Vulval dermatoses

- Note: topical steroid treatment exactly the same if pregnant.
- Only difference is clotrimazole pessaries instead of oral fluconazole.

Disclaimer:
Read the disclaimer at medimaps.co.uk/disclaimer

References:
1. British Journal of Family Medicine Vol 5 Issue 6 Nov/Dec 2017
2. Dermatology consultant, Walsall Alliance Federation, Mar 2018
3. Dr Helen Lottery dermatology consultant, Southampton NHS, Jan 2021

Dermatitis

- Up to 30% of vulval clinic patients.
- Of two types:

Eczematic

- Atopic.
- Triggered by warmth, sweat and rubbing.

Contact

- 2o to allergen
- More likely if vigorous hygiene habits.
- Triggered by urine, hygiene products, douches and lubricants.
- Patch testing e.g. rubber, nickle, preservatives.

Child

- Vulval irritation is nearly ALWAYS irritant contact dermatitis.
- Make sure not lichen sclerosis.
- Children do not get thrush before puberty ! Don't have oestrogen to give acidic pH for candida to overgrow.
- Avoid irritants: - Bubble bath.
  - Urine drips / damp pants.
  - Moistened wipes.
  - Excessive vaginal discharge.
  - Fiddling.
  - Pads and pany liners.

- Emollients (see right).

Symptoms

- Vulval pruritis.
- Redness.
- Rash.
- Excoriated skin.
- Lichenified plaques.
- Iron deficiency (20%).

Investigations

- FBC.
- Ferritin.
- Patch testing.

Management

Lifestyle.

- Avoid soaps/shower gels, bubble baths, scented wipes.
- Avoid using sponges and flannels to clean vulva.
- Avoid synthetic underwear, so wear light coloured cotton or silk underwear.
- Avoid tight clothing.
- Avoid wearing sanitary pads or pany liners frequently. Urine, faeces, excessive vaginal discharge could be irritants.

Emollients.

- Use soap substitute e.g. hydromol.
- Use regular barrier ointment 3 x per day.
- Ointments e.g. Hydromol, Cetraben, Epaderm or Zeroderm.

Steroids.

- Use mod/potent steroid until symptoms under control.
- Eumovate ointment (moderate) OD for 7-10/7.
  OR
- Elocon ointment (potent) OD for 7-10/7.

If fails

- Refer to dermatologist/gynaecologist.

History

- Does it itch?
- Where does it itch?
- Do you wake at night scratching? = Vulval lichen simplex chronicus OR lichen sclerosis.
- Soreness, raw, burning.
- Dyspareunia. Deep or superficial.
- Discharge.
- skin trouble elsewhere on body e.g. eczema/psoriasis.
- Mouth ulcers e.g. lichen planus.
- Irritants in lifestyle.
- Impact on her life.

Investigations

- Vaginal swab for yeast.
- Swab if ulcerated/painful if erosions/fissures.
- Vaginal swab for viral if ulcers.
- Biopsy hardly ever needed.

- Group B strep = don't ever treat. It's only bad in pregnancy.
- Group A strep would cause horrendous purulent discharge and make the pt really sick.

Vulval lichen simplex chronicus

- Chronic inflammatory condition.
- Due to irritant, dermatitis or 2o to a systemic or psychological disorder.

Symptoms

- Severe vulval pruritis including at night.
- Vulval pain.
- Eczematous patch.
- Lichenification.

Management

Lifestyle.

- See dermatitis, left.

Emollients.

- See dermatitis, left.

Steroids.

- Use mod/potent steroid.
- Symptoms can relapse until any lichenification resolves.
- Eumovate ointment (moderate) ON, and taper dose over 3/12.
  OR
- Elocon ointment (potent) ON, and taper dose over 3/12.

- Alternatively:
- Eumovate ointment ON for 2/52, then alternate night for 2/52, then twice weekly for 2/52, then stop.

- Amitriptyline.
OR
- Doxepin.

- If night time discomfort, use a low dose at night.

If fails

- Refer to dermatologist/gynaecologist.

Vulval lichen sclerosis

- Chronic autoimmune inflammatory condition.

Symptoms

- Vulval pruritis including at night.
- Soreness.
- Dyspareunia.
- White pearly papules.
- Fissuring and ulceration from pruritis.
- Scarring.
- Bruising.
- 5% risk of progression to SCC.

Differential = Vitiligo:
not itchy
well demarcated white
normal skin texture
no purpura
no scarring

Spontaneous remission can occur.
Eumovate OD for 2/52 then alternate days for 2/52 then twice weekly
If fails protopic ???

Investigations

- TSH.
- Pernicious anaemia screening.
- Vulval swab.

Management

Refer all cases so seen at least once by gynae.

Other reasons to refer.

- Unsure of diagnosis.
- Failure of medical management.
- Using Dermovate > 3 x per week or >30g in 6/52.
- Vulval pain.
- Pseudocyst of vitiloris.
- Dyspareunia.
- Psychosexual problems.

Lifestyle

- See dermatitis, left.
- Also smoking cessation.

Emollients

- See dermatitis, left.

- Steroids.

- Dermovate ointment ON for 1-3/12, then alternate nights for 1/12, then twice a week for 1/12.
- What ever the least amount of steroid keeps it in remission can be used as a maintenance dose e.g. twice a week.
- Typically need 60g per year.
- Advice to self-examine regularly for any changes and if occur return urgently for review.

- in children

- Betnovate ointment OD for 4/52
  THEN
- Eumovate ointment PRN as maintenance

- Alternative if using lots of steroids = protopic 0.1% ointment.

- Review at 3/12, 9/12 and then annually.

Vulval lichen planus

- Chronic autoimmune inflammatory condition.

Symptoms

- Vulval pruritis.
- Wickham striae.
- Erosions.
- Erythematosus.
- Dyspareunia.
- Vaginal discharge.
- Also involves vagina (as compared to lichen sclerosis).
- Can involve mouth (oral lichen planus).
- 3% risk of progression to SCC.

Investigations

- Examine oral mucosa.
- TSH.
- Pernicious anaemia screening.
- Look for evidence of disease inside vagina.
- Vulval swab.

Management

- As per vulval lichen sclerosis.
- But the dermovate dose can be BID for initial 1/12 (morning and night).
- Also if disease goes inside into the vagina, treat with steroid to avoid stenosis.

- Predict 5mg suppositories inserted into vagina each night for 1/12. Then reduce and stop as able.
- If can't obtain thick layer of dermovate ointment onto tampon and insert high into vagina.

- Additionally refer to dermatology/gynaecology if evidence of erosions.

Vulval ulcers

Acute ulcers:
- Herpes simplex.
- Aphthous ulcers.
- Trauma (including scratching).
- Infective (e.g. syphilis).
- Lipschutz ulcer (young pt ? due to EBV).

- Painful ++
- Deep sloughy ulcer.

Recurrent ulcers:
- Lichen sclerosis.
- Lichen planus.
- Cancer.

- Lots of lidocaine 5% ointment to control pain.
- Pain control.
- PU in bath etc.
- Can take B52 to heal.

Rule out

- Herpes simplex.
- Underlying systemic conditions.

Lifestyle

- Avoid soaps, bubble baths, scented wipes.
- Avoid using sponges and flannels to clean vulva.
- Wear light coloured cotton or loose fitting silk underwear.
- Avoid wearing sanitary pads or panty liners frequently.

Emollients.

- Use soap substitute e.g. hydromol.
- Use regular emollients.

Steroids.

- Dermovate ointment OD from onset to resolution.
- If bad or recurrent Prednisolone 30mg OD for 5/7.

Anaesthetic

- Lidocaine 5% ointment.
- Avoid intralesal, lidocaine 2% gel, EMLA etc as they can be irritant.

Vulval pagets

Symptoms

- Can look similar to lichen planus.
- Red and white plaques.

Management

- Refer for biopsy due to differentials e.g. Vulval intraepithelial neoplasia (VIN).

Vulval psoriasis

Symptoms

- Often do not see plaques as moist.
- Irritating.
- Well demarcated.
- Pink, and glazed appearance.

Management

- Eumovate ointment ON.
  OR
- If wet/moist use Timovate ON.

Vulvodynia

- Raw irritated nerve endings.

Symptoms

- Chronic pain with no identifiable cause.

Management

Lifestyle

- Avoid soaps/shower gels, bubble baths, scented wipes.
- Avoid using sponges and flannels to clean vulva.
- Avoid synthetic underwear, so wear light coloured cotton or silk underwear.
- Avoid tight clothing.
- Avoid wearing sanitary pads or pany liners frequently.

Support

- vulvalpainsociety.org

Psychosexual counselling.

Anaesthetic

- Lidocaine 5% ointment 20 min before sexual intercourse.
  OR
- Apply over night.

- Avoid irritalagel, lidocaine 2% gel, EMLA etc as they can be irritant.

Neuropathic analgesia

- Amitriptyline.
- Gabapentin.
- Pregabalin.