

# Warts, Molluscum & Fungal Infections

## Overview

Skin infections are very common—especially in children, athletes, and anyone with close skin-to-skin contact. Three frequent causes we treat are:

- **Warts** (caused by certain types of HPV)
- **Molluscum contagiosum** (a common poxvirus infection)
- **Fungal infections** (like ringworm/tinea, athlete's foot, and jock itch)

These conditions are usually **treatable** and often improve faster with the right diagnosis and plan.



© MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH. ALL RIGHTS RESERVED.

## 1) Warts

### What are they?

Warts are rough, thickened bumps caused by a virus that infects the top layer of skin.

### Common types

- **Common warts** (hands/fingers)
- **Plantar warts** (feet—can feel like stepping on a pebble)
- **Flat warts** (small, smooth—often face/arms/legs)
- **Genital warts** (treated differently—please ask for a dedicated visit)

## How they spread

By direct contact or shared surfaces (gym floors, towels). Small skin breaks make it easier for the virus to enter.

---

## 2) Molluscum Contagiosum

### What is it?

**Molluscum** causes small, smooth, pearly bumps—often with a **tiny central dimple**. It's common in children but can occur in adults too.

### How it spreads

Skin-to-skin contact, shared towels, sports equipment, and sometimes through shaving or scratching (it can “seed” to nearby skin).

---

## 3) Fungal Infections (Tinea)

### What are they?

Fungal infections (often called **tinea**) can affect skin, feet, groin, scalp, or nails.

### Common examples

- **Ringworm (tinea corporis):** circular, scaly rash with a more active border
  - **Athlete's foot (tinea pedis):** itchy scaling between toes or on soles
  - **Jock itch (tinea cruris):** itchy groin rash
  - **Scalp fungus (tinea capitis):** scaling + broken hairs (more common in kids)
  - **Nail fungus:** thickened/discolored nails (requires a specific workup and plan)
- 

## How We Diagnose These Conditions

Diagnosis is often made with:

- A focused skin exam (sometimes with magnification/dermoscopy)
- If needed:
  - A quick skin scraping test for fungus
  - Culture or other testing in select cases
  - Sometimes we evaluate for look-alike conditions (eczema, psoriasis, dermatitis)

# Treatment Options

Your treatment depends on which condition you have, the location, and how many spots are present.

## Warts

Common options may include:

- **In-office freezing (cryotherapy)**
- **Topical treatments** (office-prescribed or guided OTC options)
- **Targeted treatments** for stubborn warts (varies by site and age)

## Molluscum

Options depend on age, location, and number of lesions:

- Watchful waiting in some cases (it can resolve over time)
- **In-office treatments** to speed clearance (when appropriate)
- Guidance to reduce spreading (very important)

## Fungal infections

- **Topical antifungal medication** for many skin/foot/groin infections
- **Oral antifungal medication** in select cases (for scalp infection, extensive disease, or certain nail infections)
- Hygiene and prevention steps to reduce recurrence

---

# Pre-Op Instructions (Before Your Visit / Treatment)

*(Not surgery—these are “before treatment” tips.)*

## Before your appointment

- Don't cover the area with heavy makeup or thick ointments right before the visit.
- Bring a list of what you've tried (creams, sprays, home remedies).
- If you suspect a fungal infection:
  - Avoid applying antifungal cream for **24 hours** before your visit if possible (helps us evaluate and test).
- Wear clothing that makes the area easy to examine (hands/feet/groin/scalp).

## **If an in-office procedure is planned (like freezing)**

Tell us if you:

- Take blood thinners or bruise easily
  - Have circulation problems in hands/feet or nerve issues
  - Have a history of strong reactions to prior freezing treatments
- 

## **Post-Op Instructions (After Treatment)**

### **After wart or molluscum freezing (cryotherapy)**

#### **What's normal**

- Redness, swelling, tenderness
- A blister may form and then crust
- Healing often takes 1–2+ weeks depending on location

#### **Care**

- Keep it clean; gentle soap and water is fine
- Do not pick at blisters or scabs
- Cover with a bandage if it rubs on clothing/shoes
- Call us if you have increasing warmth, pus, fever, or worsening pain

### **After topical treatments (warts/molluscum/fungus)**

- Use exactly as directed (consistency matters)
- Avoid harsh scrubbing
- Wash hands after applying medication unless treating hands

### **Preventing spread and recurrence (key!)**

- Don't share towels, razors, socks, shoes, or nail clippers
  - Keep feet dry; change socks daily
  - Wear shower shoes in gyms/pools
  - Avoid scratching; keep nails short
  - For molluscum: avoid shaving over bumps and cover lesions for sports when possible
-

# FAQ: Warts, Molluscum, & Fungal

## Are these contagious?

Yes—all **three can spread** through contact or shared surfaces. The good news: treatment plus prevention steps can greatly reduce spread.

---

## How can I tell which one I have?

They can look similar. In general:

- **Warts:** rough/raised, can have tiny black dots, common on hands/feet
  - **Molluscum:** smooth, dome-shaped bumps with a small central dimple
  - **Fungus:** scaly, itchy rash (often ring-shaped on body or between toes)  
A quick exam is often the fastest way to confirm.
- 

## Do warts go away on their own?

Some do, but it can take months to years. Treatment often speeds improvement—especially for painful plantar warts or spreading warts.

---

## Why do my child’s molluscum bumps keep spreading?

Scratching, rubbing, and shaving can spread it to nearby skin. We’ll show you how to reduce “autoinoculation” and discuss treatment options.

---

## Is ringworm caused by a worm?

No. “Ringworm” is a nickname for a **fungal** infection that often forms a ring-like rash.

---

## When should I worry about a fungal infection?

See a dermatologist promptly if:

- It's on the **scalp** (especially in children)
  - It's widespread, painful, oozing, or not improving
  - You have diabetes, immune suppression, or frequent recurrences
- 

## Can I use Over The Counter products first?

Often yes. Many mild fungal infections and some warts can start with OTC care—but if it's persistent, spreading, painful, or unclear, a medical evaluation saves time and frustration.

---

## When should I call the office after treatment?

Call if you have:

- Severe blistering, increasing pain, spreading redness
- Drainage/pus, fever
- A rash that rapidly worsens or spreads despite treatment