CASE REPORT

Giant Condyloma Acuminata in Pediatric HIV

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We report a 2 year 6 months old girl suffering from HIV infection and presenting with two giant condyloma acuminata of perianal and perivulvar region along with oral candidiasis.

Key words: *Giant condyloma acuminata, Pediatric HIV.*

HPV (human papillomavirus) infection has been shown to occur in about 8-10% of pediatric HIV patients. A variety of HPV show different clinical manifestations. Of the many subtypes, the mucosal type, condyloma acuminata has been observed more frequently in HIV infected children and tends to occur in the anogenital region [1,2]. But a large condyloma acuminata as the dominant manifestation of pediatric HIV is rarely reported.

CASE REPORT

A 2 year-6 months-old female child presented with reddish brown huge perianal and perivulvar growth. The growth had started as warty lesions around the anus and vulval opening 4 months back and had grown in size and coalesced to assume huge dimensions. She also had difficulty in swallowing for 7 days, and fever for 4 days. There was history of her father's premature death 1 year back, the cause of which was unknown. There was no history of sexual abuse with the child. On examination, she was cachectic, pale, and having Grade IV malnutrition (IAP). There were multiple enlarged and tender cervical lymph nodes along with tachypnea. The perianal growth measured 8x10 cm with a thickness of 2.5 cm at the centre, while the perivulvar growth measured 6×5 cm (***Fig.* 1**). The lesions were cauliflower like, fleshy, sessile, slightly friable at certain areas with few bleeding points. There were creamy white plaques on the dorsal surface of the tongue, palate and buccal mucosa. Other systemic examination findings were essentially normal. The child's mother did not have any skin or genital warts. Her hemoglobin was 5g/dL, platelet count was 40,000/cmm, and TLC was normal. Chest radiograph revealed right sided pneumonitis. Mantoux test was negative. Patient was tested HIV ELISA positive but VDRL negative. The CD4 count was 150/cu mm. Her mother was also positive for HIV. Histopathological examination (biopsy) showed koilocytosis, hyperkeratosis and acanthosis, typical of condyloma acuminata without any features of malignancy. Patches were scraped off from the mouth, microscopic examination of KOH smear showed pseudohyphae and blastospores. A final diagnosis of pediatric HIV presenting with giant perianal and perivulvar condyloma acuminata along with oral candidiasis, was made and the girl was initiated on broad spectrum antibiotics, fluconazole, co-trimoxazole. Anti retroviral therapy was also started simultaneously. However, the girl died on the 7th day of her admission.

DISCUSSION

Our patient was suffering from HIV infection and reported at our OPD mainly for giant condyloma acuminata. She had probably acquired the infection perinatally from the mother.

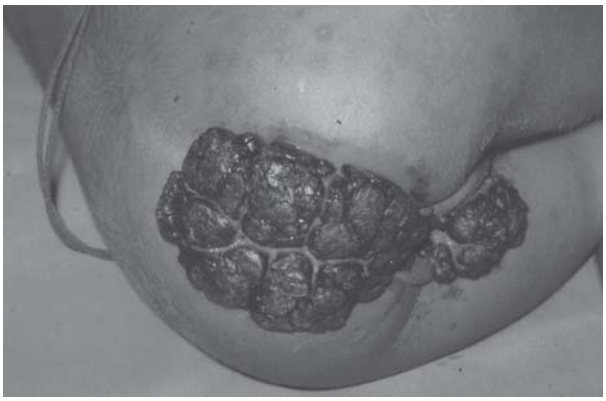

FIG. 1 *Huge cauliflower like perianal and perivulvar giant condyloma acuminata in a 2 years 6 months old girl child.*

Modes of transmission of HPV in children remain controversial. These include perinatal transmission, autinoculation and heteroinoculation, sexual abuse, indirect transmission via contact through fomites, etc. Newborn babies can be exposed to cervical HPV infection of the mother during delivery. *In-utero* transmission to the fetus may occur hematogenously, by semen fertilization, or as an ascending infection in the mother [3,4]. Because "skin" HPV types (usually HPV type 2) commonly are reported in cases of anogenital warts in children older than 4 years of age, typing a specific HPV associated with a particular anogenital wart is not definitive of sexual abuse. Conversely, the "genital" HPV types (types 6 and 11) are common in children younger than 3 years of age, even in children for whom sexual abuse is not suspected. Exposure in these younger children probably occurs during passage through their mother's HPV-infected birth canal.

The presence of anogenital warts in a child is not a reliable indicator of sexual abuse, and typing the specific HPV associated with a particular anogenital wart also is not indicative of sexual abuse [5]. The incubation period varies from 2-8 months. Only a small portion of those infected with HPV express the disease [6]. Diagnosis of HPV infections is usually clinical. Biopsies are rarely required to rule out malignancies associated with such infections. These lesions are treated with cryotherapy using nitrogen, Nd:Yag laser, topical agents such as trichloroacetic or salicylic acid, podophyllin, podophyllotoxin, imiquimod, or ablative surgery [7].

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