

LETTER OF THE EDITOR

Anogenital Condyloma Acuminata in a Toddler: The Dilemma of Sexual Abuse versus Non-Abuse

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Dear Editor,

Condyloma acuminata, commonly known as genital warts, is a sexually transmitted infection.^{1,2} It is caused by human papillomavirus (HPV)- subtypes 6 and 11, low-risk oncogenic virus³; otherwise, other subtypes are implicated 2, 40, 42, 43, and 54. The high-risk subtypes are 16 and 18, which are the cause of most cervical cancer.⁴ Mixed infections with both the low-risk and high-risk oncogenic HPV has been reported.⁵

With the knowledge that genital warts are sexually transmitted, when parents or guardians are told that their child has genital or anogenital warts as opposed to some "simple trivial skin rash," there is a lot of anxiety on the part of parents trying to imagine that their child has been sexually assaulted and they had no idea.

Despite not having documented statistics of these ailments, figure 1(A and B) depict a toddler with anogenital warts with no discernable infection

source in an immunocompetent client. Sexual child assault was ruled out.

Human papillomavirus has been transmitted via non-sexual routes via fomites or inanimate objects like bathing tiles, scrubbing brushes, clothing items, and pavements at swimming pools.⁶ The biggest question is why these children present with anogenital warts? Sexual abuse or assault is ruled out, yet these children present with 'sexually transmitted lesions,' should we reassign this condition as just an infectious agent? Is there another mode of contact transmission that we are missing or not paying particular attention to? Is this infection acquired from communal toilet seats or bathing tabs or buckets, as in Low to middle-income countries? What is the common intersection which all members of the household use? Is it the tablet or bar of bathing soap? Could a tablet of the bathing soap be the linking factor in the spread of HPV infection, especially in the pediatric population? Yes, the soap tablet is the commonest inanimate object or fomite used by members of both the nuclear and extended family.

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Figure 1. (A and B): a toddler with anogenital warts with no discernable infection source in an immunocompetent client.(Courtesy of Dr Malumani Malan)

The HPV infection is significant because of its association with neoplasias transformation, both benign and malignant.^{7,8} Vaccination using the quadrivalent HPV vaccine, which covers HPV 6, 11, 16, and 18-related diseases such as cervical, vaginal, vulvar, anal, penile, and head and neck carcinomas and genital warts, is beneficial with regards reduction in the incidence of HPV induced neoplasias.^{9,10}

This surge of pediatric cases of anogenital condyloma acuminata in our population calls for further investigations and stratification of the kind of HPV infection acquired and improved healthcare delivery for those who have been found with the lesions. Also, increased sensitization on the need for vaccination of both girls and boys since hygiene is not beneficial in preventing HPV infection, as evidenced by Petca A et al.,2020. This practice has been shown to have an incremental benefit in incidence reduction of HPV associated neoplasias.^{9,10}

HPV infection is a real burden in the Lower Middle-Income Countries, requiring the urgent attention it deserves. Soon or later we may be seeing HPV associated malignancies at a much younger age due to the double burden with Human Immunodeficiency Virus. A molecular epidemiological study in our patients or community is warranted.

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