

Vulvar wart in a child

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ABSTRACT

Human papillomaviruses (HPV) are commonly associated with mucocutaneous infections in a child. Several HPV types can cause anogenital warts. Their occurrence in childhood should require some consideration and careful examination to mean their transmission. We report a new case of vulvar wart in an 8-year-old child diagnosed initially as hymeneal polyps. Dermatological examination showed a gelatinous and erythematous lesion surrounding the urethral meatus and another violaceous tumor tapioca seeds like in the vulva. Histological examination was compatible with a vulva wart and the detection of viral typing revealed HPV2.

Key words: Human papillomaviruses; Anogenital warts; Children

INTRODUCTION

Human papillomaviruses (HPV) are commonly associated with mucocutaneous infections in a child [1]. Several HPV types can cause anogenital warts. Their occurrence in childhood should require some consideration and careful examination to mean their transmission [2]. Herein we report a new case of vulvar wart in an 8-year-old child.

CASE REPORT

An 8-year-old girl diagnosed previously as hymenal polyps presented to our consultation with a painful lesion located on the external genitalia which was noticed recently by her mum. The girl reported occasional bleeding and dysuria. She denied any history of sexual abuse. Physical examination revealed a gelatinous and erythematous lesion surrounding the urethral meatus and another violaceous tumor resembling tapioca seeds under posterior seeds (Figs. 1a and 1b). The rest of the examination didn't show other localization of warts or findings suggestive

of abuse. The skin examination of her mother was also normal. She lived with her parents and her young sister. As part of the investigation, her parents were required to be evaluated for evidence of sexually transmitted infections with external exams with no significant findings. We performed an excisional biopsy of the two lesions. Histological examination showed hyperplastic epithelium with parakeratosis, architectural desorganization, atypia and koilocytes (Figs. 2-4). These cells were marked with p16 and ki67. These findings were compatible with the diagnosis of a vulvar wart. Detection of viral typing in genital lesions revealed HPV2. No recurrence occurred after a one-year follow-up.

DISCUSSION

Genital warts are infectious disorders resulting from HPV infection. The incubation phase is variable from months to years. Girls are more frequently affected than boys, at a ratio of 3:1.7 [3]. However, little is known about the epidemiology of the virus in the pediatric population. In a cohort of 34 prepubertal children, the

How to cite this article: El Kadiri S, Bay Bay H, Chaoui R, Douhi Z, Elloudi S, Mernissi FZ, Hammas N, Elousrouti LT, El Fatemi H, Chbani L. Vulvar wart in a child. *Our Dermatol Online*. 2021;12(e):e16.

Submission: 21.09.2020; **Acceptance:** 21.01.2021

DOI: 10.7241/ourd.2021e.16



Figure 1: (a) Gelatinous and erythematous lesion surrounding the urethral meatus and another violaceous tumor resembling tapioca seeds under posterior seeds. (b) View from above.

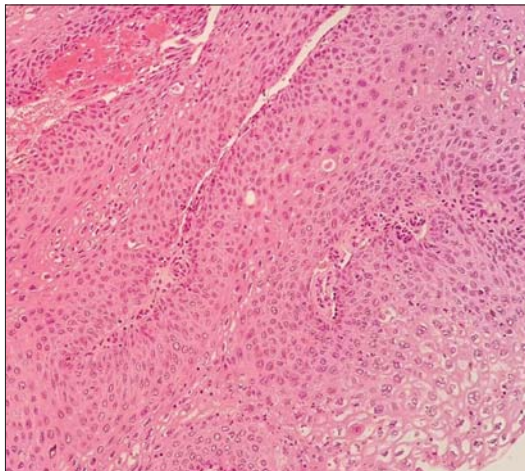


Figure 2: Histological image showing hyperplastic epithelium with numerous koilocytes and architectural disorganization.

perianal localization interested 67,6% of cases and was the most frequent site [2]. Typing the HPV virus is useful when making a diagnosis and assessing children with genital warts. It is known that HPV type 2 causes hand, foot, and body warts. Although this tropism is not absolute particularly in the pediatric population. They can also be found in the anogenital area [4]. In our patient, we guess that the possible mode of transmission was by autoinoculation. We exclude a transmission by genital penetration because there was no evidence of genital trauma or hymen perforation or history of sexual abuse. The localization of warts in the vulva is characterized by a moist, granulomatous appearance like tapioca pudding. Unlikely, cutaneous lesions are dry, pointed with warty appearance [5]. Studies suggest that lesions should be actively treated if they persist more than 2 years of being symptomatic [6]. We chose surgical excision as a therapeutic approach because she had a few lesions. Other non-

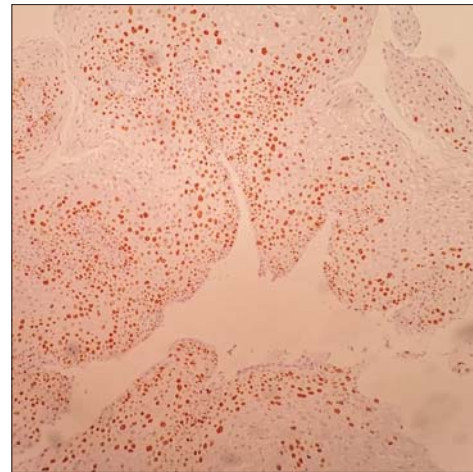


Figure 3: Immunohistochemical study showing positivity for Ki67 (HES x 100).

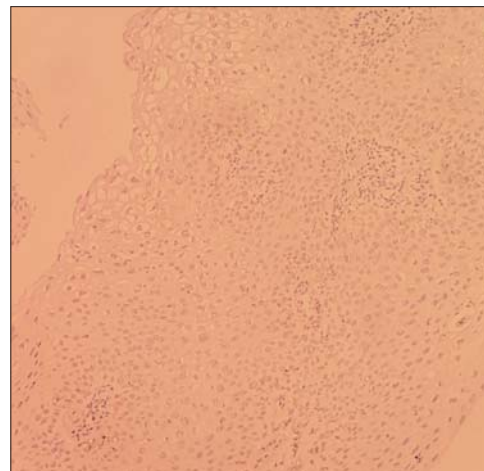


Figure 4: Immunohistochemistry revealing positivity for P16.

surgical methods include cryotherapy, ablative laser therapy, pulsed-light therapy, and electrocoagulation are helpful and efficacious [1]. Imiquimod at 5% has been approved for a child aged 12 years or older as immunomodulator with less recurrences [7], Drugs with antimetabolic properties, including podophyllotoxin, podophyllin, and 5-fluoracyl, are also available for the treatment of vulvar localizations but have not been approved for the pediatric population [8]

CONCLUSION

Although they are a benign condition, the dermatologist may be the first physician to manage vulvar warts in a child. They are not a diagnostic criterion for sexual abuse. As physicians, we should be aware of signs of abuse, perform the appropriate documentation and testing.

Consent

The examination of the patient was conducted according to the principles of the Declaration of Helsinki.

The authors certify that they have obtained all appropriate patient consent forms, in which the patients gave their consent for images and other clinical information to be included in the journal. The patients understand that their names and initials will not be published and due effort will be made to conceal their identity, but that anonymity cannot be guaranteed.

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Source of Support: Nil, **Conflict of Interest:** None declared.