CONGENITAL PERINEAL LIPOMA IN A FEMALE NEWBORN – CASE REPORT

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Abstract

We report a case of an unusual congenital anomaly congenital perineal lipoma occurred in a full-term female neonate. Physical examination showed one soft perineal mass located in the right side of perineum between the vulva and the anus. No abnormalities of vulva or of anus were detected. The patient underwent ultrasound examination confirming a homogeneous fat tissue matter in its structure. The tumor was completely excised and the histological findings of the tumor revealed a perineal lipoma.

Keywords: lipoma, perineal mass, congenital, newborn

Introduction

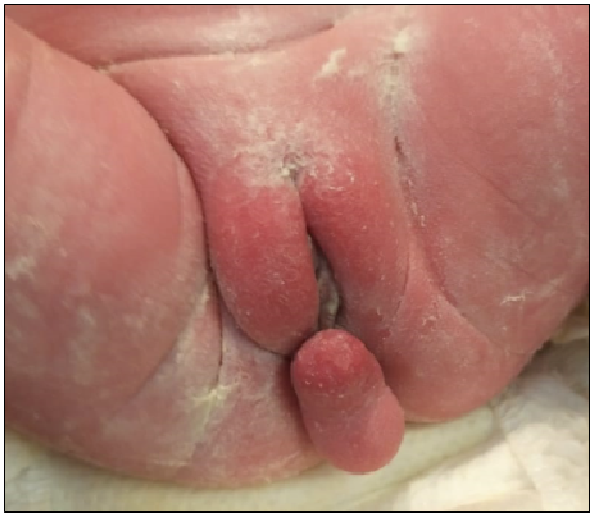
Congenital perineal lipomas are benign tumors seen at birth in the perineal region. In boys they may be associated with accessory scrotum. In both genders they may follow an ano-rectal malformation. Antenatally these lesions may lead to misdiagnosis of ambiguous genitalia.

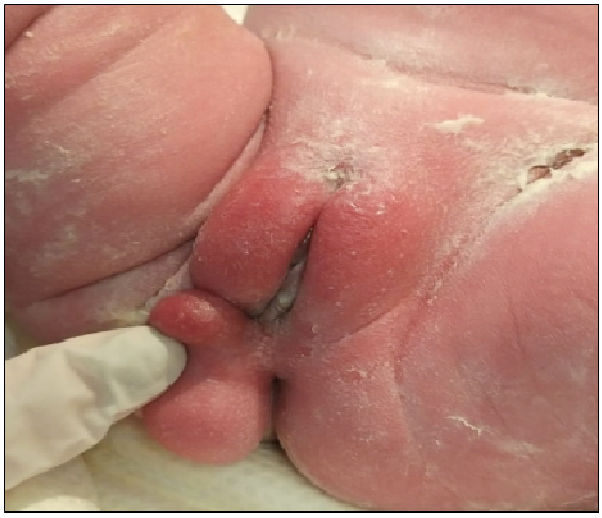
Purpose

Congenital perineal lipomas are rarely seen in a newborn. There are only few cases reported in the literature (about 20 cases) [1-3]. We report a neonate with this rare condition managed successfully.

Material and method

A female neonate was born at 39 weeks of gestation by normal vaginal route. The pregnancy were supervised by antenatal scans and routine blood analysis. The results were normal and no antenatal scans showed ambiguous genitalia or other genitourinary anomalies. The birth weight was 3100g. The APGAR score was 10 at one and then at five minutes. After birth the newborn was examined by a neonatologist. At examination there was an oval shaped pediculated tumor situated between the vulva and the anus on the midline, of size 4.3X2.6 cm (Figs. 1,2).





Figures 1,2 – Congenital perineal lipoma in a female newborn (anterior & lateral view).

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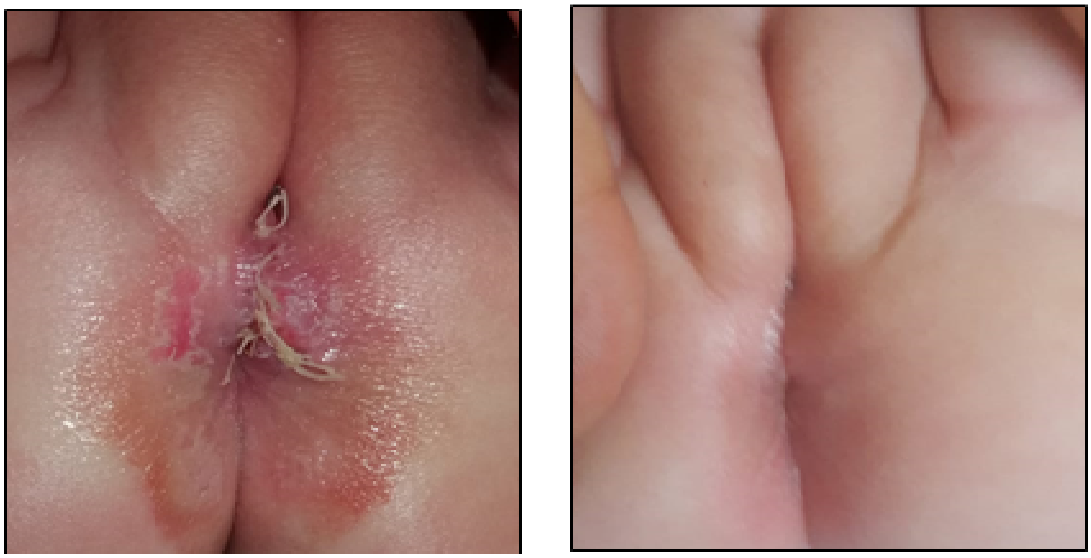
There were no inflamatory signs, like redness, rised temperature or tenderness. The tumor had a pediculated base, was elastic and relatively soft in consistency. External genital organs and anus were normal. The newborn had normal intestinal transit and also normal urination. The baby was discharged from the Clinic of Neonatology with recommandation of a pediatric surgery check, for further treatment.

Results

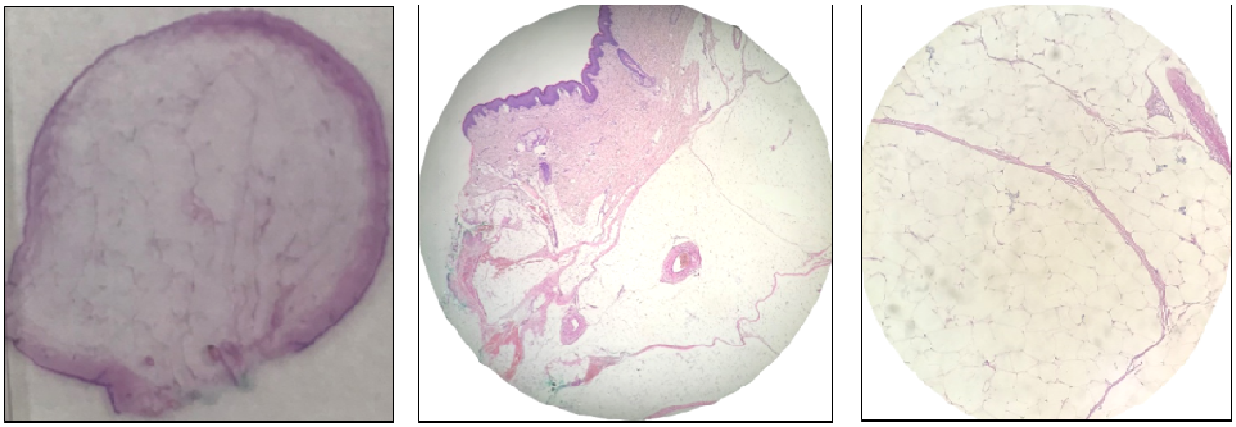
The baby didn't come in our clinic immediately the days after discharge because of family reasons. At the age of 3 months she came for additional investigations. Ultrasonography examination of the oval-shaped soft tumor showed a heterogeneous mass with a vascular pedicle in the center. The ultrasound examination of the abdominal cavity especially the urinary tract, showed no additional malformations. All paraclinic investigations (blood and urine analysis) were normal.

After these investigations, the child was planned for surgery - excision of the tumor. The lesion was removed completely with no complications (Figs. 3,4).



Figures 3,4 – Postoperative aspect after excision of congenital perineal lipoma.

The tumor was sent for histopathological exam. Macroscopical description shows a polypoid lesion with dimensions of 4.2/2.5/1.8 cm, with a base of surgical excision of 1/1 cm. On section there's a compact, homogeneous, yellowish-gray aspect, with low consistency (Fig. 5). The microscopic images describes a polypoid formation consisting of a proliferation of mature adipocytes arranged in lobes separated by conjunctive septa and which on the outside is covered by a squamous keratinizing epithelium with normal structure (Figs. 6,7). As a conclusion, there was a fibrous lipoma - a mass of adipose tissue interspersed with collagen bands.



Figures 5,6,7 – Histopathological aspect of the congenital fibrous lipoma – Large subcutaneous polipoyd lesion consisting of lobules of mature adipocytes, separated by thin fibrous septa; no atypia; normal overlying epidermis.

Discussions

This type of lesion is one of the most common mesenchymal tumors. Lipomas are very rare among newborn babies [4]. Even more, a lipoma in the perineum is very rare and more than 80% of them aare associated with other anomalies – accessory scrotum [5,6], abnormal labias [7] and anorectal malformations, such as anal atresia, a rectoperineal or rectovestibular fistula, or a persistent cloaca [8, 9].

The differential diagnosis can be done wit an accessory scrotum in boys, fetus in fetu, haemangiomas, sacrococcygeal teratomas or lipoblastomas [10].

Although perineal lipoma is a benign tumor, it has to be excised not only for aesthetic reasons or disconfort, but also because of the fact that it can be easely confused with a lipoblablastoma a borderline tumor with a high rate of recurrence and local invasion [11]. Various studies have reported the local recurrence rate of 0-25% [12].

These lipomas are evaluated antenataly by sonography and after birth the investigation may be completed with MRI. A complete evaluation is necessary to see the structure of the lesion, the grade of invasion and also to assess other associated anomalies, such as renal agenesis, anorectal malformations, scrotum and penile anomalies [13,14].

Local excision is the treatment of choice for this type of lesions, of course, only after complete investigations.

Conclusions

Congenital perineal lipomas are very rare and can be diagnosed antenataly by sonography. The diagnosis is completed after birth by physical examination, when it is mandatory to look after associated anomalies. Then sonography and MRI may complete the diagnosis.

After complete diagnosis, surgical management with local excision is the treatment of choice. Histopathological exam is necessary to differentiate a simple lipoma from a lipoblastoma, which is a borderline tumor with a high rate of recurrence and local invasion.

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