# Infantile Perianal Protrusion

Alexander Leung, MBS, FRCPC, FRCP (UK & Irel)

## **Meet Abigail**

- A 9-month-old girl is noted to have an asymptomatic mass protruding from the perianal area. She is the product of an uncomplicated, full-term pregnancy with normal spontaneous delivery
- Her medical history is unremarkable, except that she has had constipation since she was six-months-of-age when she was started on solid food
- She has bowel movements once every two to three days. The stools are hard and occasionally blood streaked
- On examination, there is a pyramidal nontender mass in the perianal area, along the midline, anterior to the anus. The rest of the examination is normal



## What is your diagnosis?

- a) Perianal skin tagb) Genital wart
- c) Hemorrhoid
- d) Rectal prolapse
- e) Infantile perianal protrusion

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## Here is the answer to last month's case

### **Meet Harry**

- He is a 20-year-old male who noted a white patch of hair on his scalp six months ago
- He has had a palpable lesion in that area for years

## **Physical Examination**

 There is a visible localized area of gray hair surrounding a speckled, pink nevus



e) Familial poliosis

## What is your diagnosis?

- a) Vitiligo
- b) Halo nevus

- c) Resolving alopecia areata
- d) Melanoma

#### **Answer: B**

Halo Nevi (answer b) are most common in children and young adults. A central nevus is surrounded by an area of hypo-or de-pigmentation. The nevus may be flat, raised, pink, or pigmented. The loss of colour in the surrounding skin occurs over a period of weeks to months. While the most common area is the back, if it occurs on the

scalp, there will be loss of hair pigmentation around the nevus. The basis of the process is poorly understood.

The subsequent course is variable. Usually the central nevus regresses and the surrounding halo repigments (as will the hair), but the central nevus may persist. The process may take years.

Rarely, a similar process occurs around a melanoma, but the hypopigmentation is irregular. This is more likely in individuals older than 40.

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Stanley Wine, MD, FRCPC

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