

Anal Mass- Unusual Presentation

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ABSTRACT

Neonates presenting with perineal masses are uncommon. When encountered, most perineal masses are anorectal malformations, sacrococcygeal teratomas, rectal prolapse, or duplication cysts.

Neonates presenting with perineal masses should undergo further imaging and evaluation to rule out additional congenital deformities. Aggressive treatment of mass lesions, in the form of wide local excision, is often the treatment of choice and is associated with fewer local recurrences in adults. The aim of surgery is to obtain negative resection margins without causing disturbances to urinary or anorectal function [1].

A newborn presenting with a pediculated mass arising from the anal margin. Antenatal sonogram and magnetic resonance imaging were unable to diagnose the precise nature of the lesion. so we put the differential diagnosis of Sacrococcygeal teratoma, an enterogenous cyst, a polyp, a prolapse or other perineal tumors were all proposed as possible entities. At birth, no other anatomic anomaly than this homogenous 2 cm –anal mass protruding from anus. Excision of the mass was performed under general anesthesia. The postoperative histological exam showed mature fat cells most probably its being lipoma).

Keywords

Neonates, Adults, Surgery, Cyst, Anal mass.

Incidence

Very rare in the neonate.

Case History

A 15 days old male newborn referred to us from another hospital

as case of coccygeal teratoma. Baby delivered normally with good Apgar score, brought by parents.

On Examination

Vital signs were stable, no dysmorphic feature, no apparent congenital anomalies.

Chest: Good air entry bilateral.

CVS: 1st and 2nd heart sound no murmur.

Abdomen: Soft, Lax with no organomegaly. Normal male genitalia, spine was normal.

Anal area examination revealed a protruded mass from the anal opening.

Investigations:

CBC was normal

Chemistry was normal.

Echocardiography showed normal heart structures.

U/S Abdomen was normal

Skeletal Survey was normal

CT scan of the anal area showed subcutaneous perianal lesion with tiny polyp at anal opening.

Seen and evaluated by Paediatric surgeon who decided that the mass has to be removed surgically.

Differential diagnosis

- Anal polyp, a prolapse
- Anorectal hamartoma
- Sacroccxegeal teratoma
- Enterogenous cyst.
- Perianal tumors



Complication

- Infection

- Anal prolapse
- Anal stenosis

Course during hospital

Baby admitted in the NICU septic work up done and started ampicillin and gentamycin. Baby under went for, excision of perianal (pre-sacrum) mass and the removal specimen was sent to histopathology for examination.

Microscopic Examination

The section shows a cyst that is lined by squamous without a granular layer. focally keratohyalin granules are seen in the cyst lining cells. The innermost cyst lining cells are large and have abundant eosinophilic. NO evidence of specific infection or malignancy.

The section shows a fragment of skin with epithelium on two sides. the epithelium matures normally and is not hypertrophic. the core of the lesion has fibrous tissue, there is no significant inflammation. No melanocytic nests are identified.

After operation baby shifted from Theater on room air, septic workup done started on vancomycin and amikacin. started oral feeding as tolerated and discharge with mother. To be follow in OPD.

Discussion

Anal masses are very rare in neonates, the most common neonatal anal mass is paplioma, teratoma. Sometimes diagnosis antenatal was very difficult and post-natal excision and send to histopathology are good idea to roll out malignancy. Any neonatal anal mass must to roll out any abnormalities, CT scan abdomen must be done to rollout any mass in the abdominal. Skeletal survey must be done to roll out any abnormality. If baby had any dysmorphic feature chromosomal analysis should be sent.

References

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