

Careful consideration must be given to the possibility of occult neoplasms in dermatomyositis in middle-aged to elderly patients.^{3,8,9} The most common cancers found in association with dermatomyositis are ovarian, pancreatic, and lung cancers.

We have presented a case of dermatomyositis associated with cancer of the lung and presenting livedo reticulatus ulcers due to livedoid vasculopathy. We wish to stress the importance of screening for occult neoplasms in elderly patients with dermatomyositis, particularly when they have extensive skin manifestations.

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Curettage for the Treatment of Molluscum Contagiosum: A Descriptive Study

Tratamiento mediante curetaje de moluscos contagiosos: estudio descriptivo

To the Editor:

Molluscum contagiosum (MC) is a viral skin infection and a frequent reason for consultation. The condition mainly affects children, sexually active individuals, and immunosuppressed patients.¹ In immunocompetent patients, MC is a self-limiting infection and usually resolves spontaneously within 6 months to 4 years, hence treatment is not always necessary.²⁻⁴

Multiple therapeutic options are available: *a)* surgical techniques (physical destruction of the lesions by cryotherapy or curettage), *b)* topical agents that produce a local inflammatory response by causing irritation (eg, 0.7%-0.9% cantharidin or 5%-20% salicylic acid), and *c)* topical immune-response modifiers (0.3%-3% imiquimod or cidofovir gel or cream). The choice of treatment depends on the patient (age, number of lesions, lesion sites, complications, history of atopic dermatitis or immunosuppression, fear, occupation, recreational activities, distance to medical center, etc), and on physician expertise (this can improve cure rates with the different therapeutic modalities).⁴⁻⁶

Few studies have investigated more commonly used or suggested treatments such as curettage and cryotherapy.⁷ The purpose of this study was to evaluate MC cases treated

by curettage in our department and the factors associated with a higher rate of therapeutic failure.

A descriptive study was conducted. Patients who consulted for MC between June 16, 2008 and March 15, 2009 were recruited and underwent treatment of all lesions by curettage in the Dermatology Department of Complejo Hospitalario Arquitecto Marcide-Novoa Santos, Ferrol, Spain.

In each case, the following variables were recorded in accordance with a pre-established protocol: sex, age, association with atopic dermatitis, number of household members affected, number of MC lesions at the first visit, anatomic site of the lesions (subdivided into head, neck, trunk, arms, legs, and pubic-anogenital region), number of body areas affected, and number of lesions 2 months after curettage.

The diagnosis of MC was based on the characteristic appearance of frequently umbilicated papules with a diameter of less than 1 cm. Patients were considered to be cured if they had no MC lesions. If necessary, a topical anesthetic cream of lidocaine plus prilocaine (EMLA cream) was applied under an occlusive bandage 1 hour before the procedure.

A descriptive study of the variables included was performed, with the quantitative variables expressed as the mean (SD) and qualitative variables as percentages. Categorical variables were analyzed using the χ^2 test and quantitative variables using the *t* test. The statistical analysis was performed using SPSS 15.0; *P* values less than .05 were considered significant.

Table 1 Mean (SD) Age, Number of Lesions, and Number of Anatomic Areas Affected

	Mean	SD
Patient age	9.77	10.33
Number of MC lesions at the first visit	11.33	13.69
Number of anatomic areas affected	1.57	0.64
Number of lesions at 2-month follow-up visit	4.35	7.46

Abbreviation: MC, molluscum contagiosum.

Table 2 Comparison of Mean Values for Age, Number of Lesions of Molluscum Contagiosum, and Number of Anatomic Areas Affected Between Cured and Uncured Patients

	Cured	Not Cured
Patient age	11.34	8.78
Number of MC lesions	10.07	12.13
Number of anatomic areas affected	1.38	1.70

Abbreviation: MC, molluscum contagiosum.

Over the 9-month study period, 75 patients with MC were recruited and underwent curettage of all lesions. There was a higher frequency in men (58.66% men, 41.33% women). The mean age was 9.7 (10.3) years. The mean number of lesions was 11.33 (13.699) (Table 1). Atopic dermatitis was observed in 44% of patients, and 34.6% of household members were affected. Approximately half the patients had more than 1 body area affected (37 of 75 patients). The most common sites were the trunk (44 patients, 58.6%) and arms (30 patients, 40%).

At the 2-month follow-up visit, the mean number of lesions was 4.35 (7.468). A minority of patients achieved cure (29/75 cases, 38.7%). Therapeutic failure was associated with male sex, lower age, lesions on the head, neck, trunk, and arms, and a higher number of lesions and body areas affected. However, these differences were only statistically significant for 2 variables: number of areas affected and presence of lesions on the trunk ($P < .05$) (Table 2).

According to the medical literature, the usual patient who consults for MC is younger than 12 years and has fewer than 15 lesions. More than a quarter have atopic dermatitis. In around 35% cases, another member of the household is also affected.^{5,8,9}

Curettage (scraping with a curette) is one of the most commonly used treatments. Good results are achieved in fewer visits, and pain can be minimized by applying a topical anesthetic. One study found that curettage was the therapeutic option with the fewest side effects and greatest effectiveness, compared to cantharidin, a combination of lactic acid and salicylic acid, or imiquimod, and that 80.6% of patients were cured after 1 session.⁵ However, we only observed 38.66% of patients free of MC in our series, similar to the rate of 34% reported in another recent study.¹⁰

In our study the factors related to the highest rates of therapeutic failure were the presence of lesions on the

trunk, the number of anatomic areas affected, and the number of lesions at the initial visit. In contrast to other series, atopic dermatitis was not found to be associated with recurrence.¹⁰

In conclusion, it seems reasonable to consider or associate therapeutic options other than curettage in patients with multiple MC lesions in several areas of the body, particularly when the trunk is involved.

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