VULVAL VARICOSITIES IN PREGNANCY

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Vulval varicosities reportedly occurs in pregnant women. We report a case of vulval varicosities with associated varicosities of the breast, and saphenous veins, which regressed competely post partum with conservative management.

Key Words : Pregnancy, Varicosities, Vulval

Introduction

Vulval varicosities are seen rarely except in pregnancy and tend to remit post partum.[1] Vulval varicosities, usually accompanied by similar lesions of the legs, are the consequence of chronic pelvic congestion, portal hypertension or obstructive pelvic lesions, and are common in pregnancy where, in addition increased blood flow is relevant.[2] They may be small or large and may extend into the vagina. They may become thrombosed, bleed, itch, and cause problems in delivery.[1]

Case Report

A 32-year-old woman in the seventh month of her third pregnancy presented to us with the history of vulval lesions of 2 months duration. The progression was gradual. Mild itching and heaviness were the associated symptoms. On examination, there were tortuous, soft non tender, compressible swellings bilaterally over the external surface of the labia majora (Fig.1). Similar swellings were seen, though smaller in size, over the inner aspect of the labia minora. There were no genital scars or ulcers. There was no history of similar swellings during the previous pregnancies. Varicose veins were seen on the medial aspects of the thighs and legs bilaterally. Varicosities over the breasts were seen bilaterally. A proctoscopic examination ruled out haemorrhoidal veins. The patient was managed conservatively and the lesions regressed completely within 2 months post partum.

Discussion

Varicosities, most frequently involving the saphenous, vulvar and haemorrhiodal veins, appear in 40% patients and are a well known result of increased venous pressure in femoral and pelvic vessels caused by the presence of the gravid uterus.[3,4] However, the observation that varicosities often appear in the third month of

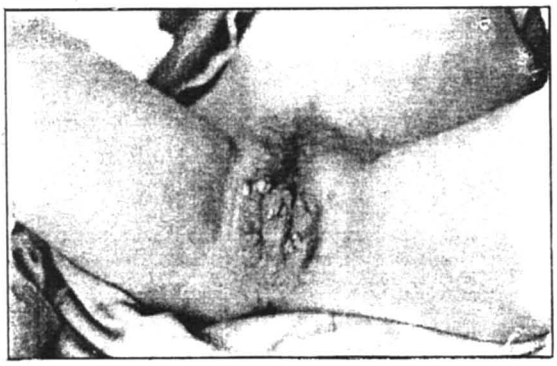

Fig. 1. Vulval varicosities seen bilaterally, over labia majora.

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pregnancy (when intra pelvic pressure is not significantly increased) supports the importance of blood vessel weakness in the formation of dilated veins.[4] A familial tendency to varicose veins may also be important.[4] Prolonged sitting and standing as well as elastic garters and panty girdles, may be exacerbating factors. Varicosities tend to regress after delivery and fortunately thrombosis occurs in only less than 10% of pregnant women.[3,4]

The goal of therapy is to collapse the distended superficial veins without impairing the circulation. Frequent elevation of the legs, sleeping in a Trendelenberg position,reclinnig in lateral decubitus position and avoidance of clothing that interferes with venous return should be instituted. [2,4]

This report highlights the importance of conservative management and avoid potentially dangerous procedures like biopsies to confirm diagnosis.[5] To the best of our knowledge this is the first case where breast varicosities accompanied vulval varicosities.

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