

CASE REPORT

Condylomas in Children

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ABSTRACT

Condyloma is a common and easily diagnosed condition that could affect the area around and inside the anus. We report three cases of perianal warts seen in the Dermatology Department of the University Hospital of Oujda. Anogenital warts are not necessarily indicative of sexual abuse. However, this subject remains a taboo and a delicate social and legal approach. The medico-psychological and medico-legal management of these patients is in most cases complex and requires an integrated and multidisciplinary approach.

KEYWORDS

Children; Condyloma; HPV

INTRODUCTION

Condylomata are anogenital warts secondary to Human Papilloma Virus (HPV) infection. We report three cases of perianal warts seen in the Dermatology Department of the University Hospital of Oujda.

CASE REPORT

Three children, two boys and one girl, aged respectively 8 years, 7 years and 2 years, from a normal pregnancy at term, were seen in consultation for peri-anal papular lesions evolving since 8 months, 6 months and 10 months with the presence in the first patient of a rough papular lesion on the left palmar level evolving since 2 years. The second boy was followed for a lupus nephropathy and the girl was followed for an epilepsy complicated by cerebral palsy. On examination, the second boy and the girl had a fissure of the anal margin with an anal gap. STI serologies were negative in all patients. The diagnosis of self-induced condyloma acuminata was retained in the first patient. The second and third children were sexually abused and the father of the second child had genital warts. He was treated by surgical CO₂ laser and Yag laser with application of a healing cream. The evolution was marked by regression of the lesions and then a recurrence (Figure 1).



Figure 1: Anogenital lesions of a two years patient.

DISCUSSION

Children of all ages can develop anogenital condylomata with a peak between zero and four years of age. Girls are twice as likely to be infected as boys. In adults, transmission is essentially sexual. In children, there are three modes of transmission: perinatal, horizontal, and sexual abuse. The data in the literature are very varied as to the place of sexual abuse as a mode of contamination of anogenital warts. However, it is difficult to state with certainty the link between the pathology and sexual abuse. In some cases, it is a matter of manual transmission either by self or hetero inoculation from cutaneous warts, as is the case in our last patient. In the absence of an obvious explanation or in the case of arguments leading to the suspicion of sexual abuse, it is essential to look for other sexually transmitted infections and to make a psychological and social investigation.

Sexually transmitted diseases in children secondary to sexual abuse are poorly documented.

CONCLUSION

Anogenital warts are not necessarily indicative of sexual abuse. However, this subject remains a taboo and a delicate social and legal approach. The medico-psychological and medico-legal management of these patients is in most cases complex and requires an integrated and multidisciplinary approach.