

Isolated massive vulval edema during pregnancy

Neelam Banerjee, Alka Kriplani, Deep Takkar

Department of Obstetrics & Gynaecology, All India Institute of Medical Sciences, New Delhi- 110029. India.

A 22-year-old primigravida presented in a primary health center at full term pregnancy in active labour. On examination, her general condition was poor. She had moderate pallor. There was no generalized edema or pedal edema. Her blood pressure was 110/70 mmHg. Urine albumin was absent. Fundal height of uterus was corresponding to 32 weeks of gestation. Liquor was reduced and there was a single live fetus in cephalic presentation. Vulval examination revealed massive pitting nontender edema of the vulva. According to patient, vulval edema was acute in onset. It had occurred and became massive over three days. Vulval edema was preceded by pruritis vulvae. However, there was no erythema, induration, discharge or excoriation. There was no history of application of topical medications. Patient

delivered vaginally a female baby of 2.3 kgs with Apgar score of 9/10. Edema decreased markedly within 24 hours of delivery and it almost disappeared within 5 days of delivery.

Owing to the dependent position of the vulva, slight vulval edema is a normal finding during pregnancy. Sometimes, massive vulval edema occurs especially in cases of pregnancy induced hypertension. Our patient had isolated massive edema of the vulva without any sign or symptom suggestive of toxemia of pregnancy. It was most probably due to the venous congestion caused by the gravid uterus. Usually, it does not cause any problem during delivery and resolves spontaneously after childbirth.



Fig. 1. Isolated massive vulval edema in a primigravida