

# Condyloma Acuminatum, an Opportunistic Condition during Pregnancy: A Case Report

Nikita R Vijay<sup>1</sup>, Anuja Bhalerao<sup>2</sup>

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## ABSTRACT

Condyloma acuminatum also called as mucocutaneous external genital wart is a benign neoplasm of genital tract, caused by human papilloma virus usually by types 6 and 11. An unbooked case during pregnancy came for checkup in antenatal outpatient department (OPD) with genital lesions. On genital examination, multiple warty lesions were seen on vulva and anal region. She was counseled for available treatment options but she did not come to receive any therapy. She came at 38 weeks in early labor with same lesions and delivery was done by emergency lower segment cesarean section (LSCS) uneventfully. Postoperatively, mother and baby were doing well. Lesions were disappeared after delivery spontaneously. Condyloma acuminatum is a condition which can be managed conservatively during pregnancy.

**Keywords:** Case report, Condyloma acuminata, Genital warts, Human papilloma virus, Pregnancy.

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## INTRODUCTION

Condyloma acuminatum also called as mucocutaneous external genital wart is a benign neoplasm of genital tract, caused by human papilloma virus (HPV) usually by types 6 and 11 but may also be caused by intermediate and high—oncogenic—risk HPV. Condyloma acuminatum in pregnancy should be considered as an opportunistic condition of pregnancy as acceleration of viral replication by the physiological changes might explain its occurrence.<sup>1,2</sup> Here, reporting a case where condyloma acuminatum is managed conservatively during pregnancy.

## CASE DESCRIPTION

A 24-year-old G2P1L1, unbooked case during pregnancy came for checkup in antenatal outpatient department (OPD) with history of amenorrhea 5 month and genital lesions since 7–10 days. No history of pain, itching, or bleeding in these lesions. Husband is not having similar lesions or history of sexual contact to multiple partners. Patient is also not having history of sexual contact to another person. There is no significant medical or personal history. The general physical examination, systemic examination, or obstetric examination is within normal limits. On genital examination, multiple warty lesions seen on vulva and anal region (Fig. 1). Dermatologist opinion taken, clinical diagnosis of condyloma acuminatum was made. She was counseled for available treatment options including trichloroacetic or bichloroacetic acid (80–90% solution applied topically once a week), cryotherapy, laser ablation or surgical excision. She was opted for cryotherapy but she did not come to receive any therapy. Finally, she came at 38 weeks in early labor with same lesions and delivery was done by emergency lower segment cesarean section (LSCS) uneventfully. Postoperatively, mother and baby were doing well. She was advised cryotherapy after delivery also, but she did not receive any treatment. After 12 weeks, she came with disappearance of lesions spontaneously (Fig. 2).

<sup>1</sup>Department of Obstetrics and Gynaecology, NKP Salve Institute of Medical Sciences and Research Center, Nagpur, Maharashtra, India

<sup>2</sup>Department of Obstetrics and Gynaecology, Lata Mangeshkar Hospital, Nagpur, Maharashtra, India; Department of Obstetrics and Gynaecology, NKP Salve Institute of Medical Sciences and Research Center, Nagpur, Maharashtra, India

**Corresponding Author:** Nikita R Vijay, Department of Obstetrics and Gynaecology, NKP Salve Institute of Medical Sciences and Research Center, Nagpur, Maharashtra, India, Phone: +91 9421778075, e-mail: nikitarvijay@gmail.com

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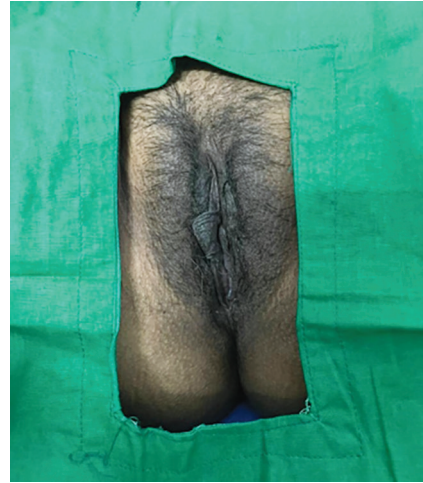
**Patient consent statement:** The author(s) have obtained written informed consent from the patient for publication of the case report details and related images.

## DISCUSSION

Condyloma acuminata during pregnancy is an opportunistic condition caused by HPV type 6 and 11 and characterized by fast-growing multiple warts over genital regions. During pregnancy vulva is moist and allows HPV to grow very fast and also hormonal changes and low immunity promotes the growth of virus. Clinical diagnosis is easy as confluent warty lesion over genitals (Fig. 1) suggests genital wart also called as condyloma acuminatum. Diagnosis can be confirmed by taking tissue biopsy and histopathological examination. Treatment during pregnancy creates a dilemma to clinician as not treating it carries the risk of infection to baby during vaginal delivery and at the same time treatment options are very limited during pregnancy and also response to treatment is less effective.<sup>3,4</sup>



**Fig. 1:** Extensive condyloma acuminata on vulva and anus during pregnancy



**Fig. 2:** Disappearance of lesions at 12 weeks after delivery

Wart eradication during pregnancy is usually not necessary and these lesions usually improves after delivery. Therapy is directed toward minimizing treatment toxicity to the mother and fetus and debulking symptomatic genital warts. The available treatment options are trichloroacetic or bichloroacetic acid (80–90% solution applied topically once a week), cryotherapy, laser ablation, or surgical excision. The benefit of cesarean delivery to decrease transmission risk is unknown, and thus it is currently not recommended solely to prevent HPV transmission.<sup>4</sup> Prevention of HPV infection is an option with the use of HPV vaccine during adolescent age.

### CONCLUSION

Condyloma acuminatum in pregnancy is a benign condition caused by HPV and can be managed conservatively during pregnancy, lesions may resolve spontaneously after delivery.

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