

Low Lying Umbilicus in a Neonate With Anomalous Position of Penis and Anus

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ABSTRACT

A healthy thriving neonate was brought with the complaint of passage of stool like material from glans penis. In this healthy baby umbilicus was found to be placed caudally 4cm above symphysis pubis. The penis was located away from scrotum and anus was anteriorly placed with mucosal protrusion. There were no complaints related to passage of urine and stool. Extensive investigations revealed no associated anomaly and any communication between urinary tract and anorectal canal. Reassurance was given to the family and advise for regular follow up given.

Key words Umbilicus-position, Genital anomalies, Rectourethral fistula.

INTRODUCTION:

Umbilicus is usually located almost in the center of the abdomen. The abnormal position of umbilicus may be associated with other anomalies.¹ A case of abnormally low position of umbilicus and abnormal perineal morphology is reported in a neonate who otherwise was healthy. The purpose is to report an unusual anomaly not reported earlier.

CASE REPORT:

A male neonate was brought in Outpatient Department with the complaint of passage of stool like material from glans penis. There was no issue with feeding and passage of urine and stool. The baby was a healthy neonate with umbilical cord already fallen off. The umbilicus was low lying just above the symphysis pubis (Fig I). Penis was of normal shape though appear slightly buried in position with small amount of feces like material at its tip (Fig II). The scrotum was away from penis with normal skin in-between; the distance was about 5cm. Scrotum was normal looking, housing both the testis. The anus was anteriorly placed with mucosal pouting (Fig III). X ray pelvis showed minimal diastasis of

pubic symphysis. Ultrasound showed normally filled urinary bladder and no associated anomalies of urinary tract. Retrograde urethrogram did not show any communication with anorectal canal.



Fig I: Umbilicus is low lying with midline pigmented skin

An examination was done under anesthesia. No tract could be identified in anorectal canal that could be communicating with the urinary system. Cystoscopy was also performed and no abnormality was noted except for flat looking posterior urethra with absence of normal midline bulge of verumontanum. The family was counseled and advised to remain under regular follow up. Parents did not notice further passage of stool like material from glans penis and at follow up baby is growing normally.

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Fig II: Stool like material at glans penis



Fig III: Anteriorly placed anus with mucosal pouting

DISCUSSION:

This case is interesting for many reasons. Anomalous position of umbilicus without exstrophy-epispadias complex is rarely reported. The passage of stool like material through glans penis, the fistulous tract of which could not be identified is also interesting. The possible reason may be that tract exists but is too small to be demonstrated at this age. As baby remained otherwise asymptomatic it was therefore decided to keep patient under follow up.

It is suggested that abnormal development of mesenchymal structures from septum transversum

may displace the umbilicus caudally.² Low set umbilicus may be associated with some syndromes but none was identified in the index case. Coetzee T considers the position of umbilicus as of diagnostic value.³ In index no syndrome was noted. It is proposed that in the patient during fetal life, position of genital tubercle might be at abnormal location resulting in the development of mesenchymal tissue between penis and scrotum. The resultant anomaly did not impair urinary and anorectal function as baby remained continent.

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