Fibroma of perineum, a rare entity in children: Two congenital cases

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Case Report

Two cases of perineal polypoid-like lesions in children are described. The first patient is a 21 months old girl with a congenital perianal pedunculated asymptomatic lesion, covered by normal skin, not increased in size since birth (Figure 1). A MRI showed a lesion localized at right side of median raphe, in contact with external anal sphincter, without any apparently fistula and no dystrophy of raphe or sacrum (Figure 2). A surgical resection was performed. Histological examination revealed a soft fibroma. Post-operative period did not presented complications or recurrence. The second patient is a 7 months old girl derived to Pediatric Surgery Department of Verona Hospital for the presence of a mass localized in the left labium majus (Figure 3). The lesion was soft, pedunculated, asymptomatic and it has been increased in size since birth.

Ultrasound did not show infiltration or abnormal vascularization. Abdominal US was normal. A surgical resection was performed with a skin incision up to the inner margin of the labium majus and posteriorly up to the perineum (Figure 4). Histological examination revealed a diagnosis of fibrolipoma without foci of malignancy. The short and long time follow-up did not show recurrence or appearance of new masses. We describe 2 different entities, similar for their macroscopic pedunculated aspect and for their localization in perineum. With regard to first case, mesenchymal tumors of the anal canal and perianal region are relatively rare, and the majority is malignant. A retrospective study of 493 patients showed only 9 benign lesions, only three in children. No fibromas were described [1]. The second case could be classified as “prepubertal vulvar fibroma”, a rare prepubertal neoplasm, but it was different from typical cases because of its pedunculated aspect. In fact, prepubertal vulvar fibroma is normally describe as a poorly limited, soft mass in the labium majus [2].

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Figure 1: Congenital perianal pedunculated asymptomatic lesion.

Figure 2: A MRI showed a lesion localized at right side of median raphe, in contact with external anal sphincter, without any apparently fistula and no dystrophy of raphe or sacrum.
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References


Figure 3: Left labium majus.

Figure 4: A surgical resection was performed with a skin incision up to the inner margin of the labium majus and posteriorly up to the perineum.