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Paediatrics

A CASE OF PERINEAL GROOVE – A RARE DEFECT OF PERINEUM

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ABSTRACT Congenital perineal groove is wet sulcus with nonepithelized mucous membrane extending between posterior vaginal fourchette and anterior anal margin. Congenital perineal groove is an uncommon type of malformation with good prognosis.

KEYWORDS : Perineal groove, congenital

INTRODUCTION

Congenital perineal groove is wet sulcus with nonepithelized mucous membrane extending between posterior vaginal fourchette and anterior anal margin.

It resembles failure of epithelization of mid-perineal skin or failure of fusion of midperineum.

It is more prone to mucous discharge, local irritation, recurrent infection, recurrent UTI.

CASE REPORT

Baby of third gravida/ Late preterm/SGA (BW – 2.17kg)/Infant born to mother with hypertensive disorder of pregnancy and overt diabetes.

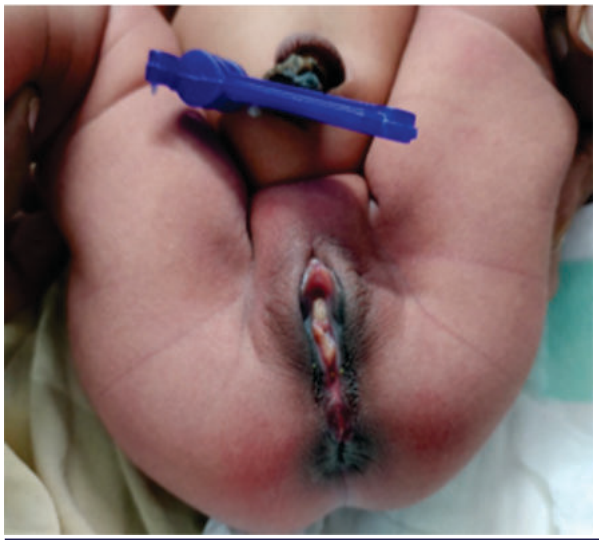
Ballard's Score - 30(around 36weeks)/ CSAB/RDSAB O/E, Baby – active, alert; Vitals – stable S/E – WNL L/E- a mucosal membrane measuring 3X1X0.5cm extending from vaginal orifice (@ 6o'clock position) to anal opening (@12o'clock position) noted.

No signs of infection or bleeding or secretions from the lesion.

All 3 orifices (urethral opening, vaginal orifice and anal opening) remained intact.

Anal Sphincter – intact
Baby passed urine and meconium from normally placed orifices on first day of life USG Abdomen and Pelvis – Normal study.

The diagnosis of perineal groove was made based on clinical findings. Baby was discharged after counselling the parents for follow up under pediatric surgery.



DISCUSSION

Congenital perineal groove is an uncommon type of malformation with good prognosis [2]. May initially be confused, and misdiagnosed with an infection, ulcerated hemangioma, trauma, anal fissure or sexual abuse.The characteristics include (1) a wet groove in the perineum between the fourchette and the anus; (2) normal vestibular structures -the urethra and vagina (3) hypertrophy of the minoral tails which course posteriorly around the perineum to join at the anus or surround it [3]. In most patients, the congenital perineal groove presents as an isolated anomaly and few studies have reported the association with regional urogenital/anorectal anomalies such as hypospadias and bifid scrotum, anomalies of the urinary tract, and anteriorly placed anus [5]. The pathogenesis of congenital perineal grooves remains unclear.

The diagnosis is made clinically.
Radiological imaging of the abdomen, pelvis, and spine may be considered to rule out associated regional Urogenital/Anorectal anomalies, although its rare.

CONCLUSION

Perineal groove is a rare anomaly of perineum and self-epithelization occurs usually in 2 years of age. Surgical intervention is needed if there is recurrent infection of the canal/ recurrent UTI and consists of various flap procedures/ reconstruction . Most cases tend to be self-resolution. Therefore, long-term follow-up is essential.

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