J Ped Surg Case Reports 9 (2016) 45–48

Contents lists available at ScienceDirect

Journal of Pediatric Surgery CASE REPORTS

journal homepage: www.jpscasereports.com

Pediatric pedunculated perianal problems

R.L. Massoumi [a,*], L.N. Parsons [b], J.A. Jarzembowski [b], A.J. Wagner [c]

[a] Medical College of Wisconsin, Milwaukee, WI 53226, USA
[b] Department of Pediatric Pathology, Medical College of Wisconsin, Milwaukee, WI 53226, USA
[c] Department of Pediatric Surgery, Medical College of Wisconsin, Milwaukee, WI 53226, USA

ARTICLE INFO

Article history:
Received 21 March 2016
Received in revised form
15 April 2016
Accepted 15 April 2016

Key words:
Perianal
Mass
Polyp

ABSTRACT

Congenital perianal masses, distinct from sacrococcygeal teratomas, are a rare entity and are minimally reported in literature. A retrospective chart review was conducted of all patients who presented to the Children's Hospital of Wisconsin (CHW) with a benign pedunculated perianal mass between April 2014 and June 2015. Three patients fulfilling these criteria underwent elective resection either under general or local anesthesia. The first patient's mass was diagnosed as a benign acrochordon, or skin tag. The midline location of this mass prompted a spinal MRI revealing a low-lying conus and fibrolipoma of the filum terminale. The patient underwent prophylactic laminectomy and transection of the filum terminale and he currently remains asymptomatic. The second patient was found to have a hamartomatous polyp and later developed scrotal and perirectal vascular malformations and was treated successfully with topical timolol. Our third patient presented with a hamartomatous lesion and underwent a colonoscopy and stool studies, both of which were negative. We present these cases to bring awareness to this clinically important entity and to the associated anomalies and work-up that should be considered.

While the exact incidence is currently unreported, perianal masses typically occur in older patients and are quite rare in the neonatal population. When congenital, they are often associated with other medical disorders. For example, more common congenital mass lesions, such as sacrococcygeal teratomas, giant congenital melanocytic nevi, Langerhans cell histiocytosis, rectal duplication cysts, and rhabdomyosarcomas, rarely present as a clinically isolated mass. These lesions have been well documented [1–11]; however, benign congenital perianal masses and their important clinical associations are underrepresented in the literature. The aim of this series, therefore, is to bring this exceedingly rare diagnosis into awareness, to alert clinicians of associated conditions, and to present an effective diagnostic and treatment plan.

1. Methods

Institutional review board (IRB) approval was received to perform a retrospective chart review of all patients born with a perianal mass who were treated at the Children's Hospital of Wisconsin (CHW) from 4/1/2014 to 6/30/2015. Patients with sacrococcygeal teratomas were excluded, as those masses are well described in the literature and distinct from the entity we sought to examine. For each patient, the following information was collected from the electronic medical record: age, gender, weight, medical history, clinical presentation, drug history, findings on physical examination, operative and pathology reports, radiological and laboratory investigations and complications.

2. Results

Three patients met the above mentioned criteria and their charts were reviewed in detail.

2.1. Case 1

This patient was diagnosed with a perianal mass by prenatal ultrasound at 24 weeks gestational age. The mass remained stable throughout the duration of the pregnancy. On initial physical examination, the mass was found to be a 1.5 × 1.0 × 1.0 cm skin tag with a broad base protruding from the anal canal at the 5:00 position. There were no other abnormalities noted on visual inspection and a 10 hegar was passed through the anal canal with ease (Fig. 1a). The patient was feeding and passing stool without difficulty, and thus operative resection was postponed until

* Corresponding author. Tel.: +1 650 303 7005.
E-mail address: rmassoumi@mcw.edu (R.L. Massoumi).

2213-5766/Published by Elsevier Inc. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).
http://dx.doi.org/10.1016/j.epsc.2016.04.016

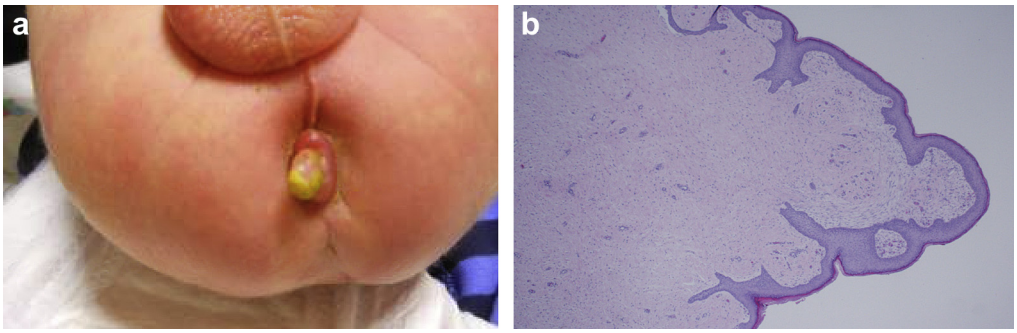

Fig. 1. a: The patient from case one underwent excision at 50 weeks of age. b: Representative photomicrograph of excised specimen from Case 1, with histologic features of benign acrochordon (H&E, 2×).

50 weeks post-conceptual age to minimize anesthesia risk and the need for inpatient monitoring. Histologic examination of the resected specimen revealed a polypoid lesion with an orthokeratotic epidermis and underlying dermis composed of dense, bland connective tissue, multiple small blood vessels, and scattered nerve bundles. The lesion was diagnosed as a benign acrochordon, or skin tag (Fig. 1b).

Because of the midline location of the mass, there was concern for anatomic abnormalities of the lower spine, and this patient thus underwent further work-up with a lumbar spine MRI. The MRI documented a low-lying conus and linear fibrolipoma of the filum terminale. The patient continued to be asymptomatic without any extremity weakness or bowel or bladder dysfunction. Patient underwent a laminectomy with transection of the filum terminale as a

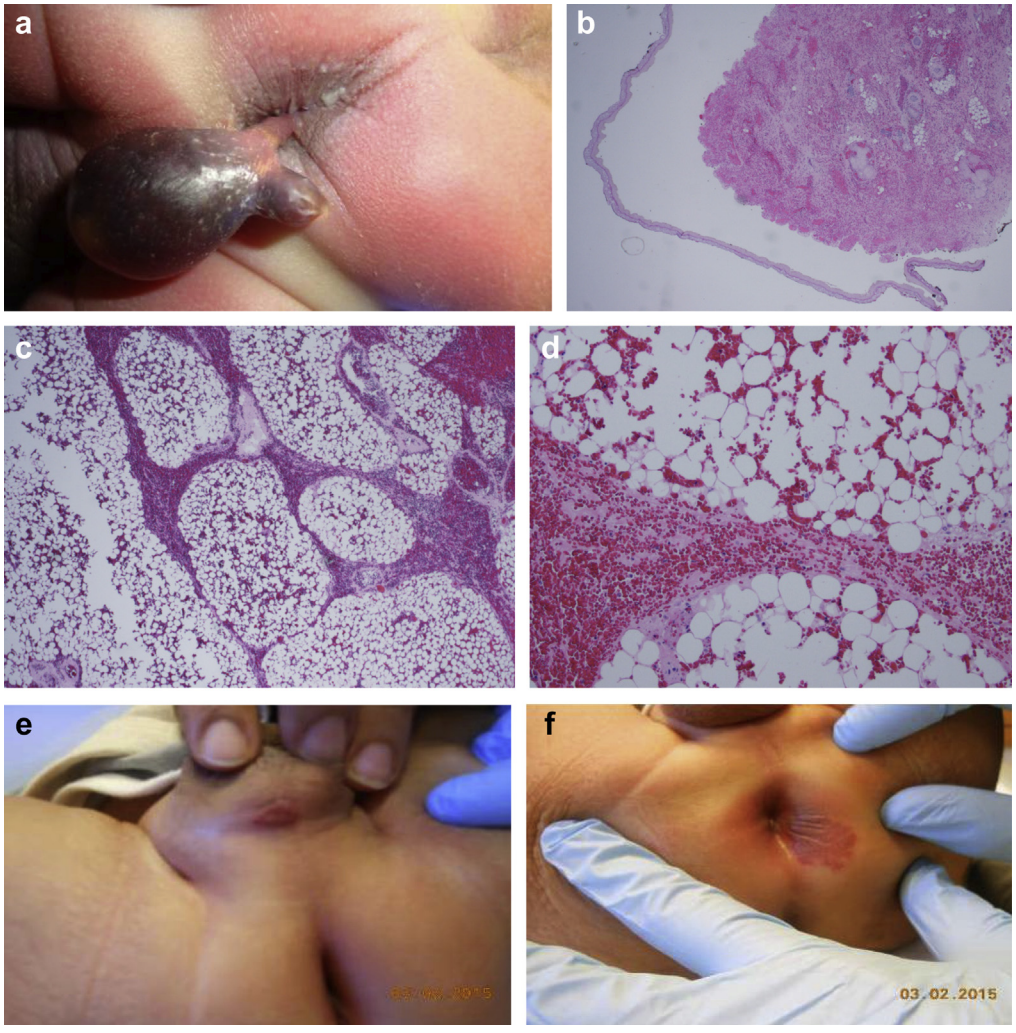

Fig. 2. a: The patient from case two underwent surgical excision on day two of life. b: Focus of lesion from Case 2 with separation of epidermis from underlying dermis (H&E, 2×). c: Lobules of mature adipocytes from Case 2 (H&E, 4×). d: Intermediate magnification photomicrograph from Case 2 displaying extensive hemorrhage between and within lobules of adipocytes (H&E, 10×). e: Patient from case two with a medial right scrotal vascular malformation that was diagnosed at one and a half months of age. f: Patient from case two with a left buttocks vascular malformation that was diagnosed at one and a half months of age.