around the lesions. Onset of the lesions is around seven weeks after infection (Naif et al., 2018). These lesions are generally not painful, but they may itch or become irritated. Picking or scratching the bumps may lead to a spread of the viral infection (Basta-Juzbašić, 2014). Molluscum contagiosum virus (MCV) infects preadolescent children and sexually active adults, frequently causing a disfiguring cutaneous disease in immunosuppressed HIV-infected individuals (Buller, 1995).

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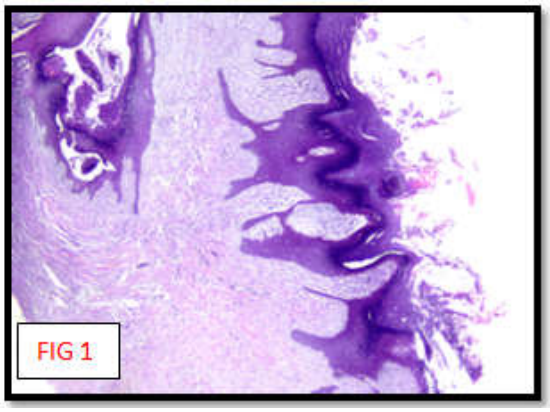

Figure 1. Scanner view (H&E STAIN) showing presence of eosinophilic molluscum bodies in stratum corneum

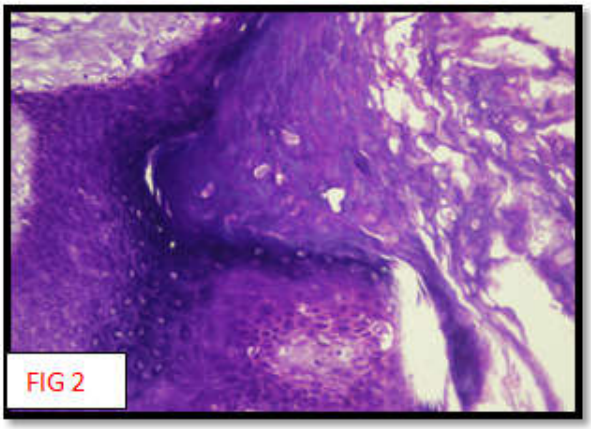

Figure 2. 400 X (H & Stain) Show Hyperkeratosis And Presence Of Eosinophilic Molluscum Bodies In Stratum Corneum

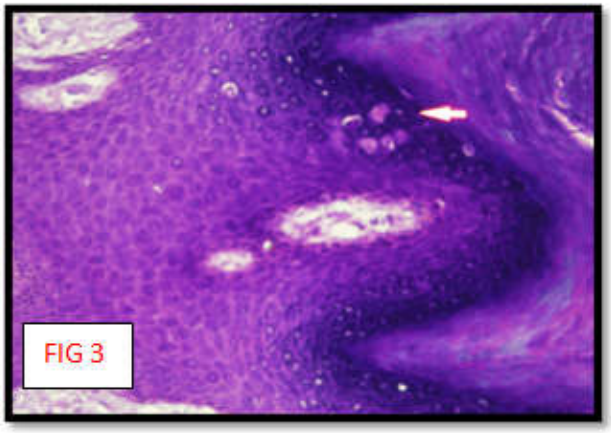

Figure 3. 400 x (h &e stain) arrow pointing toward eosinophilic molluscum bodies in stratum malpighian layer

Molecular-based diagnostic assay would be feasible in cases where diagnosis is necessary. For diagnostic purpose PCR reaction amplifying 393-bp- and 575-bp-long regions from MCV genome can also be used for the detection. Saral Y et al studied 61 cases molluscum cases (100%) included in the study contained MCV genetic material as demonstrated by the presence of 393- and 575-bp-long PCR amplified products (Saral, 2006). Molluscum contagiosum can form confluent lesions on the eyelids in patients with AIDS, which may cause a keratoconjunctivitis. Local removal of molluscum eyelid nodules appears to be of limited long-term value in patients with T-cell immunodeficiency (Robinson, 1992). It is rarely associated with other skin diseases, especially cutaneous neoplasms. 578 Molluscum contagiosum cases examined in the Laboratory of Dermatopathology of the University Hospitals of Strasbourg and showed the locations of MC were as follows: head and neck (34.7%), trunk (27.1%), lower limbs (20.7%), upper limbs (8.7%), and genitalia (3.8%) (Cribier, 2001). The possibility of MC bodies in nasal septum is mainly seen in immunocompromised adults and patients with acquired immunodeficiency syndromes. But on inquiring from the patient and reviewing all the previous laboratory findings, the patient was not suffering from any such manifestation. In the absence of any known cause of MC, this case should be described as molluscum contagiosum at unfamiliar localisation in the mucocutaneous junction of nasal septum.

Conclusion

More studies are required to be undertaken for such incidental finding as not much literature is available regarding molluscum contagiosum bodies in the nasal septum. Although it is a very rare site for molluscum contagiosum and an incidental finding but the histopathologist should keep in mind that such rare cases can be seen in the practice and should not be ignored and carefully examined and diagnosed .

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