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Diagnosis of Genital Warts During Pregnancy-Clinical Images

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ABSTRACT:

Condyloma Acuminata, also called veneral warts are caused by the HPV, which is a small DNA double-stranded virus. There are many strains of HPV and some of them will result in the development of genital warts. The growth is mainly seen in women who are sexually active. Vaginal discharge, use of oral contraceptives and pregnancy favor their growth. Warts are typically diagnosed by clinical inspection. HPV serotyping may be done. In young women, lesions often disappear spontaneously. Local application with trichloro-acetic acid or podopyhllin and removal of larger warts by diathermy loop or laser ablation are the mainstay of treatment. Here, we present a case of a 26 years old pregnant woman present in OPD with genital warts.

KEYWORDS: Condyloma acuminata, HPV, Tricholoro-acetic acid.

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INTRODUCTION:

Genital warts, commonly known as Condyloma acuminata is a sexually transmitted infection caused by Human Papilloma Virus. [1] There are now at least 50 types of HPV virus, those involving genital area being HPV 6,11,16,18,31,32,33. HPV 6 & 11 are implicated in the development of Condyloma acuminatum and HPV 16 & 18 in the development of cervical and vulval cancer. [2] Genital warts are characterized by cauliflower like tumours. [3] They are multiple and can be transmitted from other body parts and transmitted sexually too[4]. Such lesions may involve not only vulval skin but also the vagina and cervix and may extend around the perianal area or out on to non-genital skin. Predisposing factors associated with HPV infections are immunosuppression, diabetes, pregnancy, local trauma[3], smoking and oral contraceptive use. [4] The prevalence of HPV during pregnancy is found to be 16.82% as compared to the non-pregnant state (12.25%). [5]

For unknown reasons, genital warts frequently increase in size and number during pregnancy, usually filling vagina or covering perineum, make it difficult to perform vaginal delivery or episiotomy. [6] Rarely, some children may develop laryngeal or cutaneous condylomata due to HPV following transmission during labor. [7] Here an interesting case of a young

primigravida is presented with genital warts.

CASE REPORT:

A 26-years old primigravida with 33 weeks and 3 days of gestation reported with intense burning sensation and growth over external genitalia including labia majora, labia minora extending up to vaginal orifice. She was complaining of intense burning sensation, discomfort and even was not able to touch and wash the genitalia after micturition. There was no history of fever, no history of bleeding, ulceration, discharge from the growth. No history of burning micturition or other urinary symptoms, no history of trauma, drug intake, no history of ulcers diabetes mellitus. Sexual history could not be elicited. No history of similar lesion in spouse. Her last menstrual period was on 24th july,2022 with expected date of delivery on 1st may,2023.

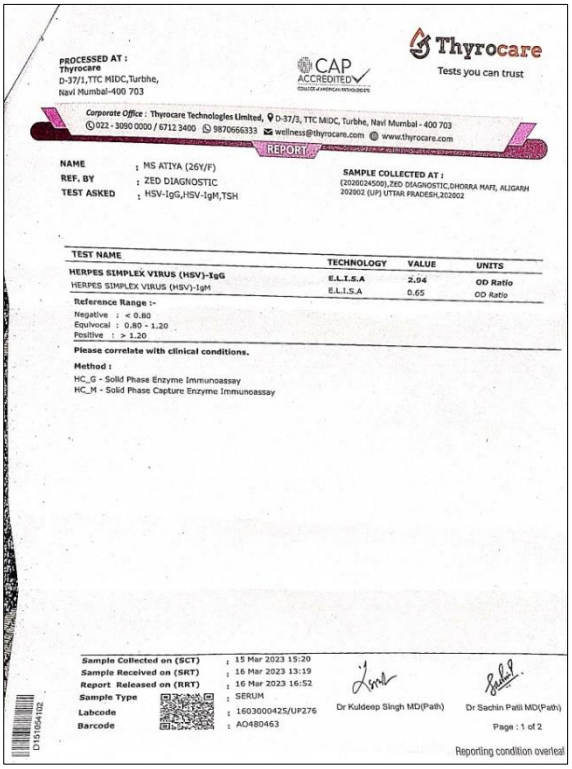
Her vitals were as follows- Blood pressure:120/80mmHg, Pulse Rate: 80/minute, Temperature: 98.6◦F, Respiratory rate: 18/minute, SpO_2. General examination was normal. Systemic examination was unremarkable except external genitalia showed multiple growths with ill-defined margin over both labia majora and labia minora extending up to vaginal; orifice with superadded herpes infection (Fig-1 & Fig-2). Obstetric examination revealed fundal height corresponding to 32-34 weeks of gestation. Fetal movement were present with fetal heart rate 134/minute.

Routine investigations were normal. IgG was found to be positive suggestive of acute HSV infection and IgM was negative (Fig-3). VDRL, HIV antibody 1&2, HBsAg were non-reactive. Ultrasonography showed single intrauterine pregnancy of estimated gestational age 33weeks 1 day with normal cardiac activity with oligohydromnios (AFI~6.1cm) (Fig-4).

Clinical Images:

Fig-1: Warts involved whole labia

Fig-2: Warts with invention in Vagina



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REPORT

NAME : MS ATIYA (26Y/F)
REF. BY : ZED DIAGNOSTIC
TEST ASKED : HSV-IgG,HSV-IgM,TSH

SAMPLE COLLECTED AT : (2028024500),ZED DIAGNOSTIC,DHORRA MAFI, ALIGARH 202002 (UP) UTTAR PRADESH,202002

TEST NAME	TECHNOLOGY	VALUE	UNITS
HERPES SIMPLEX VIRUS (HSV)-IgG	E.L.I.S.A	2.04	OD Ratio
HERPES SIMPLEX VIRUS (HSV)-IgM	E.L.I.S.A	0.65	OD Ratio

Reference Range :-
Negative : < 0.80
Equivocal : 0.80 - 1.20
Positive : > 1.20

Please correlate with clinical conditions.

Method :
HC_G - Solid Phase Enzyme Immunoassay
HC_M - Solid Phase Capture Enzyme Immunoassay

Sample Collected on (SCT) : 15 Mar 2023 15:20
Sample Received on (SRT) : 16 Mar 2023 13:19
Report Released on (RRT) : 16 Mar 2023 16:52
Sample Type : SERUM
Labcode : 1603000425/UP276
Barcode : AO480463

Dr Kuldeep Singh MD(Path)
Dr Sachin Patil MD(Path)

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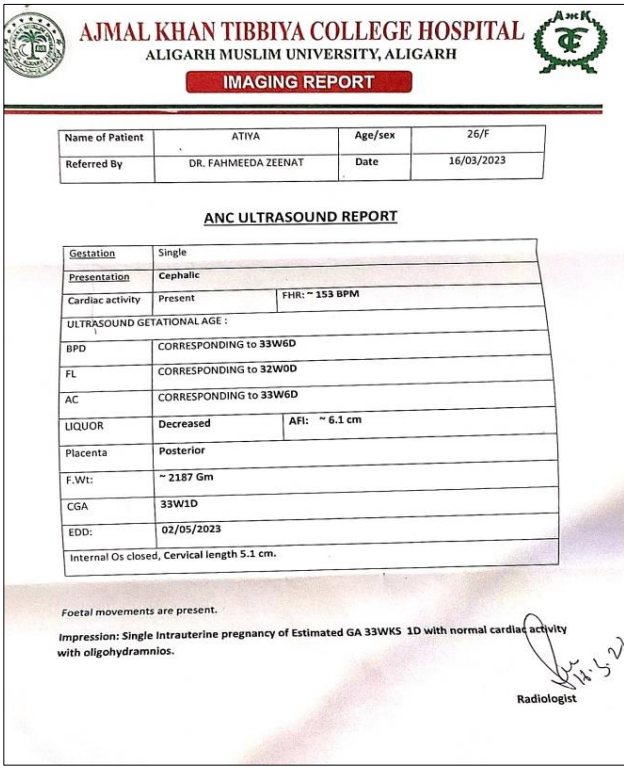
Reporting condition overleaf

D151054102

Fig-3: HSV report



AJMAL KHAN TIBBIYA COLLEGE HOSPITAL
ALIGARH MUSLIM UNIVERSITY, ALIGARH

IMAGING REPORT

Name of Patient	ATIYA	Age/sex	26/F
Referred By	DR. FAHMEEDA ZEENAT	Date	16/03/2023

ANC ULTRASOUND REPORT

Gestation	Single	
Presentation	Cephalic	
Cardiac activity	Present	FHR: ~ 153 BPM
ULTRASOUND GETATIONAL AGE :		
BPD	CORRESPONDING to 33W6D	
FL	CORRESPONDING to 32W0D	
AC	CORRESPONDING to 33W6D	
LIQUOR	Decreased	AFI: ~ 6.1 cm
Placenta	Posterior	
F.Wt:	~ 2187 Gm	
CGA	33W1D	
EDD:	02/05/2023	
Internal Os closed, Cervical length 5.1 cm.		

Foetal movements are present.

Impression: Single intrauterine pregnancy of Estimated GA 33WKS 1D with normal cardiac activity with oligohydramnios.

Radiologist

Fig-4: USG report

DISCUSSION:

HPV vaccine (type 6 & 11) can prevent 90% of condyloma. In young pregnant women, condylomas often disappear spontaneously and is prudent to observe them for 6 months[9]. During pregnancy washing of external genitalia plus cleansing of vagina by gentle douching followed by thorough drying of the external genitalia once daily may inhibit growth of wart and minimize discomfort. [8] In women with persistent warts, it should be treated with 25% trichloro acetic acid or 25% podophyllin in alcohol locally (Podophyllin being cytotoxic is contraindicated in first trimester of pregnancy). Cryotherapy and laser ablation of visible lesions are preferred mode of therapy during pregnancy. Occasionally condyloma acuminata attain enormous size necessitate cesarean section. There may also a possibility of vertical transmission to fetus but there is no proof and needs evidence to support this conclusion. [9]

This case has been presented to increase awareness regarding HPV infection and its risk factors, importance of prophylaxis and necessity of pap smear for all sexually active women.

Patient consent:

Written informed consent for publication of her clinical details was obtained from the patient.

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Conflict of interest: Author declares that there is no conflict of interest.

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