

Picture Story

A rare congenital anal tag presenting as a perineal mass

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Introduction

Congenital perineal masses are rare and are minimally reported^{1,2}. Congenital anal tags typically occur in older infants and are extremely rare in neonates^{1,3}. Anal tags are common in adults and 70% of men and 75% of women will be affected during their lifetime⁴. They represent reactive hyperplasia in response to local irritation, infection or injury^{3,5}. Tags are also found in the neck, axillary and inguinal areas^{6,7}. In neonates, they are reported predominantly in the urethra, not in the anal region, and are believed to arise as a developmental error in the invagination process of the prostate³. A literature survey did not reveal any previously reported lengthy, pedunculated anal tags. We report a newborn, who had a quite unusual nodular lesion, emanating through the anus, with a long stalk of 5cm.

Case report

A term (gestational age 40 weeks + 1 day) baby boy, with a birth weight of 3.4kg, was born via normal vaginal delivery, to a 24 year old primigravida mother, who did not have antenatal or past medical complications. Routine examination showed a pedunculated (stalk 50mm), skin-covered, well circumscribed soft to firm nodular mass (35mm×23mm×23mm), protruding out of the anus (Figure 1).

His basic liver functions (liver enzymes such as aspartate and alanine transferases, bilirubin, serum protein, and albumin levels), renal functions (serum

electrolytes and creatinine levels and blood urea), full blood count, C-reactive protein and blood culture were normal. Ultrasound scans of kidneys, ureters and bladder (KUB) abdomen, spine and scrotum were done and revealed bilateral hydrocoeles without any other abnormalities. His 2D echocardiogram showed a small patent ductus arteriosus.


A tentative diagnosis of congenital anal tag was made and excision of the mass was done. It was noted to be arising from the lower 2/3 of anus. Excision biopsy showed a macroscopic appearance of yellow patchy areas on a dark brown background over the cut surface and microscopy showed fibro-lipoma composed of lobules of mature adipose tissue, with no other tissue components and unremarkable overlying skin. It was diagnosed as fibro-lipoma which was compatible with an anal skin tag.

Discussion

Benign acrochorda / skin tags are also known as fibro-epithelial polyps or fibrous polyps^{6,7}. They are considered to originate from anal papillae, projections at the muco-cutaneous junction of the upper anal canal⁵. When these papillae become hypertrophied with considerable fibrous thickening, they may acquire a rounded and expanded tip to form fibro-epithelial anal polyps^{5,9}. They are benign, skin-coloured papules, mostly found at the dentate line, anal mucosa or in the perianal skin and are mostly idiopathic^{6,7,10}. Anal tags are usually asymptomatic and thus often ignored^{9,10}. Malignancy should be suspected in anal tags >3cm in diameter, especially in adults¹⁰. Babies with anal tags should be investigated for other associated congenital anomalies like PELVIS syndrome (Perineal haemangioma, External genital abnormalities, Lipo-myelomeningocele, Vesico-renal abnormalities, Imperforated anus and Skin tag)⁸.

Necrosis can occur following twisting of the tag upon its own stalk, compromising blood supply and the tag is liable to trauma, leading to pain, bleeding and inflammation^{3,9,10}. Patients can experience sudden anal pain owing to haemorrhage into hypertrophied

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anal papillae as well as nipping of prolapsed papillae by contraction of the anal sphincter after defaecation⁹. Other symptoms such as pruritus, due to irritation eventually leading to anal eczema, anal discharge, prolapse, foreign body sensation, pricking, sense of incomplete evacuation of bowel, and heaviness in the anal region, have also been reported⁹.

Morphologically, the anal polyps are spherical or elongate and are usually small, 2-5mm in size⁷. Histologically, these tags consist of myxoid or collagenous stroma covered by squamous epithelium, which usually is slightly hyperplastic and may be

keratinized, which is that of the normal skin histology^{6,7}. Several differential diagnoses exist for a perianal mass such as sacrococcygeal teratoma, rectal duplication cyst, perianal rhabdomyosarcoma, hamartomatous polyp and infantile perineal protrusion^{1,2,3}.

Management of anal tags, especially large or symptomatic ones, consists of complete removal of the tag by several methods such as crushing the base, excision after ligation, excision using electro-thermal bipolar, vessel sealing system, electro-cauterization or radio-frequency surgery using ultrasonic energy^{9,10}.



Figure 1: Pedunculated mass protruding from anus
**Permission given by parents to publish photograph*

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