

Infantile perianal (perineal) pyramidal protrusion

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A 4-month-old infant was referred from surgery clinic for evaluation of *perianal warts* noticed recently by her mother. Her medical history was unremarkable and there was no suggestion of constipation, diarrhea, sexual abuse or maternal anogenital warts. Examination showed a solitary, small, fleshy, smooth surfaced, painless protrusion in the midline at superior aspect of anal verge (Fig. 1). No bleeding, excoriations, anal fissure, hemorrhoids or rectal prolapsed was noted. With a diagnosis of infantile perianal pyramidal protrusion the parents were counseled about its benign nature.

Infantile perianal (perineal) pyramidal protrusion (IPPP), a relatively newly described entity, is reported primarily in female infants. Its exact pathogenesis remains unknown but is considered as (i) embryologic remnant of urogenital septum or a congenital anatomical weakness of median raphe, (ii) functional or acquired secondary to mechanical irritation from wiping, constipation/diarrhea, or fistulas/anal fissures, and (iii) lichen sclerosus et atrophicus (LSA)-associated that results from post inflammatory rearrangement of fibrous tissue [1,2]. Resolution is spontaneous especially in functional variety once the primary trigger is removed [3,4]. Topical corticosteroid may help early resolution of LSA-associated IPPP [5]. The histologic features of PPP are not defined but will exclude other simulators [4]. Nevertheless, it is imperative to differentiate the condition from simulating lesions affecting perineum/perianum such as hemorrhoids, prianal warts, condyloma, molluscum contagiosum, sentinel tag, granulomatous lesions of Crohn's disease, perineal midline malformation, rectal prolapse,



Figure 1: Infantile perianal pyramidal protrusion, a small, fleshy, smooth surfaced protrusion (arrow) at its classic location in a female infant.

infantile hemangioma and most importantly from signs of sexual abuse to avoid unnecessary treatment and parental anxiety.

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