

## Case of Gonorrheal Urethritis and Post-Traumatic Stress Disorder Due to Sexual Abuse in a Boy

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### Abstract

Sexual violence against children and the occurrence of sexually transmitted infections (STIs), particularly gonorrheal urethritis, are rare in the pediatric population. This case report describes an 8-year-old boy who acquired a sexually transmitted infection uncommon for his age group, suggesting the possibility of an unusual underlying issue requiring further evaluation and management. This boy presented with a history of genital-to-genital sexual contact with a female peer 10 days prior. He was diagnosed with acute uncomplicated gonococcal urethritis, presenting with symptoms of painful urination and yellowish-white discharge from the genital area that had progressively worsened over the preceding week. The patient also exhibited signs of post-traumatic stress disorder, including frequent crying and low self-esteem. Venereological examination revealed thick yellowish-white discharge at the external urethral orifice. Gram staining demonstrated intracellular gram-negative diplococci with >30 polymorphonuclear cells per high-power field, and culture confirmed the presence of *Neisseria Gonorrhoeae*. The patient was treated with oral erythromycin 250 mg four times daily for one week. He also received psychoeducational therapy and psychopharmacological treatment, including fluoxetine (6 mg once daily), vitamin B1 (2 mg once daily), and folic acid (2 mg once daily), administered by the Department of Child and Adolescent Psychiatry of Dr. M. Djamil General Hospital. Evaluation of the patient on the seventh day after therapy showed good outcomes. Early diagnosis and proper management of gonococcal urethritis cases are essential to reduce the incidence of complications and to address potential psychosocial concerns.

**Keywords:** Gonorrhea urethritis, psychology, sexual abuse

### Introduction

Sexual violence and assault represent profound traumas with significant physical and psychological implications for both male and female victims. Beyond to physical injury, these acts inflict emotional pain or psychological distress requiring long-term recovery. Sexual assault is defined as any sexual act performed on another individual explicit consent often involving the threat of force, physical coercion, or the victim's inability to provide consent. Sexually transmitted infections (STIs) are recognized as a serious sequela of sexual assault.<sup>1</sup>

Sexual violence is a prevalent form of abuse, frequently involving perpetrators within the

child's immediate social circle.<sup>1</sup> Children are generally unable to protect themselves from crimes, impacting their mental, physical, and social well-being. Victims of child sexual abuse include, individuals under the age of 18, particularly when the perpetrator is significantly older or holds a position of power and control.. The physical consequences of pediatrics sexual violence include the transmission STIs, such as gonorrheal urethritis, HIV and syphilis.<sup>2</sup>

Acts of violence or forced disclosures often lead to deep-seated trauma and traumatic stress.. Stress disorders resulting from these experiences are categorized as post-traumatic stress disorder (PTSD).<sup>3</sup> The victims may remain silent for extended periods due to fear of further harassment, feelings of distrust, shame, or the perception of social taboos. Additionally, institutional denial and victim-blaming often complicate the recovery process.<sup>4</sup>

Gonorrhea is a sexually transmitted disease (STD) caused by *Neisseria Gonorrhoeae*, a gram-

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negative aerobic diplococcus bacterium.<sup>5</sup> It can be transmitted through sexual contact such as oral, anal, or vaginal.<sup>6</sup> Gonorrhea (gonorrhoea) is a sexually transmitted disease caused by bacterial infection that attacks anyone, both men and women, especially young people aged 15-24 years. In Indonesia, there are around 5.6 per 100,000 adult men who experience gonorrhoea.<sup>7</sup> Based on this data, Indonesia occupies the second highest position in Southeast Asia after Thailand.<sup>7</sup> Sexually transmitted diseases that attack the sexual organs include chlamydia, gonorrhoea, trichomoniasis and syphilis. Data obtained from the centers for disease control (CDC) said the second most frequently reported sexually transmitted was gonorrhoea infection in 2018. Regional studies in Jakarta have demonstrated a prevalence of 29.8% for gonorrhoea, followed by syphilis and chlamydia. Gonorrhoeal urethritis is a STI caused by the gram-negative diplococcus Bacteria *Neisseria Gonorrhoeae*. This disease has the main symptoms of fluid or pus coming out of the urethra and dysuria in men. Complications of gonococcal urethritis in men include epididymitis, acute or chronic prostatitis, seminal vesiculitis, and infections of Cowper's and Tyson's glands. Acute epididymitis is the most common complication of gonorrhoeal urethritis in men.<sup>5</sup>

The study conducted by Fitriyani reported a case of reinfection with gonorrhoeal urethritis complicated by acute epididymitis, which commonly affects adolescents and young adults who are sexually active and engage in high risk sexual behaviors. In that case, a 28 year old male

was reported to have recovered from gonorrhoea with appropriate therapy.<sup>5</sup> In contrast, cases involving prepubescent children present unique diagnostic and therapeutic challenges. Symptoms in children may be atypical, ranging from mild genital discharge to subtle systemic signs, which often leads to misdiagnosis. Pediatric treatment requires careful consideration of antibiotic safety, dosage, and potential resistance, necessitating a multidisciplinary approach involving medical, psychosocial, and legal expertise.<sup>5</sup>

Gonorrhoea is predominantly associated with adult sexual activity, making pediatric cases rare. The occurrence of gonorrhoeal urethritis in an 8-year-old child indicates an unusual underlying cause requiring specialized intervention.<sup>3</sup> The objective of this case report is to highlight the necessity of screening survivors of sexual assault for STIs through appropriate diagnostic testing. This report aims to assist in the diagnosis of physical and psychological trauma in pediatric male victims and to evaluate the necessity for integrated medical and psychological interventions.

## Case

An 8-year-old male presented with uncomplicated acute gonorrhoeal urethritis and post-traumatic stress disorder (PTSD). Clinical history revealed dysuria and a purulent, yellowish-white urethral discharge that had progressively increased over the week prior to presentation. The patient had no prior history of genital symptoms or urinary



**Figure 1 Clinical Presentation at the Initial Visit**

A thick, abundant, yellowish-white purulent discharge is observed at the external urethral orifice. (Dr. M. Djamil General Hospital, Padang, 2024)



**Figure 2 Microscopic Examination of Urethral Discharge**

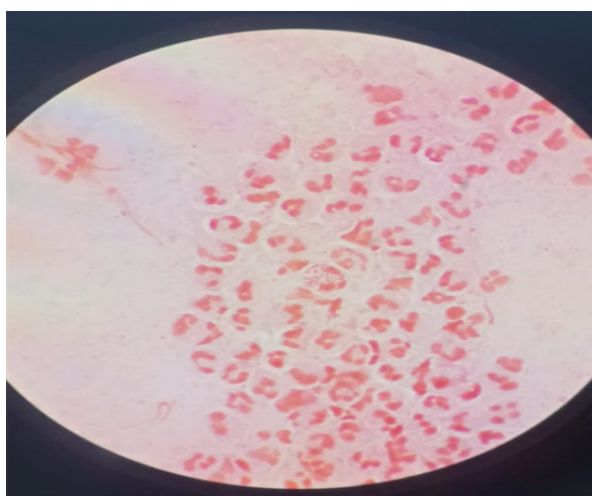
Gram staining demonstrates characteristic intracellular gram-negative diplococci with >30 polymorphonuclear (PMN) cells per high-power field (HPF). (Dr. M. Djamil General Hospital, Padang, 2024)

complaints.

The patient resides in a low socioeconomic environment with minimal adult supervision. According to the anamnesis provided by the patient and his mother, the patient and two male peers were invited by an 8-year-old female neighbor to engage in genital-to-genital contact at the patient's residence ten days prior. The patient's parents were not home during the incident; however, the patient's brother discovered the four children unclothed in a bedroom. Collateral history regarding the 8-year-old male sexual partner indicated that she also suffered from dysuria and purulent

vaginal discharge. It was reported that this child had been a victim of chronic sexual abuse by her biological father, stepfather, and uncle over the preceding three years. There was no known history of palmoplantar rashes, genital ulcerations, or verrucous lesions in the partner. The history of red spots appearing on the palms of the hands and soles of the feet, abrasions on the genitals and warts of the patient's sexual partners is unknown. Physical examination of the male patient revealed an abundant, thick, yellowish-white discharge at the external urethral orifice (Figure 1).

Laboratory investigation via Gram staining



**Figure 3 Culture Growth of *Neisseria gonorrhoeae* (Dr. M. Djamil General Hospital Padang, 2024)**



**Figure 4 Clinical Improvement After 1 Week of Treatment**  
(Dr. M. Djamil General Hospital Padang, 2024)

demonstrated intracellular gram-negative diplococci and >30 polymorphonuclear (PMN) cells per high-power field (Figure 2). Microbiological culture confirmed the growth of *Neisseria gonorrhoeae* (Figure 3).

The patient was treated with oral erythromycin (250 mg, four times daily) for seven days. Following a psychiatric consultation with the Department of Child and Adolescent Psychiatry, the patient received an integrated regimen of psychoeducational therapy and psychopharmacology, consisting of fluoxetine (6 mg once daily), vitamin B1 (2 mg once daily), and folic acid (2 mg once daily).

Clinical evaluation after one week of treatment showed a complete resolution of the urethral discharge and significant symptomatic improvement (Figure 4).

## Discussion

Sexual violence against children, as defined by End Child Prostitution in Asia Tourism (ECPAT), involves interaction between a child and an older individual or adult where the child is utilized to satisfy the perpetrator's sexual needs. Contributing factors include internal drivers, such as deviant sexual desires and revenge or past trauma of perpetrator, and external factors, including socio-economic, stressors, lack of adult supervision, and exposure to pornography.<sup>3</sup>

Research conducted in the United States involving a large cohort of children and adolescents (aged 0–17 years) indicates that the majority of sexual offenses against minors are

committed by other adolescents (76.7% for boys and 70.1% for girls), particularly acquaintances. While female victims are primarily harassed by males (88.4%), male victims report harassment from both males (45.6%) and females (54.4%).<sup>4</sup> This case is a distinct example of child-on-child sexual abuse, occurring between a pre-teen male and an 8-year-old female peer. Such interactions may involve coercion or, as observed in this case, non-coercive situations where the nature and implications of the act are not understood by the children involved.<sup>5</sup>

One of the primary psychological consequences of sexual violence is post-traumatic stress disorder (PTSD). Victims frequently generally experience acute shock, insomnia, agitation, and social isolation. In this case, the patient exhibited frequent crying and a perceived distancing from his peer group. Following a psychiatry evaluation, a diagnosis of PTSD was established. Management included a multidisciplinary approach involving psychoeducational therapy and psychopharmacology (fluoxetine, vitamin B1, and folic acid).

The psychoeducational component provided the patient and caregivers with emotional validation, safety education, and coping strategies to encourage treatment compliance. Statistical data suggests that approximately 15.9% of trauma-exposed children meet the criteria for PTSD, with higher risks noted in those exposed to interpersonal trauma.<sup>14</sup> In general child and adolescent populations, up to 31% may experience traumatic events, and about 7.8% still meet criteria for PTSD by age 18.<sup>15</sup> The patient reported a main complaint of pain during

urination and the discharge of yellowish-white fluid from the genitals, which started one week ago, namely 3 days after the incident. Supporting examinations that can be carried out in cases of sexual harassment include examination of body fluids to prove the presence of neisseria gonorrhea, syphilis and HIV infection.<sup>8</sup> Specific findings included the presence of more than 30 PMN cells per high-power field. HIV and syphilis tests have not been carried out because they have not been permitted by the patient's parents. This case is different from research conducted by Diana coronel-martínez and Luis augusto moya-barquín, sexually transmitted diseases generally affect young people, with more than half of infections occurring in 15 to 25 year olds who make up 25% of the sexually active population. Adolescents are considered a key and vulnerable population; adolescents are considered a marginalized population is poor access to adequate health services, social and parental acceptance, stigmatization, among others. Each year, 87 million new cases of gonorrhea are reported worldwide in populations from 15 to 49 years of age.<sup>9</sup> In this case, the patient was only 8 years old, and the child was not yet sexually active, but experienced sexual violence by the friend.

Clinical findings in this case included dysuria and purulent urethral discharge starting three days after the incident. While the 2021 CDC STI Treatment Guidelines and the 2020 National Guidelines in China recommend a single dose of ceftriaxone for pediatric gonorrhea, the choice of antibiotic therapy must be guided by culture sensitivity.<sup>8</sup> Microbiological analysis confirmed *Neisseria gonorrhoeae* sensitivity to penicillin, erythromycin, and azithromycin. Consequently, the patient was treated with oral erythromycin (250 mg four times daily), which demonstrated comparable efficacy to azithromycin for this presentation.<sup>10</sup> Following seven days of therapy, a complete resolution of the discharge at the external urethral orifice was observed.

This case illustrates the rare occurrence of gonorrheal urethritis in a prepubescent child who was not yet sexually active but became a victim of sexual violence. The patient's symptoms of dysuria and purulent discharge, combined with psychological symptoms of crying and diminished self-confidence, necessitated an integrated medical and psychiatric response. Although screening for HIV and syphilis is standard in cases of sexual assault, these tests were not performed in this instance due to a lack of parental consent.

Venereological status examination showed a thick, abundant, yellowish-white discharge at the external urethral orifice (OUE). Laboratory investigation via Gram staining identified intracellular gram-negative diplococci and more than polymorphonuclear (PMN) cells per high-power field. Microbiological culture results confirmed the presence *Nisseria gonorroae*. The patient was treated with oral erythromycin (250 mg four times daily) for seven days. Additionally, the Department of Child and Adolescent Psychiatry provided integrated psychoeducational and psychopharmacological therapy, consisting of fluoxetine (6 mg once daily), vitamin B1 (2 mg once daily), and folic acid (2 mg once daily). Clinical evaluation on the seventh day post-therapy demonstrated a successful resolution of symptoms and favorable outcomes.<sup>11</sup>

Early diagnosis and appropriate treatment of gonorrheal urethritis are essential to reduce the incidence of complications. Precise management facilitates clinical healing, prevents long-term sequelae, and minimizes the impact of the disease on the patient's future reproductive health.<sup>12</sup> Furthermore, education about healthy sexual behavior, such as the avoidance of multiple partners and the consistent use condoms, is necessary to reduce the incidence reinfection, mitigate the risk of antibiotic resistance, and prevent further complications associated with gonorrheal urethritis.<sup>13</sup>

In conclusion, the presence of gonorrheal urethritis in a child serves as a sentinel event for sexual violence and underlying psychological trauma. Early diagnosis and precise management are essential to achieving clinical recovery, preventing complications such as epididymitis, and minimizing the long-term impact on reproductive and mental health. Sexual violence against children has far-reaching consequences for the family and community, reinforcing the necessity of a comprehensive management approach to ensure the child's safety and long-term recovery.

## References

1. Magindali CL, Tomuka D, Siwu JF. Gambaran kasus kejahatan persetubuhan anak di bawah umur. *J Biomedik JBM*. 2022;14(1):92-5. doi:10.35790/jbm.v14i1.37463
2. Fitriany NN, Ibnusantosa RG, Respati T, Hikmawati D, Djajakusumah TS. Pengetahuan tentang dampak infeksi gonore pada pasien

- pria dengan gonore. *J Integr Kesehat Sains*. 2019;1(1):1-5.
3. Lewoleba KK, Fahrozi MH. Studi faktor-faktor terjadinya tindak kekerasan seksual pada anak-anak. *J Esensi Huk*. 2020;2(1):27-48. doi:10.35586/esensihukum.v2i1.20
  4. Gewirtz-Meydan A, Finkelhor D. Sexual abuse and assault in a large national sample of children and adolescents. *Child Maltreat*. 2020;25(2):203-14. doi:10.1177/1077559519873975
  5. Bhatnagar S. Child-on-child sexual abuse: a pertinent legal analysis. *International J Emerging Technologies Innovative Res*. 2022;9(8):430-7. doi:10.2139/ssrn.5041393
  6. Ekaningtyas NLD, Hindu A, Gde N, Mataram P. Psikologi komunikasi dan kekerasan seksual pada anak usia dini. *Pratama Widya J Pendidik Anak Usia Dini*. 2020;5(2):147-58.
  7. Ocviyanti D, Budiningsih Y, Khusen D, Dorothea M. Peran dokter dalam menangani pelecehan seksual pada anak di Indonesia. *J Indones Med Assoc*. 2019;69(2):89-96. doi:10.47830/jinma-vol.69.2-2019-77
  8. Wang QQ, Zhang RL, Liu QZ, Xu JH, Su XH, Yin YP, et al. National Guidelines on Diagnosis and Treatment of Gonorrhoea in China (2020). *International J Dermatol Venereology*. 2020;3(3):129-134. doi:10.1097/JD9.0000000000000072
  9. Coronel-Martínez D, Augusto Moya-Barquín L. Sexually transmitted infections in pediatrics. primary health care. London: IntechOpen; 2022. doi:10.5772/intechopen.101674
  10. Edmonds E. The male genitalia: a clinician's guide to skin problems and sexually transmitted infections. *Sexually Transmitted Infections*. 2009;85:156.
  11. Sari CM, Sedana KP. Aktivitas seksual dan vaginal douching dengan kejadian gonorrhea di lokalisasi wilayah Badung dan Buleleng Bali, Indonesia. *J Kesehat Midwinerslion*. 2018;3(2):181-8. doi:10.33024/jikk.v10i10.10334
  12. Fitriyani NW, Setyowatie L. Reinfection of gonococcal urethritis with complications of acute epididymitis. *J Dermatology, Venereol Aesthetic*. 2022;3(2):8-16.
  13. AlQassimi S, AlBrashdi S, Galadari H, Hashim MJ. Global burden of psoriasis - comparison of regional and global epidemiology, 1990 to 2017. *Int J Dermatol*. 2020;59(5):566-71. doi:10.1111/ijd.14864
  14. Alisic E, Zalta AK, van Wesel F, Larsen SE, Hafstad GS, Hassanpour K, et al. Rates of post-traumatic stress disorder in trauma-exposed children and adolescents: meta-analysis. *Br J Psychiatry*. 2014;204:335-340. doi:10.1192/bjp.bp.113.131227
  15. Torrico TJ, Mikes BA. Posttraumatic Stress Disorder in Children. In: *StatPearls*. Treasure Island (FL): StatPearls Publishing; April 20, 2024.