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An Insight into Condyloma Acuminata in Pregnancy

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Abstract: ***Human papillomavirus (HPV) infection is the most common sexually transmitted viral infection. The patients with HPV infection during pregnancy represent a high - risk group. HPV 16 and HPV 18 can lead to squa - mous cell cervical carcinoma, anal, oro - pharyngeal or penile dysplasia and cancer. Condyloma acuminatum also called as mucocutaneous external genital wart is a benign neoplasm of genital tract, caused by human papillomavirus usually by HPV types 6 and 11 (in more than 90%cases). An unbooked 22 year old G2P1L1 at 38 weeks period of gestation presented in active labour with genital lesions. On local examination, extensive warty lesions largest size around 2 - 3 cm size were seen on vulva including labia majora and minora, vaginal orifice and perianal region. Vaginal delivery conducted. Both mother and baby doing fine. There is considerable reduction in size of lesions six weeks postpartum. Condyloma Acuminata is a condition in which expectant management can be done during antepartum and postpartum period if complaints does not bothers patient.***

Keywords: Condyloma acuminata, Genital warts, Human papilloma virus, Pregnancy

1. Case Report

A 22 year old G2P1L1 at 38 weeks period of gestation previous normal delivery presented in active labour with extensive cauliflower wide based verrucous growth on genitalia. According to history lesions developed after seven months of pregnancy, this lesion gradually became extensive and involved whole vulva, vaginal orifice and perianal area. There was history of pain, itching and discharge per vaginum. Husband was not having any history of same lesions. General and systemic examinations were within normal limits except anemia.

On local examination - Extensive cauliflower growth seen over vulva including labia majora, minora, clitoris vaginal orifice and perianal area. Largest wart measures around 2 - 3 cm (fig1)

Patient did not have any antenatal investigations so all investigations done and reports were within normal limits except hemoglobin which was 7.9 g/dl. VDRL and HIV status were non - reactive. As patient came in advanced labour, she was allowed to progress and vaginal delivery conducted. Patient landed in atonic PPH, which was managed medically. One pint BT was done in postpartum period due to blood loss and underlying anemia.

Healthy term newborn 3.2 kg was born and baby examined for any similar lesion or laryngeal papillomatosis after birth and at 6 weeks. Neonate referred to pediatrician. Excisional Biopsy of lesion done and sent for histopathological examination, which showed stratified squamous epithelial proliferation with hyperkeratosis, acanthosis which confirmed diagnosis of condyloma accuminata. As the warts regresses on its own after delivery and patient had no complaints other than visible abnormal growth in vulva so no treatment was given in postpartum period. These lesions regressed itself 6 weeks postpartum and remained only on vulva (fig2). Patient was reassured and counselled for follow - up three monthly. trichloroacetic acid application weekly was planned for remaining lesions because patient refused to go for any operative procedure like surgical excision/electrocautery or cryotherapy.

2. Discussion

Condyloma acuminata during pregnancy develops as a result of immunocompromised status. Pregnancy states favors the warts progression especially as gestational age increases (1). Increased vaginal secretions coming in contact with genitalia's skin and mucous membranes promotes proliferation of genital lesions during pregnancy (2). Genital warts are characterised by flat, popular, irregular or pedunculated cauliflower like wide based verrucous vegetations on the genitalia/perianal skin/mucosa and are mostly asymptomatic, but some present with pain, discharge and itching in lesions. Genital warts are diagnosed by visual inspection but to confirm the diagnosis, tissue biopsy with histopathological examination is necessary. 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 (3)). The available treatment options are trichloroacetic acid (80 - 90% solution applied topically once a week), cryotherapy, laser ablation, or surgical excision (4). The benefit of cesarean delivery to decrease transmission risk is unknown, and thus it is currently not recommended solely to prevent HPV transmission (5). As our patient came in advanced labour so normal delivery was conducted.

3. Conclusion

Condyloma Acuminatum in pregnancy is a benign condition that sometimes mimics cancerous growth. It is caused by HPV 6 and 11 in 90 % of cases. Expectant management can be opted if patient doesn't report any significant symptoms and discomfort. These lesions may resolve or reduces spontaneously after delivery. Patient can be followed three monthly interval for complete resolution.

Ethics declarations

Conflict of interest: There is no conflict of interest.
Informed consent: Informed written consent of the patient was taken for publication of details and images of the patient.

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