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Case Report

A rare case of giant condyloma acuminata during pregnancy

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ABSTRACT

Genital warts (Condyloma acuminata) are a benign lesion caused by human papillomavirus (HPV) type-6 or type-11 and are usually transmitted sexually. During pregnancy, condyloma has a tendency to proliferate and may have recurrence. We have a case of G2P1L1 38 weeks previously normal vaginal delivered patient in our hospital with extensive genital warts. Patient was successfully managed by surgical excision and after that in follow up after 2 months for podophyllin resin application on remaining lesions. HPV infection presentation can range from asymptomatic to cervical cancer. Small genital wart lesion may become extensive and cumbersome during pregnancy and again regress after delivery in due course of time. HPV vaccination, sex education and early treatment of condyloma lesions should prevent and, in any case, improve the prognosis of this disease.

Keywords: Condyloma acuminata, HPV, Podophyllum resin, Warts in pregnancy

INTRODUCTION

Condyloma acuminata or wart is a benign lesion which is caused by infection with HPV type-6 or type-11. The lesions of Condyloma acuminata are most commonly present on genital skin, vaginal mucosa, perianal area or anal mucosa. The lesion of CA has a tendency of proliferation and recurrence during pregnancy.[1] This is because of physiological changes to the external genitalia and immunological effects that promote HPV replication and increased vaginal secretions contacting the skin and mucous membranes in pregnancy also lead to proliferation of condyloma acuminata in during pregnancy. [2]

CASE REPORT

A 28-year-old patient with previous one normal vaginal delivery presented to our hospital with38 weeks pregnancy with extensive bunch of grapes like growth at genitalia. Patient have no any significant past history. Patient's married life was eight years and she had very small pea size lesion around labia minora in third month of pregnancy, this lesion gradually became extensive and involved posterior vagina and vulva. There was no history of pain itching or bleeding in these lesions. Husband was not having any history of same lesions and he does not have history of sexual contact other than spouse before or after marriage and there was no such history in patient also. There was no history of trauma, diabetes mellitus, oral ulcers, urinary symptoms, vaginal itching or discharge per vaginum, weight loss or loss of appetite. General and systemic examinations were within normal limits. Obstetrical examination findings were corresponding to period of gestation. On genital examination irregular warts like growth was seen involving vulva and posterior vagina (multiple lesions on vulva and vagina largest was 6×4 cm), firm in consistency without signs of inflammation on vulva and multiple warts like growth in vagina (around 1 cm in size). On examination of the vulva, a soft, pink papilliferous growth of 6×4 cm size was seen hanging outside the vaginal introitus. Speculum examination revealed that the growth was attached to the posterior and lateral vaginal wall near the fornix. Genital warts can proliferate during pregnancy due to altered immunity and increased blood supply, as seen in this case. Vaginal warts can also cause problems during delivery, since they prevent the vagina from stretching appropriately.

Patient have most of antenatal investigations so all reports were in normal limits. Venereal disease research laboratory and HIV status were non-reactive. patient was in active labor so normal vagina delivery was conducted. Neonate was alive and healthy. Baby was not having any similar lesion on body. These genital lesions were confusing with carcinoma due to their rapid growth during pregnancy. So, biopsy needed to confirm diagnosis. After delivery biopsy of genital lesion was done and sent for histopathology reporting. Patient had no complaints other than visible abnormal growth in vulva so no treatment was given during pregnancy. As growth was extensive so surgical excision was done after normal vaginal delivery. The remaining warts regresses on its own after delivery. These lesions regressed itself 2 months postpartum and remained only on vulva. Patient was reassured and counselled for follow-up. Podophyllum resin application was done on remaining lesions after two month follow up.

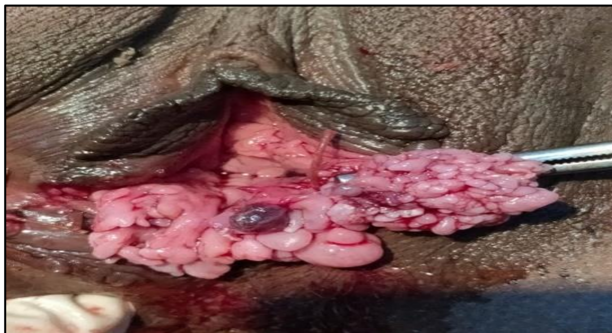

Figure 1: Presentaion before sugical excision.

Figure 2: After surgical excision.

Figure 3: At time of follow up.

Microscopy

Microscopic pictures confirms diagnosis of condyloma acuminata. As it showed stratified squamous epithelium lined tissue, hyperkeratosis, parakeratosis, acanthosis, papillomatosis with prominent granular layer, parabasal hyperplasia which confirmed the diagnosis of condyloma acuminata.[3]

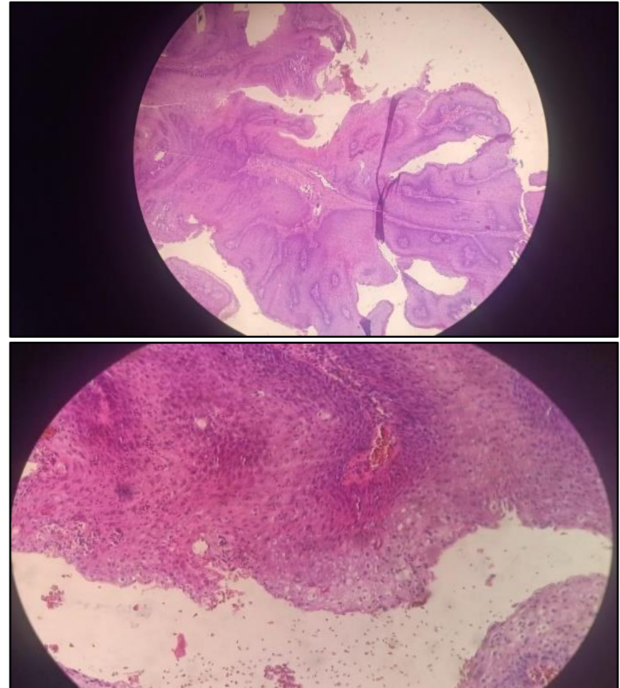

Figure 4: Microscopic pictures of excised sample.

DISCUSSION

HPV infections are manifested within two years of infection in 90% cases, but long latent period of years may be possible for Condyloma acuminata.[4] So, first lesion of Condyloma acuminata or its recurrence may occur after years of infection. Vertical transmission of HPV can occur periconceptional, during pregnancy or during delivery when foetus passes through birth canal by infected secretions.[5,6] In pregnant women caesarean delivery can be adopted for protection of neonate against the transmission of neonatal herpes who present in late pregnancy with genital warts. Genital warts are characterised by flat, popular, irregular or pedunculated growths on the genital or anal skin and/or mucosa and are mostly asymptomatic, but they may present with itching, friable painful growth. Genital warts are diagnosed by visual inspection but to confirm the diagnosis, histopathological examination of tissue should be done. HPV nucleic acid tests are not recommended for routine diagnosis or management of visible genital warts. In present case report, it was difficult to diagnose condyloma by appearance due to its extensive nature and rapid growth during pregnancy.[7] In this case report, multiple warty lesions were present in vagina and vulva so podophyllum resin application was planned for treatment, also showed the atypical presentation of

Condyloma acuminata during pregnancy in which large growth was present involving vulva so excision of growth was done. In present case, there were multiple lesions. Cases of anogenital warts present as a fast-growing lesion during pregnancy due to hormonal changes and immunosuppression during pregnancy and have decreased tolerance and response to treatment. BCA/TCA application cryotherapy, electrocautery and surgical excision, including laser treatment are recommended during pregnancy but they have reduced response and there are chances of miscarriage and preterm labour during treatment.[8,9] It is uncertain that the treatment reduces transmission of HPV and there is also possibility of spontaneous resolution, so there is another acceptable alternative for some persons is to wait for spontaneous resolution before any treatment.

CONCLUSION

HPV infection presentation can range from asymptomatic to cervical cancer. Small genital wart lesion may become extensive and cumbersome during pregnancy and again regress after delivery in due course of time. There may be diagnostic dilemma during pregnancy due to its extensiveness and atypical presentation as in this case. Treatment does not reduce the transmission rate and there are chances of spontaneous regression so treatment can only be given if patient has discomfort, burning or itching in genital area or any other complaint.

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REFERENCES

1. Cohen E, Levy A, Holcberg G, Wiznitzer A, Mazor M, Sheiner E. Perinatal outcomes in condyloma acuminata pregnancies. Arch Gynecol Obstet. 2011;283(6):1269-73.
2. Yavuzcan A, Çagˇ lar M, Turan H, Tekin A, Topuz S, Yavuzcan G et al. The treatment of giant periurethral condyloma in pregnancy using ultrasonic thermal scalpel: A case report and a new single session treatment option. Case Rep Obstetr Gynaecol. 2015;2015:792412.
3. Devi LT, Pathania K. Pregnancy with HPV associated Viral Warts. Med J Armed Forces Ind. 2011;65(3):272-3.
4. Song G, Zhou X, Wu Y. A pregnant woman with condyloma acuminatum on the vaginal orifice, areola, groin, and umbilicus. Ind J Pathol Microbiol. 2019;62(2):310-12.
5. Workowski KA Bolan GA. Centers for Disease Control and Prevention. Sexually transmitted diseases treatment guidelines, 2015. MMWR Recomm Rep. 2015;64(RR-03):1-137.
6. Yang LJ, Zhu DN, Dang YL, Zhao X. Treatment of condyloma acuminata in pregnant women with cryotherapy combined with proanthocyanidins: Outcome and safety. Exp Ther Med. 2016;11(6):2391-4
7. Jach R, Galarowicz B, Huras H, Pawlik D, Basta T, Streb J et al. Vertical transmission of HPV in pregnancy. A prospective clinical study of HPV-positive pregnant women. Ginekol Pol. 2014;85(9):672-6.
8. Reeves WC, Ruparelia SS, Swanson KI. National registry for juvenile-onset recurrent respiratory papillomatosis. Arch Otolaryngol Head Neck Surg. 2003;129:976-82.
9. Baggish MS. Carbon dioxide laser treatment for condylomataacuminata venereal infections. Obstet Gynecol. 1980;55:711-5.
10. Nigam A, Mishra A. Condyloma acuminatum: atypical presentation during pregnancy. Int J STD AIDS. 2011;22(9):534-5.

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