

Profile of sexually transmitted diseases in children at Rohtak

Sir,

Sexually Transmitted Diseases (STDs) primarily affect the sexually active population in the reproductive age group and are largely acquired venereally. In children, STDs are acquired by both venereal and nonvenereal route.^[1] In children below two years of age, the chances of intrauterine / perinatal transmission are more, while in children 2-10 yrs of age, venereal mode of transmission is more

likely with sexual abuse as a definite possibility. However, in children in the pubertal age group, both voluntary sexual activity and sexual abuse are modes of transmission. STDs are becoming increasingly common in the pre-adolescent age group. Early sexual maturity, increased promiscuity and sexual offenses are the probable causes. The pattern of STDs in children reflects the pattern of STDs in adults. There is paucity of data in literature on the prevalence of childhood STDs. Therefore, we made an effort to study the pattern of STDs in children at Medical College, Rohtak.

Children below 14 years of age, who attended the STD clinic of Medical College, Rohtak from Jan 1, 2001 to Nov 30, 2007 constituted the subjects for the study. Detailed history, thorough clinical examination and relevant laboratory investigations were done to establish the diagnosis.

A total of 1770 patients attended the STD clinic, during the seven-year period, out of which there were 18 cases in children. Majority of the children were males (66.67%) at 2:1 M/F ratio. The youngest child was a one-and-a-half year old male. An equal number of patients (seven each) were in the age group of 5-10 yrs and 10-14 yrs. All the children had a rural background.

Thirteen children (72.22%) presented with condyloma acuminata [Table 1], out of which seven had warts in the perianal region. Most of them presented with difficulty in defecation. Acquired syphilis was seen in four children (22.22%), condyloma lata was the presenting complaint in two children while the other two presented with generalized rash and lymphadenopathy. A history of prior genital ulcer was seen in one female child. The diagnosis was confirmed by VDRL in these patients. No case of congenital syphilis was seen. One male child presented with chancroid (5.56%). Seven children (homosexual in four and heterosexual in three children) had a history of voluntary sexual contact. A history of sexual abuse could be elicited

in one male child (by neighbor). Rest of the children (six females and four males) strongly denied any kind of sexual exposure even on persistent enquiry. ELISA for HIV could be done in seven children and none were found positive.

The incidence of childhood STDs varies from place to place. In recent times, there has been a steady rise in the STDs in children probably as a result of increased premature sexual activity and increasing child abuse. The incidence in our study was 1.02% which is lower as compared to studies done at Delhi.^[2,3]

Most of the children were of the school going age group indicating an increased risk of falling prey to abuse by adults and an increased inclination towards promiscuous behavior. This observation was comparable to other studies.^[2-4] Boys were more commonly affected than girls in agreement with other studies.^[2-5] Condyloma acuminata was the commonest STD seen in children (72.22%) which is consistent with one of the studies done at Delhi.^[2] However, in other studies at Delhi, syphilis was found to be most common.^[1, 3 -5] The youngest child also presented with condyloma acuminata. Amongst these, history of sexual abuse was present in one child; voluntary sexual contact in five and no history of sexual exposure could be elicited in seven children. This reflects a possibility of both sexual and non sexual modes of acquisition of condyloma acuminata in children. All patients of acquired syphilis, in the study, presented with manifestations of secondary stage with history suggestive of primary stage in one patient only. Similar findings have been reported in earlier studies.^[4,6] Chancroid was observed only in one child with no history of sexual contact.

To conclude, the rise of childhood STDs is worrisome because of the physical and psychological morbidity caused by them. It requires a lot of effort, both at the parental and physician level, to improve awareness regarding transmission of STDs to children.

Table 1: Disease-wise distribution

Disease	Male	Female	Total	
			No.	%
Syphilis				
Congenital	-	-	-	-
Primary	-	-	-	-
Secondary	2	2	4	22.22
Chancroid	1	-	1	5.56
Herpes genitalis	-	-	-	-
C. acuminata	9	4	13	72.22
Gonorrhoea	-	-	-	-
Total	12	6	18	100

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