EUROGIN
INTERNATIONAL MULTIDISCIPLINARY HPV CONGRESS
FEB. 8-11 2023

COLPOSCOPIC MAGNIFIED SCANNING LASER VAPORIZATION (CMSLV) FOR GENITAL WARTS DURING PREGNANCY: A PROPSECTIVE DESCRIPTIVE EVALUATION OF SAFETY IN A MATERNAL CARE HOSPITAL.

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INTRODUCTION

Condyloma acuminata or **genital warts** is a benign neoplasm that develops in the genital tract. It is caused by infection with human papillomavirus (HPV) types 6 and 11 and **tend to grow rapidly in pregnant women.** This infection pass through infected birth canal to newborns resulting in a higher risk of Juvenile onset recurrent respiratory papillomatosis (JORRP) which is a bening rare affection but causes recurrent obstruction of airways requiring multiple surgery and determining definitive vocal dysfunction.

No clear guidelines are available to manage pregnant women with genital warts leading physicians to chose the best option of treatment and avoid to perform cesarean section to minimize the risk of JORRP, thus in litterature 20% of warty pregnant patients still undergo cesarean section.

AIM

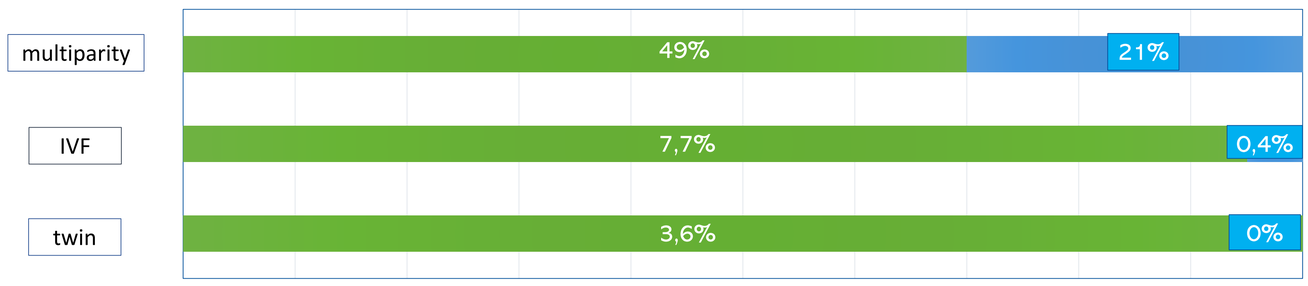
Authors describe a **minimally invasive technique as safe and reliabe** to manage genital warts during pregnancy reducing risk of cesarean section and preserving obstetrical outcomes: the **colposcopic magnified scanning laser vaporization (CMSLV).**

METHOD

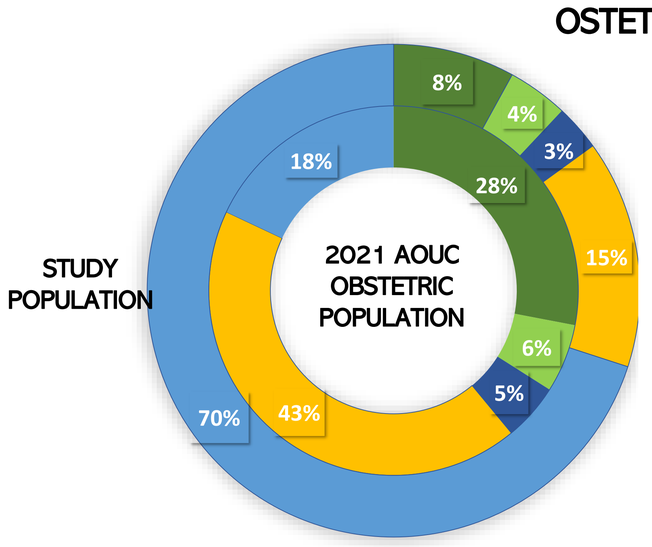
DESIGN: prospective taking care observational study with colposcopy every three weeks during pregnancy until term.
POPULATION: all patients diagnosed from 2014 to 2019 with genital warts during pregnancy, folllowed by Authors'prenatal care unit and delivered at Authors' ostetrical inward.
TECHNIQUE: vaporization performed with a SmartXide CO2 laser (DEKA M.E.L.A. Srl) at 15 watt of power using an exagonal shape microscan connected to a colposcope and tailored on warts' localization and dimension. Procedures were performed after applying **topical anesthetic agent** (lidocaine/prilocaine 5%). Local injectable anesthetic (1:200000 optocain with adrenaline) was limited to not-responding pain and wide procedures .
AIM: no residual disease at vaginal delivery with obstetrical oucomes comparable to AOUC 2021 obstetrical population.

RESULTS

OBSTETRICAL RISK FACTORS PREVALENCE



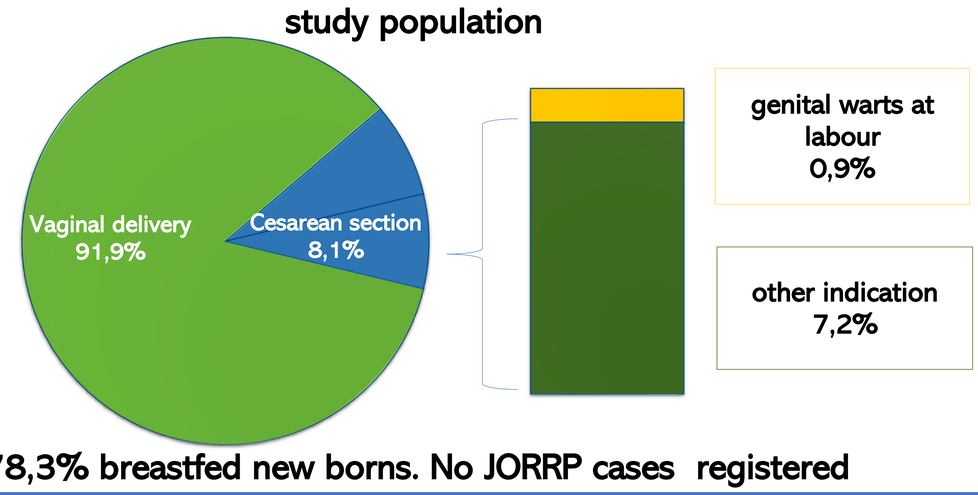
OSTETRICAL OUTCOMES



HPV PERSITENT POPULATION

	single laser treatment	multiple treatments	p<0,05
cesarean section	14/190	4/31	N.S.
po	8/190	1/31	N.S.
episiotomy	7/190	0/31	N.S.
perineal tears	28/190	5/31	N.S.
not camplicated vaginal delivery			

TYPE OF DELIVERY
study population



78,3% breastfed new borns. No JORRP cases registered

CONCLUSIONS

- **CMSLV** allows **the outpatient simultaneous treatment** of multiple sites reaching the lesions' **clearance in only one session**.
- **CMSLV** did **not** expose pregnant patients to a **high risk of preterm labour** and can be **performed till term.**
- **CMSLV reduces the risk cesarean section** as preventing JORRP option **under 1%.**
- **CMSLV** has **no detrimental effects on mothers' physical and mental health.**
- **Gathering CMSLV, prenatal and delivery care in the same hospital protects patients from perineal tears.**

ACKNOWLEDGEMENT

Technical assistance provided by **DEKA M.E.L.A. S.r.l.** was greatly appreciated.
We would like to offer our special thanks for scientifical support to **Prof.Felice Petraglia and Dott. Giuseppe Cariti**
First and last, we're are particularly grateful for **all patients' trust** in our healthcare system.

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