Condyloma Accuminata in Children. What could this mean? A case report of a Nigerian child

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ABSTRACT
Genital warts are common, highly infectious disease caused by Human Papillomavirus, it has attending medical and psychosocial impact especially in children. A case of a 3 year old kept by mother on working days with a Landlady while running her Master’s degree course, was diagnosed with Condyloma accuminata. This came a month following discovery of bruises around the vaginal orifice while bathing. Twenty percent Podophyllin in benzoin tincture was applied with remarkable results. However mother refused further investigation into the matter for fear of family crisis.

Keywords: Condyloma accuminata, HPV

INTRODUCTION
Genital warts are a very common sexually transmitted disease in sexually active adults. Of importance is its association with worse conditions like Human immunodeficiency virus (HIV) and anogenital precancer and cancer. Occurrence of genital warts in children requires thorough evaluation from maternal health preconception, conception, postpartum period to present day family social structure and values to prevent making premature conclusions.

CASE REPORT
A 3 year old girl was brought to our clinic with a history of growth in the genital area of 2 months duration; swelling was initially a papule, non-pruritic that progressed to extend over a large area of the external genitalia. There was however no ulceration or pain.

Of significance was the mother’s finding of bruises around the vaginal orifice while bathing the toddler one morning about 1 month prior to onset of growth. She was unable to obtain information from toddler as regards preceding trauma to the site.

Mother is doing a Master’s degree program, while father is a naval officer outside town. She drops off the little girl every morning on week days at her landlady’s place who has a grown up son that assists her with child care.

Mother’s pregnancy was unremarkable. Routine booking screening test, RVS, HbsAg, Anti HCV, VDRL were all negative.

Urinalysis and urine m/c/s were normal; complete blood count parameters were within normal limits and a fasting blood sugar of 84mg/dl was gotten.

Patient’s mother was counselled on the nature of disease and our suspicion of a possible abuse. We then suggested that mother makes an alternative arrangement for child care during week days while she went for her Master’s programme. Twenty percent podophyllin in
benzoin tincture was applied by the physician with adequate lubrication with emollient, mother was told to wash off after 4 - 6 hours. She was to repeat procedure after being shown how, alternate daily for 3 days. On follow up a week later we found a friendly child now been taken care of by grandmother who now lives with them. The lesions have completely cleared.

**DISCUSSION**

Human papilloma virus (HPV) is a DNA virus of the papilloma virus family. There are about 170 types with 40 specific for the genital tract.¹ Low risk type, cause benign genital warts, high risk 16, 8, 32, 34, anogenital warts also cause Squamous Cell Carcinoma in situ and Squamous Cell Carcinoma.

The epidemiologic data for children is limited but estimates of average age presentation is 2.8 – 5.6 years² with a female predominance³ which falls within the age of the case study. A review on 200 paediatric cases of Condyloma Acuminata found HPV 6 – 11 (56%), 1 – 4 (12%), 16 – 18 (4%). Modes of transmission in children are vertical transmission in children less than 1 year, digital and auto inoculation, fomite or social nonsexual contact for children between 1 – 3 years and sexual abuse for children > 3 years.⁵

Management is a multidisciplinary approach including the paediatrician and social workers. Adequate history from the child and parents, as well as thorough physical examination for physical injuries and sexually transmitted diseases are important. Screening for sexually transmitted infections should be carried out. Most Condyloma Acuminata in children resolve spontaneously, they also respond quickly to podophyllin, imiquimod and light cryotherapy.⁵ Cases of sexual abuse should be reported to appropriate authorities. Follow up is key in managing these patients to pick recurrences. Although HPV 16 has been seen in cervicovaginal samples of children, oncogenic potential is unclear. Routine Pap smear screening of children and HPV vaccination in children <9 years is not recommended.⁷

Although genital warts in itself is a benign condition, it is an indicator of a lot of serious conditions that require further evaluation and appropriate management. Presence of genital warts in children may indicate a social breakdown.

**REFERENCES**


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**Figure 1: BEFORE TREATMENT**

![BEFORE TREATMENT](image1)

**Figure 2: AFTER TREATMENT**

![AFTER TREATMENT](image2)