

# Condyloma lata in prepubertal male child: In the era of viral sexually transmitted infections

Md. Zeeshan, Abhijeet Kumar Jha, Sudhanshu Kumar, R.K.P Chaudhary

Department Of Skin & V.D, Patna Medical College and Hospital, Patna, India

**Abstract** The present era showed the changing trend of sexually transmitted infections (STIs) with viral STIs being the most common STIs. In children, STIs are acquired by both venereal and nonvenereal route. Sexual abuse, intrauterine and perinatal transmissions are considered as a possible mode of transmission in children. Here, we report a case of condylomata lata in prepubertal male child in the era of viral STIs.

**Key words**

Condylomata lata, syphilis, sexually transmitted infections (STIs).

## Introduction

Sexually transmitted infections (STIs) primarily affect the sexually active population in the reproductive age group and are largely acquired through sexual act. In children, STIs are acquired by both venereal and nonvenereal route.<sup>1</sup>

In recent years, there has been a shift in pattern of STIs from bacterial to viral due to indiscriminate use of broad-spectrum antibiotics, syndromic approach of treatment and upgradation of health services at the primary level.

Syphilis, the “great imitator” is a sexually transmitted infections caused by the organism *Treponema pallidum*.<sup>2</sup> The lesions of secondary syphilis that appear in the mucocutaneous areas are called as condyloma lata. The word condyloma comes from Greek word meaning “Knobs”.

Here, we report a case in prepubertal male child of secondary syphilis presenting as condylomata lata in the era of viral STIs.

## Case Report

A 12-year-old boy presented with a one-month history of a growth in the perianal region. There was history of anal sexual exposure 8 week before. There was no history of any lesion on genitals or in mucous membrane of mouth, urethral discharge or burning micturition, rash on the body or any constitutional symptom. On examination there were four fleshy, soft, red, mushroom like masses of 0.5-1 cm in diameter around the anal margin (**Figure 1**).

The hematological and biochemical investigations were normal. The venereal disease research laboratory test was reactive in a dilution of 1:64. *Treponema pallidum* hemagglutination assay was reactive in a titer of 1:4. Serological testing for HIV was negative.

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### Address for correspondence

Dr. Md. Zeeshan, Senior resident  
Department of Dermatology,  
Patna Medical College and Hospital, Patna,  
Bihar, India  
Email: zeeshan2k1@gmail.com



**Figure 1** Fleshy, soft, red, mushroom like masses of 0.5-1 cm in diameter around the anal margin.



**Figure 2** Complete reduction in the size of the anal growth after three weeks of benzathine penicillin.

Based on the history, examination finding and serological results a final diagnosis of condylomata lata was made.

The patient was treated with a single dose of benzathine penicillin 1.2 million units (0.6 mu given in each buttock) after sensitivity testing in a dose of 50,000 units/kg body weight. There was complete reduction in the size of the anal growth after three weeks of benzathine penicillin (**Figure 2**).

## Discussion

The prevalence of the bacterial STIs is very low in the present era. The percentage prevalence of acquired syphilis among all STIs in children has gradually declined over last two decades from 71.3% (1986-95),<sup>3</sup> 46.8% (1996-2000),<sup>4</sup> 32.4% (2002-2005)<sup>5</sup> to 22.2% in the year 2001-2007.<sup>6</sup> Declining level of bacterial infections may be

due to the increasing sexual health awareness, indiscriminate use of antibiotics and syndromic management of the infections.

There is low prevalence of STI in prepubertal children. This could be because of inadequate reporting and secrecy. A study from Rohtak, has shown a prevalence of 1.02%<sup>6</sup> and another from Ahmedabad has reported 1.98% prevalence of pediatric STDs in years 2002-2005.<sup>5</sup>

Sexual abuse, intrauterine and perinatal transmission are considered as a possible mode of transmission in children. History of child sexual abuse is variably reported from different parts of country ranging from 5%<sup>6</sup> to 74%<sup>7</sup> of children with STIs.

Secondary syphilis is known to have various cutaneous manifestations. The signs and symptoms of secondary syphilis usually develop 6 to 8 weeks after the appearance of the primary chancre.<sup>8,9</sup> Common manifestation includes rash (75%-100%), lymphadenopathy (50-86%) and mucosal lesions (6%-30%).<sup>10</sup> Mucosal lesions such as condylomata lata, mucous patches, and pharyngitis are highly infectious.<sup>10,11</sup>

Condylomata lata are flesh-coloured papular lesion reported in 9 to 44% cases of syphilis.<sup>9</sup> They are located commonly in genital and anal areas but have been reported in the axillae, umbilicus, nape of neck and inner thigh.<sup>12,13</sup>

The treatment of choice for all manifestations of syphilis remains penicillin. For people known to have allergic manifestations to penicillin alternatives like tetracyclines, doxycycline or erythromycin are used.

## Conclusion

The present case in prepubertal age group presenting as condylomata lata is very rare in the present era.

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