

CONDYLOMATA OF THE PERINEUM DURING PREGNANCY.

REPORT OF A CASE.

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Although condylomata are frequently seen in pregnant women, it is rare to find them developed to such a degree as was found in this case. Ordinarily where they do not interfere with the delivery of the child, they are not removed but treated locally by the application of calomel in the dry state, or, in the form of black wash, where there is an inflammation due to friction of the tumor against the thighs.

This case is of interest in that the mass almost entirely covered the anus, so that it was impossible to keep the perineum free from the constant contamination of fecal matter and besides, the entire mass was soaked in the urine every time the bladder was emptied. With this in view, it was decided that for the best interest of both the mother and child, the removal of the growth was called for. Unfortunately the woman was already at full term when she applied for treatment at the hospital, so that the operation was undertaken at once in order that the mass might be out of the way before labor began. This was readily accomplished but only just in time, as the pains started within a few hours after the last operation.

The history of the case is as follows: C. J.; C. N. 21105; para VI; France; white; 27 years old. Patient was admitted to the hospital on December 8th, 1911, at which time an examination showed a mass of condylomata on the vulva and perineum, extending from the symphysis to the coccyx, which is well shown in the accompanying photograph. According to the patient, this growth was first noticed sometime in August, 1911, and in the fifth month of her pregnancy. Gonorrhoea or syphilitic infection were naturally suspected but a careful search of smears and cultures failed to reveal any trace of gonococcus, and the Wasserman reaction was negative.

PHYSICAL EXAMINATION: In general appearance she appeared to be a particularly healthy woman; she was pregnant and about at full term. There were no lesions on the mouth or nose or any eruption on any part of the body except around the external genitals where, extending from either side of the upper labia down to a point near the coccyx, there was a mass of condylomata 12 cm. in length by $4\frac{1}{2}$ cm. wide and projecting from the surface about 5 cm. This was bathed in a foul, purulent discharge, the rectum and lower half of the vulva being entirely covered by the growth.

At this time she had no labor pains but an examination showed the cervix to be dilated to two and one-half fingers.

The next morning, December 9th, 1911, the first operation was performed. In the lithotomy position and under ether to a surgical degree,

the condylomata between the vulva and rectum were excised. The small ones were burned off with the actual cautery, but in the case of the larger ones it was found necessary to use the scissors, followed by the cautery, and as the hemorrhage was profuse, ligatures were applied to many of the bleeding points, for adrenalin and pressure had very little effect.

By this operation the vulva was cleaned of the mass and as the bleeding had been quite profuse, it was deemed wiser to postpone the final removal of the mass posterior to the anus until the effects of the first operation could be seen. Luckily, her recovery was rapid and as labor had not set in the removal was completed three days later.



On December 12th, the patient was again anesthetized and the remainder of the condylomata excised, most of them with scissors. Continuous chromic sutures were taken through the long raw surface left posterior to the rectum in a median line, not only to control the hemorrhage, but to reduce to the minimum all surfaces that had to heal by granulation. This time the bleeding was stopped with less difficulty than at the first operation. The effect of this last operation was to bring on labor and within a few hours of her recovery from the anesthetic, the patient was delivered of a normal, healthy child (4420 grammes). After the delivery the patient, was put to bed in the ward and a dres-

sing of calomel powder and black wash applied to the vulva and perineum.

On the 26th day mother and baby were discharged in good condition. A small wound just behind the anus was not entirely healed but as it was rapidly closing down and the patient desired to return to her home, she was discharged.

A blood count showed, red cells, 4,000,000; leucocytes, 7,200; polymorph. neutrophiles, 63 per cent.

Urinalysis: Spec. gravity, 1013; urea, 1 per cent; indican, slight excess; casts, none.

Wasserman reaction, negative.

Pathological examination:

CONDYLOMATA: Sections through the tumor show a papillomatous structure of squamous epithelial cells proliferating outward but show no tendency to penetrate the deeper structures. There is a thick, horny layer on the superficially exposed parts, and the fibrous tissue stroma is quite vascular and contains an exudate of serum and leucocytes.

DIAGNOSIS: Papillomatous growth.