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CONGENITAL PERINEAL GROOVE IN CHILDREN

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Introduction. A congenital perineal groove is a rare developmental anomaly of the perineum, most commonly observed in female newborns, which may coexist with anorectal malformations (such as a perineal fistula or anal stenosis). Clinically, it presents as a narrow, linear area of erythema or a shallow groove extending from the posterior labial commissure to the anal opening. First described in international literature, this condition is frequently mistaken for traumatic perineal injuries (such as fissures or abuse), potentially leading to diagnostic errors and unnecessary interventions [1]. A perineal groove typically requires no treatment before the age of two, provided there is no associated fistula or anal stenosis. Exceptions include grooves accompanied by bleeding, profuse mucous discharge, or recurrent vulvitis.

Descriptions of this pathology in the domestic literature are limited; however, thanks to the work of E.S. Pimenova and colleagues, interest in this topic within the context of pediatric proctology has grown. Despite a striking clinical presentation, congenital perineal groove rarely requires active treatment and carries a favorable prognosis [2].

Objective. To raise physician awareness regarding the diagnosis and management of patients with this congenital anomaly.

Materials and methods. Between August 2024 and January 2025, three patients (two girls and one boy) with a congenital perineal groove were observed at the International Medical Center. Their age at the time of the initial consultation ranged from 4 weeks to 8 months. The diagnosis was established based on clinical examination, medical history, and the exclusion of other causes of perineal lesions, including trauma, infection, and signs of abuse.

The study involved the analysis of outpatient medical records and the use of visual examination, photographic documentation, and longitudinal monitoring. All children underwent a comprehensive consultation involving a pediatrician, a pediatric surgeon, and a pediatric gynaecologist.

Results. Two children were diagnosed with a partial perineal groove, characterized by a bright pink, moist surface devoid of signs of inflammation, infiltration, or bleeding. In both cases, pediatricians had initially diagnosed an anal fissure and administered topical therapy, which yielded no positive results. One girl presented with a complete form of the groove, causing concern among her parents and attending physicians. Despite prolonged use of topical medications, no improvement was observed. By the age of nine months, the groove persisted without signs of epithelialization; however, it remained asymptomatic, showing no inflammation, bleeding, or bowel dysfunction.

Throughout the entire observation period, none of the cases required surgical intervention. According to the literature [1, 2], surgery is indicated only in the presence of inflammation, profuse mucous secretion, or bleeding. Surgery is not indicated before the age of two due to the high likelihood of spontaneous epithelialization. After the age of two, surgical excision of the groove may be performed for aesthetic reasons at the parents' request. All families were informed of the benign nature of the condition and provided with recommendations regarding hygiene and ongoing monitoring. No complications were recorded in any of the patients by the end of the observation period.

Conclusions. Congenital perineal groove is a rare and often underrecognized developmental anomaly of the perineum in newborns. Despite an alarming clinical appearance, this condition does not require surgical treatment and typically resolves spontaneously within the first two years of life.

The physician's primary task is to ensure timely differential diagnosis and parental counseling, thereby avoiding unnecessary examinations and interventions.

The management of such patients should be based on the principles of observation, minimization of interventions, and the exclusion of traumatic or infectious causes of perineal lesions. Further research and the synthesis of clinical observations are required to establish standardized approaches to the diagnosis and management of this condition.

Literature/References

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