



## Be Attention for Your Children

**Muntaha A Mathkoo\***

Ministry of Health, Iraq

\*Corresponding Author: Muntaha A Mathkoo, Ministry of Health, Iraq.

DOI: 10.31080/ASMI.2020.03.0478

**Received:** December 06, 2019

**Published:** January 06, 2020

© All rights are reserved by **Muntaha A Mathkoo.**

Sara, A beautiful girl she is ten years old, she came with her mother to my clinic to consult about skin lesion in anal area which appeared about ten days ago, I examined her ;she had multiple discrete 2 - 10 MM, slightly umbilicated, flesh colored, dome shaped papules and nodules . the most likely diagnosis is Molluscum contagiosum(MC), which is cutaneous disease caused by molluscum contagiosum virus and it transmitted via skin to skin contact and, less commonly, fomites [1]. It spread also via auto inoculation, scratching, or touching of lesion. Genital lesion may be a manifestation of sexual abuse in children [2], So sara may be a victim of sexual child abuse, I examined entire cutaneous surface as well as oral and genital mucosa [1] and I consult gynecologist to examine her, we did not find any other sign of abuse because Many types of sexual molestation, such as oral sodomy and fondling, do not usually leave physical signs. Even when mild or moderate injuries occur (e.g. petechiae, ecchymoses, abrasions, superficial lacerations), healing in the anogenital area often takes place within days, resulting in very subtle or undetectable physical Findings [4]. I asked to talk with sara alone with out her mother.

Sara denial any sexual contact initially then she said yes my cousin had anal sex with me, he enforced me to do that with him, I hate him I hate Him too much she was talking with deep sadness.

The diagnosis of MC confirmed by remove a small lesion with curette and place it with a drop of potassium hydroxide between microscope slides, this material contains only infected cells which are dark cells and round and disperse easily with slight pressure, whereas normal epithelial cells are flat and rectangular and tend to adhere to each other in sheets [2]. culture and serologic test to evaluate for sexually transmitted diseases were done for her, samples are collected for forensic evidence because the last sexual contact was occurred in less than 24 hours [3]. I discuss the disease to her mother, most lesion are self-limiting and clear spontaneously in 6 - 9 month ;However, they may last 2 - 4 years or longer, so I discuss other options for treatment: curettage cryosurgery and

topical treatment including; cantharidin, imiquimod, potassium Hydroxide 5% [2].

I delayed the talking about sexual abuse till I know the degree of education of her mother to ensure the safety of the girl because this issue is so sensitive in our society. Her mother was shocked and refused to accept her child has sexual contact, I advise her to consult a psychiatrist because a victims of a sexual abuse may suffer long-term psychological Consequences [1].

### Bibliography

1. Reinhard Kirnbauer and Petra Lenz, Human Papillomaviruses, Bologna JL, Jorizzo JL., Shchaffer J.V. 3rd ed .Saunders-Elsevier; inc (2012): 1303-1319.
2. Thomas P Habif., *et al.* Clinical Dermatology A color Guide to Diagnosis and Therapy, sixth edition 448-486.
3. Bays J and Chadwick D. "Medical diagnosis of the sexually abused child". *Child Abuse and Neglect* 17 (1993): 91-110.
4. Adams JA. "Guidelines for medical care of children evaluated for suspected sexual abuse: an update for". *Current Opinion in Obstetrics and Gynecology* 20 (2008): 435-41.

### Assets from publication with us

- Prompt Acknowledgement after receiving the article
- Thorough Double blinded peer review
- Rapid Publication
- Issue of Publication Certificate
- High visibility of your Published work

**Website:** <https://www.actascientific.com/>

**Submit Article:** <https://www.actascientific.com/submission.php>

**Email us:** [editor@actascientific.com](mailto:editor@actascientific.com)

**Contact us:** +91 9182824667