Are anogenital verrucae signs of sexual abuse?

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Abstract: It is necessary to determine whether anogenital verrucae in childhood are sexually transmitted. Condyloma acuminatum is a HPV infection which leads to anogenital verrucae. Although it is sexually transmitted, the disease is known to be transmitted through other ways. The aim of this study was to make a medicolegal evaluation of a child brought to the paediatric outpatient clinic for encopresis, to discuss the importance of verrucae as a sign of sexual abuse and to emphasize the role of interdisciplinary cooperation in diagnosis of sexual abuse.

A fifteen-year-old boy was examined for lack of appetite and encopresis lasting since young ages in the paediatric outpatient clinic in Dokuz Eylül University Hospital. The dermatologist detected many hyperkeratic papules in the perianal region pink in colour or of the same colour as the skin. Biopsy showed genital verrucae. The boy was prescribed appropriate treatment and sent to our department for consultation about sexual abuse. The first evaluation made in the Department of Paediatric Psychiatry did not reveal a history of sexual abuse, but the child is still being followed.

It can be recommended that children diagnosed with anogenital condyloma acuminatum should be followed by a multidisciplinary team to determine how it was transmitted.

Key Words: sexual abuse, children and condyloma acuminatum

Sexually transmitted diseases are accepted as a criteria for sexual abuse [1-3]. It is necessary to determine whether anogenital verrucae in childhood are sexually transmitted. Transmission of anogenital verrucae in children could be resulted from:

- vertical transmission (from mother to infant)
- nonsexual transmission (direct contact with caretaker, objects contaminated with Human Papilloma virus (HPV))
- sexual abuse (oral-genital, genital-anal, genital-genital contacts, finger penetration) [1-5].

Condyloma acuminatum (CA) is a HPV infection which cause of anogenital verrucae. Although it is sexually transmitted, the disease is known to be transmitted through other ways [5-9]. HPV virus often presented in extrachromozomal plazmid of affected cells and infects the basal layer of the epithelial surfaces or mucosa and causes cellular proliferation. Microtrauma, mild abrasion could trigger virus transmission. CA presented more often in wet perineum and perianal regions also in labia area or penile shaft, scrotum [1, 9-12].

The prevalence of HPV infections in childhood was reported in a wide range of 3% - 44.5% [1]. HPV types causing anogential lesions, the proportion from sexual abuse ranged from 3-35% [12].

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CA have been reported in 1-2% of abused children [7]. In a study conducted among non abused preschool children, 1.2 % of the anal and 3 % of the genital specimens found HPV positive [1].

The aim of this study was to make a medicolegal evaluation of a child brought to the paediatric outpatient clinic for encopresis and diagnosed as CA to discuss the importance of verrucae as a sign of sexual abuse and to emphasize the role of interdisciplinary cooperation in diagnosis of sexual abuse.

Case report

A fifteen-year-old boy was examined for poor appetite and encopresis lasting since preschool ages in the paediatric outpatient clinic in Dokuz Eylül University Hospital.

Patient weight was 50 kg, height was 166 cm. In anal inspection, ulcurated condylomatous lesions were seen in 2x3cm perianal area. Biopsy was performed from the lesions. Due to these lesions it was suspected for chronic anal penetration, therefore reporting of the case to legal offices was planned.

No serological evidence of sexual transmitted diesase was found [anti-HAV IgM (-), HIV Ag/Ab (-), HbsAg (-), Anti-HCV (-), T. pallidum IgM/G (-)]. Full physical examination was done, no pathological finding was found except perianal region. The dermatologist detected many hyperkeratotic papules in the perianal region pink in colour or of the same colour as the skin. Biopsy report stated genital verrucae. Electrocoterization treatment was made. In rectosigmoidoscopy, lesions were observed only in anal canal. Ulceration was not observed and no additional pathological finding was found. Abdominopelvic USG was found normal. Department of Paediatric Psychiatry stated that the first evaluation was not reveal a history of sexual abuse and the boy was started on appropriate treatment. He was reffered to Forensic Medicine Department for determination of sexual abuse by Department of Paediatric Psychiatry.

Written informed consent was taken from mother and the patient himself and evaluated in forensic medicine department. Medicolegal history was obtained from mother and the patient himself.

The patient had been suffering from poor appetite and encopresis since he was three years old. The family had admitted to several health centers for these complaints. The patient was raised by mother herself since he was born. The patient was described by the mother as withdrawn, also no differences in relations with the father and the other family members, slightly isolated in relations with friends.

Mother stated that, child psychiatrist described herself as an overwhelming mother toward her son and gave the mother guidance and counselling about her problematic attitudes. Besides the patient’s cousins also had warts in their hands that the patient sometimes meets with them.

The patient himself reported that he had been suffering from soiling and stomachache since he was a little boy. He said firstly they had gone to local hospital then dispatched to Izmir State Hospital and finally to University hospital because four or five months ago when he was in toilet and he noticed that a lots of tiny swellings around his anus. He said that he has two pallies in school and has not any problem with anyone. He was closer to his mother than his father. He helps to his grandfather in his works, likes to go fishing with his uncles and likes walk-around. He said that nothing had happened unvoluntarily and unwillingly to him. Nobody had wanted to undress his underpants by force. Anybody had done anything to him by force in school or elsewhere. He replied that anybody had wanted to make any kind of sexual intercourse with him.

In physical examination secondary sexual characters developed and were in Tanner stage 4. Any sign of traumatic lesion was not found. In anal examination made in knee-elbow position, anus and perianal region was in moist appearence. Multiple hyperemic, painful papuler verrucae were observed in perianal 6 cm diameter, the biggest was 0.5 cm diameter width (Figure 1,2).
Sphincter tone and existence of old scar tissue was not evaluated because of pain and dirtiness. Any sign and symptom of sexual abuse was not gathered from medical history that obtained from patient and the mother.

In psychiatric examination obsessive-compulsive traits and mild social phobia was observed. Behavioral intervention was planned and applied. Routine psychiatric following was stopped after four months. Physical and psychiatric examination was not revealed signs of sexual abuse either. Therefore interdisciplinary following of the patient was planned in order to reveal ethiopathogenesis of CA.

**Discussion**

Presence of a sexually transmitted disease in childhood have medicolegal implications. Epidemiology of infections and sensitivity of screening tests come into question [7]. The majority of anogenital and laryngeal HPV infections among children are the result of nonsexual transmission [3-8].

Morphology of the verrucae and its serotype by DNA analysis could not show the exact mode of transmission. Also clinical appearance and HPV typing could not identify the possible route of transmission [2,11]. However there is no exact age cutoff that shows mode of HPV transmission it was stated that children under 13 years old with anogenital verrucae (HPV) shows high possibility of sexual abuse [2,5]. In contrast, it was reported that, HPV in 5-6 year old children could not be as a an indicator [1,2].

It is stated that; abnormal on anogenital examination, another sexually transmitted disease, psychosocial signs of abuse with anogenital warts in child indicates possible sexual abuse and must undergo forensic evaluation [3].

Any anogenital warts in children 3 years or older must be reported and consulted to a trained forensic interviewer as done in our fifteen year old case [3-5]. CA is found more prevalent in girls than boys [1]. In both sexes perianal region is the most frequently region as in our case.

As performed in our case; proper history of child and family must be taken. History of other warts, paternal history of genital warts, psychosocial history must be taken. Complete physical examination with oral, anal, genital cultures and serology tests must be performed [3].

Health professionals must be aware of sexual abuse in cases of CA lesions in children [6]. We believe that anogenital HPV cases without abuse history must be take into consideration and consulted and followed. This could be the appropriate approach for researching sexual abuse possibility.

It can be recommended that children with anogenital condyloma acuminatum should be followed by a multidisciplinary team to determine how it was transmitted.
References