



MUCOSAL DISEASES (ORAL, ANOGENITAL), EXTERNAL EYE DISEASE

RECURRENT MASSIVE OEDEMA OF THE VULVA COMPLICATING TWO SUCCESSIVE PREGNANCIES

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Background: The vulva can be affected by the pressure-volume disturbances since it has a thin epithelium and loose connective tissue. Mild or moderate labial oedema is associated with a multitude of conditions including diabetes mellitus, preeclampsia, septicemia, anemia, tocolytic therapy, renal problems, hypoalbuminemia, local trauma, infection, multiple pregnancies and obstructed labor. Isolated massive oedema of the vulva (VO) complicating pregnancy is unusual. We present a case of isolated massive VO recurrent during pregnancies and we propose a pathogenic Mechanism.

Observation: A healthy 38-year-old woman (gravida 2, para 1) at 38 weeks' gestation was referred, from obstetric department, with vulval swelling. Her medical history was remarkable for similar episode during her first pregnancy with spontaneous resolution in the postpartum. She gave no history of trauma, lymphatic or venous obstruction, infections or medication intake. Examination revealed bilateral swelling of the whole vulvar apparatus which was firm to touch but totally painless. There were no signs of any specific lesion or vaginal discharge. Her biochemical parameters were within normal limits mainly there was neither diabetes nor biological signs of preeclampsia. One week later, the patient underwent a natural delivery without specific problems and gave birth to a healthy newborn. On postpartum, swelling of the vulva progressively regressed and completely resolved in a few days.

Key message: According to detailed patient history mainly the occurrence of oedema during the previous pregnancy and laboratory findings, the etiology of VO may be the compression of the inferior vena cava by the enlarging uterus that obstructs outflow from the femoral and iliac veins and possibly causes lymphatic stasis. As it is seen in this patient, after delivery VO usually resolves. To our knowledge, this is the first patient described with recurrent VO in two successive pregnancies.

