International Journal of Advanced Biotechnology and Research (IJBR)
ISSN 0976-2612, Online ISSN 2278–599X,
Vol-8, Issue-2, 2017, pp1064-1066
http://www.bipublication.com

Research Article

A Case study of condy loma acuminate in 24 month- old female infant

Shokoufeh Hassannia[1], Ahmad Rahnama[2],
Mahdi Ghahramanifar[3] and Owrang Eilami[4*]

[1]Resident of General Surgery, Clinical Research Development Unit,
Yasuj University of Medical Sciences,Yasuj, Iran
[2]Assistant Professor of General Surgery, Department of General Surgery,
Clinical Research Development Unit, Yasuj University of Medical Sciences, Yasuj, Iran.
[3]Clinical Research Development Unit,Asian Electro Medical Company,
Yasuj University of Medical Sciences,Yasuj, Iran
[4]Associate professor of infectious disease,
Yasuj University of Medical Sciences, Yasuj, Iran.
Corresponding author: Owrang Eilami owrangeilami@yahoo.com

ABSTRACT:

Background: condy loma acuminate are soft and skin colored warts that are caused by the Human papilloma virus (HPV). This disease is highly contagious and the incubation period may be from 1-6 month. Although anogenital warts are transmitted sexually in adult, there are several modes of transmission: from the maternal genital tract autoinoculation, from finger warts and nonsexual transmission from members/ careers in children.

Case presentation: In this article a case of condy loma acuminate in 24 month- old infant was presented that a rare presentation of anogenital wart like large gauliflower lesion about 1/5cm from anal wedge, light purple in color with course cover that involved anus & perinea and after diagnosis condy loma acuminate was condidated for surgery of excision of lesion.

Conclusion: From this case we can concluded that condy loma acuminate is not only transmitted sexually but through nonsexual ways from maternal genital tract also it can be transmitted. In this case child abuse couldn't be rule out. In this girl due to large lesion she was underwent surgery of excision. With presenting this article and evaluation of manifestation of this disease especially in infants, we can get helpful information for early diagnosis and treatment that needs high clinical suspicion in these patients.

Keywords: condy loma acuminate, HPV

INTRODUCTION:

Condy Loma Acuminate are mmultiple exophytic, soft and skin colored warts in anogenital area. HPV types 6 and 11 are responsible for 90% of the sexually transmitted condy loma acuminate, although other types of the virus can also because condy loma acuminate. (1) Condy loma acuminate in children possibility of sexual abuse (Sexual abuse) makes a compelling argument, but in the kids much younger the main method of transmission is nonsexual or perinatal. (2)

The incubation period is about 1-6 months and is highly contagious and, individually or collectively, large or small presents. (3) In general, treatments available for condy loma acuminate are cryotherapy, surgical excision curettage Electro that rate of healing is 63-91% and carbon dioxide laser. (4) Treatment of condy loma acuminate in children, including the use of sulfisoxazole, ointment ammoniated mercury% 5, cryotherapy and immunotherapy. Topical treatments in children include use of

agents such as nitrogen Trichloroacetic acid liquid or resin Podophyllin. As well as in medical treatment, podophyllum resin Trichloroacetic acid, podofilox and 5-Fluorouracil, which is effective in relapse and in 4 weeks after ablation is used, 5%imiquimod (for every other day for 16 weeks) are used. These factors are less tolerated by children who have multiple consumption. Carbon dioxide laser vaporization is a new method of treatment for condy loma acuminate. (5) We present a rare case of infant girl reported condy loma acuminate that with its presentation the role and potential diagnostic and therapeutic procedures in children at an early age is more attention.

Case presentation:

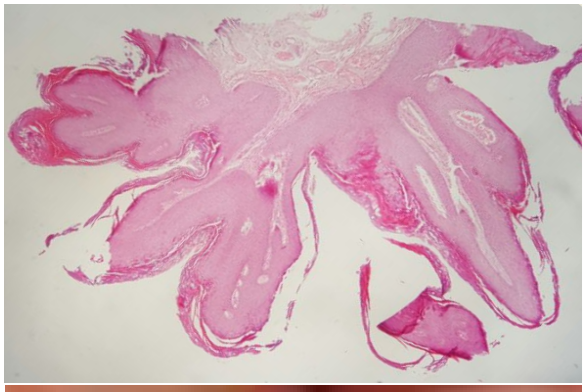
The patient reported was 24-month-old girl who with complainment of painful defication and constipation and multiple lesions in the anal area in Shahid Mofateh Clinic of Yasouj city was referred to general surgery. In physical examination large gauliflower lesion 1.5 cm from the anal margin with light purple color and fixed and rough coating that involved the anal and perineal area was seen. The child was born during a normal pregnancy process with vaginal delivery and reached (Full Term). Maternal history of condy loma acuminate during pregnancy was negative. The mother had history of divorce from previous husband and he was under the tutelage of stepfather. VDRL serological tests were negative for both mother and child. Based on clinical findings and the large size of the lesion (Figure 1) the diagnosis of Condy loma acuminate was made. The patient was candidate for excision of the lesion and underwent surgery under general anesthesia in surgery ward of Shahid Beheshti Hospital in Yasuj and lesion sample was sent for review to the Department of Pathology. (Figure 2) The gross pathology reports a large number of skin lesions 0.7* 0.7* 0.7 that in histological sections showed very mild Parakeratosis, mild acanthosis and papillomatosis. Mitotic rare combination was appeared in epidermis. A few mature squamous cells with large and bright around the nuclear periphery and the core fade, scattered in the outer cell layers were seen that the above findings are based on condy loma acuminate. (Fig. 3)

Discussion and conclusion:

Sexually transmitted diseases are usually affected people who are sexually active in the reproductive age group. (7) Various studies a large percentage of HPV infection in pregnant women have been reported. (8) Pregnant women with condy loma acuminate can pass to their babies. (9) Most cases of condy loma acuminate in children less than 2 years old are transmitted vertically from mother to child. The prevalence of condy loma acuminate in the first trimester of pregnancy is higher than other trimesters. (10) In addition, people with mental health problems may harm children and sexual abuse may be affect on the growth and development of children that this requires that urgent treatment and prevention procedures for these children are done in terms of health officials. Since this disease has a long incubation period , a history of sexual abuse may go unnoticed. (11) The patient presented with a history of condy loma acuminate, according to the mother did not mention history of anogenital wart during pregnancy and had a family history of divorce from former wife and children are under the supervision stepfather, there is also the possibility of sexual abuse. Increased prevalence of condy loma acuminate in adults has been reported that this will lead to a corresponding increase in the spread of infection and children. Treatment of condy loma acuminate in children is including the use of sulfisoxazole, ointment ammoniated mercury% 5, cryotherapy and immunotherapy and laser surgery and routine surgical practices are considered other procedures. Laser therapy is the preferred method for large lesions and ultimately If cannot be used surgical excision is done (12) and this patient underwent surgical excision due to its large lesion. According to cancerous potential of anogenital lesion, quick therapeutic procedures are recommended in children. (14 and 13)

As well as other medical treatments podofilox, podophyllum resin which have a cure rate 20-50% and due to the higher cure rate of surgical

excision technique that is 63-91% and multiple frequency of the use of imiquimod 5% that is required especially in this patient with low compliance due to family circumstances for consumping right and regular, treatment is less likely to be successful procedure and surgery in treating these patient is a better option and has the highest success rate and low recurrence rate. (5 and 6) Conventional surgery with scissors eradicates visible lesions. This technique is used more for perianal lesions but can also be used in other limited lesions of condy loma acuminate. Electrosurgery is often used to treat external condy loma acuminate. (2)In those referred with multiple exophytic lesions, there should be clinical suspicion of the disease. If untreated, the chance of transformation of malignancy increases. Other lesions can manifest as condy loma acuminate. For example, molluscum cantagiosum may cause genital outside but is often painless and navel. Primary squamous cell carcinoma is rare in children, painless and can give weight loss. (15)



REFERENCES

1. F. Charles Brunicardi, Danak. Andersen, timothy R. Billiar: schwart's principles of surgery, Tenth edition. PA 485
2. JOHN E. BENNETT, RAPHAEL DOLIN, MARTIN J. BLASER. Mandell, Douglas, and Bennett's Principles and Practice of INFECTIOUS DISEASES. Eighth Edition .Volume 1. Philadelphia, PA 1794-1806.
3. Mybera F. , Antigone G, Laura p: condylomata a culminate in child end laser therapy: a case report. case journal 2009, 2: 123
4. Safi. F, Bekdoche o. etc, Management of perianal giant candy Loma acuminata, a ense report & Liderature review, Asian surg. (2013) don 36 (1) 43-52.
5. Baggish Ms: carbon dioxide laser treatment for condylomata acuminate venereal Infections. obste Gynecol 1980, 55 (6): 711- 715.
6. Dan L. Longo, Anthony s. Fauci, D. L. kasper, s. l. Hauser, j. L. jameson, j. Loscalzo: Harrison's principles of internal Medicine, 19th Eddie, capture 222
7. Turing s: Human papillomavirus infection: Epidemiology, pathogenesis and host immune response. S Am Acad Dermatoligy 2000, 43 (s): 18-26.
8. Meisels A: cytologic diagnosis of human papillomavirus: Influence of age and pregnancy. Acta cytol 1992, 36 (4): 2-480.
9. Shelton TB, jevkins GR, Noe HN: candy Lomata acuminate in the pediatric patient. J urol 1986, 135 (3): 9- 548.
10. peng Tc, Searle Cp 3 rd, shah kv: prevalence of human papilloma- virus infection in pregnancy. Am J perinatal 1990, 7(2): 92-189.
11. Mc Cune KK, Horbach N, Dattel BJ: Incidence and clinical correlate of human papillomavirus disease in a pediatric Adolescent Gynecology 1993, 6: 20-24.
12. Duus BR, philipsen T, Christensen JD: Refractory candy Lomata acuminate: a controlled clinical tvial of carbon dioxide laser versus conventional surgical treatment. Genitourin Med 1985, 61 (1): 59-60.
13. Lee sh, Mc Gregor DH, kuzier MN: Malignant transtarmation of pervianal candy Loma acuminatum. Dis colon Rectum 1981, 24: 7-462.
14. Ejeckam Gc, Idicio HA, Nayak V,Gardiner JP: Malignamt Transformation in and candy Loma acuminatum. can Jsurg 1983, 26: 3- 170.