

# Differential Diagnosis in Pediatric Dermatology

## Perianal condylomata acuminata/Infantile perianal protrusion.

Condylomata acuminata mainly affect the perianal region in childhood. In this site they should be differentiated from another less frequent disorder of uncertain classification, usually reported with the name of perineal pyramidal protrusion or also infantile perianal protrusion.

### PERIANAL CONDYLOMATA ACUMINATA

### INFANTILE PERIANAL PROTRUSION



Fig. 1



Fig. 2

### PERIANAL CONDYLOMATA ACUMINATA

### INFANTILE PERIANAL PROTRUSION

Circumscribed epidermal proliferation of virus origin.

*DEFINITION*

Perianal skin protrusion of variable etiology.

HPV, mainly type 6, 11, 16 e 18.

*ETIOLOGY*

Variable: congenital, associated to lichen sclerosus, constipation, diarrhea and perianal dermatitis (2). Sometimes no cause can be put in evidence (3).

0.23% of all skin disorders (1).

*FREQUENCY*

Exceptional.

**PERIANAL CONDYLOMATA ACUMINATA**

**INFANTILE PERIANAL PROTRUSION**

No difference between sexes.	<i>SEX</i>	Prevailing in the female sex.
From the first months onwards.	<i>AGE OF ONSET</i>	Since birth onwards.
Perianal, perigenital, inguinal.	<i>SITE</i>	Perianal region, in front or, more rarely, in the rear.
Numerous, often dozens of elements.	<i>NUMBER</i>	One, more rarely two.
Filiform or flat papules, sometimes confluent to form cauliflower-like plaques.	<i>SHAPE</i>	Papules, pyramidal or flat, lupin-like nodules.
1-3 mm.	<i>SIZE</i>	From a few millimeters to 1 centimeter.
Pink, whitish, brownish.	<i>COLOR</i>	Pink.
Irregular, cauliflower-like.	<i>SURFACE</i>	Smooth.
Thickened epidermis with acanthosis and coilocytosis, papillomatosis.	<i>PATHOLOGIC FINDINGS</i>	Normal skin or non specific inflammation changes of lichen sclerosus.
Anyway removed, usually they recur. After years, they spontaneously self-heal.	<i>CLINICAL COURSE</i>	Usually they persist with time.
Conservative treatment or no treatment.	<i>TREATMENT</i>	No treatment; search for possible cause of dyspeptic alvus or perianal dermatitis and, when possible, remove it.

**References**

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- 2) Ingordo V. - Perianal protrusion in childhood (*Short case*). *Eur. J. Pediatr. Dermatol.* 15, 186, 2005.
- 3) Patrizi A., Raone B., Neri I., D'Antuono A. - Infantile perianal protrusion. 13 new cases. *Pediatr. Dermatol.* 19, 15-8, 2002.