

space was eventually packed with hemostatic surgical cellulose (oxidized regenerated cellulose, Ethicon) and a large wet pack. The bleeding was controlled and the rectus sheath was closed with interrupted sutures. Part of the pack was brought out through an opening in the rectus sheath and the skin. The wound was closed and a urinary catheter was left *in situ*. We estimated the blood loss to be approximately 2000 ml. The patient was a transfused 4 units of matched blood. Clear urine was draining after the cesarean section. Coagulation profile carried out intraoperatively and a few hours after transfusion were normal. She was started on cefuroxime (Glasgow Smith Kline, United Kingdom) and metronidazole. The pack was left *in situ* and was removed after 48 hours under general anesthesia. Since there was no further bleeding after pack removal the rectus sheath and skin were closed again and the catheter was removed soon after. She was discharged home after another week of hospital stay in good condition. On further follow up, after 6 weeks she remains well with no complaints.

Hemorrhage from retroperic space is an uncommon complication usually reported after bladder neck buttress operations. Foley catheter tamponade is usually used to control such a bleeding.¹ Although sometimes, this method may not work. Ottolenghi and Sesenna² described a rare case of hemorrhage in the space of Retzius after normal delivery, which was treated with tamponade as other methods failed. Another case of a male patient involved in a traffic accident who also responded to the same method of treatment was reported by a Polish authors.³ Tamponade appears to help control bleeding from retroperic space. Another treatment option could have been recombinant FVIIa. Recombinant FVIIa has been considered as a universal hemostatic agent, prompting its use in the management of severe uncontrolled surgical bleeding in patients without pre-existing coagulopathies.⁴ However, it is costly and not readily available in many units.

Received 11th August 2004. Accepted for publication in final form 10th November 2004.

From the Department of Obstetrics and Gynecology, College of Medicine, Sultan Qaboos University Hospital, SQU, Sultanate of Oman. Address correspondence and reprint requests to Dr. Vaidyanathan Gowri, Department of Obstetrics and Gynecology, College of Medicine, Sultan Qaboos University Hospital, PO Box 35, SQU, Sultanate of Oman. Tel. +968 513970. Fax. +968 515761. E-mail: gowrie61@hotmail.com

References

1. Aungst M, Wagner M. Foley balloon to tamponade bleeding in the retroperic space. *Obstet Gynecol* 2003; 102: 1037-1038.
2. Ottolenghi-Preti GF, Sesenna R. Unusual postpartum hemorrhage of the Retzius space. *Ann Ostet Ginecol Med Perinat* 1972; 93: 443-450.

3. Szkodny A, Czopik J. A new method of hemostasis in cases of hemorrhage arising in retroperic space and in the bladder neck. *Pol Przegl Chir* 1971; 43: 351-353.
4. Aldouri M. The use of recombinant factor VIIa in controlling surgical bleeding in non-haemophilic patients. *Pathophysiol Haemost Thromb* 2002; 32: 41-46.

Condylomata acuminata in infants and young children. Topical podophyllin an effective therapy

*Khalifa E. Sharqie, MB ChB, PhD,
Makram M. Al-Waiz, DDSC, PhD,
Adil A. Al-Nuaimy, MB ChB, DDD.*

Condylomata acuminata, an infection caused by human papilloma virus, has become one of the most common sexually transmitted disease in adults.¹ Correspondingly, the incidence of anogenital warts among children is rising.² Although its relationship to child abuse remains controversial, many cases of anogenital warts in children probably represents autoinoculation, vertical transmission or nonsexual transmission. Still, anogenital warts can be the only manifestation of child sexual abuse and that human papilloma virus typing does not provide a definite evidence for or against sexual abuse.³ Prospective surveys have documented perinatal transmission of human papilloma virus at oropharyngeal and genital sites in as many as half of infants delivered vaginally. Reports of subclinical infection of neonates delivered by cesarean section and of congenital condylomata strongly support the possibility of ascending infection.⁴ The potentially long incubation period of human papilloma virus also confounds the picture. Some investigators believe that the appearance of warts before the age of 2 years is suggestive of perinatal transmission and appearance either at birth or within the first week of life, is a diagnostic of perinatal transmission.⁵ The existence of multiple treatment modalities reflects the fact that there are no effective or direct antiviral.¹ Several treatment options are available for condylomata acuminata in adults, none have been studied for the treatment in children. Most of the treatments mentioned are painful and traumatic for children, some even requiring general anesthesia with its associated risk. Whatever method is used, there will be failure and recurrences.²

The present work was conducted to evaluate this condition among Iraqi children and to report the experience with podophyllin as a safe, effective, mode of therapy. Condylomata acuminata was assessed in 18 patients attending the Department of Dermatology and Venereology in Baghdad Teaching Hospital, Baghdad, Iraq during the period

January 1996 to January 2000. A full history was taken from their parents regarding the presence of obvious genital warts and behavioral abnormalities. Possible sexual abuse on these children was carefully investigated. Examination of the affected patients was conducted. Careful searching for signs of sexual abuse was carried out as follows: fresh and old bruise location are noted, as well as unusual scars, burns or wounds, funnel shaped anal area, signs of rectal or genital infection or injury. The age of the patients ranged from 6-84 months (23.66 ± 20.30 months) while the duration of the disease ranged from 3-8 months (5.83 ± 1.24 months). Eleven female infants were mostly affected compared to 7 male infants with a female - male ratio of approximately 1.6:1. During treatment, podophyllin in tincture benzoin (15%) was applied by the attending physician once weekly in the Department of Dermatology and Venereology of Baghdad Teaching Hospital, Baghdad, Iraq. The surrounding skin of the warts was covered with white soft paraffin to protect it from the splashed paint. Using cotton tipped applicator, freshly prepared paint was applied to the warts and the parents were asked to wash off the area after 6 hours. Follow up was carried out for several months. Examination of the female infants revealed typical cauliflower condylomata acuminata in the genital area of 2 patients in the anal and perianal area in 5 patients, while in both areas in 3 patients. One girl had skin colored papular form of condylomata acuminata in natal cleft and perianal area. All males had only anal condylomata acuminata. The infants parent and other members of family denied having genital warts apart from one girl whom the mother had verruca vulgaris on her fingers. Sexual abuse could not be ascertained in any patient.

The result of treatment with 15% podophyllin in tincture benzoin was effective after 1-3 applications (1.77 ± 0.73 months) once weekly. All genital warts had disappeared during follow up and there was no signs of relapse. No expected side effects such as irritation were reported by the parents. The treatment was well tolerated by the patients.

The incidence of genital and perianal warts in infants and children is increasing worldwide. This probably reflects on the increase in the prevalence of genital warts in the general population.¹ Our work was comparable with this increase as to the frequency of genital warts among infants and young children.² Since there was no history of sexual abuse in these affected patients, we believe that their genital warts was a result from direct contact with other members of the family, who are either not aware of the presence of warts or have latent infection

Podophyllin seems to be the drug of choice for all patients who responded quickly to this mode of therapy. This experience with podophyllin in this age group has not been reported in any published literature before.

Received 9th August 2004, Accepted for publication in final form 9th November 2004.

From the Department of Dermatology and Venereology, College of Medicine, University of Baghdad, Baghdad, Iraq. Address correspondence and reprint requests to Prof. Makram M. Al-Waiz, Department of Dermatology and Venereology, College of Medicine, University of Baghdad, PO Box 61269, Medical Collection Post Office, Postal Code 12114, Bab Al - Muai dham, Baghdad, Iraq. Tel. +964 (1) 4254862. Fax. +964 (1) 4250243. E-mail: makram552000@yahoo.com

References

1. Odom RB, James WD, Berger TG. Viral Diseases, in Andrew's Disease of the Skin: Clinical Dermatology; 9th ed. Philadelphia (PA): WB Saunders Company; 2000. p. 473-525.
2. Allen AL, Siegfried EC. The natural history of condyloma in children. *J Am Acad Dermatol* 1998; 39: 951-955.
3. Gutman T, Herman-Giddens ME, Phelps WC. Transmission of human genital papillomavirus disease: Comparison of data from adults and children. *Pediatrics* 1993; 91: 31-38.
4. Tseng CJ, Liang CC, Soong YK, Pao CC. Perinatal transmission of human papillomavirus in infants: Relationship between infection rate and mode of delivery. *Obstet Gynecol* 1998; 91: 92-96.
5. Handley J, Hanks E, Armstrong K, Bingham A, Dinsmore W, Swann A, et al. Common association of HPV 2 with anogenital warts in prepubertal children. *Pediatr Dermatol* 1997; 14: 339-343.