

# Perineal Groove: A Rare and Benign Anorectal Malformation

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## Introduction

A female neonate born at term, to 30 year old mother, with no antenatal risk factors or teratogenic exposure. On examination birth weight was 3 kgs, baby had moist, reddish mucosal groove extending from fourchette to anal verge. External genitalia were phenotypic female. No palpable mass in inguinal region or per abdomen. No dysmorphic features. Other systems were normal. Baby passed meconium and urine through normal orifices within first 24 hours.

## Discussion

Anorectal malformations are spectrum of disorders involving urogenital tract, rectum and distal anus. They occur in approximately 1 in every 4000 live births<sup>1</sup>. Perineal groove is one of the rare benign congenital malformations of fusion of median perineal raphe, according to International proposed classification of, Anorectal malformations<sup>2</sup>. First reported by Stephens in 1968, with three major features (i) A moist perineal cleft between the posterior fourchette and the anus, (ii) A normally developed vagina and urethra, (iii) Hypertrophy of the labial tails that surround the cleft<sup>3</sup>. There is a paucity of literature, for the incidence and cause of this anomaly. The proposed pathogenesis are failure of fusion of median raphe and embryological remnant of urorectal septum<sup>4,5</sup>. Initially described as a benign anomaly exclusive for female babies, association with hypospadias and renal anomalies in male babies



**Fig 1:** Showing perianal groove

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### How to cite

Ramar P, Shringi S. Perineal Groove: A Rare and Benign Anorectal Malformation. *J Nepal Paediatr Soc* 2015;35(1):94-95.

doi: <http://dx.doi.org/10.3126/jnps.v35i1.10131>

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are also documented<sup>6</sup>. Complications are persistent mucous discharge, recurrent UTI and constipation. Surgical therapy offered like excision, glue and suturing are done for cosmetic reasons.

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