Successful treatment of a large exophytic genital wart with Imiquimod in a 9 month infant

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About 2-20% of all children have warts on their skin. The prevalence of anogenital warts in childhood is 1.5% and they are twice as common in girls compared to boys. Human papillomavirus (HPV) is the etiologic agent of anogenital warts. HPV types 6 and 11 account for more than 56% of genital warts, however, HPV 1 to 4, 16 or 18 associated with cutaneous warts are frequently detected in anogenital wart in children. Genital warts are uncommon in children and their occurrence in infants should raise the concern of possible vertical transmission from the mother, sexual abuse or transmission non-sexually from direct contact with caretaker contaminated with genital HPV treatment of anogenital warts can be a major challenge in infants especially when such warts are large. Most treatment modalities are either painful or require general anesthesia. Imiquimod, an immune modifier has been used successfully used as off-label in the treatment of perianal warts in children. We report an impressive response to topical Imiquimod on a large condylomata acuminata in a 9 month old baby.

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