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A Rare Case: Genital Warts in Pregnancy

Sapna Bharti[1], Varuna Sugha[2]

[1]Obstetrics And Gynecology Department, Civil Hospital, Bhawarna, H.P.
[2]Pediatric Department, Civil Hospital, Bhawarna, H.P.

Corresponding Author: Sapna Bharti

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ABSTRACT

Genital wart is a benign lesion which is caused by Human Papillomavirus (HPV) type-6 or type-11 infection. Liu et al. found an overall HPV prevalence of 16.82% in pregnant women vs. 12.25% in non-pregnant women [1]. The persistence of HPV is arguably favored as the maternal hormonal environment and immune system undergo significant changes during pregnancy.[2] Here, we report an interesting case of 30 year old primigravida with vaginal warty growth.

Keywords: human papillomavirus, genital warts, pregnancy, trichloroacetic acid

CASE REPORT

A 30 year old primigravida reported to OPD at Civil Hospital, Bhawarna at 24 weeks with discharge per vaginum. Patient was married for 1 year. Her last menstrual period was on 14 may, 2021, with EDD on 18 February, 2022. There was no history of diabetes mellitus, drug intake, trauma, previously diagnosed sexually transmitted infection, dyspareunia. Discharge per vaginum was not accompanied by foul smell, vulval or vaginal itching, dysuria. She was getting treatment for DPV for past 1 month from local practitioner but not getting relieved from symptoms.

General and systemic examinations were within normal limits. On per abdominal examination height of uterus was corresponding to period of gestation and fetal parts were palpable. On local examination finger like growth, approximately 1 cm size present in the anal region. On per speculum examination, multiple warts like growth ranging from 2-3cm in size was seen involving vagina which was firm in consistency and not bleeding on touch as shown in figure no. 1. Greenish discharge was also present. Os was closed. Cervical length was approximately 2.5 cm. lesional biopsy taken in same sitting and sent for histopathological examination. Routine biochemical and hematological investigations were normal. She was non-reactive for HIV and STS. On histopathological examination, tissue showed stratified squamous epithelium lined tissue showing papillomatosis and acanthosis with focal neutrophilic infiltrate with no atypia or necrosis.

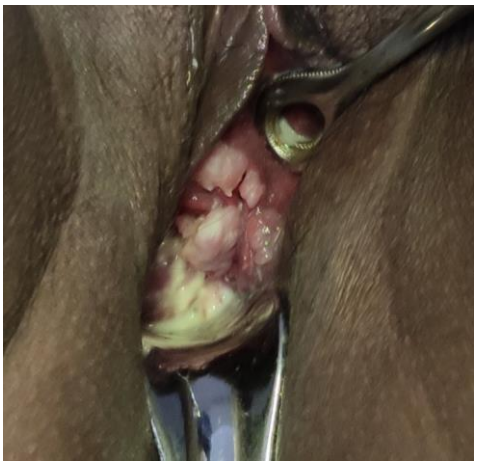

Figure no. 1 showing vaginal warty lesions with discharge per vaginum

Patient received local treatment with trichloroacetic acid. On follow up, warty lesional were reduced in number but not completely cured even at term pregnancy.

Decision to perform elective cesarean section taken at 39 weeks. Patient delivered a healthy male child by elective caesarean section with birth weight 2.7 kg. Postdelivery, patient continued with trichloroacetic acid treatment.

DISCUSSION

During pregnancy, especially between 12th and 14th weeks of pregnancy, genital warts may grow fast. These warts may sometimes become very large particularly when new warts develop during pregnancy. Compared to nonpregnant women, these warts get larger in pregnant women [3,4]. 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 [5]. Vaginal lesions can be treated by cryosurgery, podophyllin, or TCA [6]. In present case, there were multiple lesions whereas Yavuzcan A et al., reported a case of giant periurethral condyloma with 28 weeks pregnancy and in this case excision of lesion and histopathology was done [7].

CONCLUSION

In our opinion, because of pregnancy there is increased persistence of genital HPV and it is difficult to get rid of warty lesions with local treatment during pregnancy. There is increased chances of vertical transmission as well. It is not recommended to perform c-section in every case but patient may be given a choice to decide the mode of delivery after explaining the risk vs benefit of the same.

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Conflict of Interest: None

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