

Case Report

Giant genital wart in pregnancy: cryotherapy as a spray of hope

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Received: 29 January 2020

Accepted: 04 March 2020

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ABSTRACT

Giant genital warts are caused by (HPV) type 6 and 11. Genital warts in pregnancy pose a treatment challenge. Here we report a case of 19 years pregnant patient treated with cryotherapy. A 19 years mid-term pregnant female presented with complaints of mild itchy increasing growth over the genitalia, in the past 20 days. Examination revealed a pinkish solitary cauliflower like growth over labia majora. The patient was treated with liquid nitrogen cryotherapy with each cycle of freeze and thawing for 15 seconds each for 12 weeks, the lesion almost regressed. Cryotherapy is a safe, easy and effective treatment modality in pregnancy.

Keywords: Giant genital wart, Pregnancy, Cryotherapy

INTRODUCTION

Giant genital warts (GGW) represent a rare form of sexually transmitted disease caused by oncogenic human papillomavirus (HPV) infections type 6 and 11.¹ Buschke and Lowenstein in 1925, described the lesions of giant condyloma of Buschke and Lowenstein (GCBL).² Genital warts are usually papular, or pedunculated, fungating, erythematous, cauliflower-like mass or growths on the genital mucosa. Buschke-Lowenstein tumour (BLT) has an invasive growth and malignant transformation. Genital warts in pregnant women pose a treatment challenge. Here we report a case of 19 years pregnant patient treated with cryotherapy as a safe modality of treatment.

CASE REPORT

A 19 years old mid-term pregnant female presented to our OPD with complaints of mild itchy abruptly increasing growth over the genitals, interfering during walking in the past 20 days. The patient noticed a small growth around 1×2 cm over the genitals 6 months ago which was slowly progressive in nature, which was mildly itchy and non painful. In the past 20 days patient

noticed increase in the size of lesion. There was no history of bleeding from the lesion. Past medical history was negative for other sexually transmitted diseases and immunosuppression. Examination revealed a solitary cauliflower like growth over labia majora measuring around 8×4 cm with irregular borders, it was purplish to pink in colour. She was non-reactive for HIV, RPR and was diagnosed as condyloma acuminata and was advised surgical excision, but she denied. Hence, she was treated with liquid nitrogen cryotherapy with each cycle of freeze and thawing for 15 seconds each. Two cycles were repeated twice weekly for 4 weeks, followed by once weekly for 4 weeks then once fortnightly for 2 sessions. By 12 weeks, the lesion had completely regressed and underlying the lesion a skin tag was noticed. Patient was under follow-up for 1 year and did not show any recurrence.

DISCUSSION

Genital HPV related lesions occur more frequently or worsen during pregnancy. The HPV prevalence rate among pregnant women ranges from 5.5 to 65.0%. Pregnant women are not immunosuppressed in the classic

sense, but the immunologic changes of pregnancy may induce a state of increased susceptibility to viruses, because of a shift from cell mediated immunity to humoral immunity, which renders the mother tolerant to fetal antigens by suppressing cell-mediated immunity while retaining normal humoral immunity.

Cases of CA in pregnancy are normally characterized by fast-growing warts, and a reduced tolerance and poor compliance to treatment.³

Only a small number of treatments have been tested and recommended in pregnancy, at present, bi- and trichloroacetic acid (bichloroacetic acid or trichloroacetic acid), cryotherapy, electrocautery and surgical excision, including laser treatment, are the only recommended treatments. In addition to high recurrence rates, significant side effects have been observed for these methods, including local ulceration and scar formation, which may reduce a patient's compliance with treatment requirements.⁴ Laser treatment and surgical excision may cause uterine contraction, or even abortion.⁵

Cryotherapy is widely used for the treatment of CA. During the cryotherapy procedure, liquid nitrogen freezes the tissue and thereby causes necrosis; the treatment also stimulates specific immune responses, such as an immunomodulatory action of T lymphocytes against the remaining viable wart tissue.^{6,7} The advantages of cryotherapy are that it is simple, inexpensive, rarely causes scarring or depigmentation, and is safe for use in pregnancy.

CONCLUSION

In our case, due to the risk of complications and as patient was not ready for surgical and laser modalities of treatment. We treated the patient with cryotherapy solely and achieved marked improvement in lesions. Cryotherapy alone serves as a safe, easy and effective treatment modality when other surgical and laser modalities can't be used.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: Not required

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Cite this article as: Ittigi V, Afshan G. Giant genital wart in pregnancy: cryotherapy as a spray of hope. *Int J Res Dermatol* 2020;6:423-4.