PORTUGUESE JOURNAL OF PEDIATRICS

PERMANYER

Check for updates

A perianal mass presenting at birth

Uma massa perianal ao nascimento

Inês Silva Costa[1], Beatriz Vala[2], Ana Ferraz[3], and Raquel Henriques[3]*

[1]Pediatrics Department, Centro Hospitalar Tondela-Viseu, Viseu; [2]Pediatrics Department, Centro Hospitalar de Leiria, Leiria; [3]Neonatology Department, Maternidade Daniel de Matos, Centro Hospitalar e Universitário de Coimbra, Coimbra. Portugal

Keypoints

What is known

- Perianal masses are rare findings in newborns and have a broad range of clinical presentations.
- Congenital perianal masses must raise suspicions of concomitant gastrointestinal and urogenital malformations.

What is added

- Perianal macro-lesions in girls are rare in incidence and even more rare as an isolated finding, with no other malformations.
- Pedunculated lesions, outside the mid-line, with no clinical symptoms of anorectal malformation, can be treated conservatively, with no need for imaging tests.

A female term newborn, with no remarkable morphological ultrasonography and no intercurrent conditions during gestation, was observed after vaginal birth revealing a pedunculated ovoid elastic perianal lesion with a diameter of 2 cm. Urine and stool output were adequate during inpatient admission, and no other malformations were detected during subsequent clinical examinations. Following a discussion with the pediatric surgery department, a cerclage with silk thread was performed. The lesion presented progressive ischemia and involution before dropping off after three days. At the two-month-old follow-up appointment, no scar was detected in the excision area, and no other intercurrent conditions were recorded. The histopathology analysis revealed a 0.9 cm hamartoma.

Neonatal perianal masses are a rare finding and can vary in presentation. Other medical disorders are frequently found when perianal masses are congenital[1]. While these masses can alarm parents in regard to cosmetic concerns, they also present a challenge for healthcare providers in the differential diagnosis of complex clinical conditions such as rectovaginal fistula in females, abscesses, sacrococcygeal teratomas, and abnormalities in the gastrointestinal tract[2-3]. Neonatal hamartomas are considered benign tumors and can affect multiple organs or body systems, including the skin[2]. The most common cutaneous subtypes are epidermal nevi, congenital melanocytic nevi, and vascular malformations. Pedunculated lesions are a rare presentation, particularly in the perianal area, where mid-line lesions or masses arising from the vulva are more frequent. Mass excision can be performed as the definitive treatment, with no sequelae or risk of recurrence. If there are no obstructive symptoms, elective excision can be scheduled[1,4].

This case is unique because of its rarity in terms of the location of the lesion and the simplicity of the treatment, with definitive excision in the first days of life and a favorable final cosmetic outcome. Also, no further congenital abnormalities were diagnosed, supporting

***Correspondence:**
Inês Silva Costa
E-mail: c-ines@hotmail.com

Received: 11-10-2023
Accepted: 10-07-2024
https://pjp.spp.pt

Available online: 25-07-2024
Port J Pediatr. 2025;56(4):245-246
DOI: 10.24875/PJP.23000041

Figure 1. Macroscopic aspect of the pedunculated lesion in the right perianal area upon first clinical examination after birth

the benign character of hamartomas, and providing a good long-term outcome for the patient.

Author contributions

I. Silva Costa: idea behind and design of the study, report, review or other type of paper; data acquisition from patients, research studies, or literature; analysis or interpretation of data from patients, research studies, or literature; drafting the article; critical review of the article for important intellectual content; final approval of the version to be published; agreement to be held accountable for the accuracy or integrity of the paper. B. Vala and R. Henriques: idea behind and design of the study, report, review or other type of paper; critical review of the article for important intellectual content; final approval of the version to be published. A. Ferraz: idea behind and design of the study, report, review or other type of paper; critical review of the article for important intellectual content; final approval of the version to be published.

Funding

None.

Conflicts of interest

None.

Ethical considerations

Protection of humans and animals. The authors declare that the procedures followed complied with the ethical standards of the responsible human experimentation committee and adhered to the World Medical Association and the Declaration of Helsinki. The procedures were approved by the institutional Ethics Committee.

Confidentiality, informed consent, and ethical approval. The authors have followed their institution's confidentiality protocols, obtained informed consent from patients, and received approval from the Ethics Committee. The SAGER guidelines were followed according to the nature of the study.

Declaration on the use of artificial intelligence. The authors declare that no generative artificial intelligence was used in the writing of this manuscript.

References

1. Massoumi RL, Parsons LN, Jarzembowski JA, Wagner AJ. Pediatric pedunculated perianal problems. J Ped Surg Case Reports. 2016;9:45-48
2. Upadhyaya P, Spilde TL, Tsao K, Ostlie DJ. Anorectal hamartoma in a neonate: a unique anorectal mass. J Pediatr Surg, 2007;42(9):E31-3.
3. Yamaçake KGR, Giron AM, Tannuri U, Srougi M. A rare case of perineal hamartoma associated with cryptorchidism and imperforate anus: a case report. Einstein. 2014;12(2):324-6.
4. Shaul DB, Monforte HL, Levitt MA, Hong AR, Peña A. Surgical management of perineal masses in patients with anorectal malformations. J Pediatr Surg. 2005;40(1):188–191.