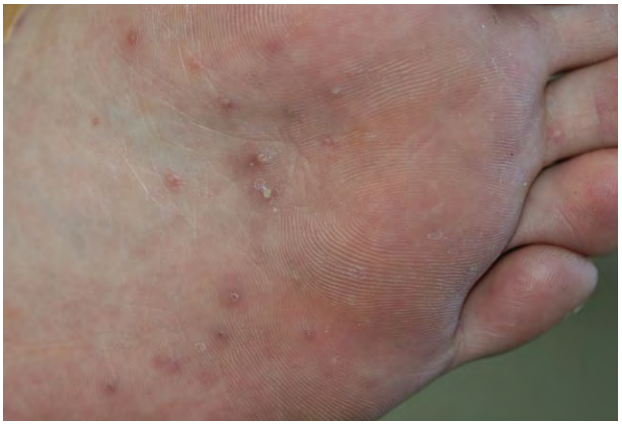
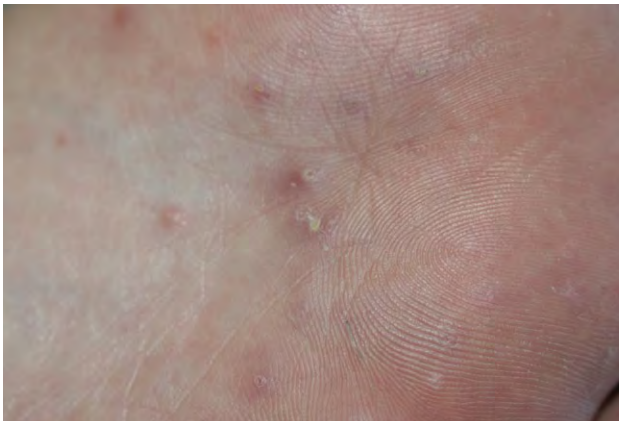
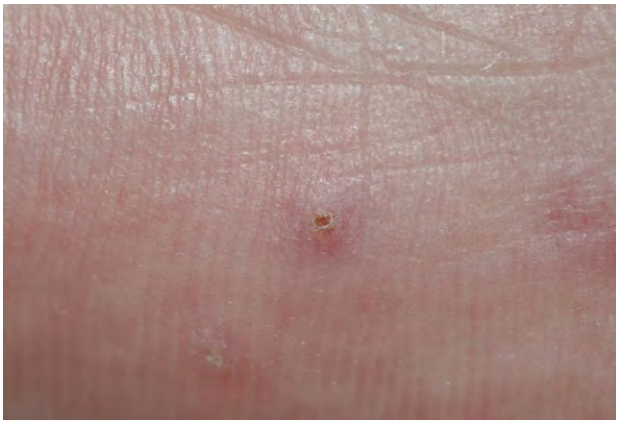
# What Is Your Diagnosis?







A 14-year-old adolescent girl reported painful papules on her left foot that had spread over several months with a new single lesion on the third toe of the right foot. The patient did not have a history of a similar eruption and noted no other involvement. She was a competitive, year-round swimmer and frequently used public swimming pools and showers. The patient had not received treatment at the time of diagnosis.

PLEASE TURN TO PAGE 173 FOR DISCUSSION

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The authors report no conflict of interest.

# The Diagnosis: Molluscum Contagiosum on the Sole of the Foot

Physical examination of our patient, a 14-year-old healthy swimmer, revealed scattered small papules with a central keratotic core and surrounding telangiectasia on the sole of the left foot (Figure 1) and tip of the third toe on the right foot. A working differential of plantar focal hyperkeratosis, verrucae, and plantar molluscum contagiosum was developed. Results of a shave biopsy revealed viral inclusion particles within a thickened corneal layer of the epidermis consistent with molluscum contagiosum of acral skin (Figure 2). The patient responded well to treatment with imiquimod cream 5% applied once daily and had nearly complete resolution of her lesions by 3 months.

Molluscum contagiosum classically presents as umbilicated papules on the genitals, face, and trunk.[1] Descriptions of the disease have appeared in the medical literature since 1817, though the condition was first noted and described as infectious by Edward Jenner in 1796.[2,3] For many years molluscum contagiosum was believed to be a human poxvirus that never involved acral skin. Subsequently, cases have been described in a chimpanzee, kangaroo, and horse, and according to a PubMed search of articles indexed for MEDLINE using the terms *molluscum* or *molluscum contagiosum* and *sole*, *palm*, or *acral*, 5 published cases of molluscum contagiosum involving acral skin in humans have been reported.[4-6] In all of these cases

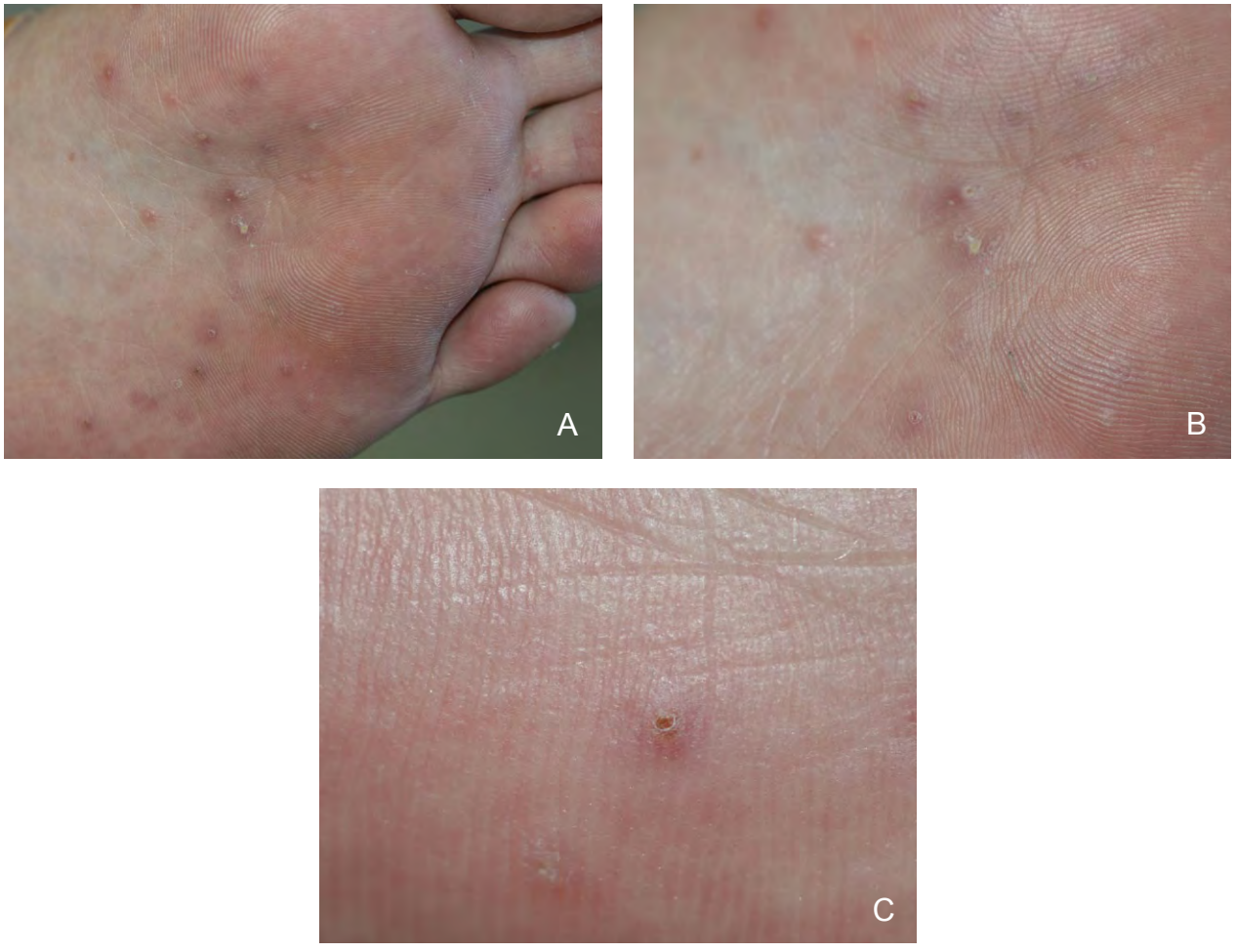


**Figure 1.** Papules with a central keratotic core and surrounding telangiectasia on the sole of the left foot (A–C).

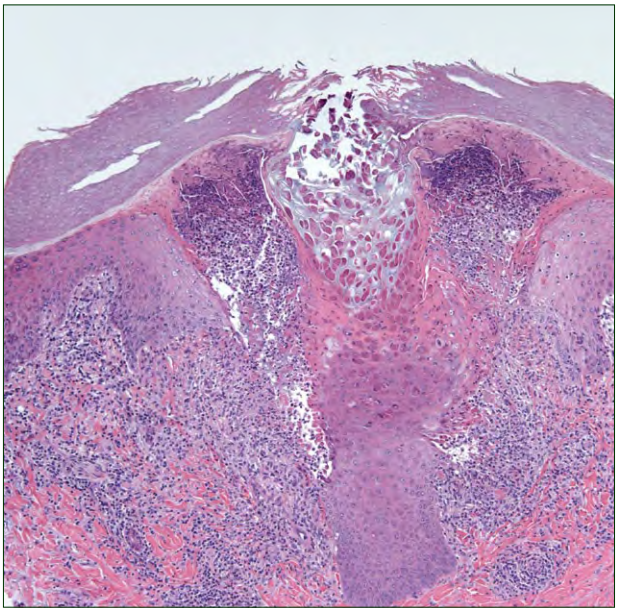

**Figure 2.** Results of a shave biopsy revealed viral inclusion particles within a thickened corneal layer of the epidermis consistent with molluscum contagiosum (H&E, original magnification ×100).

the atypical location made the diagnosis of molluscum contagiosum challenging, yielding frequent confusion with plantar warts. Diagnosis is histologically obvious when Henderson-Patterson bodies are seen. Risk factors for the spread of molluscum contagiosum include physical contact with infected skin and fomites such as bath towels, tattoo instruments, beauty parlors, and Turkish baths.[7]

Although infrequent, molluscum contagiosum can be limited to glabrous skin. Our patient's history of repeated contact with fomites including public swimming pools and showers increased her risk for exposure. Because this entity has been described in the literature dating back to 1964,[8] this diagnosis should be considered for painful papular lesions presenting on acral skin, especially in patients with risk factors.

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