

# VARICOSE VEINS OF PREGNANCY

by

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## Introduction

For last many years, varicose veins during pregnancy have been recognised as a distinctly different entity from varicose veins of non-pregnant state (Kilbourne, 1933; Quattlebaum and Hadgson, 1952; Fanfera and Palmer, 1968; and Mebatoff and Pincus, 1970). Non-pregnant varices first appear in late twenties or early thirties and invariably have a family history. On the other hand, varicose veins of pregnancy develop in second or third month of gestation and progress till term and finally regress within few days after the delivery. In western countries, where varicose veins are very common, the incidence of varicose veins of pregnancy varies from 11% to 20% (Kilbourne, 1933 and Quattlebaum and Hadgson, 1952). I am not aware of any report on varices in either pregnant or non-pregnant state from India, but the impression is that this is not very common. The present study was, therefore, undertaken to study the incidence and clinical features of varicose veins of pregnancy.

## Material and Methods

Five thousand, three hundred and forty pregnant women, admitted to Bokaro General Hospital from January 1, 1976 to February 28, 1977, were screened for varices. There were 17 women with varicose veins giving an incidence of 0.32

per cent. In these patients symptoms and signs were carefully recorded.

## Observations

**Age:** Twelve (70.6%) patients were above 30 years in age and rest in 21-30 year age group. This is quite striking as only 7 per cent of 5340 women examined were above 30 years in age.

**Parity:** Sixteen patients (94.1%) were multigravida. It could not be assessed whether they had varices in their earlier pregnancies.

**Constitution:** Eleven patients (64.7%) were obese.

**Distribution:** Nine patients had multiple distribution. Vulva was the commonest site of involvement, seen in 15 patients. Superficial veins-saphenous and inguinal were involved in 9 patients. Six patients had vulvar varices alone and five had vaginal varices (Table I).

TABLE I  
*Distribution of Varicose Veins of Pregnancy*

Number of cases	Superficial veins	Vulvar	Vaginal
3	+	+	+
2	-	+	+
4	+	+	-
6	-	+	-
2	+	-	-
Total: 17	9	15	5

**Symptoms and signs:** Thirteen of our patients were asymptomatic. Two patients complained of heaviness and fatigue along with oedema of ankles. In other two there

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was significant pigmentation of skin of thighs and ankles. Asymptomatic minimal oedema was seen in 5 patients. All the 5 cases of vaginal and vulvar varices and 6 patients of vulvar varices had increased bleeding during episiotomy inspite of precautions taken regarding the incision according to site of varices. Fifteen patients showed almost total regression of varices in postnatal period, one was lost in follow up and one had persistent varices in legs. This patient admitted having varices even before she became pregnant.

#### Discussion

Out of 17 cases seen at this hospital only one appears to be varicose veins of non-pregnant state. Majority of these being asymptomatic, the importance of varicose veins in pregnancy lies in planning the incision of episiotomy. In spite of awareness, 11 patients out of 15 who had vulvar and/or vaginal varices bled excessively necessitating blood transfusion in one patient.

The incidence of varicose veins of pregnancy in my experience was only 0.32 per cent, which substantiates the

general impression that varices are not common in India. It appears that genetic and racial factors play a role in the etiology of varicose veins of pregnancy like varicose veins in non-pregnant state. It would be pertinent to study the effect of pregnancy in women with a family history of varicose veins. Moreover, our results may not reflect the incidence of varicose veins of pregnancy in India as about 1/3rd of our patients are from tribals of Chottanagpur.

#### Summary

Seventeen cases of varicose veins were seen in 5,340 pregnant women (Incidence 0.32 per cent). The clinical features are described.

#### References

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