

Perianal Pseudoepithelial Hyperplasia: A Case Report

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Case Report

Mr. Zhao, a 56-year-old male patient from China, suffered from a perianal skin mass with no clear cause before 2 months. He felt itching and discomfort around the anus which was severe at night without pain and was not treated. The patient was in good health. Physical examination: At the bladder lithotomy position, a skin mass was seen about 2cm away from the anal margin at the 2-4 points of the anus, which was convex, grayish white, rough, without tenderness, and the size of the mass was about 3.0 x2.0cm. Preliminary diagnosis: (1) Perianal mass; (2) Perianal eczema. The blood cell analysis, coagulation function, liver and kidney function, blood glucose measurement, infection series, stool analysis and urinalysis showed no obvious abnormalities. Perianal lesion was then resected. During the operation, the skin mass resection was performed along the outer 5 mm of the mass edge, and the tissue under the mass was removed to the subcutaneous tissue. The perianal mass was completely excised and sent to pathology for definitive diagnosis. The postoperative pathology showed that: (perianal) the skin tissue was hyperkeratotic, the epidermis was pseudoepitheliomatous hyperplasia, and the superficial dermis was infiltrated by inflammatory cells and more pigment deposits. Postoperative diagnosis: perianal eczema with pseudoepitheliomatous hyperplasia. The perianal incision healed well after dressing change (Figure 1-3).

Keywords: Pseudoepithelial; Hypokeratosis; Dyskeratosis

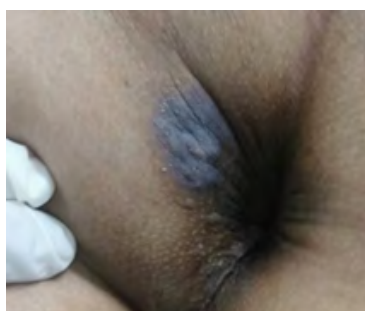


Figure 1: Perianal mass

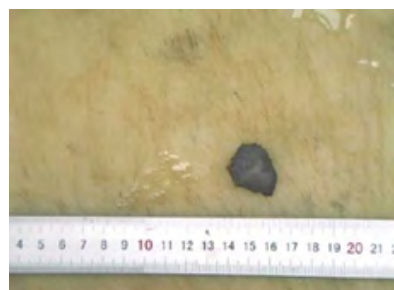


Figure 2: Resected mass tissue

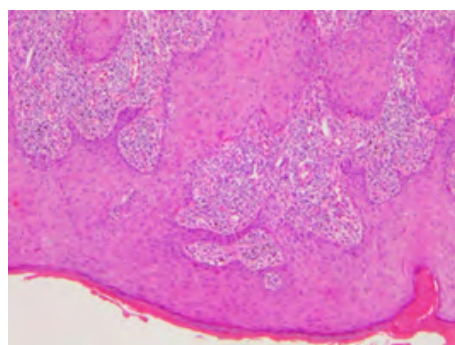


Figure 3: Postoperative pathology: Pseudoepitheliomatous hyperplasia (HE staining, × 100)

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Discussion

Perianal pseudoepithelial hyperplasia is a disease in which some cells of perianal squamous cells are reactive or repairing due to chronic stimulation. The main lesions occur in the epidermis and adnexal epithelium. It is rare in clinical practice and belongs to Benign perianal disease. Its clinical signs are perianal nodular, plaque or ulcerative skin lesions, with clear boundaries between the lesion tissue and normal tissue, and the color of the lesion tissue is mostly skin colored or tan pink; it has a certain similarity with perianal squamous cell carcinoma [1]. Therefore, the disease requires detailed differentiation from perianal squamous cell carcinoma. PEH usually occurs in upper to mid reticular dermis, and usually presents as Jagged with sharply pointed base, with keratin pearl and hyperkeratosis or hypokeratosis, and mostly without keratinocyte necrosis. Perianal squamous cell carcinoma often presents irregular features and invasion, and the lesions can extend to the subcutaneous fat tissue, nuclear atypia can appear in histology, variable keratin pearl and dyskeratosis can be seen in the deep invasion, and it is mostly combined with various keratinocyte necrosis, the two often need to be differentially diagnosed by clinicopathological diagnosis or Hematoxylin and eosin microscopic evaluation. Studies have confirmed that [2-3]. The epidermal hyperplasia has been proposed to represent the pathway to neoplasia Epidermal hyperplasia is considered to be the pathway of tumor formation. Therefore, it is necessary to pay attention to whether there is pseudoepitheliomatous hyperplasia with tumor formation.

So far, the etiology and pathogenesis of perianal pseudoepitheliomatous hyperplasia have not been clarified. Zayour M and others believe that the disease is closely related to perianal skin infection, Dermatoses with chronic inflammation and irritation, and Neoplasia [4]. The possible pathogenesis of this case is pseudoepitheliomatous hyperplasia caused by local inflammatory stimulation due to repeated scratching of perianal eczema. The treatment measures for this disease mainly include surgical resection, and injection of corticosteroids under the lesion [5]. During the operation, the lesion should be completely resected, and no residual lesion should be allowed. For patients with suspected malignant transformation, multiple deep and wide biopsies, especially the keratotic and crusted foci, are required before surgery; Fast frozen pathology should be sent during operation, and complete lesions should be taken for pathological diagnosis after operation to prevent misdiagnosis and missed diagnosis; Surgery needs to pay attention to the depth of resection, which should reach the dermis or subcutaneous tissue, which will help to make a clear diagnosis. Once malignant transformation occurs, extensive resection should be carried out according to the treatment standard of perianal malignant tumor, and even the relevant lymph nodes should be cleared. Therefore, we should pay attention to pathological diagnosis in clinical practice, and we must not rely only on clinical treatment experience to prevent serious physical and mental harm to patients.

An informed consent was obtained from the patient and the Internal Review Board of our Institution approved this study.

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