

## CASES FOR DIAGNOSIS

# Perianal Papules in a Child

U. Floristán,<sup>a</sup> M. González-Beato,<sup>b</sup> and R. de Lucas<sup>a</sup>

<sup>a</sup>Servicio de Dermatología and <sup>b</sup>Departamento de Anatomía Patológica, Hospital Universitario La Paz, Madrid, Spain.

### Clinical History

The patient was a 10-year-old boy with no past history of interest, who was seen for a 2½-month history of perianal lesions and daily diurnal and nocturnal encopresis. After the condition developed, the child had become more withdrawn. The lesions had been seen previously in another center, being diagnosed as viral warts.

### Physical Examination

The abdomen was slightly distended, soft, nontender, and dull to percussion, and feces were palpable in the colon throughout its length. The tone of the anal sphincter was reduced and the rectum was full of soft feces. In the perianal region there were 5 or 6 extremely macerated, hemispheric, skin-colored papules of about 4 mm in diameter, some of which were pediculated (Figure 1).

### Additional Tests

Complete blood count and coagulation studies were normal. Colonoscopy demonstrated the presence of soft green feces in the rectum and sigma and an increase in the diameter of the colon throughout its length. The mucosa had a normal appearance, color, and vascularization.

### Histopathology

The epidermis was hyperplastic, with hypergranulosis and compact orthokeratotic hyperkeratosis, and there was a lymphocytic infiltrate in the dermis (Figure 2). Studies using the polymerase chain reaction (PCR) did not identify any subtypes of the human papillomavirus (HPV).



Figure 1.

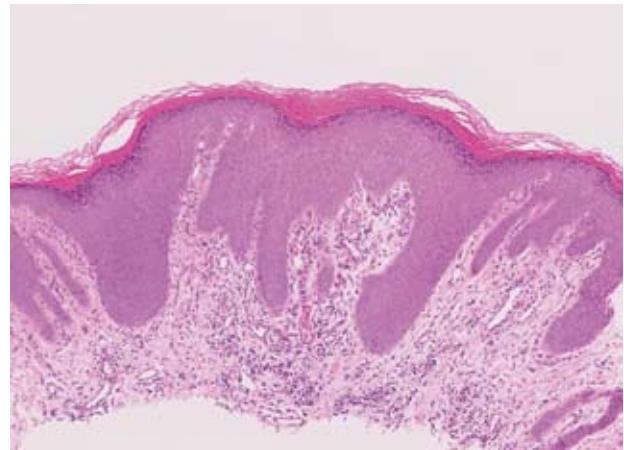


Figure 2.

### What Was the Diagnosis?

Correspondence:  
Uxúa Floristán  
Servicio de Dermatología  
Hospital Universitario La Paz  
Paseo de La Castellana, 261, 28046 Madrid, Spain  
uxuafloristan@hotmail.com

## Diagnosis

Perianal papulonodular dermatitis.

## Clinical Course and Treatment

The patient presented severe chronic constipation with fecal impaction and secondary encopresis. Treatment was prescribed with colonic lavage solutions and laxatives. Three weeks later the child presented a favorable clinical course, with normal bowel habit, no fecal soiling, and complete resolution of the lesions.

## Discussion

The term encopresis is used to refer to recurrent, involuntary or intentional fecal soiling in inappropriate situations in a child of 4 years of age or older. It is important to differentiate between retentive encopresis, secondary to chronic constipation with functional fecal retention, and nonretentive encopresis, much less common, which is thought to have a psychological and emotional basis. This latter condition has been described as a sequela in children who are victims of sexual abuse.<sup>1</sup>

Our patient presented a number of factors that required sexual abuse be ruled out: loss of sphincter control, withdrawn character, and the perianal location of the verrucous lesions (clinically compatible with HPV infection). PCR analysis and, most importantly, the spontaneous resolution of the lesions after control of the encopresis, clarified the diagnosis.

Irritation and maceration due to prolonged contact with urine or feces can lead to the appearance of perianal pseudoverrucous lesions.<sup>2</sup> Histopathologic study revealed benign epidermal hyperplasia. Similar lesions have been reported around colostomies.<sup>3</sup>

The pathogenesis is common to other forms of perianal irritant dermatitis,<sup>4</sup> such as Jacquet erosive diaper dermatitis or granuloma gluteale infantum. Jacquet erosive diaper dermatitis is characterized by well-defined papules or nodules of 2 to 8 mm in diameter, with a central erosion or ulcer, present in small numbers in the perianal and genital regions. Before its recognition as a clinical entity, it was confused with the lesions of congenital syphilis.<sup>5</sup>

Its incidence fell considerably after the use of disposable diapers became widespread. Nowadays it is almost only seen in patients (usually older children or adults) with chronic urinary or fecal incontinence.

The clinical presentation of granuloma gluteale infantum consists of nodules of up to several centimeters in diameter and of reddish, purple, or brownish color.<sup>6</sup> The lesions are found mainly over the convex areas, which differentiates them from pseudoverrucous papules and Jacquet erosive diaper dermatitis. Some authors consider this condition to be a form of infection by *Candida* species, whereas others believe it to be a complication of the treatment of diaper dermatitis with potent topical corticosteroids.

It is very important to recognize this form of presentation of perianal dermatitis in pediatric patients as some of its differential diagnoses, such as HPV infection, have legal implications. The diagnosis of this condition is clinical, based on the history and on the disappearance of the lesions after control of the factors causing the maceration.

### Conflicts of Interest

The authors declare no conflicts of interest.

## References

1. Mellon MW, Whiteside SP, Friedrich WN. The relevance of fecal soiling as an indicator of child sexual abuse: a preliminary analysis. *J Dev Behav Pediatr.* 2006;27:25-32.
2. Bourrat E, Vaquin C, Prigent F, Rybojad M. Perianal papulonodular dermatitis in Hirschprung disease. *Ann Dermatol Venereol.* 1996;123:549-51.
3. Van L, Harting M, Rosen T. Jacquet erosive diaper dermatitis: a complication of adult urinary incontinence. *Cutis.* 2008; 82:72-4.
4. Robson KJ, Maughan JA, Purcell SD, Petersen MJ, Haefner HK, Lowe L. Erosive papulonodular dermatosis associated with topical benzocaine: a report of two cases and evidence that granuloma gluteale, pseudoverrucous papules, and Jacquet's erosive dermatitis are a disease spectrum. *J Am Acad Dermatol.* 2006;55:74-8.
5. Atherton DJ. The neonate. In: Rook A, Wilkinson DS, Ebling FJG, eds. *Textbook of Dermatology.* London, England: Blackwell Scientific; 1998. p. 468-72.
6. De Zeeuw R, Van Pragg MC, Oranje AP. Granuloma gluteale infantum: a case report. *Pediatr Dermatol.* 2000;17: 141-3.