

# Perianal Condyloma in a 1 Year 2 Month Old Girl Successfully Treated with Topical Podophyllin and Subcutaneous Candidin: Case Report

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## ABSTRACT

The condylomas are subsequent to an infection of the keratinocytes by HPV, a DNA virus. In adults, transmission is essentially sexual. In children, precise research is required to determine the mode of contamination and to rule out the hypothesis of sexual abuse and non-sexual transmission that can be by various mechanisms, perinatal (in utero and during delivery), horizontal (autoinflammation and heteroinoculation known as "innocent") or through infected objects.

We present here a case of a perianal condyloma in a 1-year-old girl two months without sexual abuse successfully treated with subcutaneous candidin, intralesional and topical podophyllin.

**Keywords:** Condyloma; Candidin; Immunostimulation; Podophyllin

## INTRODUCTION

The condylomas are after an infection of the keratinocytes by (HPV), a DNA virus. In adults, transmission is essentially sexual. In children, precise research is required to determine the mode of contamination and to rule out the hypothesis of sexual abuse [1].

Sexual transmission of ano-genital condylomas to children is highly debated clinically, it is not always easy to distinguish the ano genital location of the warts of the true accumulated condyloma (CA). Several studies have shown that sexual abuse is involved in 3 to 35% of cases of genital anus warts in children.

In the case of anus genital warts in children under 4 years of age, the possibility of non-sexual transmission should be firmly considered in the absence of another sexually transmitted infection, clinical indicators or history of sexual abuse [2].

The probability of sexual abuse increases with the age of the child so that most genital anus condylomas in children, would be non-sexual transmission, and can be by several perinatal mechanisms (in the womb and during childbirth), horizontal (self-inflammation and heteroinoculation known as "innocent") or through infected objects [3] (Table 1).

**Table 1:** Forms of transmission of ano-genital warts in children.

Vertical transmission	Horizontal transmission
1. Ascending track	1. No sexual transmission
Through the membranes	Autoinoculation
By hematogenous (after placental)	Hetero Transmission Via fomites
2. Downstream	2. Sexual transmission
Through the birth canal	Genital-genital contact Genital-anal contact

## CLINICAL CASE REPORT

This is a 1-year-old 2-month-old girl who comes to the consultation, accompanied by her mother, to the dermatology service for presenting lesions in the fast-growing perianal area with mild pruritus for 2 months, without treatment.

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On physical examination there is a dermatosis that affects the localized and symmetrical perianal and anal area consisting of papules and skin-colored warts of 2 to 5 mm of papillomatous appearance that converge forming a 5 cm × 5 cm plate (Figure 1).



**Figure 1:** Dermatitis that affects localized and symmetric perianal area consisting of papules and skin-colored warts of 2 to 5 mm of papillomatous appearance that tend to converge forming a 5 cm plate.

**DIAGNOSTIC APPROACH**

An intentional search for sexually transmitted diseases in the mother is performed due to the father's promiscuity history and intrafamily violence, he is requested serologies of hepatitis B, C, HIV, VDRL, interconsultation to gynecology with Pap smears and colposcopy resulting negative.

The girl is asked for serologies for hepatitis B, C, HIV, VDRL with negative results, blood count, glucose, blood chemistry with urea, creatinine, liver function tests and immunoglobulins A, E, G, M to rule out genetic immunodeficiency, which are within normal parameters.

**THERAPEUTICS**

Treatment is started with weekly topical podophyllin for 8 weeks (2 months) and allergic extract of *Candida albicans* (candidine) Rocel brand, water dilution volume / volume 1:100 subcutaneous 0.1 cc every 7 days for 12 weeks (3 months), intralesional candidine single dose in the second week and vitamin C tablets 100 mg for 3 months.

**EVOLUTION**

At the 4th week of treatment it shows an improvement of 70% (Figure 2).



**Figure 2:** 4th week of treatment shows an improvement of 70%, with disappearance of injuries and flattening of others.

At the 8th week of treatment he presented a total remission of 100% of the papillomatous lesions presenting residual hyperpigmented spots (Figure 3).



**Figure 3:** At the 8th week of treatment there is a total remission of 90% of papillomatous lesions only residual pigment spots and diaper rash.

However, it was decided to extend the candidine SC for 4 more weeks to continue immunostimulation and avoid recurrence of the lesions. Currently 6 months without recurrence of lesions and without treatment (Figure 4).



**Figure 4:** 6 months without recurrence of lesions and without treatment.

**DISCUSSION**

In peri-anal condylomas, girls are affected twice as often as boys in a ratio of 3:1 to 7:1 girl:boy, our observation confirms this statement. However, little is known about the epidemiology of the virus in the pediatric population [4].

In our case we were unable to obtain evidence that the mother had a sexually transmitted disease during pregnancy such as HPV or syphilis, however due to the age of our patient and background we cannot rule out whether it is vertical transmission.

The therapeutic management is problematic due to the young age of our patient, so the therapies available in viral warts and the recurrence rate of each of them were evaluated, seeking the lowest recurrence and side effects in our patient.

Deciding management with podophyllin and subcutaneous candidine, since in our dermatology service we do not have cryosurgery or laser. Immunotherapy with intralesional and subcutaneous candidine is an effective and safe alternative for patients with vulgar warts, compared to other treatments with immunostimulatory effect, however, no studies have been conducted in the pediatric population [5].

Although clinical treatment of (CA) For children under 12 years of age it has not been approved by the United States Food and

Drug Administration, several studies have reported the efficacy of this medication in children up to 6 months of age, with cure rates of up to 75% [6].

#### CONCLUSION

The interest of our observation lies in the rarity of giant condylomas in infants valuing current therapies, such as candidine and the importance of conducting studies in children.

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