

SEXUALLY TRANSMITTED DISEASES IN CHILDREN

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ABSTRACT

Fifty eight (16%) of the 362 patients, who reported to Dermatology and STD Department with symptoms pertaining to their genitourinary system were below 14 years of age. Fifty four (93.1%) of these children belonged to families of lower socio-economic strata. All the children were slum dwellers and none of them had studied beyond the third class. Syphilis was seen in 27.6%, gonorrhoea in 24.1%, chancroid in 22.4%, candidiasis in 10.3%, condylomata acuminata in 6.9% and herpes genitalis in 6.9% of these children. The probable reasons for the increased prevalence of sexually transmitted diseases in children as ascertained by this study were sexual promiscuity and probably sexual assault.

Key words: Sexually transmitted diseases.

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Sexually transmitted diseases (STDs) are becoming increasingly common in the pre-adolescent age group. Early sexual maturity, increased promiscuity and sexual offences (assault/rape) are the probable causes(1-4). A child victim of sexual assault often presents with symptoms pertaining to the genitalia, perineum or anal region and a diagnosis of a sexually transmitted disease may lead, on thorough questioning, to a history of sexual assault or sexual exposure(2). We report the clinical profile of 58 children suffering from one of the STDs; a large majority of them were either sexually promiscuous or had been sexually abused.

Subjects and Methods

Between January 1988 and August 1989, 362 patients reported to the Dermatology and STD Department of Sri Guru Teg Bahadur Hospital, Shahdara, Delhi with complaints pertaining to their genitourinary system. Fifty eight (16%) of these patients were less than 14 years of age and formed the basis of the present study. In addition to a detailed history, a thorough clinical evaluation was done. An attempt was made to find out any history of sexual exposure/assault. Laboratory investigations were done as required. Dark ground examination was performed in patients with genital ulcers and in patients having condylomata lata or mucosal lesions. Venereal Diseases Research Laboratories (VDRL) test was done, as a routine, in all the patients. *Treponema pallidum* hemagglutination test (TPHA) was done in 5 cases to confirm the diagnosis of syphilis. Tzanck smear was done to establish the diagnosis of herpes genitalis. The diagnosis of chancroid was based on clinical features and by exclusion of other causes of genital ulcers. Urethral and/or vaginal smears were examined for gonococcus, trichomonas and Candida in

patients with urethritis and vulvovaginitis. Culture for gonococcus was done wherever required.

Results

A total of 58 cases of STDs in patients below the age of 14 years were seen, spread over a period of 18 months. Thirty seven (63.7%) patients were males and 21 (36.3%) were females (Table I). Of the 21 female children, 19 (0.5%) were less than 10 years old, while 2 (9.5%) were between 11-13 years.

Fifty four (93.1%) of the children belonged to lower income group (Table If). All the children were slum dwellers and none of them had studied beyond third class.

Sixteen (27.6%) children in this study

presented with syphilis (Table I). Primary syphilis was diagnosed in 3 boys of 11-14 years age group. No females with primary syphilitic ulcer were seen. Condylomata lata was the presenting complaint in 10 out of the 11 patients who had secondary syphilis. The eleventh patient, a female child (aged 5 years), presented with a maculopapular rash and generalized lymphadenopathy. The diagnosis was confirmed in this patient by VDRL and TPHA testing. Syphilitic rash was noted along with condylomata lata in 3 (2 male and 1 female) patients. Mucous patches over the tongue, palate and cheeks were observed in 2 patients. Generalized lymphadenopathy was present in 6 out of 11 patients of secondary syphilis. Two newborn males with congenital syphilis, being reported separately, were also seen during the 18 month period. These

TABLE I-Pattern of Sexually Transmitted Diseases.

Disease	Age (yrs)						Total (%)
	0-5		6-10		11-14		
	M	F	M	F	M	F	
Syphilis							
Primary	-	-	-	-	3	-	3 (5.1)
Secondary	-	1	8	2	-	-	11 (19.0)
Congenital	2	-	-	-	-	-	2 (3.5)
Gonococcal-genital infections	-	7	-	-	7	-	14 (24.1)
Non-gonococcal-genital infections	-	-	-	-	1	-	1 (1.7)
Candidiasis	-	-	-	3	1	2	6 (10.3)
Chancroid	-	-	-	5	8	-	13 (22.4)
Condylomata-acuminata	-	-	2	1	1	-	4 (6.9)
Herpes genitalis	-	-	-	-	4	-	4 (6.9)
Total	2	8	10	11	25	2	

TABLE II- *Income Group of the Children with Sexually Transmitted Diseases.*

Sex (Numbers)	Lower income group	Middle income group	Higher income group
Boys (37)	37	-	-
Girls (21)	17	4	-

newborns presented with skin rash, mucosal lesions, lymphadenopathy, bone changes and hepatosplenomegaly.

Twelve female patients presented with vulvovaginitis. Gonorrhoea was seen in 7 (12.1%) female patients and all of them were less than 5 years of age (*Table I*). The diagnosis of gonococcal vulvovaginitis was confirmed by culture of *N. gonorrhoea* on modified Thayer-Martin medium and subsequent biochemical tests. None of these female children gave history of sexual exposure. Interestingly, both the parents of one female patient had active gonococcal infection. Five (8.6%) female children had candidal vulvovaginitis. Seven (12.1%) boys (all in the age group 11-14) were suffering from gonococcal urethritis while 1 male child had non-gonococcal urethritis (*Table I*). All these boys gave history of sexual contact with prostitutes. Chancroid was seen in 5 girls (in the age group of 6-10 years) while 8 boys had the same problem. All the boys with chancroid gave history of sexual contact. Of the 3 male patients with condylomata acuminata, 2 had perianal lesions. History of forced passive homosexual exposure was available in both these cases. One girl aged 6 years, who had lesions of condylomata acuminata over the female genitalia was a victim of sexual assault. Four boys (aged 11-14) had herpes

genitalis (*Table I*) and 2 of them did not give history of any form of sexual contact.

Discussion

In the present study, out of a total of 362 patients with STDs seen over a period of 18 months, 58 (16%) were children. This is truly an alarming situation. What is the cause of such a high incidence of STDs in children in this particular area? This could be perhaps, either due to sexual offences committed against the children of lower age group or due to increased promiscuity in the pre-adolescent children.

The male children were mainly in the age group of 11-14 years (*Table I*). All of them were from lower socio-economic background (*Table II*). These boys had well developed genitalia and were sexually promiscuous. The resettlement colonies in which these boys were residing are situated at Delhi-Uttar Pradesh border. There is a considerable mobile population of truck drivers at the border at all times. Several prostitutes also live in these colonies and they cater to the needs of these truck drivers. These professionals use the boys as pimps as well as have sexual intercourse with them, as a result making them a party to this trade; these boys then can not lodge any complaint against the prostitutes. This was probably the cause of the high prevalence of STDs in these boys.

The popular belief in people of lower socio-economic status is that any STD can be cured by having sexual intercourse with a virgin. Hence, the female child of younger age group, is an easy prey to men with STDs since she can't express the nature of the sexual offence committed against her. She is actually sometimes victimised during her sleep. Further, she is threatened physically and often the parents force the child to

keep quiet because of the social stigma attached to rape. In our study most of the female children were less than 10 years of age.

Eleven out of 14 patients of acquired syphilis in this study presented with manifestations of secondary stage without history suggestive of a primary stage. This is not unusual and has been reported earlier(3). All the girls suffering from gonorrhoea were less than 5 years. In none of them a history of sexual exposure or assault could be ascertained. However, available reports suggest that sexual assault/exposure is the commonest mode of transmission of gonorrhoea in children(4,5). One female child's parents also had active gonococcal infection and there is an earlier report of nonvenereal transmission of gonococcal infections in children(6).

Sexual assault is the most common mode of transmission of condylomata acuminata(7-9). All the three children with condylomata acuminata in the age group of 5-10 years in our study were victims of sexual assault. The fourth patient was a boy aged 13 years, who was acting as a watchdog for the prostitutes.

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