Solitary Molluscum Contagiosum

A 7-year-old girl presented with solitary, asymptomatic, nodule near right angle of mouth for 8 months. The lesion started as a small papule and increased in size over time. The child was otherwise healthy. On examination, single erythematous nodule measuring 1 cm, and of soft to firm consistency, was seen near the right angle of mouth. The top of the lesion was eroded and covered with crust. Rest of the muco-cutaneous examination was unremarkable (***Fig.* 1**). During examination, whitish paste like material was expressed during palpation. Giemsa stain of the material showed faint bluish cytoplasmic inclusions (***Fig.* 2**). The lesion was removed by shave excision and was sent for histopathology. The histopathology findings were acanthosis and eosionphilic cytoplasmic inclusions, confirming the diagnosis of molluscum contagiosum. Family members were examined and classical molluscum contagiosum lesions were noted in brother (left temple region) and mother (abdomen). After shave excision, oral and topical antibiotic was advised for 7 days; the lesion resolved completely in 2 weeks, without any sequale.

Solitary molluscum contagiosum poses a diagnostic challenge and is confused with keratoacanthoma (firm lesion with central keratin material) and granuloma pyogenicum (soft friable lesion with history of bleeding on minor trauma or spontaneously). Cytopathology can be helpful in rapid diagnosis of such lesions.

FIG. 1 *Erythematous crusted nodule at the angle of mouth.*

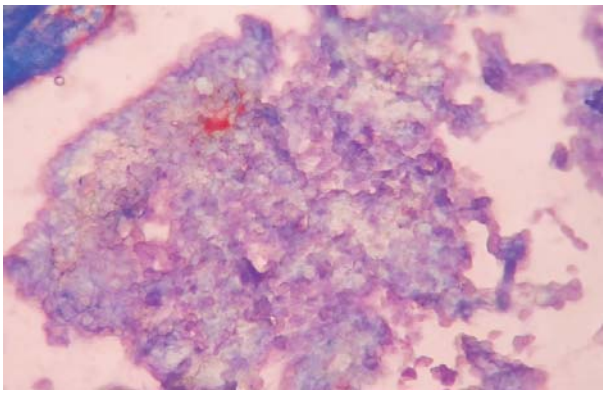

FIG. 2 *Pale blue cytoplasmic inclusions (Giemsa stain X 400).*

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Neonatal Milia

A full-term female neonate born by emergency lower segment Caesarean section (for the indication of breech in labor) was referred to us for evaluation of a profuse eruption of white lesions on her face. On examination, a profuse eruption of shiny, pearly white papules was noted on chin, forehead, cheeks and nose (***Fig.* 1**). Mild hypertrichosis was also present on face. Rest of the mucocutaneous examination was normal. No specific treatment was prescribed. At a follow-up visit, all the lesions had completely resolved. Based on the classic presentation and natural resolution of the lesions, a clinical diagnosis of neonatal milia was made.

Milia are one of the most common transient skin disorders in neonates being present in up to 30-50% of neonates. These consist of 1-2 mm white or yellowish papules on the face; the nose is usually predominantly affected. Less commonly, trunk and extremities are also involved. Milia are epidermal keratin cysts developing in connection with the pilosebaceous follicle. Similar inclusion cysts may also be seen on the palate (known as