

# **Anal Findings in Suspected Child Sexual Abuse**

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## **Disclosures**

- I have no relevant financial interests

## **Objectives**

- Recognize examination techniques
- Recognize normal anatomy
- List pathology/non-abuse
  - Congenital
  - Systemic disease
- Recognize trauma findings
- Analyze documentation issues

## **Supine Technique**

- Useful for prepubertal children and adolescents
- Patient can see examiner
- Not always optimal for relaxation of gluteal area
- Patient can “hold knees” for improved visualization

## **Lateral Decubitus**

- Position of comfort
- Patient can assist by holding onto knees
- Position commonly used for rectal examination

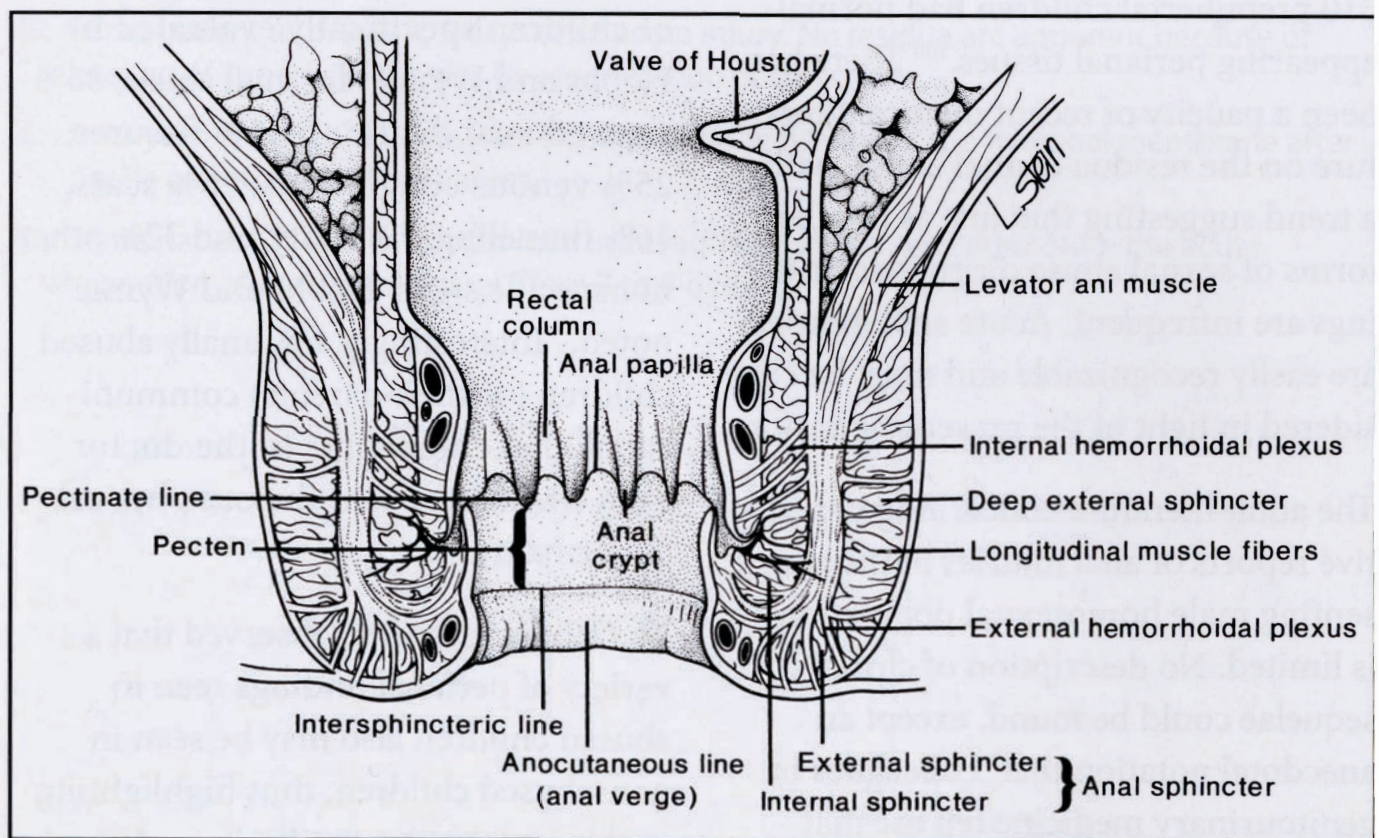
## **Standing**

- Could be a position of comfort for patient
- Legs should be spread and back bent forward

## **Prone Knee Chest**

- May be uncomfortable due to head down position
- May cause fear and anxiety
- View of rectum and vaginal area may be better than other positions
- Reflex dilation may be more apparent if position is held too long

## Normal Anatomy



**FIGURE 9.13**

Cross-section of clinically significant structures of the rectosigmoid and anus.

Finkel MA. Medical findings in child sexual abuse. In Child abuse: Medical diagnosis and management. RM Reece, ed. Philadelphia: Lea and Febiger. 1994.

### **Anal Position Index**

Others have created tables showing measurements of distance from anus specific anatomical points.

Anteriorly displaced anus or ectopic anus has been described.

Davari AH, Hosseinpour M. The anal position index: A simple method to define the normal position of the anus in neonate. *Acta Paediatrica*. 2006; 95: 877-880

## **Congenital Findings**

- Linea Vestibularis
- Diastasis Ani
- Anteriorly displaced anus
- Skin Tags
- Failure of Midline Fusion

## **Diastasis Ani**

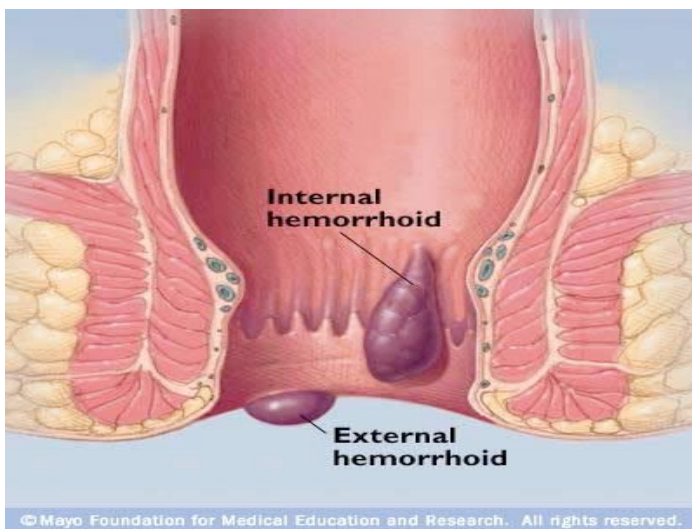
•Smooth tissue due to underlying reduced support tissue—described as wedge shaped smooth areas either anterior or posterior to the anus

## **Differential Diagnosis of Tags**

- Normal
- Human Papilloma Virus
- Molluscum Contagiosum
- Langerhans cell Histiocytosis
- Perianal Verrucous epidermal nevus
- Crohn's Disease or other IBD
- Perianal Lymphangioma circumscriptum

## **Physiologic Findings**

- Venous Pooling and Congestion
- Hyperpigmented perianal area
- Hemorrhoids



## Causes of Anal Dilatation

- Neurologic disorders
  - Congenital myotonic dystrophy
- Sedative effects
- Stool and physiologic
- Sexual Abuse
- Death

## Anal Manifestations of Systemic Disease

- Crohn's Disease
- Rectal Prolapse
- Constipation
- Hemorrhoids
- Herpes Zoster

## Fissures and Scars

- Study of three groups: A. Physically abused; B. Sexually abused and denied anal penetration and C. Sexually abused with rectal penetration.

**Table 3** Fissures and scars

Groups ( <i>n</i> )	Fissures	Scars	Fissures + scars
A (81)	2	0	0
Physical (56)	1	0	0
Accident (11)	0	0	0
Medical (9)	1	0	0
Other (5)	0	0	0
B (83)	6	3	0
C (50)	22	16	3
Definite (13)	4	3	2
Not proven (37)	18	13	1

Pierce A. Anal fissures and anal scars in anal abuse-are they significant? *Pediatr Surg Internatl.* 2004; 20:334-338

## **Differential Diagnosis of Anal Fissures**

- Constipation
- Pinworms
- Lichen Sclerosus
- Eczema
- Diaper rash

## **Differential Diagnosis of Perianal Erythema**

- Group A Streptococcal infection
- Other infection (Herpes or Varicella)
- Diaper rash
- Pinworms
- Other dermatologic pruritic disease
- Trauma

## **Anal Findings Associated with Trauma**

- Tears
- Fissures
- Bleeding
- Perianal bruises

## **Documentation Issues**

- Know the anatomy
- Document the position
- Use clock numbers
- Drawing as well as photo

## **Summary—Key Points**

- Non pathologic findings such as tags and dilatation may be caused by or confused with non-acute abuse
- Infectious processes and inflammatory diseases may need to be ruled out
- Documentation and photographs are critical