



PATHOGENESIS

- Caused by **DNA poxvirus**.
- Spreads through **fomites, autoinoculation, and skin-to-skin**.
- **Swimmers** are regularly exposed to public pools with the virus.



CLINICAL PRESENTATION

- Primarily occurs in young **school-aged children**.
- It presents with multiple **small, skin-colored or pink, dome-shaped, umbilicated papules** (75% are umbilicated).

MANAGEMENT

Watchful waiting is appropriate for the majority of patients as on average most lesions resolve by 13 months.

- First-line therapies include cantharidin (most common), cryotherapy, curettage.

Physical destruction



Curettage

Cryosurgery

Electrosurgery

Topical therapy



Alkali agent (eg: potassium hydroxide)

Blistering agent (eg: cantharidin)

Imiquimod (promotes immune response)

Retinoic acid

Salicylic acid

PREVENTION

- ✓ Minimize **shared items** (eg: towels, toys).
- ✓ To prevent spread, **wash hands, cover bumps, and avoid touching bumps**.