Massive Edema of the Vulva: A Case Report

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Introduction

Spontaneous massive vulvar edema is not usual during pregnancy, but its presence possesses management challenges with significant PT anxiety and discomfort (1,2).

The cause of massive vulvar edema has been described associated with multiparty, diabetes, hypoproteinemia, preeclampsia, tocolytic therapy, vulvovaginitis and severe anemia (1-5).

In one study, vulvar edema was seen in seropositive syphilis in pregnancy in a Mozambican woman (6).

Vulvar edema was also reported after infection, neoplasms, and congenital lymphatic anomalies, trauma, inflammatory and metabolic disorders (1,5).

In this case report we described a cause of spontaneous massive vulvar edema after treatment of Bronchitis and influenza at 17 weeks of gestation.

Case Report

A 22 years old woman was admitted with complaint of prolonged influenza and Bronchitis. Her prenatal care was done completed in gynecology clinic and her lab data such as Hemoglobin, syphilis, Bacteriuria, glucoseuria and proteinuria was NL. She didn’t have HTN. She had positive hx of convulsion since 4 years old and used Depakine and lamotrigin daily. She had no positive history of allergy. When she was admitted she had respiratory symptoms and she was stable and had well general condition. But she was febrile (T: 38 oral).

Blood pressure was detected 110/70 and pulse rate was 92/min. The height of fundus was about the umbilical level. On pelvic examination no vulvar or vaginal edema was seen. Influenza and Bronchitis was diagnosed for her and oseltamivir, the patient showed progressive edema during 4 hours. Her symptoms were including edema and pain in labia, then she was treated with Dexamethazone and the edema disappeared after 5 days.

In this case report we introduce a 22-year-old woman which is primigravia and have massive vulvar edema after Bronchitis and influenza at 17 weeks’ gestation. After using oseltamivir, the patient showed progressive edema during 4 hours. Her symptoms were including edema and pain in labia, then she was treated with Dexamethazone and the edema disappeared after 5 days.

Vulvar edema is a critical situation during pregnancy that needs attention and should be treated carefully since it can cause pain and discomfort for the pregnant woman. Our experience in this case was treatment by corticosteroid that had good response.

Keywords: Vulvar Mass, Pregnancy, Edema

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ABSTRACT

Background & Objective: Spontaneous vulvar edema is not usual during pregnancy and can cause discomfort and anxiety for the patient. This is a serious situation that might be caused by some dangerous condition such as preeclampsia, diabetes vulvovaginitis, severe anemia, and neoplasms. The aim of this study was to evaluate and manage the vulvar edema.

Case Report: In this case report we introduce a 22-year-old woman which is primigravia and have massive vulvar edema after Bronchitis and influenza at 17 weeks’ gestation. After using oseltamivir, the patient showed progressive edema during 4 hours. Her symptoms were including edema and pain in labia, then she was treated with Dexamethazone and the edema disappeared after 5 days.

Conclusion: Vulvar edema is a critical situation during pregnancy that needs attention and should be treated carefully since it can cause pain and discomfort for the pregnant woman. Our experience in this case was treatment by corticosteroid that had good response.

Keywords: Vulvar Mass, Pregnancy, Edema

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Discussion

In this care report we described a case of massive vulvar edema after influenza and receiving oseltamivir. Vulvar edema is an unusual situation during pregnancy that generally can occur with multiparity, preeclampsia, hypothermia, diabetes, Tocolytic therapy and volvovaginitis and severe anemia and also seropositive syphilis in pregnancy (1-6). In this case, it is still a hypothesis that edema might have occurred after using oseltamivir.

Oseltamivir is a prescription medical for influenza treatment in adult and children. It can have different side effects and the usual ones include nausea and vomiting that both occurred within 2 days of treatment; but it can also have other side effects such as pain, headache, nose bleeding, fatigue, allergic skin rash, hives and blister, itching, difficulty breathing and swelling of tongue and face (7).

In one case report after using oseltamivir a 29-year-old woman presented with tongue and lip swelling and angioedema (7,8).

Allergic reactions were seen after using oseltamivir such as skin reaction, angioedema and Steven-Johnson syndrome (7-9); but it needs further evaluation and studies to confirm if it can cause also vulvar edema.

In this case report other causes of vulvar edema was excluded.

This is not a definite way of management of vulvar edema since it is rare and there are few case reports about it (2,1).

In some cases, mechanical drainage and puncturing was preferred (10) while another patient was treated by conservative management (11).

It is so important to find the underlying cause of vulvar edema and treat it effectively (3).

In some studies, the vulvar edema was treated spontaneously after delivery (1). In this case the patient was cured with corticosteroid. In our point of view, due to difficulties in urination and routine physical activities which are disturbed by the vulvar edema, a straightforward management is mandatory, even if the main cause is not found during the first evaluation.

Conclusion

Vulvar edema is a critical situation during pregnancy that needs attention and should be treated carefully since it can cause pain and discomfort for the pregnant woman. Our experience in this case was treatment by corticosteroid that had good response.

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Conflict of Interest
Authors declared no conflict of interests.

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