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<http://www.pediatricurologycasereports.com>**Evaluation of genital condyloma accuminata seen during pediatric age as for sexual abuse: Case report****Semih Petekkaya<sup>1</sup>, Zerrin Erkol<sup>1</sup>, Erdem Hosukler<sup>2</sup>, Hakan Samurcu<sup>1</sup>, Veyis Gundogdu<sup>1</sup>, Bora Buken<sup>3</sup>**<sup>1</sup> Abant Izzet Baysal University Medical School Department of Forensic Medicine, Bolu, Turkey.<sup>2</sup> Justice Ministry, Council of Forensic Medicine, Bolu, Turkey.<sup>3</sup> Duzce University Medical School Department of Forensic Medicine, Duzce, Turkey.**ABSTRACT**

Anogenital wart is the most frequently seen during sexually transmitted disease in sexually active adults caused by Human Papillomavirus. The transmission with sexual contact has been defined for anogenital warts which emerge during childhood, however other routes of infection are also considered. We presented a case of a female child who had two genital warts. There is no history or suspicion of sexual abuse and the girl was infected by her mother. In the cases of condyloma accuminata seen in childhood, taking history and physical examination for sexual abuse of the child should be done by the clinician in a detailed way. Opinions should be achieved from forensic experts about the case and the legal authorities should be notified of the suspicion.

**Key Words:** Genital warts; condyloma accuminata; human papilloma-virus; sexual abuse.

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**Introduction**

Anogenital wart is the most frequently seen sexually transmitted disease in sexually active adults caused by Human papillomavirus (HPV) [1,2]. Most frequently HPV types 6, and 11 lead to development of anogenital warts

in adults and adolescents [1]. Other types of HPV are associated with genital warts, but they don't form large lesions. Clinically in nearly 10% adult population anogenital warts are seen, while their incidence rises to 11-80% in asymptomatic and sexually active young women based on DNA analysis of the disease [3]. Transmission with sexual contact has been defined for anogenital warts which emerge during childhood, however other routes of infection are also considered. Therefore evaluation of anogenital warts seen in childhood carries special importance [4]. In studies performed, the prevalence of HPV

infection has been reported to range between three and 44.5 %, while prevalence rates of anal and genital HPV infection in children who were not exposed to sexual abuse have been indicated as 1.2, and 3%, respectively [5]. HPV infections are seen in 1-2 % of children who are victims of sexual abuse [6]. In only three (2.3%) of 131 cases aged between 6 months and 9 years, sexual abuse was suspected, and relevant authorities were notified [7]. In Turkey, declaration of HPV infection is not compulsory.

In our study we presented a case of a female child who had genital warts. No history or suspicion of sexual abuse, girl was infected by her mother. In consideration of this case, we have aimed to discuss the steps of medicolegal evaluation of anogenital warts, and routes of transmission other than sexual abuse.

### Case report

A 4-year-old-female child was brought into the hospital by her mother because of her genital warts. Examination of the patient in the Dermatology Clinic revealed warts on the labium majora, and our opinion was requested as for the evaluation of the lesions concerning sexual abuse.

The mother of the patient gave an anamnesis in our clinic as follows: “My daughter, me, her father, and my three year-old son are living in a rent house. I am a housewife. Therefore I am always with my daughter. Her grandmother, and grandfather come to visit us once in a while. She never stays in the same environment with them. Any other person or a foreigner do not visit us at home. I noticed a punctate lesion on genital region of my daughter 15-20 days ago. Then these lesions progressed. Warts developed on her genital region. After my daughter uses squat-toilet, I clean her genital region with a wet towel from

anus towards vagina. After I bathe in a bathtub, I fill the bathtub again with water, and bathe my daughter. Sometimes my daughter also gets in the bathtub, and we take a bath together. I received treatment for genital warts developing on my genital region 3-4 months ago in a clinic of obstetrics, and gynecology. My spouse has not any warts on his body.”

During face-to-face interview with the case, she rejected any detailed question concerning sexual abuse by shaking her head, and saying “No.” During interview any data suggesting sexual abuse was not detected.

Clothes of the case were taken off, then her physical examination was performed. Her physical development was in concordance with her age. Any traumatic lesion and warts were not observed on any part of her body. Genital examination of the case in frog-leg position revealed pink-reddish genital warts [Fig. 1].



**Fig. 1.** The appearance of the warts in the genital area

Any evidence of inflammation or trauma was not observed on the genital region. Anorectal examination of the case in the knee-elbow position did not disclose any old or new evidence of traumatic lesion or disease.

Serologic tests performed for the detection of other sexually transmitted diseases yielded negative results.

Mental state evaluation performed by the Department of Pediatric Psychiatry with the suspicion of sexual abuse, did not reveal any prenatal, natal, and postnatal problem. Her stages of development, sleeping pattern, and appetite were within normal physiologic limits, and haven't altered recently. Any behavioural change or a problem was not described. She had an euthymic mood with a physiologically normal affect, without any abnormal mental state finding.

According to the consultation note of the Department of Pediatric Psychiatry, anamnesis obtained from the child, and her mother, physical examination, and genital examination findings, any sign, and symptom which would suggest sexual abuse was not detected, so there was no need for forensic case declaration.

### **Discussion**

Lesions caused by HPV generally manifest themselves as skin warts, laryngeal papilloma, and condyloma accuminatum (anogenital warts) [6]. Infection induces hyperplastic, papillomatous, and verrucous changes in squamous cells, and in some mucosal regions [2]. In girls, anogenital warts are seen on vulva, vagina, urethral, and perianal regions [2,8]. In our four-year-old girl case hyperplastic, and verrucous, pink-reddish colored lesions were located on labium majus which suggested the presence of HPV infection.

Genital warts can be transmitted to the children through sexual contact or by other means. Paths of contamination of the disease in cases of sexual abuse are oral-genital, genital-genital, genital-anal contact, touching-caressing, fingering of vagina, and anus, whereas possible routes of non-sexual

transmission are autoinoculation, direct contact with the caregiver, contact with surfaces or objects contaminated with HPV, vertical transmission (from mother to infant), transmission from birth canal during vaginal delivery, and cesarean deliveries [2,5-10]. In our case, we thought that transmission from the mother occurred because the mother had a history of HPV infection, close contact between the mother and her small daughter, occasionally bathing of the mother, and her child all together in the same bathtub.

During medicolegal evaluation of the children with genital warts, Robinson and Watkeys mentioned the presence of four important steps including: 1- A detailed physical examination, evaluation of progression of physical, and developmental maturation of the child, and physical signs of sexual abuse, 2- Evaluation of sexual abuse, general mental state of the child, and detection of the signs of trauma other than anogenital warts, 3- Screening for other sexually transmitted diseases, 4- Assessment of family members as for the presence of HIV infection [11]. On anogenital examination, presence of abnormal findings, signs of other sexually transmitted diseases, association of anogenital warts with psychosocial manifestations of sexual assault demonstrate sexual abuse, and need forensic evaluation [12-14]. In our case Dermatology Clinic suspected of the possibility of sexual abuse, and requested the opinion of our clinic concerning in this case. In our clinic, as a result of interviews made separately with the child, and the mother, we determined that this four-year-old case had not any developmental retardation of her mental, and physical maturation, and she sincerely responded to the questions about sexual abuse as "No". Besides, her mother did not give contradictory statements, and physical examination of the

case did not reveal any evidence of sexual abuse other than genital warts. In addition, tests performed for sexually transmitted diseases yielded negative results, and her mother had recently experienced HPV infection. In consideration of all these outcomes, suspicion of sexual abuse was ruled out, and transmission of HPV infection from the mother to her daughter was thought, therefore we didn't feel the need for declaration this case as a forensic case.

Especially, in pediatric cases, when evidence of sexually transmitted diseases is detected, clinician should take a detailed history of the event with possibility of sexual abuse, and examination of the child should be performed in depth. During interviews made with family members one by one, contradictory points in the narration of the event (if any) should be determined. After physical examination, the child should be evaluated by a psychiatrist with respect to suspicion of sexual abuse. After receiving the opinion of the forensic medicine specialists concerning the patient, in case of suspicion, legal authorities should be notified. In our case any evidence suggesting sexual abuse was not found on external physical examination. Besides, the four-year-old case reached psychosocial maturation of her age, and so she could consciously express herself, and also respond the questions. In addition, she rejected all questions about sexual abuse without any doubt, and her sense of genital privacy had developed. Based on all these findings, suspicion of sexual abuse was ruled out. In cases where sufficient amount of suspicion at a reasonable level could not be detected, from medical aspect, it is known that notification legal authorities will have serious traumatic impact on both the child, and his/her family.

## Conclusion

As a result of evaluation based on multidisciplinary collaboration, and in consideration of high benefit of the child, it must be aimed that the child and the family should be minimally affected from the event with respect to biopsychosocial perspective. While evaluating the possibility of sexual abuse by the physician, it should not be forgotten that an aggressive search for sexual abuse will leave an emotional, and social damage on the case, and his/her family.

## Compliance with ethical statements

*Conflicts of Interest:* None.

*Financial disclosure:* None.

*Consent:* All photos were taken with parental consent.

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