Poster No: 14

Congenital Prepubic Sinus- A Rare Anomaly . Case report.

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Introduction

Congenital prepubic sinus is a rare congenital anomaly. It is important to delineate the extent of the full sinus tract pre-operatively to ensure complete excision. We present a case of a 5-month-old girl with congenital prepubic sinus.

Case Summary

A 5-month-old girl of mixed Nigerian-Malaysian parentage presented with an abnormal skin opening in the pubic area (Figure A) with intermittent serous discharge. She was born term and is otherwise thriving well. She has regular bowel opening and micturition. There is no voiding disturbances. Clinical examination revealed a small pinhole opening in the prepubic area, 1cm above the anterior commissure of the labia with yellowish discharge upon compression. The external female genitalia, perineum and spine were normal.

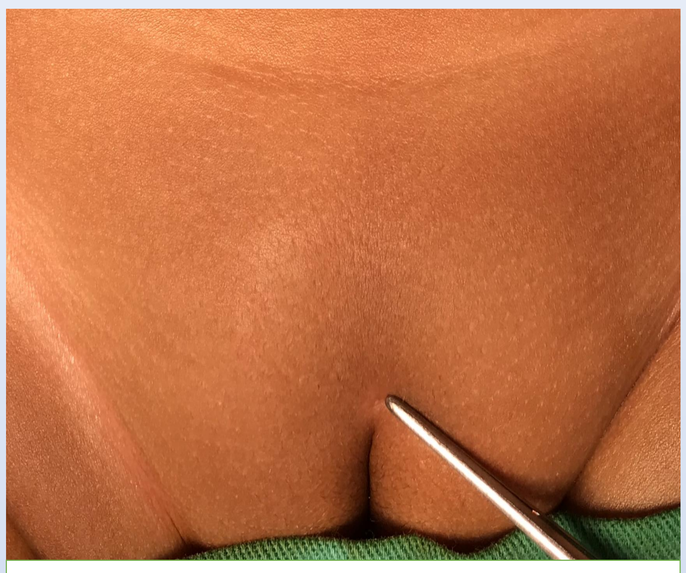

Figure A: Prepubic c Sinus

Renal bladder ultrasonogram demonstrated a well-defined tract with internal debris extending from the prepubic sinus tracking caudally first before looping cranially to reach the ventral aspect of the bladder wall. A fistulogram revealed no communication between the sinus tract and the bladder. (Figure B)

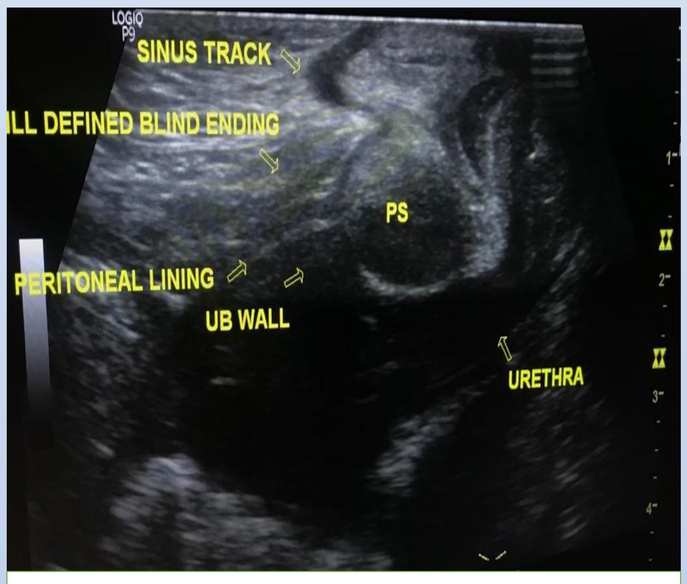

Figure B: USG & Fistulogram demonstrating the tract

A diagnosis of congenital prepubic sinus was made and she underwent a complete excision of the tract. Methylene blue was injected to delineate the tract before incision. Intraoperatively, the sinus tract (Figure D) was dissected until the bladder wall. There was no communication between the tract and the bladder cavity. The sinus was transfixed and excised at the bladder wall. Histopathology showed reactive hyperplastic squamous epithelium.

Discussion

Congenital prepubic sinus is usually diagnosed postnatally and presents as a midline opening with occasional discharge. There were only 44 cases reported in the past and it was first described by Campbell et al. in 1987. Of the reported cases, majority of the sinus tract terminates at the bladder wall (25 cases), followed by the umbilicus, retropubic space (5 cases each), and urethra (2 cases).[1]

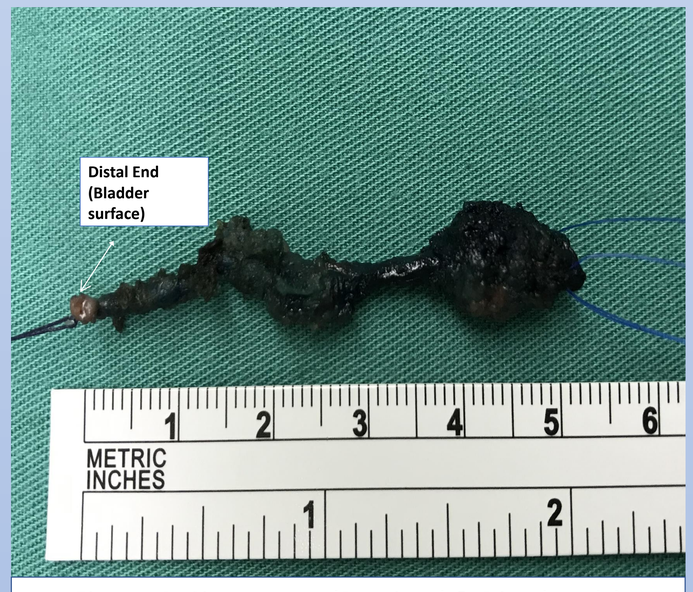

Figure C: Sinus tract (Proximal & Distal ends)

Four different embryological theories have been described. The first theory describes the failure of midline fusion in the lower abdominal wall. The second theory describes it as a variant of dorsal duplication of the urethra, remnant tissue of the cloacal membrane or the urachus. The third theory considers this as a congenital fistula of the primitive urogenital sinus, whereas the fourth theory postulates that a remnant of the cloacal membrane trapped by the umbilicophallic groove gives rise to this anomaly.[3]

A fistulogram and ultrasonography can be performed to allow visualization of the extent as well as the direction of the lesion pre-operatively. Complete excision of the fistula is necessary to prevent recurrence of symptoms, infection, or possible late malignant change.[1]

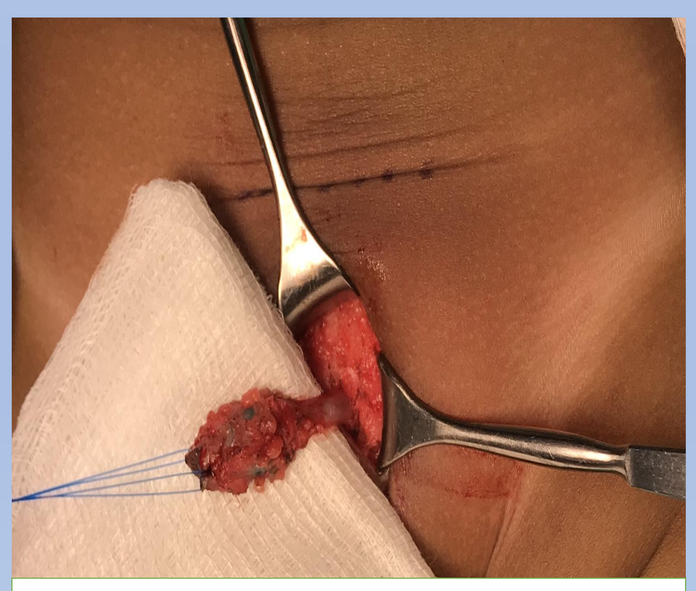

Figure D: Sinus Tract

Conclusion

In this child, the sinus tract passed through the pubic symphysis and ended at the bladder wall, suggesting the possibility of a urachal remnant. The mainstay of treatment is the complete excision of the sinus.[4]

Keywords: Prepubic sinus

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