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Case Report

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Condylomata Acuminata in Children; Do Not Ignore Sexual Abuse: A Case Report

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Summary

Condylomata are ano-genital warts secondary to infection with the Human Papilloma Virus (HPV). There are 3 clinical forms that can be associated: condylomata acuminata, papular and flat.
Observation: We report a 3-year-old female patient with cortico-resistant nephrotic syndrome who presented with condylomata acuminata following a confirmed sexual rape.
The therapeutic management was abstention given the small diameter of the lesions with monitoring.
Conclusion: In the absence of an obvious explanation for condylomata acuminata in children, a psychological and social investigation is required.

Introduction

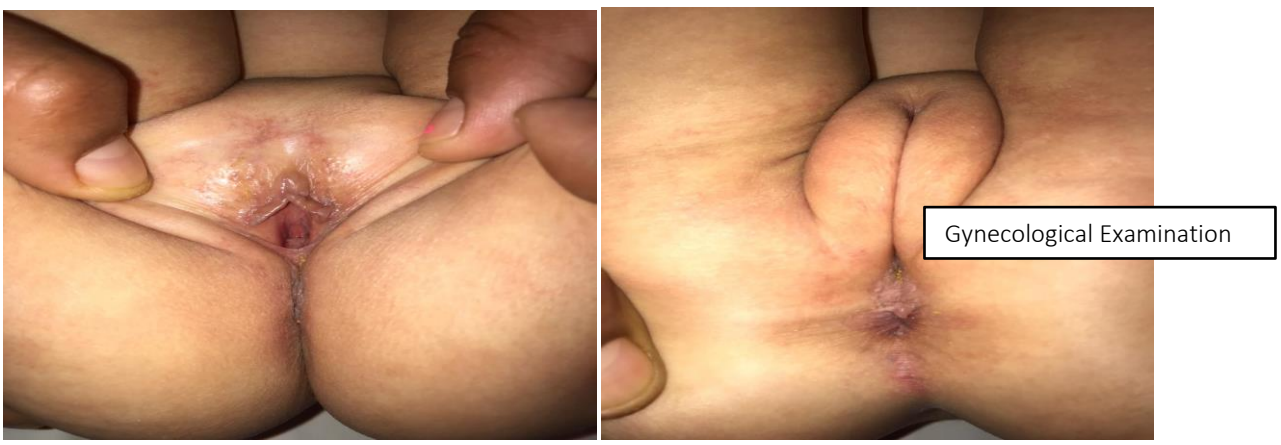
Condylomata acuminata are raised, warty lesions 1 to 5 mm in diameter that cluster together in plaques. They are related to a papillomavirus (HPV) infection. Diagnosis is clinical and biopsies are unnecessary. There are two modes of transmission in children: self or hetero contamination by the presence of vulgar warts in the immediate environment, or a sexual assault in the context of sexually transmitted infections.

Medical Observation

Patient aged 3 years, with a drug-addicted mother, single, with a criminal record and the notion of escape on several occasions during her daughter's hospitalization.

The patient is followed in our department for cortico-resistant nephrotic syndrome, victim of a confirmed sexual rape. Dermatological examination of the anal region revealed vegetative lesions in the shape of a shell ridge at 12 o'clock in the anal margin as well as papular, hyperkeratotic lesions in favour of condyloma acuminata without anal fissure or gap (Fig. 1). The serologies for sexually transmitted infections were negative (viral hepatitis B, viral hepatitis C, syphilis, HIV). The clinical examination of the mother did not reveal any vulgar warts on her hands.

Therapeutic abstention was the chosen treatment given the small diameter of the lesions with spontaneous disappearance after 6 weeks. On discharge, the patient was adopted by an association following a decision by the public prosecutor.



Gynecological examination

Discussion

HPV is a ubiquitous virus that is very common and manifests itself in many clinical forms, from vulgar wart to cervical cancer. The incubation period for HPV varies from 1 to 20 months, but a latency period of at least 2 years is suspected.

The most common presentations of HPV in children are vulvar warts, condylomas, laryngeal papillomas and perioral warts. Twenty percent of children have vulvar warts, with a peak incidence in adolescence. They are caused by HPV types 1, 4, 7, 10. Condylomata in children are primarily associated with genotypes 6,11 (39-90% of condylomata); more rarely with 2, 3, 27 and 57.

The HPV types most commonly found in vulvar warts are involved in 25-30% of cases of condyloma. A few cases of HPV 16 and 18 condylomata have been described, which raises questions about the risk of carcinogenesis of these lesions in infected children. In 1980, only 21 cases of condyloma in children were reported, 136 cases before 1990. As previously mentioned, there has been an increase in the number of cases in children, in parallel with the prevalence of HPV infections in adults. (1,2) The mean age, depending on the case series, ranges from 2.8 to 5.6 years [1,2].

In children, there are three modes of transmission: perinatal (in utero and during childbirth), horizontal (so-called "innocent" self- and hetero-inoculation) and through sexual abuse Condylomata can be the result of sexual abuse of the child.

There is a lot of data in the literature concerning this mode of transmission and the results are very disparate depending on the population studied (girls only or girls and boys, adolescents, pre-babies or children under 12 years of age, developing countries or industrialised countries, different socio-economic categories, etc.) and the criterion studied (are children with condylomata victims of sexual abuse or, conversely, do children who have been sexually abused present condylomata?) [3].

In 1992, the largest study on the subject, in terms of number of patients included, was published by Ingram et al. Although the eligibility criterion was suspicion of sexual abuse, the methodology of the study did not specify on what criteria this suspicion was based, either on the history or on the clinic.

One thousand five hundred and thirty-eight children (85% girls and 15% boys) aged 1 to 12 years were examined. Twenty-eight of these children (1.8%) had anogenital condyloma acuminata.

The initial suspicion of sexual abuse was not sustained in 69 of the 1538 children (4.5%) and was confirmed in the remaining 1469 (95.5%) children. Of the 28 children with condylomata, 12 were in the "confirmed sexual abuse" group. This means that for 43% of the children with anogenital condylomas, the HPV infection was the result of sexual transmission. In total, the prevalence of sexually abused children with condylomata is only 0.8% (12/1538). Although anogenital condylomas are rarely found as evidence of sexual abuse in children, the authors were able to establish a significant relationship between the age of the affected children and the likelihood of sexual transmission. Sixteen of the children with condylomata were under 5 years of age. Suspicion of sexual abuse was confirmed in only 3 of these children (20%). Of the 12 children aged 5 to 12 years, sexual transmission was established for 9 of them (75%). For the 5 children aged 8 to 12 years at the time of diagnosis, HPV infection was caused by sexual abuse for each of them.

A second major study was published by Sinclair et al. in 2005. One thousand six hundred and forty children over the age of thirteen who were seen at a centre specialising in the diagnosis of child maltreatment, after a suspicion of sexual abuse, were included.

In 74 of these children (4.5%), anogenital condylomas were found. Only 55 of these 74 children were evaluated for possible sexual transmission. The suspicion was confirmed in 17 of these 55 children. (31%).

In 2006, a Canadian team published a descriptive study of the pediatric population under 12 years of age at St. Justine's Hospital with anogenital condylomas. 9 Of the 72 children included (64% girls, 36% boys), 25 cases of sexual abuse were suspected or proven.

Among these 18 cases, 1 child was less than 2 years old (5.5%), 10 were between 2 and 6 years old (55.5%) and 8 were over 6 years old (44.4%).

In 2007, a study by Jones et al. evaluated the possible mode of transmission (sexual or non-sexual) of 131 children aged 6 months to 9 years with anogenital condyloma.

Confirmation of sexual abuse was found in 3 of the 131 children (2.3%). In two of these children, no maternal history or the presence of condyloma in the siblings was found.

In 2011, a meta-analysis on the mode of transmission of anogenital HPV was published.39 Five hundred and seventy-five patients (89.9% girls) aged between 6 months and 13 years, were included. Five hundred and thirty-four children were evaluated for suspected sexual abuse and of these, 14 had condylomata (2.6%). Thirteen were girls, and the mean age was 7.5 years.

The diagnosis of condylomata in children is usually straightforward. They are most often pink or buff papules of the perineal or anogenital region. Sometimes condylomata are acuminated, exophytic, papillomatous, covered with multiple growths. Flat or confluent condylomata may also be seen.

The differential diagnosis is with molluscum contagiosum and infantile pyramidal protrusion. The treatment of this infection is not codified.

The choice of treatment will depend on the age of the child, the appearance of the lesions, the profusion of

lesions, their age, treatments already carried out, the experience of the prescriber and the parents' request. Furthermore, the understanding of the parents of the treatment application methods also allows the practitioner to orient himself towards one therapeutic choice rather than another.

However, it seems easier to use topicals in young children. In older children and adolescents, other methods can be considered.

Conclusion

In the case of condylomata acuminata in children, sexual abuse remains a cause that should not be ignored.
It is essential that the team taking charge of the child or adolescent is experienced. If the attack is less than 3 days old, it is a medico-legal emergency, the clinical examination and the samples must be taken as soon as possible.

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