Breast at back passage-neonatal central perineal accessory breast at the site of an imperforate anus

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DESCRIPTION

A term baby girl weighing 3400 g was born by normal vaginal delivery following normal prenatal scans and an uneventful pregnancy. Baby did not pass meconium for 24 h. She was found to have an imperforate anus and at the site of the presumed anus, there was a soft lump instead without any secondary changes. Nasogastric tube size 10 could be passed easily into the stomach and there was no perineal fistulous opening or any tracts with meconium and a high variety of anorectal malformation with a perineal hamartoma at the site of an imperforate anus was diagnosed. There were no other associated anomalies. Neonatal left descending colostomy followed by posterior sagittal anorectoplasty after excision of the hamartomatous lesion was carried out uneventfully. The colostomy was closed after 6 weeks. She is asymptomatic and thriving well at 5-years of follow-up. The histopathological examination of the excised 'hamartoma' at the site of an imperforate anus showed structure of matured mammary gland (figure 1A). To the best of our knowledge, this is the first case of accessory breast tissue arising at the anus, an imperforate anus simulating hamartoma. There are two earlier reports of it presenting as anal polyp and mass at the anal verge.^{1 2} Mammary or milk line appears at 6 weeks of embryonic life from axillae and converge down in the perineum³ and

condenses in the form of a mammary ridge at 2–3 months gestation from which supernumerary nipple or breast develops (figure 1B).

Learning points

- ▶ Anal accessory breast at the site of an imperforate anus has not been reported and is the first documented case.
- ▶ Accessory breast can be found anywhere along the milk line or mammary ridge or may be found elsewhere due to aberrations in the development and high index of suspicion together with early excision would clinch the diagnosis.
- ▶ The treatment of choice for accessory breast is excision because it is amenable to all hormonal, congenital and acquired lesions of the normal breast including malignant lesions.

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Competing interests None.

Figure 1 (A) Microphotograph showing mature breast glands and stroma (H&E $\times 40$). (B) Schematic presentation of embryonic mammary line oval empty circles is the possible sites of accessory nipples or breast.

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