

Lumps and Bumps Over Vulva

Dear Editor,

Vulval varicosities are more common in pregnancy, usually in the second half of pregnancy, accounting for 10%, which regresses on delivery.^[1] It is generally asymptomatic, but may cause pelvic discomfort, vulval pressure, pruritus, or bleeding. We report this case of vulval varicosities for its rarity and infrequent presentation to dermatologists.

A 27-year-old woman, in the seventh month of her second pregnancy, presented to us with a history of multiple itchy reddish to purple swellings that become more evident on standing over the vulva for a 1-month duration. There was no history of any ulcer/genital scar/trauma before the onset of the lesion. There was no history of any surgery or use of oral contraceptives. There was no history of similar swelling in the previous pregnancy. On clinical examination, multiple non-tender, partially compressible, tortuous bluish swellings, somewhere combining to form a large swelling of size 3 cm × 4 cm present over the external surface of the right labia majora. Similar nodules were also seen on the inner aspect of the labia minora [Figure 1a and b]. Varicose veins were also seen on the medial aspect of the right thigh. On clinical examination, our differential diagnoses were vulval varicosities, pyogenic granuloma, and Bartholin cyst. Local ultrasonography followed by color doppler of the patient was suggestive of multiple dilated venous channels with no arteriovenous (AV) malformation [Figure 2]. Based on the aforementioned findings, a final diagnosis of vulval varicosities was reached. After counseling, the patient was referred to the

obstetrics department for further management but lost to follow-up.

Hormonal influence and scarcity of valves in the pelvic region leading to pelvic venous hypertension increase chances of varicosities in pregnancy.^[2] Doppler sonography is preferred to investigate AV malformation or deep vein thrombosis.^[3] As the varicosities tend to regress in the postpartum period, it is managed conservatively and the patient is advised leg end elevation, left-sided sleeping position, and avoidance of prolonged periods of standing or sitting. Active treatment is required in cases of symptomatic varicosities, superficial thrombophlebitis, or if symptoms persist after 6 weeks of postpartum. Active treatment includes sclerotherapy with 1% sodium tetradecyl sulfate or local excision.^[3]

We report this case to create awareness among dermatologists to avoid unnecessary investigations for diagnosis.

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Conflicts of interest

There are no conflicts of interest.

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Figure 1: (a and b): Multiple non-tender, partially compressible, tortuous bluish swellings, to form a large swelling of size 3 cm × 4 cm present over the external surface of right labia majora (a) and inner aspect of labia minora (b)

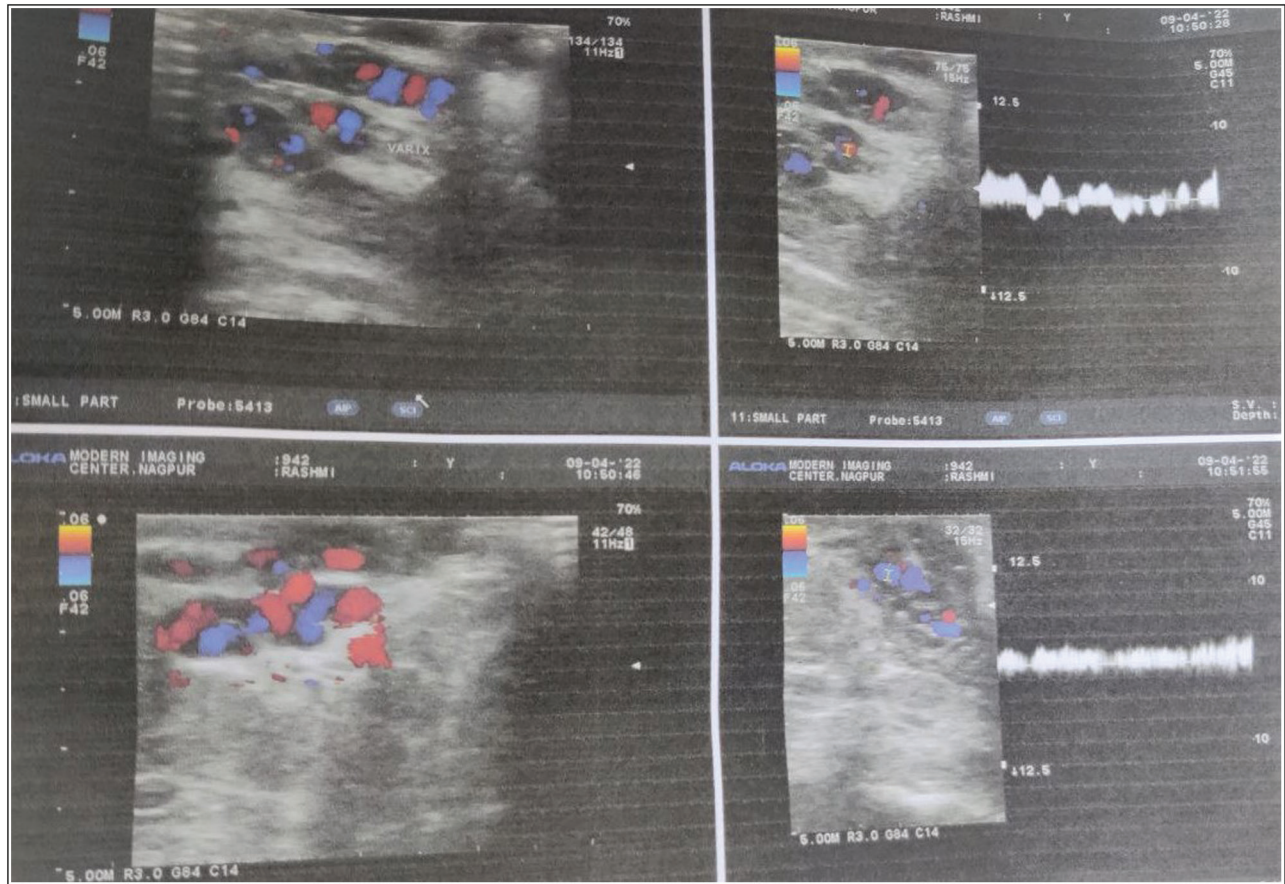


Figure 2: Multiple dilated venous channels with no arteriovenous malformation on right side of vulva

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