



Colorectal Web Meeting

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MEXICO CITY, MEXICO

May 2020

- 2-year-old male
- Noncontributory perinatal history
- He was referred to us because of:
Perianal condyloma acuminatum



Physical examination

Exophytic, verrucous, cauliflower-like tumor that did not protrude through the anus



Medical Record

Giant perianal condyloma acuminatum not associated with sexual abuse

The parents had no genital condyloma or skin warts, but the mother has evidence of HPV cervical infection in colposcopy

Laboratories

-Anemia 9 g/dL

-Serologic studies for human immunodeficiency virus and syphilis were negative

-PCR test for human papilloma virus was not performed

Previous treatment (1)

Seen and evaluated first at the Dermatology Clinic, where he received topical
podophyllin solution 0.5%

Previous treatment (2)

Dermatology Clinic:

Cryotherapy



Pediatric Surgery

What therapy do you could perform?

- A. Repeat cryotherapy
- B. CO₂ laser therapy
- C. Pulsed – light therapy
- D. Electrocoagulation and surgical excision
- E. All of the above are possible therapies in this patient



Personal protective equipment

Independent of the times of COVID-19 pandemic





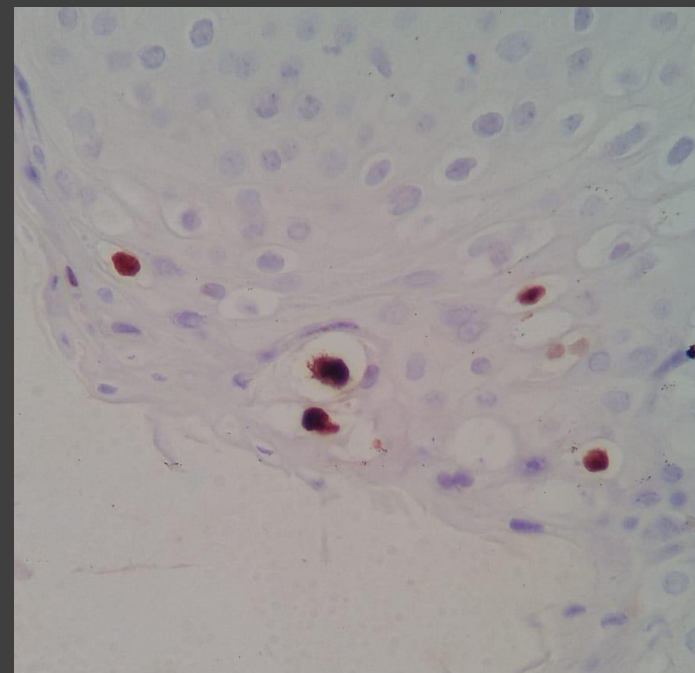


Photo: Celso Corcuera, MD; Karina Magallón, MD

Lesions covered by squamous hyperplastic epithelium, cells with koilocytic appearance (abundant clear cytoplasm and irregular nuclear membranes with a surrounding halo)



Follow Up

1 month after surgery, he did not develop anal stenosis, a 16 Hegar dilator was introduced without difficulty.

Discussion

- Not all perianal condylomata are related to sexual abuse
 - Three infection routes have been described
 - Vertical transmission (during delivery)
 - Horizontal transmission (auto- or hetero-innoculation)
 - Sexual abuse (5-33%, more common in children >4yo)
- Exophytic and cauliflower-like tumor excision with electrocautery
- Mandatory use of PPE (Personal Protective Equipment)

Thank you

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