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Case Study
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Neonatal Hemorrhoid_SOUS_PTR

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Introduction

Anorectal Malformations (ARM) is a common, congenital problem that can have a wide spectrum of presentation and clinical significance. The successful management of infants with ARMs starts with disease recognition. The newborn nursery must deliver high quality care to a high volume of mostly well babies on a day-to-day basis. A reliance on high-reliability principles that fosters teamwork, communication and continuous learning is crucial to this mission.

Upon recognizing an ARM within a newborn patient, clinical team members must be prepared to initiate a tailored, multi-disciplinary workup to ascertain the etiology of and inform the planning for long-term care of these infants.

Case Report

You are rounding in the newborn nursery when the nurse alerts you to a concerning physical finding she noticed during a diaper change. The patient is a two day old term infant female born *via* uncomplicated vaginal delivery. The mother's prenatal course was notable only for excessive maternal weight gain in pregnancy but with normal glucose tolerance test. The infant's birth weight was appropriate for gestational age. There were no concerns on fetal ultrasound, and mother's prenatal labs were all within normal limits. Review of the chart indicates that the child has passed meconium and urine and she is breastfeeding well.

The child's physical examination is unremarkable except for multiple pink, raised soft tissue protuberances around the anus which expand in size when the infant valsalvas (e.g. during crying) (Figure 1). The protuberances immediately reduce when the infant calms. The nursery medical team suspects external hemorrhoids, so pediatric gastroenterology was consulted.

The consultant team confirms the finding and recommends abdominopelvic ultrasound. The concern was for the possibility of an intra-abdominal or hepatic arteriovenous malformation.

At 2 weeks of life, the thriving infant was seen in the pediatric gastroenterology clinic. The ultrasound was unremarkable. The infant had no signs of external hemorrhoids at that time.

Discussion

Neonatal hemorrhoids fall under the broad category of anorectal malformations of the newborn. ARMs can be associated with portal hypertension or anatomic anomalies (e.g. rectal polyps, malignancy, etc) which can obstruct venous outflow. Benign etiologies include impaired venous return caused by prolonged pressure on the newborn during delivery. Given that our patient thrived and had normal imaging, we suspect that alterations in venous tone- especially with exposure to maternal hormones during the delivery process-s could be at play.

Figure 1: Soft tissue protuberances around the anus which expand in size.

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Conclusion

While neonatal hemorrhoids are most commonly a benign finding, medical teams must consider each patient's case on an individual basis in order to triage what imaging and other diagnostic workup is indicated. Close follow up is warranted not only to confirm progression/resolution of the lesions but also to provide early warning should complications arise from underlying vascular or hepatic dysfunction.