

PERIANAL GRANULOMA INGUINALE IN A CHILD (Nonvenereal transmission)

TILAK R. BEDI

Summary

A case of perianal granuloma inguinale in a 8 year old child without any evidence of pederasty is reported. Nonvenereal transmission of the disease in some cases cannot be ruled out.

Granuloma inguinale, also termed 'granuloma donovani' or 'donovanosis' is generally regarded as a venereal disease of low contagiousness^{1,2}. First described in India in 1905, various Indian workers^{1,3} have maintained it to be venereally transmitted with high rate of

conjugal infection. The Western group^{4,5} however, believes that the causative organism 'Donovania granulomatis' has a faecal habitat with a non-venereal transmission. The evidence in its favour includes the occurrence of the lesions confined to the perianal region in sexually inactive individuals and low rate of conjugal transmission. The present report pertains to a child with perianal lesions of granuloma inguinale without any evidence of pederasty.

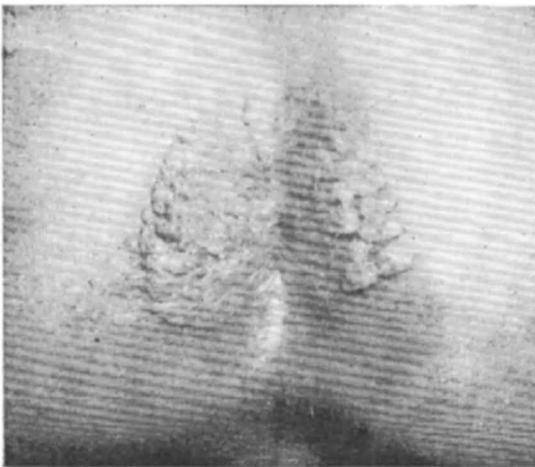


Fig. 1. Fleshy velvety lesion of granuloma inguinale in the region.

Case Report

An 8 year old Sikh child presented with an asymptomatic slowly increasing growth in the perianal region of 6 months' duration. The patient and the parents denied history of the child acting as a passive pederast. The treatment in the form of topical ointments proved ineffective. Examination revealed

fleshy, velvety nontender growth in the perianal region (Fig. 1). There was no evidence of proctitis or pederasty and the genitals were free of lesions. A tissue smear stained with Giemsa's stain showed donovan bodies with characteristic

Department of Dermatology & STD
PGIMER Chandigarh 160012

Request for reprint:

Consultant in Dermatology

30 UB Jawahar Nagar, Delhi 110007

Received for publication on 28-10-78

safety pin appearance present within many mononuclear cells and extracellularly (Fig. 2). A biopsy specimen taken from the edge of the lesion revealed marked pseudoepitheliomatous hyperplasia of the epidermis and a dense granulomatous inflammation throughout the dermis. The dermal infiltrate was composed of admixture of numerous pale histiocytes containing donovan bodies and plasma cells, lymphocytes and eosinophils. Treatment with streptomycin in daily dose of 1 gram intramuscularly for 3 weeks resulted in complete healing.

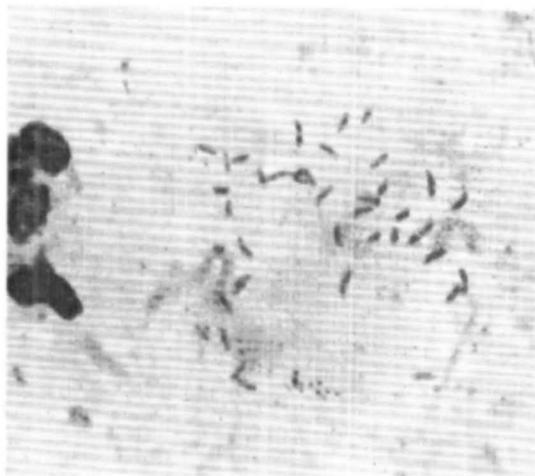


Fig 2 *Donovania granulomatis* organisms in tissue smear from the lesion (Giemsa's stain $\times 100$)

Comment

In view of the perianal occurrence of granuloma inguinale lesion in the child during sexually inactive phase and without any evidence of pederasty, it is reasonable to assume that the disease can be transmitted by methods other than venereal. Under the circumstances, it is possible that the organism with faecal habitat gained entry into the skin through minor abrasions from manual trauma resulting in a granulomatous lesion. Interestingly, the disease has been reported in a 2 year old child as well as in newborn infants⁶.

References :

1. Rajam RV & Rangiah PN: Donovanosis, WHO Monograph Series No. 24 Geneva, 1954.
2. King A & Nicol C: Granuloma Inguinale Bailliere Tindall, London 1975, P 252.
3. Lal S & Nicholas C: Epidemiological and clinical features in 165 cases of granuloma inguinale. *Brit J Vener Dis* 46 : 461, 1970.
4. Greenblat RB: Management of Chancroid, Granuloma inguinale, Lymphogranuloma Venereum in General Practice. Publ Heth Serv, Pubis Wash No. 255, 1953.
5. Goldberg J & Bernstein R: Studies on granuloma inguinale - VI Two cases of perianal granuloma inguinale in male homosexuals. *Brit J Vener Dis* 40:137, 1964.
6. Goldberg J: Studies on granuloma inguinale-VII. Some epidemiological considerations of the disease. *Brit J Vener Dis* 40: 140, 1964.