Images in Clinical Practice

Neonatal Genital Prolapse

A term, 2.7 kg female baby was born by LSCS to a 20 year-old primiparous mother with a large lumbosacral meningomyelocele, paraplegia and communicating hydrocephalus. On day 3 a pink fleshy mass was noted to be protruding from the introitus with a cervix-like opening. The urethral orifice was normal (*Fig. 1*). Abdominal and pelvic ultrasound could not visualize the internal genital organs. A diagnosis of genital prolapse was made and digital reduction of the prolapse was accomplished without difficulty; however, recurrence of the prolapse occurred with crying.

Neonatal genital prolapse (NGP) is an uncommon condition. Most cases are associated with congenital abnormalities of the spine, such as neural tube defects. The differential diagnosis of interlabial mass during the neonatal period includes vaginal polypi, urethral prolapse, paraurethral cysts, and rhabdomyosarcoma. Prolapse can be differentiated by the fact that the gross anatomy normalizes on reduction. Several modalities of treatment have been described from simple conservative treatment such as single or repeated digital reduction, to aggressive surgical procedure.

A.N. Prasad,
Pediatrician,
Military Hospital,
Mhow 453 441.
E-mail: amarendraprasad@rediffmail.com

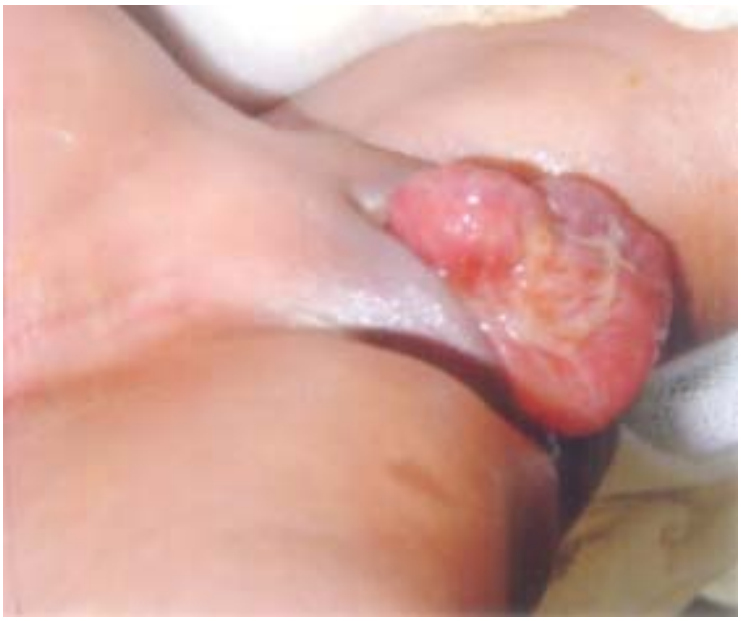

Fig. 1. Neonatal Genital Prolapse in a female neonate.