Anogenital warts in prepubertal children: Referral and Management Guidelines

Anogenital warts seen by a clinician

- Any disclosure from child or concern from parent or professional of sexual abuse
  - Referral to SARC via police and social care referral

- No overt concerns of sexual abuse
  - Referral to general paediatrician for assessment
    - IN ALL CASES background checks with social care and school nurse/health visitor to be made.

Concerns raised of sexual abuse

- No concerns raised of sexual abuse
  - History and examination by paediatrician
    - Diagnosis of warts confirmed

- History to include points 1 - 4:
  1. Changes in behaviour of child which lead to increased concern of sexual abuse
  2. Age at which warts first appeared
  3. Any carers or other children in house with warts on hands
  4. Mode of delivery

- Age 2 – 4 years discuss with SARC team
  - Age 4 years or over
    - Yes
      - Examination:
        - Warts are confirmed and no other findings
        - STI screen is performed* (if examination demonstrates any possible signs of CSA refer to SARC via police and social care referral)
      - 5. Are the warts causing symptoms? eg. Discomfort or bleeding.
        - Yes – refer symptomatic warts to GUM department for topical treatment - consider referral to paediatric surgeon for larger warts
        - No – watchful waiting and reassurance is all that is required. Most will resolve/drop off in time.

Supplementary notes

*STI screen includes tests as appropriate¹
Four routes of transmission for anogenital warts have been proposed in children; there is evidence for the first two – sexual and vertical, and case reports of auto-inoculation and hetero-inoculation²
It is important to remember that CSA must be considered in all cases, although in many the route of transmission may ultimately be unclear


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