PERIANAL DERMITIS IN A 3.5 YEAR OLD TODDLER: PERIANAL STREPTOCOCCAL DERMITIS OR SEXUAL ABUSE?

E. Tsekoura, M.D., Ph.D., A. Karali M.D.

Pediatric Department, Asklepieion General Hospital, Athens, Greece

36TH ANNUAL MEETING OF THE
**EUROPEAN SOCIETY FOR
PAEDIATRIC INFECTIOUS
DISEASES**
Organised by ESPID.
Jointly chaired by the Danish and Swedish PID societies.

MALMÖ
SWEDEN
MAY 28 - JUNE 2,
2018

ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ
ΑΣΚΛΗΠΕΙΟ ΒΟΥΛΑΣ

Background

Sexual abuse is a problem with epidemic characteristics in our society with 15% of men and 25% of women in their adulthood confirming a sexual abuse episode in their childhood. Thus is crucial for physicians to be able to recognize a possible sexual abuse case in order to protect the child as well as other children from repetitive episodes. On the other hand several medical conditions can be mistaken as sexual abuse and lead innocents in the court, separating children from their families

Case Presentation

A 3.5 year old toddler presented to the A&E department with extensive perianal dermatitis, pain, redness, itching and clear borders (Fig 1). He was given the history of a male who did this to him when he was in his father's house during Christmas Holidays. From the family-social history parents were divorced. Father was a drug user with good relationship to his ex wife.

Following query sexual abuse protocol we took cultures from the lesion including sexually transmitted diseases.

With the possible clinical diagnosis of Group A streptococcal perianal dermatitis he was started on oral Amoxicillin-clavulanate and improved within 24 hours. Cultures were positive for GAS, On developmental evaluation he had hyperactivity-impulsivity disorder.

Nevertheless he was constantly giving the same story of this man who did this to him and therefore the case was referred to social workers for further sexual abuse investigation.

Fig 1

Discussion

GAS perianal dermatitis is commonly mistaken with sexual abuse as well as worm infection, fungal infection, constipation, and inflammatory bowel disease. It has a typical clinical presentation with clear borders perianal erythema, pain, itching and stool blood. Its prevalence is 1/1000 pediatric A&E admissions. Despite typical presentation it is reported that 17% of doctors will suspect sexual abuse and 7% will investigate for inflammatory bowel disease.

Sexual abuse suspicion has always two dilemmas:

- If not identified will pose children under the risk of a repeated episode
- Mistaken diagnosis will pose family and innocent people under a disastrous situation

In our case, despite the definite diagnosis of GAS perianal dermatitis the fact that the child presented the same story of sexual abuse legal authorities was informed for further investigation.

Literature

An Epidemiological Overview of Child Sexual Abuse
J Family Med Prim Care 2014 Oct-Dec; 3(4): 430–435.

Perianal Dermatitis: Much More Than Just a Diaper Rash. Stan L. Block, MD,
FAAPPEDIATRIC ANNALS 42:1 JANUARY 2013

Perianal streptococcal dermatitis: an important differential diagnosis in pediatric patients.
Dis Colon Rectum. 2008 May;51(5):584-7.

Author correspondence: efitsek@gmail.com