

Concomitant Anterior and Posterior Infantile Perianal Protrusions

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Infantile perianal protrusion is characterized by asymptomatic pyramidal protrusion with a rose-red or purplish red surface along the midline, usually anterior to the anus. The protrusion is usually solitary. Two girls are reported with concomitant anterior and posterior infantile perianal pyramidal protrusions and a history of constipation. The occurrence of concomitant anterior and posterior infantile perianal pyramidal protrusions has not been reported previously.

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INTRODUCTION

Infantile perianal protrusion is a relatively newly recognized clinical entity. The condition is characterized by asymptomatic pyramidal protrusion with a rose-red or purplish red surface along the midline, usually anterior to the anus.^{1,2} The protrusion is usually solitary.^{3,4} The occurrence of concomitant anterior and posterior infantile perianal pyramidal protrusions has not been reported previously, and 2 such cases are described.

CASE REPORTS

Case 1

A female infant with a history of constipation presented with 2 midline perianal protrusions. The anterior one was first noted at 10 months of age and the posterior one at 11 months of age. She had bowel movements once every 3 to 4 days. Stools were hard, and the infant seemed to be in pain on defecation. There was no blood on the surface of the stool. There was no history of vigorous wiping of the perianal area. Her past health was otherwise unremarkable. There was no family history of perianal lesion.

Physical examination revealed 2 midline perianal pyramidal protrusions; one was anterior to and the other one posterior to the anus (Figure). These protrusions

were purplish red in color, smooth surfaced, and soft to firm in consistency. There was no anal fissure seen or lichen sclerosus et atrophicus (LSA) visible. The rest of the examination was normal.

A diagnosis was made of concomitant anterior and posterior infantile perianal pyramidal protrusions secondary to constipation. The patient was treated with lactulose, liberal intake of fluid, and increased intake of fruit and vegetables. The constipation subsided in a few weeks, and infantile perianal pyramidal protrusions resolved in 3 to 4 months.

Case 2

A 9-month-old girl was noted to have 2 protrusions in the perianal area during a routine physical examination. She had a history of constipation with hard and pellet-like stools, occurring once every 2 to 3 days in the previous 2 months. There was no blood on the surface of the stool. Parents denied vigorous wiping of the perianal area.

On examination, there were 2 pyramidal protrusions in the perianal area at the 6 o'clock and 12 o'clock positions, respectively. The protrusions were purplish red in color, smooth surfaced, and soft to firm in consistency. The rest of the physical examination was normal. In particular, there was no anal fissure noted or LSA visible.

The patient was treated with adequate intake of fluid and increased intake of fruit and vegetables with resolution of the constipation in 1 month. The perianal pyramidal protrusions gradually became smaller when the constipation was under control. The protrusions were no longer seen at the 1-year routine checkup.

DISCUSSION

The term *infantile perianal pyramidal protrusion* was coined by Kayashima et al in 1996 to define a condition characterized by a solitary pyramidal soft-tissue swelling with a red or rose-colored surface, in the perianal area in the midline, usually anterior to the anus.³ In previous reports of similar perianal lesions, they were described as acrochordons or skinfolds.⁴ Some authors proposed *infantile perineal protrusion* as a simplified or more appropriate name, as the shape of the protrusion might not always be pyramidal.^{5,6} Suffice to say, the protrusion is usually in the perineal area, anterior to the

anus. However, protrusions situated posterior to the anus have also been described.^{2,3} As such, the term *perianal* seems to be more appropriate than *perineal*.

Most affected patients had a solitary perianal protrusion in the midline anterior to the anus, with the major axis consistent with the median raphe.^{3,4,7,8} A review of the literature revealed only 3 cases with the lesion posterior to the anus and 2 cases with 2 lesions, one anterior and the other one posterior to the anus.² In the 2 patients with concomitant anterior and posterior perianal protrusions reported by Patrizi et al, the posterior protrusions were leaf like.² One of the patients had the onset of the lesion at birth and the other patient at 13 months of age. The authors found that in congenital cases the protrusion was not pyramidal in shape, but rather had a leaf-like appearance. The present cases are unique in that the protrusions were all pyramidal, in contrast to the 2 cases reported by Patrizi et al, in which the posterior protrusions were leaf like and therefore, in a strict sense, do not truly qualify the description of concomitant anterior and posterior infantile perianal “pyramidal” protrusions.

The exact etiology is not known but is often seen in infants with constipation or hard stools.^{8,9} Infantile perianal pyramidal protrusion is most common in children under 1 year of age.^{1,6} The majority of affected children are female.^{1,6,7} Currently, 3 types of infantile perianal pyramidal protrusion have been recognized—namely, constitutional, functional, and LSA associated.^{2,6,9} The constitutional type is presumably due to an inherent weakness in the perianal region in females.^{1,7,9} Constitutional predisposition to infantile perianal pyramidal protrusion is supported by the fact that the condition can sometimes be congenital or familial.^{1,2,5} When congeni-

tal, infantile perianal pyramidal protrusion may be a remnant of a projected tip of the urogenital septum.^{2,6} The functional type may be secondary to constipation or mechanical irritation of vigorous wiping after defecation.^{1,2,8,9} Miyamoto et al reported an 11-month-old infant who presented with an infantile perianal pyramidal protrusion 1 hour after passing hard stool.⁹ The 2 patients in the present report had a history of constipation, and the perianal pyramidal protrusions resolved when the constipation was under control. Infantile perianal pyramidal protrusion can be a manifestation of vulvar LSA.^{2,5}

Infantile perianal protrusion may be mistaken for perianal skin tag, genital wart, sexual abuse, hemorrhoid, rectal prolapse, and capillary hemangioma.^{1,3,8} Familiarity of this condition is important, which allows a prompt diagnosis to be made. The condition is self-limited, often lasting a few months. Underlying conditions such as constipation, if present, should be treated.

The occurrence of concomitant anterior and posterior infantile perianal pyramidal protrusions has not been previously reported but is likely not a rare occurrence. The association with constipation, which is very common in infancy, suggests that these benign lesions, which resolve with adequate treatment of the constipation, are more common than is currently appreciated.

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Figure. An 11-month-old girl with concomitant anterior and posterior infantile perianal pyramidal protrusions

