

Clinical Image

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Not all comedones are facial: Rare perianal lesions**N Nataly Silva, MPAS, PA-C¹; Hung Q Doan, MD, PhD, FAAD²; Mazen Alasadi, MD, FACP, FASGE^{1*}**¹Department of Gastroenterology, Hepatology and Nutrition, Division of Internal Medicine, University of Texas MD Anderson Cancer Centre, Houston, Texas, USA.²Department of Dermatology, Division of Internal Medicine, University of Texas MD Anderson Cancer Centre, Houston, Texas, USA.***Corresponding Author: Mazen Alasadi**

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Description

A 74-year-old white gentleman with a history of colon polyps presented for surveillance colonoscopy. On digital rectal examination he had dark perianal lesions noted. Upon insertion of colonoscope images of perianal lesions (figures 1 and 2) and normal appearing anus (figure 3) were taken. Colonoscopy was completed without difficulty and showed normal terminal ileum, a medium-sized sigmoid lipoma, diverticulosis, internal hemorrhoids and four polyps (tubular adenomas). He was referred to Dermatology for evaluation of perianal lesions. He reported slight enlargement over several years, asymptomatic except for frequent wiping, and not obstructive with bowel movements. He denied use of topicals. His sexual history was

**Figure 1:** Perianal lesions.

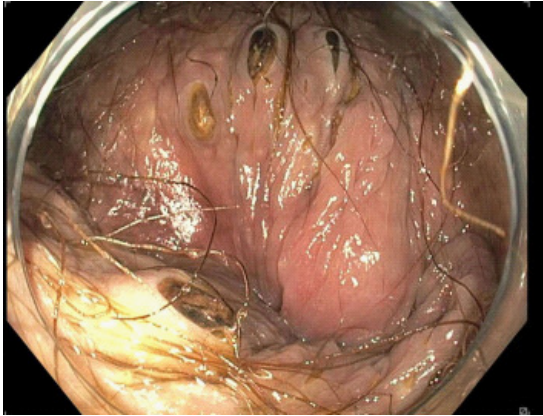


Figure 2: Perianal lesions.

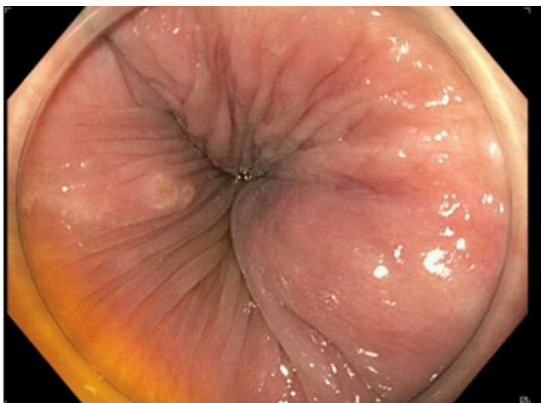


Figure 3: Anus.

unremarkable and reported no personal or family history of skin cancer. On perianal examination open comedones with yellowish keratinaceous debris seen deemed to be perianal comedones per Dermatologist. There were no similar lesions elsewhere including his face. Comedones are common skin changes typically seen on the face in which open pores are filled with sebum and debris forming a dark plug. Unlike facial comedones, peri-anal comedones are rare and do not require intervention or treatment. Few reported cases have been found and with input from Dermatologist the patient was given recommendations to keep the area clean. He was also taught how to digitally express these lesions. Suggestions were made for possibility of band ligation if discomfort develops, as is done to manage hemorrhoids, which should be further explored for patients who develop pain or obstructive symptoms. More importantly, the patient was reassured that these lesions did not require biopsy or removal, as they are completely benign.

References

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