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# Bilateral congenital perineal hernias: Spontaneous resolution

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#### ABSTRACT

A congenital perineal hernia develops through a defect in the pelvic floor muscles and presents as a reducible buttock swelling. These hernias are exceptionally rare with only six cases previously documented in the English literature. We report an extremely premature infant who developed bilateral posterior perineal hernias at 2 weeks of age. The diagnosis was confirmed by ultrasound scan. She remained asymptomatic. By a corrected age of 10 weeks post term, the hernias had resolved clinically and on imaging. A congenital perineal hernia should be considered in the differential diagnosis of a reducible buttock swelling. The diagnosis can be confirmed by imaging and elective surgical repair is indicated for symptomatic or persistent hernias. This case demonstrates that an asymptomatic perineal hernia in a very premature infant should initially be managed conservatively as it may resolve spontaneously.

## 1. Introduction

Congenital perineal hernias are very rare. Only six cases have been reported before [1–5]. Bowel herniates through a congenital defect in the levator ani muscle of the pelvic floor causing a reducible buttock swelling. Strangulation has not been reported in children, perhaps because the neck of the hernia tends to be wide and the surrounding tissues elastic. Doig and Nixon described a triad of clinical features, namely a reducible buttock swelling, loose stools and an abnormal position of the rectum on digital examination [2] but only the first of these is a consistent finding in all reports. All published cases have been treated by surgical repair. We present a premature infant with bilateral congenital perineal hernias that resolved spontaneously.

## 2. Case report

A female infant was born by vaginal delivery at 23 weeks' gestation weighing 615 g following spontaneous rupture of membranes. Her mother (gravida 3, para 1) had been stable on a methadone program for 8 years. Two doses of betamethasone were given prior to delivery. The baby was intubated and ventilated for respiratory distress syndrome within minutes of birth but after treatment with surfactant she was rapidly weaned to low pressure volume guaranteed ventilation at low oxygen concentrations. She received a single dose of indomethacin for a patent ductus arteriosus which closed by day 5. A cranial ultrasound

scan on day 3 showed an echogenic focus in her left caudate nucleus but subsequent scans were normal. The infant received parenteral nutrition via a peripheral intravenous long line until full enteral feeding with breast milk was established. She was extubated on day 4 and weaned from continuous positive airway pressure support to high flow oxygen by 10 weeks; she was off all respiratory support by 16 weeks of age. Stage I retinopathy of prematurity resolved spontaneously. There were no other complications from her extreme prematurity.

At three weeks of age, she was noted to have bilateral hernias in both buttocks, either side of the anal canal, larger on the right (Figs. 1 and 2). These were confirmed as perineal hernias by ultrasound scan (Fig. 3). Both hernias were easily reducible and were managed conservatively. The left perineal hernia was no longer clinically detectable at the time of discharge home at 17 weeks of age and the right sided hernia was smaller and remained easily reducible. Three weeks later neither hernia was palpable. An MRI scan of the pelvis at 27 weeks of age (equivalent to 10 weeks post term when corrected for prematurity) demonstrated only a subtle outpouching of the distal rectum on the right side that did not extend below the level of the levator ani. At her last review at 15 months of age the baby was thriving and developing normally with no clinical evidence of a perineal hernia.

## 3. Discussion

Only six cases of congenital perineal hernias presenting in

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Well 2y later

Uneventful recovery;

well 1y later

Hernias resolved by

10wks post-term

surgery. No follow up

Recovered from

Outcome

follow up but interval

Well 2 m later

No recurrence at

stated



Fig. 1. Clinical appearance of bilateral perineal hernias.



**Fig. 2.** Plain abdominal radiograph showing gas within both perineal hernias. Note that these gas shadows are too medial to represent inguinal hernias.

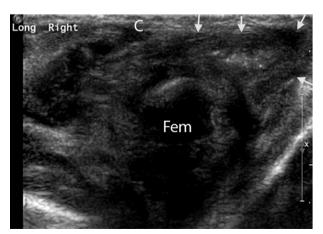


Fig. 3. Ultrasound scan at 3 weeks of age. Right parasagittal image from a posterior approach (patient prone) showing herniated bowel extending into the ischioanal fossa well below the pelvic floor (short arrows). C = coccyx, Fem = medial aspect of right femoral head.

sagittal approach; rectal wall repositioned above levator ani and defect Surgical repair at 3wks; oblique incision sutured, reinforced with gluteus maximus sutures reinforced with gluteus maximus Surgical repair at 11 m; oblique incision Surgical repair at 2.5y through buttock incision; defect closed with interrupted Surgical repair in neonatal period with excision of perineal mass. Levator ani Surgical repair at 14 m via posterior Surgical repair (no details) over right buttock over left buttock Treatment displaced and stenosed by mass Diarrhea; previous meconium mesenchymal hamartoma) Extraperitoneal "lipoma' Mild constipation, anus Intermittent diarrhea Extreme prematurity Associated problems Wild constipation peritonitis extraperitoneal with no hernial sac perineal hernia containing rectum; Right buttock swelling - posterior Right buttock swelling - posterior perineal hernia containing rectum Right buttock swelling - posterior Left buttock swelling - posterior Left buttock swelling - posterior Perineal mass. Right posterior rectosigmoid colon and small perineal hernia containing perineal hernia containing perineal hernia containing Bilateral buttock swellings posterior perineal hernias perineal hernia with sac ectosigmoid colon rectosigmoid colon Clinical features ultrasound, contrast Barium enema, MRI Ultrasound, MRI Plain radiology, Plain radiology, Barium enema barium enema radiograph, Assessment enema, CT Abdominal noticed at birth) Age at diagnosis 4m (but 2wks 12 d 2.5y1m 1 d 1 d Not stated Not stated Gestation (wks) Term Term Term 36 23 Sex Σ New Zealand Israel India USA USA ž Bhargava (2004) Kravarusic et al. (2012)<sup>5</sup> Egelhoff (1989)<sup>3</sup> Doig and Nixon Moschcowitz (1918)<sup>1</sup> Hubbard and Present case Mohta and Reference  $(1972)^2$ No. 4 D. 9

Reported cases of congenital perineal hernia.

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