# Giant Condyloma Acuminata in Pregnancy – A Case Report

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# **Background**

Giant Congyloma Acuminata (GCA) are large exophytic polypoidal lesion that most commonly arise around the genital tract. It is a rare complication of HPV infection in pregnancy where humoral immunosuppression allows for rapid proliferation of the HPV infected cells<sup>1</sup>.

#### Case

A 35 year old primigravida woman presented at 31 weeks' gestation with a 5cm mass extruding from her vagina. Physical examination revealed a large coliform mass arising from the right vaginal wall and a normal cervix (Figure 1). Multiple other smaller lesions were also noted in the perineum, labia minora and periclitoris. A small section

dislodged and was sent for histopathology. Histopathology confirmed condyloma acinminatum. A MRI was performed and she underwent a surgical excision with electrocautery at 33 weeks' gestation (Figure 2). The final intact specimen size was 50 x 30 x 20cm but multiple fragments were broken off during excision (Figure 3). There was no evidence of dysplasia or carcinoma. The patient proceeded to a normal vaginal delivery following a post-dates induction of labor at 41 weeks' gestation.



Figure 1: Lesion insitu



Figure 2: MRI finding of lesion



Figure 3: Surgically excised GCA

### Discussion

Giant condyloma acuminata in pregnancy in Australia are increasingly rare due to routine school vaccination against HPV serotype 6 and 11. GCA can lead to development of Juvenile-Onset Recurrent Respiratory Papillomatosis in neonates exposed to HPV<sup>2</sup>.

Currently there is no recommended mode of delivery for women affected by GCA. Mode of delivery should be guided by clinical and obstetric concerns. There is no consensus on the most appropriate treatment with a number of techniques including laser, cryotherapy, imiquimod and surgical excision being described in the literature<sup>3-5</sup>. However some options are not appropriate antenatally. Overall maternal outcomes are good and lesions largely regress in the postpartum period.

## References and Consent

 $<sup>^1</sup>$  Sugai S. et al. Management of Condyloma Acuminata in Pregnancy: A Review. Sex Transm Dis. 2021 Jun 1;48(6):403-409

 $<sup>^2</sup>$  Park H. et al. Rate of vertical transmission of human papillomavirus from mothers to infants: Relationship between infection rate and mode of delivery. Virol J. 2012 9: 80

<sup>&</sup>lt;sup>3</sup> Garozzo G. et al. Büschke-Lowenstein tumour in pregnancy. Eur J Obstet Gynecol Reprod Biol. 2003 Nov 10;111(1):88-90

<sup>&</sup>lt;sup>4</sup> Cui T. et al. Giant condyloma acuminatum in pregnancy: A case report. Dermatologic Therapy. 2019; 32:e12972.

<sup>&</sup>lt;sup>5</sup> Yavuzcan, Ali et al. "The treatment of giant periurethral condyloma in pregnancy using an ultrasonic thermal scalpel: a case report and new single session treatment option." Case reports in obstetrics and gynecology 2015