CASE REPORTS

Vaginal Warts in a Toddler: Sexual Abuse or Perinatally Acquired?

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Summary

We report the findings in a 18-month-old Chinese girl with vaginal condylomata acuminata and the subsequent investigations for suspicion of sexual abuse. The controversy surrounding the diagnosis of sexual abuse in these children is discussed.

Key Words: Sexual abuse, Vaginal warts, Anogenital condylomata Accuminatum, Human papillomavirus

Introduction

Human genital papillomavirus (HPV) warts in adults has been proven to be derived primarily from sexual contact[1]. The social significance of anogenital warts in children is however controversial due to the lack of epidemiological data on the virus mode of transmission, its incubation period and its prevalence in the childhood community. Journal reports of proven sexual abuse in children with anogenital condylomata acuminata have ranged from zero to 91%[2]. The American Academy of Paediatrics Committee on Child Abuse and Neglect, 1991 guidelines for evaluation of sexual abuse in children states that for a child with postperinatal condylomata acuminatum, sexual abuse is 'probable' and such cases should be reported to the appropriate authorities[3].

Case report

A 18-month-old Chinese girl was admitted to the University Hospital for an elective surgical excision of vaginal warts. The surgeon was aware of the possibility of sexual abuse and alerted the ward paediatrician, who then referred the child to the hospital's Child Abuse and Neglect (SCAN) team for further investigations.

The patient was the only child of a 27 year-old mother and a 28-year-old father. The mother was a full time housewife and took care of the child all the time. There was no history of vaginal warts in the mother. The father was a car spare-parts salesman who travelled frequently to Thailand for business. He admitted to being sexually promiscuous and acknowledged involvement with prostitutes on several occasions. He also admitted to having similar warts on his penis around the time his daughter was born. His penile warts were treated successfully. He denied any sexual abuse of his daughter. The patient's vaginal warts appeared around the age of one year old.

On examination, she was a cheerful, clean and well behaved toddler. She went readily to both parents and had no stranger anxiety. She was on the 25th percentile for weight, height and head circumference. Her development seemed appropriate for her age. A complete physical examination did not reveal any further abnormality.

Examination of her genitalia under anaesthesia revealed an intact hymen and no warts within the vaginal introitus. There was a large wart measuring 2 cm x 1 cm on the left labia majora with two smaller warts on the right labia majora (Fig 1). There was a healed scarred fissure over the anal orifice. The warts were surgically excised after documentation by photographs. Histopathology examination confirmed the warts to be

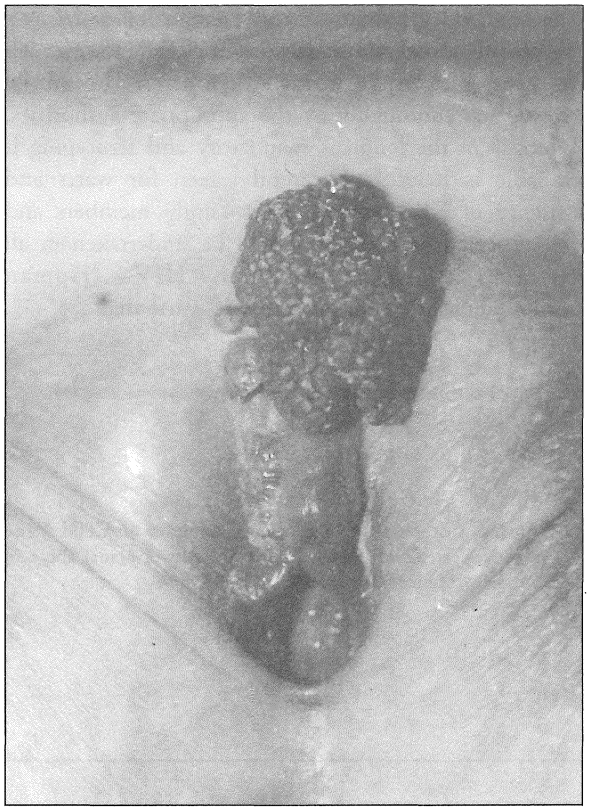

Fig. 1: Condylamata acuminata

condylomata acuminatum. Vaginal swabs for gonorrhoea and chlamydia were negative and the child's serology for syphilis was negative. The parents were sent to the hospital's genito-urinary clinic for examination and counselling.

Psychiatric assessment of the family revealed no family or pattern marital discord. The child's behaviour was normal too. Assessment of the family by medical social workers, which included a home visit was uneventful. A case conference convened by the hospital SCAN team could not substantiate evidence of sexual abuse but advised sexual counselling for the father and close supervision of the child by the social workers and paediatrician.

Discussion

This case highlights the dilemma faced by child protection teams in investigating sexual abuse in children with vaginal warts. Transmission of HPV in children can be by perinatal infection, digital inoculation or autoinoculation, fomite or casual social contact, and sexual abuse. In establishing a case for sexual abuse the American Academy of Paediatrics, Committee on Child Abuse and Neglect recommends that four types of information be obtained. First disclosure interviews must be conducted. This however is almost impossible in children below 3 or 4-years-old. Second, a forensic medical examination and an evaluation for other sexually transmitted diseases (STD) must be performed by a trained examiner. The presence of *Neisseria gonorrhoea, Chlamydia trachomatis, Trichomonas species* or syphilis in the child would almost certainly confirm sexual abuse. Third, an evaluation is required of the adequacy of supervision of the child, of prior events relating to abuse or neglect and presence of any behaviourial indicators of abuse. Fourth, a review of past medical records for abuse is required.

In this case there are several possibilities to the mode of transmission of the virus. The mother might have contracted the lesions from the father and transmitted it perinatally to the child. Vaginal warts in women can be subtle and often regress spontaneously.

Perinatal infection is also highly likely with lesions developing in children below the age of one year. The incubation period of genital condylomata is usually between 6 weeks and 9 months in adults but no data exists for children. Cohen and colleagues in a 1990 review of 73 children with anogenital warts found that non sexual transmission was common particularly in children under 3-years-old.

Digital inoculation may have occurred but both parents denied the presence of any lesions on their hands. Fomite inoculation is possible with the sharing of bath towels with an infected adult but this mode of transmission is rarely reported. The commonest form of sexual abuse in very young children is inter-crural rubbing by the hand or penis. Sexual abuse therefore cannot be disproven even if digital inoculation occured.

Sexual abuse may have occurred. However, there is no evidence of sexual contact between the father and child. The father may have been the source of

infection and serotyping of the warts would have helped if the father's penile wart was still present. HPV type 2 is the most common type found in hand warts while HPV type 6 and 11 are commonly transmitted through sexual contact. There are about 70 types of HPV virus known to date. Unfortunately our hospital does not have the facility to perform serotyping of the HPV virus. The presence of an old anal fissure is suspicious without a history of constipation but it does not imply sexual abuse per se.

The medico-legal significance of anogenital warts as a marker of sexual abuse is still unclear. However all cases of anogenital warts in children should be investigated thoroughly by the appropriate authorities. A biopsy of the lesion is mandatory and serotyping if available is helpful. A careful screen for warts and evidence of STD among other family members and the suspected perpetrator should be undertaken in all cases. This includes their HIV (Human Immunodeficiency Virus) status if warranted.

References

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Intravenous Immunoglobulin in Idiopathic Thrombocytopenic Purpura of Pregnancy

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Summary

Idiopathic thrombocytopenic purpura occurs as a frequent haematological complication of pregnancy. Steroid therapy is the mainstay of treatment. Patients failing to respond to steroid therapy present special problems in labour. We describe a case where platelet counts fell below 3 x 10^9/L in spite of prednisolone treatment and splenectomy. Intravenous immunoglobulin raised platelet counts for the safe conduct of labour without neonatal complications.

Key Words: Idiopathic thrombocytopenic purpura, Pregnancy, Immunoglobulin therapy