

Case

A 10-month-old girl presented with a small lump in her perineum for 1 week, which was thought by her parents to be an abscess (Fig 1). She had a history of frequent loose bowel motions, approximately 6 times per day, for the previous 1 month. The baby was otherwise happy and healthy.

No blood or mucus was observed in the stools, and no specific cause was found for such frequency. Her previous bowel history was normal. There was no family history of perianal lesions. After each bowel movement, her parents wiped her perineal area vigorously with a wet towel.

At physical examination, a small fleshy nodule protruding in the midline at the anterior aspect of the anus was found. The nodule was pyramidal in shape, measuring 4 mm long at the base and 3 mm high, and was dull red in colour and firm in consistency. The surface was intact and smooth. The skin around the nodule was normal and no fissure was noted. No abnormality was detected on a gentle per rectal examination. What is the diagnosis?

1. Skin tag (acrochordon, papilloma)
2. External piles
3. Genital wart
4. Perianal abscess
5. Infantile perianal protrusion

Discussion

The diagnosis was infantile perianal protrusion. Infantile perianal (pyramidal) protrusion is a relatively new term, used to describe a common physical finding in infants. The clinical entity is characterised by a perianal rose or dull-red protrusion along the midline, usually anterior to the anus.^{1,2}

This benign condition is occasionally seen in infants, but is often missed by clinicians. Infantile perianal protrusion is often described as a skin tag or polyp. Kayashima et al¹ first coined the term 'infantile perianal pyramidal protrusion' to define a condition characterised by a solitary pyramidal soft tissue swelling with a red- or rose-coloured surface in the perianal area in the midline, usually anterior to the anus. In previous reports of similar perianal lesions, these lesions were described as acrochordons (skin tags) or skin folds. Some authors preferred using 'infantile perineal protrusion' as the shape of the protrusion is not always pyramidal.² The protrusion is usually in the perineal area, anterior to the anus. As protrusions situated posterior to the anus have



FIG 1. Pyramidal nodule at the anterior aspect of the anus in a 10-month-old girl



FIG 2. Concomitant anterior and posterior perianal protrusions in a 1-year-old girl

also been described,^{1,3} the more appropriate term 'perianal' has been applied to replace 'perineal' for these protrusions.

Most patients present with a solitary perianal protrusion anterior to the anus in the midline along the median raphe.^{1,4,5} A few cases of concomitant anterior and posterior perianal protrusions have been reported.³ All the posterior lesions had a leaf-like appearance and were not pyramidal. A picture of concomitant anterior and posterior perianal protrusions in a 1-year-old girl is shown in Figure 2.

The exact cause is not known. Infantile perianal pyramidal protrusion is usually found in girls younger than 1 year.^{2,5} Three types of infantile perianal pyramidal protrusion have been described: constitutional, functional, and lichen sclerosis et

atrophicus-associated.^{2,3} The constitutional type, supported by congenital and familial cases, is likely to be due to an inherent weakness in the perianal skin in female infants.^{3,5} The congenital type may be recognised as a developmental anomaly due to a remnant of the urogenital septum.^{2,3} The functional type may be secondary to constipation or mechanical irritation caused by vigorous wiping after defecation.^{3,4}

Infantile perianal protrusion is often mistaken for a perianal skin tag, genital wart, sexual abuse, haemorrhoid, rectal prolapse, or capillary haemangioma.^{1,4} The condition is self-limiting, and usually subsides in a few months. Underlying conditions such as constipation should be treated, and vigorous irritation of the area avoided.

The occurrence of infantile perianal protrusions may be more common than is currently appreciated. Less than 100 cases have been reported in the literature. With understanding of this benign condition, clinicians can be more confident in making a prompt diagnosis, explaining to the parents its favourable outcome, and offering appropriate advice.

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3. Patrizi A, Raone B, Neri I, D'Antuono A. Infantile perianal protrusion: 13 new cases. Pediatr Dermatol 2002;19:15-8.
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Answers to CME Programme

Hong Kong Medical Journal June 2010 issue

Hong Kong Med J 2010;16:171–9

I. Human papillomavirus–16/18 AS04-adjuvanted cervical cancer vaccine: immunogenicity and safety in healthy Chinese women from Hong Kong

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|---|---------|----------|----------|----------|----------|
| A | 1. True | 2. True | 3. False | 4. False | 5. True |
| B | 1. True | 2. False | 3. False | 4. False | 5. False |

Hong Kong Med J 2010;16:192–8

II. The epidemiology and clinical manifestations of human immunodeficiency virus–associated tuberculosis in Hong Kong

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|---|----------|---------|----------|----------|----------|
| A | 1. False | 2. True | 3. True | 4. False | 5. False |
| B | 1. True | 2. True | 3. False | 4. False | 5. False |