**GİRİŞ**

Kondiloma aküminatının etkeni insan papillomavirüsü (HPV) dır. Kondiloma aküminata erişkinlerde yaygın olarak cinsel yolla bulaşan hastalıklardan biridir. Çocuklarda görülmesi nadir olup, cinsel istismara eşlik edebilmektedir.

**Olgular:**

Bu makalede, cinsel istismarı kurbanı olarak adli muayene için gönderilen, kondiloma aküminatalı iki çocuk olgu sunulmuştur. Biz bu olguların her ikisinde cinsel istismarın adli-tıbbi katılırının bulunmadığını sonucuna ulaştık. Olgularda cinsel yoldan bulaşma olası yolları araştırıldı.

**Tartışma:**


**Anahtar Kelimeler:** İnsan papillomavirüsü, kondiloma aküminata, cinsel yoldan bulaş, medico-legal önemi.

**ABSTRACT**

**Introduction:**

Human papillomavirus (HPV) is major agent of condyloma acuminatum. Condyloma acuminatum is one of the most common sexually transmitted diseases in adults, but its presence in children is rare and could be associated with sexual abuse.

**Cases:**

In this article, two child cases with condyloma acuminatum who were sent for forensic examination as victims of child sexual abuse were presented. We concluded that there was not medico-legal evidence of sexual abuse in both cases. Probable transmission routes were investigated and discussed in both cases.

**Discussion:**

According to article 280 of Turkish Penal Code, clinicians have declared all children with condyloma acuminatum to authorities to be suspected sexual abuse case; this usually causes a social problem and children’s fathers or brothers generally have been exposed to dealings to be a suspicious in front of judicial authorities and family members. In conclusion, we think that physicians who came across with same cases, firstly must consulted with forensic medicine departments, later they must declared to authorities if forensic scientists decided to a child sexual abuse.

**Keywords:** human papillomavirus, condyloma acuminatum, nonsexual transmission, maternal transmission, medico-legal importance.
INTRODUCTION

Condyloma acuminatum results from an infection with human papillomavirus (HPV), but, unlike some other sexually transmitted diseases, its epidemiology is largely unknown [1].

HPV is a member of the papillomavirus genus in the papillomavirus family of viruses [2]. To date, more than 200 HPV types have been identified, of which approximately 30-40 types have been found in female genital tract infections [3-5]. HPV types are defined by molecular characteristics and can be classified as oncogenic or non-oncogenic. HPV types 16 and 18 are associated with cervical carcinomas and, of high-risky types of HPV, having been estimated at 99.7% in cervical carcinomas has been associated with high-risky types of HPV [6].

INTRODUCTION

İki Çocuktan Cinsel Yol Dışında Bulaşmış Kondiloma Akuminata'nın Adli Tibbi Önemi
Yeşim TUYJİ, Mahmut AŞIRDİZER, Mehmet Sunay YAVUZ, Yıldıray ZEYFEOĞLU, Tarık ULUÇAY, Mehmet Gökhan DİZDAR

CASES

Case 1:

A 13-months-old male child was applied to pediatrics polyclinic of University Hospital with complaints of vaginal intercource. In the meantime, patient was reported to be medico-legal case to office of the public prosecutor with suspicion of child sexual abuse. The patient was consulted by our department, she did not define any sexual abuse and her behaviors were not pessimistic, timid, frightened or excited. She only defined that her anal region extremely itched and she have often scratched to anal region with herself fingernail. On the physical examination, there were not physical or sexual abuse findings on the body. Only four condyloma acuminatum lesions was seen around anal canal and two scratches at the anal mucosa settled at 3 and 6 o’clock levels according to hour plate in gynecological position, but there was not any lesion into anal canal, rectum and vagina.

In the statement of child’s mother, she said that her daughter lived together with his father and mother in their home. Her daughter often has to use to public toilets because she had renal disease. She stated that there was not any doubt from sexual abuse and she supposed that contamination by non-hygienic toilets or other ways. In the HPV PCR test that applied to pediatrics polyclinic of Celal Bayar University Hospital with complaints of verrucous swellings around anus which begun 2 months ago. During physical examination of the patient, anogenital warts in the form of papillomatous and two scratches at the anal mucosa was seen. HPV PCR test was transferred to gynecology and obstetrics clinic of the university hospital.

On physical examination of the case in the gynecology and obstetrics clinic of the university hospital, the patient described that hyperemia and verrucose swellings and itchiness around her anus was begun 40-45 days ago. She described condyloma acuminatum as papillomatous and dejectation and she has often scratched to anal region with herself fingernail. Gynecologists defined condyloma acuminatum and two scratches at the anal mucosa. They reported that there were not the findings of vaginal intercource. In the meantime, patient was reported to be medico-legal case to office of the public prosecutor with suspicions as child sexual abuse before beginning the treatment.

The court inquired about whether presence or absence of the child sexual abuse, whether contaminated or not contaminated for illness in the child from public toilets, baths, towels, underwear or vaginal labor. On the physical examination in our department, one condyloma acuminatum lesion in healing phase was seen in gluteal region in 4cm distance from anal canal, which settled at 7 o’clock level according to hour plate in gynecological position. Also there was hyperemia around the anus, which was considered as eczema.

In the statement of child’s mother, she said that her son lived together with his father, mother and his 12-years-old sister in their home. She had given birth 18 months ago and applied to a gynecology clinic for intra uterine device 13 months ago. Then some itchy lesions were seen in anogenital region of her son 7 months ago, firstly. She was medically treated with diagnosis to be condyloma acuminatum. After two months from appearance of lesions in the meantime, patient was referred to be medico-legal case to office of the public prosecutor with suspicion of child sexual abuse before beginning the treatment.

The court inquired about whether presence or absence of the child sexual abuse, whether contaminated or not contaminated for illness in the child from public toilets, baths, towels, underwear or vaginal labor. On the physical examination in our department, only one condyloma acuminatum lesion in healing phase was seen in gluteal region in 4cm distance from anal canal, which settled at 7 o’clock level according to hour plate in gynecological position. Also there was hyperemia around the anus, which was considered as eczema.

In the statement of child’s mother, she said that her son lived together with his father, mother and his 12-years-old sister in their home. She had given birth 18 months ago and applied to a gynecology clinic for intra uterine device 13 months ago. Then some itchy lesions were seen in anogenital region of her son 7 months ago, firstly. She was medically treated with diagnosis to be condyloma acuminatum. After two months from appearance of lesions in the meantime, patient was reported to be medico-legal case to office of the public prosecutor with suspicion of child sexual abuse before beginning the treatment.

The court inquired about whether presence or absence of the child sexual abuse, whether contaminated or not contaminated for illness in the child from public toilets, baths, towels, underwear or vaginal labor.
The child and his father should have been transmitted from the mother when the timing of appearance of the lesions was considered. There was not medico-legal evidence of sexual abuse in this case. The transient of condyloma acuminatum to child had been must occurred during vaginal delivery or by other ways.

**DISCUSSION**

The incubation period of condyloma acuminatum was estimated to be between three weeks and eight months for mucosal warts, and between two weeks and more than a year for skin warts [13]. Whilst the roles of HPV contamination in children were reported to be sexual abuse, maternal transmission and non-sexual transmission by Syrjönen and Parunen; all contamination routes except sexual abuse were defined to be non-sexual transmission by some authors [14-17]. Childhood sexual abuse was thought to be the most common mode of viral transmission [14, 18]. Sexual route of transmission is responsible for the occurrence of condyloma acuminatum lesions in 99% of the cases [19]. According to opinion of Syrjönen and Parunen; maternal transmission have occurred to be (1) directly, transmission during vaginal delivery; (2) indirectly, via contaminated objects or surfaces [13]. Perinatal transmission of the virus from mother to baby can happen and autoinoculation of finger warts to anogenital area is sometimes possible [17, 19]. In indirect non-sexual transmission, the contamination by towels, handshakes, door-handles, toilet seats, underwear, swimming pools, and saunas can be possible [19].

Gyires et al reported 11-month-old girl with genital lesions and her father’s with penile area lesions of condyloma acuminatum. Although they suspected a possible sexual abuse as the cause of this infection, this suspicion was not supported in detailed and meticulous investigation of the case and they concluded that transmission was probably nonsexual, as there was no evidence for sexual abuse [20].

Even thought non-sexual transmission of HPV in clinical medicine is well defined [21-27], the number of articles about non-sexual transmission of HPV in forensic medicine is rare. In a review written by Robinson and Watkeys, the process of medico-legal investigation of children with genital warts was reported in the four steps [28]: (1) Full general examination: this step includes an examination about the physical and developmental progress of the child, the investigation the physical and psychological findings of all forms of abuse and the warts on whole body; (2) Evaluation of child for sexual abuse: in this step, the appropriateness of the general behaviour of the child and the physical findings in particularly in the genital and anal areas should be assessed for evidence of sexual abuse and should be recorded. (3) Screening for other sexually transmitted disease; in this step, Chlamydia trachomatis, and Neisseria gonorrhoeae should be screened by microbiological techniques. (4) Examination of family members: in this step, the evidence that transmission may occur through close contact and sexual transmission should be investigated. It is, therefore, recommended that any sibings should be examined to identify anogenital or non-anogenital warts. Parents should also be examined, particularly the mother of the child, if the child is less than 3 years of age. Documentation of the mother’s smear history should be included. The smear history would indicate whether there was any evidence of infection with HPV. If intraepithelial neoplasia was documented, HPV may be implicated [28].

In the present cases, we concluded that there was not medico-legal evidence of sexual abuse. Transmission routes were probably due to indirect nonsexual contamination by non-hygienic public toilets or other ways for first case and maternal transmission during vaginal delivery or other ways for second case.

Although a thorough medical and social evaluation is essential when condyloma acuminatum were seen in children because it may be a child sexual abuse, the physician should bear in mind the possibility of nonsexual transmission and should not forget that the effective management of condyloma acuminatum in children needs a multidisciplinary approach and cooperation [17, 19].

In conclusion, we think that physicians, who came across a child with condyloma acuminatum to authorities to be suspected sexual abuse case; this usually causes a social problem and children’s fathers or brothers generally have been exposed to dealings to be a suspicious in front of judicial authorities and family members [17].

Under this situation, whilst clinicians have declared all children with condyloma acuminatum to authorities to be suspected sexual abuse; this usually causes a social problem and children’s fathers or brothers generally have been exposed to dealings to be a suspicious in front of judicial authorities and family members [17].

In Turkey, a physician legally is responsible from declaration without wasting time when he/ she came across a crime or crime suspicion. A physician who fails to inform or delays informing the proper authorities about a situation where, in the course of their duty, they have an indication that a crime was committed, will be given up to one year’s imprisonment according to article 280 of Turkish Penal Code [29].

Bulbul et al reported that, sexual abuse is a multidimensional problem with psychosocial, medical, and legal aspects. Therefore, existence of an anogenital wart in a child requires a team approach involving the parent, pediatrician, pediatric dermatologist, pediatric gynecologist, pediatric psychiatrist, and social worker. Each case should be reported to judicial authorities as soon as suspected, as unproven and unreported cases of abuse could cause serious physiological and psychological trauma in the child [30].
REFERENCES


