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Journal discussion (16/09/2025)

Title of journal: <u>Improving Molluscum Treatment Options:</u>

<u>Overcoming the Challenge of Poor Adherence</u>

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OBJECTIVE: This review aims to understand medication adherence and its influence on efficacy for existing and novel topical treatments for molluscum contagiosum. METHODS: A PubMed search was performed on clinical studies from 2000 to 2023 assessing adherence and treatment efficacy for topical and non-topical therapies used to treat molluscum. RESULTS: Adherence to individual topical treatments for molluscum is poor and limits their utility in clinical practice, despite demonstrated safety, painless administration, and advantages for pediatric and home use. Studies suggested lower adherence for topical rather than procedural treatments due to delayed effects, long treatment duration, and uncertain perceived benefits. New topical agents, VP-102 (ie, cantharidin 0.7% drug-device combination) and SB206 (ie, berdazimer gel 10.3%), showed promising efficacy in clinical trials, but their ability to address adherence is unclear. LIMITATIONS: There is a lack of sufficient clinical studies on topical medications for molluscum contagiosum, limiting our overall understanding of adherence and practical efficacy. CONCLUSION: Several studies suggest that commonly used topical medications for molluscum suffer from poor adherence, reducing treatment efficacy. Addressing adherence to these medications may promote the utility of topicals to deliver the need for safe, painless, and efficacious treatments for molluscum. Larger, well-designed trials accounting for adherence are needed before evidence-based treatment recommendations can be made for topical molluscum treatments. Our findings propose that in-office topicals like cantharidin may overcome nonadherence and enhance efficacy compared to daily home-administered topical medications. KEYWORDS: Molluscum contagiosum, treatment adherence, topical medications, cantharidin, pediatric dermatology, berdazimer gel.

Conclusion: MC is a common dermatologic condition that currently lacks a consensus on the best management approach. There is a need for good topical treatments as alternatives to cryosurgery or curettage, which can be painful and traumatic for children. Two novel topical drugs, VP-102 and SB206, have been approved for MC, and having performed well in large randomized-controlled human trials, without major safety concerns. Poor adherence to treatment is a likely barrier to the utility and efficacy of topicals for MC. Long treatment courses, delayed clinical effect, and uncertain efficacy of the current topical medications may be contributing to patient dissatisfaction and nonadherence. The success of these treatments in clinical trials often exceeds what we see in real practice due to better treatment adherence during clinical studies. Simple, effective, and painless in-office topical treatments are promising and may overcome the challenges of adherence to home-use topical medications.

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