LETTER TO EDITOR (VIEWERS CHOICE)

PERINEAL LIPOMA IN A NEWBORN BABY

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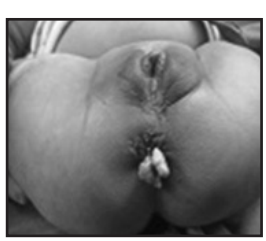
A new born female baby was born to a primigravida mother at 38 weeks of gestation by normal vaginal route at a tertiary hospital. The mother was registered during her pregnancy and antenatal scans were normal. Baby cried immediately after birth. Birth weight was 3.3 kg. After delivery, the baby was examined by a local pediatrician. On examination there was a solitary, non-tender, soft, oval shaped swelling of 5 x 3 cm on right side of the anal opening. There was no redness and overlying skin was normal (Figure 1). Labial minora, labia majora were normal. Urethral, vaginal and anal openings too were normally placed. There was no difficulty in passing urine and stools. The baby was sent to our institution for further management. Ultrasonography (USG) of the swelling showed 3.5 x 3 x 2.2 cm heterogeneous mass with vascular pedicle. USG of urinary tract was normal. Surgical excision of the mass was done (Figure 2). Histopathological examination showed mature adipose tissue, interspersed with collagen bands suggestive of fibro-lipoma. Baby was well post-operatively.

Figure 1 : Soft mass in the perineal region

Figure 2: Post-operative with scar and stool at anal verge



Congenital perineal lipomas are very rare with only 18 cases reported in the literature. (1-2) These lesions were more commonly associated with ano-rectal malformations. (3) These lesions are typically lobulated, round, or pedunculated subcutaneous masses that are smooth, soft, mobile, and non-tender. Perineal lipoma may arise from the mid-perineum but are most commonly lateral in location. The differential diagnosis includes lipoblastoma (a benign condition distinguishable from lipoma only on histology), infantile hemangioma, hamartoma and choristoma. Moreover, these lesions may be associated with external genital and anorectal malformations. Such anomalies include an accessory scrotum or labioscrotal fold, anal atresia, a rectoperineal or rectovestibular fistula, and a persistent cloaca. (2) Finally, ambiguous genitalia may be associated. (1,2) However, a phallus will be located in the midline, whereas most lipomas generally arise laterally. Evaluation before delivery with sonography and after birth by physical examination and magnetic resonance imaging is required to assess for associated anomalies, evaluate the blood supply, and define the extent of invasion to assist with pre-operative surgical planning. A complete evaluation of the uro-genital and anorectal tract is recommended, taking into account related anomalies described such as renal agenesis, anorectal malformations, scrotum and penile anomalies. (3-5) The treatment of a presumed lipoma is local excision with no anticipated recurrence.

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