Reference Determination Content

Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.

Right Shoulder - Molluscum Contagiosum/Viral Wart

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 May 2025;
- A pre-deployment medical examination by the medical officer, dated 8 January 2007;
- A primary health care record of section member contact tracing by the regimental medical officer, Dili, dated 5 March 2007;
- A primary health care record (asthma and prednisolone) by the medical officer, Dili, dated 9 March 2007;
- A primary health care record (shoulder abrasion and eczema) by the medical officer, Dili, dated 12 March 2007;
- A primary health care record by the medical officer, Dili, dated 16 April 2007;
- A histopathology report by the pathologist, dated 28 May 2007;
- A periodic health examination by the medical officer, Garrison health centre, dated 12 November 2008;
- A primary health care record by the medical officer, forward operating base, Afghanistan, dated 18 February 2009;
- A primary health care record by the medical officer, forward operating base, Afghanistan, dated 25 March 2009;
- A dermatology consultation by the dermatologist, dated 14 October 2009;
- Dermatology (infectious diseases and military medicine literature on molluscum contagiosum and cutaneous viral infection).

Your service

I have identified that you have the following service:
Australian Defence Force service between :

5 July 2003 and 18 December 2014

Right Shoulder - Molluscum Contagiosum/Viral Wart

You have stated that your condition was caused by:

- *having direct skin-to-skin contact with a person who has molluscum contagiosum within the 8 weeks before the clinical onset of molluscum contagiosum*
- *participating in close-contact combat training or contact sport involving bare skin contact on at least four occasions within the 8 weeks before the clinical onset of molluscum contagiosum*
- *sharing towels, clothing, bedding or personal equipment with a person who has molluscum contagiosum within the 8 weeks before the clinical onset of molluscum contagiosum*
- *using communal showers, bathing facilities or swimming pools on more days than not for at least 2 weeks within the 8 weeks before the clinical onset of molluscum contagiosum*
- *having friction, abrasion or other trauma to the skin of the affected site within the 8 weeks before the clinical onset of molluscum contagiosum*
- *living in crowded accommodation in a hot and humid climate for at least 2 weeks within the 8 weeks before the clinical onset of molluscum contagiosum*
- *having atopic dermatitis at the time of the clinical onset of molluscum contagiosum*
- *taking a drug which is a systemic corticosteroid, at a dose of at least 15 milligrams of prednisolone or equivalent per day for at least 2 weeks, within the 3 months before the clinical onset of molluscum contagiosum*

Diagnosis: Molluscum Contagiosum/Viral Wart

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 21 May 2025, and is supported by a histopathology report by the pathologist, dated 28 May 2007.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Reasonable Hypothesis - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *having direct skin-to-skin contact with a person who has molluscum contagiosum within the 8 weeks before the clinical onset of molluscum contagiosum*
- *participating in close-contact combat training or contact sport involving bare skin contact on at least four occasions within the 8 weeks before the clinical onset of molluscum contagiosum*
- *sharing towels, clothing, bedding or personal equipment with a person who has molluscum contagiosum within the 8 weeks before the clinical onset of molluscum contagiosum*
- *using communal showers, bathing facilities or swimming pools on more days than not for at least 2 weeks within the 8 weeks before the clinical onset of molluscum contagiosum*
- *having friction, abrasion or other trauma to the skin of the affected site within the 8 weeks before the clinical onset of molluscum contagiosum*
- *living in crowded accommodation in a hot and humid climate for at least 2 weeks within the 8 weeks before the clinical onset of molluscum contagiosum*
- *having atopic dermatitis at the time of the clinical onset of molluscum contagiosum*
- *taking a drug which is a systemic corticosteroid, at a dose of at least 15 milligrams of prednisolone or equivalent per day for at least 2 weeks, within the 3 months before the clinical onset of molluscum contagiosum*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with a cluster of small, firm, pearly bumps with a central dimple over the top of the right shoulder, mildly itchy, and a separate rough, warty bump nearby that caught on your body armour strap on 16 April 2007.

The diagnosis was made clinically on 16 April 2007 on the typical appearance of multiple pearly, dome-shaped, umbilicated papules over the right shoulder, with a separate keratotic papule showing thrombosed capillaries, and was confirmed on histology of curetted lesions on 28 May 2007. Histology showed large intracytoplasmic eosinophilic inclusion bodies (molluscum bodies) within lobulated epidermis, which is diagnostic of molluscum contagiosum, and papillomatosis, hyperkeratosis and koilocytes in the keratotic lesion, which is diagnostic of a common viral wart.

This has then led to further investigations and the diagnosis of your condition of *Molluscum Contagiosum/Viral Wart*. I have accepted your condition of *Molluscum Contagiosum/Viral Wart*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes that this condition is related to your wartime service.

I have therefore accepted that this condition is related to your service with effect from 2 April 2007.

Right Shoulder - Molluscum Contagiosum/Viral Wart (Worsening)

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 May 2025;
- A pre-deployment medical examination by the medical officer, dated 8 January 2007;
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- A primary health care record by the medical officer, Dili, dated 16 April 2007;
- A histopathology report by the pathologist, dated 28 May 2007;
- A periodic health examination by the medical officer, Garrison health centre, dated 12 November 2008;
- A primary health care record by the medical officer, forward operating base, Afghanistan, dated 18 February 2009;
- A primary health care record by the medical officer, forward operating base, Afghanistan, dated 25 March 2009;
- A dermatology consultation by the dermatologist, dated 14 October 2009;
- Dermatology (infectious diseases and military medicine literature on molluscum contagiosum and cutaneous viral infection).

Your service

I have identified that you have the following service:
Australian Defence Force service between :

5 July 2003 and 18 December 2014

Right Shoulder - Molluscum Contagiosum/Viral Wart (Worsening)

You have stated that the worsening of your condition was caused by:

- *applying a topical corticosteroid to the affected area for at least 2 weeks before the clinical worsening of molluscum contagiosum*
- *having dermatitis surrounding the lesions, with scratching, before the clinical worsening of molluscum contagiosum*
- *having repeated friction or trauma to the skin of the affected site for at least the 4 weeks before the clinical worsening of molluscum contagiosum*
- *inability to obtain appropriate clinical management for molluscum contagiosum*

Diagnosis: Molluscum Contagiosum/Viral Wart (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 21 May 2025, and is supported by a histopathology report by the pathologist, dated 28 May 2007.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Reasonable Hypothesis - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *applying a topical corticosteroid to the affected area for at least 2 weeks before the clinical worsening of molluscum contagiosum*
- *having dermatitis surrounding the lesions, with scratching, before the clinical worsening of molluscum contagiosum*
- *having repeated friction or trauma to the skin of the affected site for at least the 4 weeks before the clinical worsening of molluscum contagiosum*
- *inability to obtain appropriate clinical management for molluscum contagiosum*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with a cluster of small, firm, pearly bumps with a central dimple over the top of the right shoulder, mildly itchy, and a separate rough, warty bump nearby that caught on your body armour strap on 16 April 2007.

The diagnosis was made clinically on 16 April 2007 on the typical appearance of multiple pearly, dome-shaped, umbilicated papules over the right shoulder, with a separate keratotic papule showing thrombosed capillaries, and was confirmed on histology of curetted lesions on 28 May

2007. Histology showed large intracytoplasmic eosinophilic inclusion bodies (molluscum bodies) within lobulated epidermis, which is diagnostic of molluscum contagiosum, and papillomatosis, hyperkeratosis and koilocytes in the keratotic lesion, which is diagnostic of a common viral wart.

After the condition arose, it was worsened during your service. At a forward operating base in Uruzgan Province on 18 February 2009 the inflamed lesions on the right shoulder were treated as eczema, and you were prescribed betamethasone valerate 0.1 per cent ointment twice daily, which you applied to the right shoulder and upper arm for five weeks to 25 March 2009. From January 2009 the medical officer recorded itchy eczematous dermatitis surrounding the molluscum lesions (molluscum dermatitis), aggravated by sweat and dust under body armour, with excoriations from scratching. Throughout January to March 2009 you patrolled daily wearing body armour of about 14 kilograms and carrying a load of about 35 kilograms, with the right shoulder strap and rifle sling rubbing directly over the lesions. No dermatology review, curettage or cryotherapy was available at the forward operating base, and the diagnosis was missed and the lesions treated with a potent topical corticosteroid, which is contraindicated.

This has then led to further investigations and the diagnosis of your condition of *Molluscum Contagiosum/Viral Wart (Worsening)*. I have accepted your condition of *Molluscum Contagiosum/Viral Wart (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes that the worsening of this condition is related to your wartime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 25 March 2009.

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