

Varicosities of Vulva during Pregnancy – A Rare Case Report

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Abstract: We are reporting a case of anterior vulval varicosities as it is a very rare case, occurring in 4 % of pregnant women and also because of the complications associated with it. Whenever a pregnant lady presents with the complaint of bulging mass, precautions should be taken while doing per speculum examination as they are liable to bleed if appropriate precautions are not taken. They are the consequences of portal hypertension or obstructive pelvic lesions. They may become thrombosed, bleed and cause problems in delivery. But vaginal varicosities per se are not an indication for caesarean section. In the case which we are reporting patient was taken up for caesarean section for obstetric indication.

Keywords- Vulval varicosities, pregnancy, thrombosis, vaginal haematoma.

I. Introduction

Vaginal varix during pregnancy is a rare condition. They are caused by increased levels of oestrogen and progesterone during pregnancy. Pain, pruritus, dyspareunia and discomfort during walking are the most common complaints with which the patient presents. Pregnancy is associated with dilatation of the vascular system as a result of hormonal influences and increased blood volume. They are exacerbated during pregnancy as the enlarged uterus compresses the pelvic veins and inferior vena cava. Appearance of varices at vaginal wall is rare as compared to vulvar varices. Only a few cases have been reported in literature exhibiting vaginal bleeding from the varices, as a complication of portal hypertension. Genital varices usually appear during the second trimester and regress spontaneously after delivery.

The vaginal varix can be ruptured from trauma, leading to vaginal haematoma or thrombus during the second stage of labour leading to subsequent extravasation into tissues. The bleeding may have a fetomaternal effect if veins are large and walls are thin. The treatment of vaginal varix is generally conservative, firm support and application of pressure may be enough to relieve symptoms.



Figure 1. depicting varicosities on anterior vaginal wall in 32 week pregnant lady.

II. Casereport

A 22 yrs old primigravida presented in our OPD for the first time at 31 weeks period of gestation with the complaints of swelling in vulval region and complaint of one bout of bleeding the previous night. On per speculum examination varicosities were noted on the anterior vaginal wall and probably due to rupture of one of the varicosities patient had a bout of bleeding. On palpation they were compressible and bag of worm appearance was present. On antenatal scan placenta was fundoanterior. The patient was admitted. The patient didn't have any further episode of bleeding per vagina. The patient underwent caesarean section for obstetric indication i.e. macrosomia and pathological trace on non stress test, outcome being male 2.9 kg on 25 October 2015 at our institute.

III. Discussion

Vulvar varicosity is a distressing disorder occurring in 4% of pregnant women and generally present in second trimester of pregnancy and usually regresses post partum. Prolonged sitting and standing can also be exacerbating factors. The mainstay of treatment being compression of the vulvar area which merely may result in stopping of the bleeding. Vulval varicosities per se are not an indication for caesarean section, they can be allowed for vaginal delivery as during the process of labour due to descent of head there is a compression effect on the veins.

Varices are often exacerbated during pregnancy since the enlarged uterus compresses the the pelvic veins and the inferior vena cava. Only a few cases have been reported in literature ,mainly occurring as a complication of portal hypertension in contrast to our case. Most varices are asymptomatic , but a few are associated with severe local discomfort accompanied by spontaneous vaginal bleeding or with pelvic pain as a part of so called pelvic congestion syndrome. A case was reported with a fetal death from significant maternal bleeding from varix rupture, with the bleeding spot seen as a hole in a localized varicosity of vein.

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