Vulval Dermatoses

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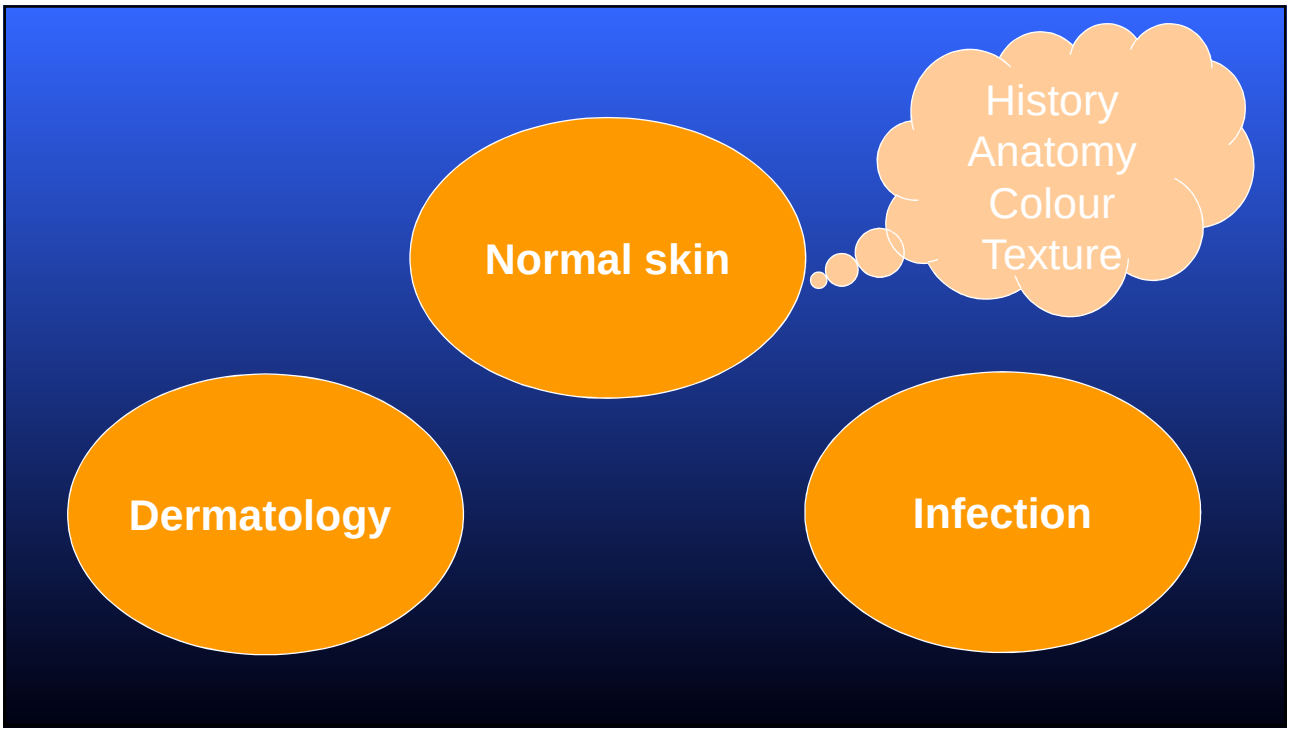
Dedicated to Outstanding care

Learning Objectives

- To raise your knowledge of vulval dermatoses
- To be able to identify normal variations in vulval skin
- To be able to recognise common vulval skin conditions
- To be aware of common treatments for vulval skin conditions and when referral to other specialists is required

Dedicated to Outstanding care



Infections:

- Candida
- Trichomoniasis
- HSV
- HPV
- Infestations
- Syphilis
- Molluscum contagiosum

Skin conditions:

- Eczema
- Psoriasis
- Contact irritant dermatitis
- Contact allergic dermatitis
- Lichen sclerosus
- Lichen planus
- VIN
- Vulvodynia

What to listen for and ask about

- Symptoms — Itching, burning, pain & provoked pain; Blisters, fissures, ulcers
- Past history — Skin conditions, atopy, genital infections; Autoimmune conditions
- Family history — Occupation, hobbies, nail polish, jewellery
- Potential irritants/allergens — Tests already taken
- Sexual history
- Treatment already used & the response

Common Irritants & Allergens

- Soaps, detergents and perfumes
- Dyes
- Creams and lotions
- Nail polish
- Condoms, latex and spermicides
- Body fluids
- Sanitary protection
- Topical medications - anaesthetics, antibiotics

What to look for

- Explain first - Get as comfortable as possible
- Ensure good lighting and equipment is to hand
- Visually inspect hair & skin in the anogenital area
- Visible abnormal vaginal or urethral discharge

+/- Cervical, pelvic or testicular examination

- Palpate for lymph nodes
- Look outside the genital area

This woman complained of an itchy, sore vulva

Name 3 possible causes

Vulvovaginal candidiasis

Trichomonas vaginalis

Skin problem, contact dermatitis, eczema

Contact Dermatitis

Itching and soreness
+/- oedema & vesicles

Variable demarcated edge

Often have atopic history

May remit and relapse

Irritant - immediate exposure

Allergic - need prior exposure
& usually delayed 48hrs

Skin prick + RAST for Type 1
Patch testing for Type 4

Atopic Excema

Recurrent itching, soreness, +/-
oedema & vesicles

Diffuse edge

+/- secondary lichenification or infection

Usually has atopic history

Treat secondary infection with oral
antibiotics

Moderate topical steroid to genital area

Avoid irritants & allergens

Psoriasis

Mild itch - severe in some

Vulva - Perianal - Natal cleft

Look for extra-genital sites

Treatment

- Emollients & Coal tar products
- Dithranol / Salicylic acid ?
- Vitamin D analogue (calcipotriol)
- Topical corticosteroids
- Calcineurin inhibitor (tacrolimus)
- Systemic agents / phototherapy
- Biologics (anti-TNF drugs)

This woman had an itchy vulva which did not respond to multiple thrush treatments

Why ?

What information would you give to the patient?

She has Lichen sclerosus

Antifungals are ineffective

Need potent topical steroids

Long term risk of malignancy

Lichen Sclerosus

Balanitis xerotica obliterans

Potent topical steroids are needed

‘Finger Tip Unit’

Reducing dose schedule

Lichen Planus

Extra genital lesions are usually very itchy

Vulval Lichen Planus

Painless lacy white pattern

Erosive lichen planus

Painful desquamative vulvo-vaginitis

Scarring - adhesions, resorption of labia minora & introital stenosis

Treatment range - not always necessary - to very difficult

Topical - potent steroids, topical calcineurin inhibitors, tacrolimus ointment, topical retinoids, intralesional steroid

Systemic treatment - oral prednisone PLUS other agent

Remember risk of malignant change

Be careful not to miss VIN

Or a carcinoma ……..

most are squamous cell

This lady gave a history of a painful left labia

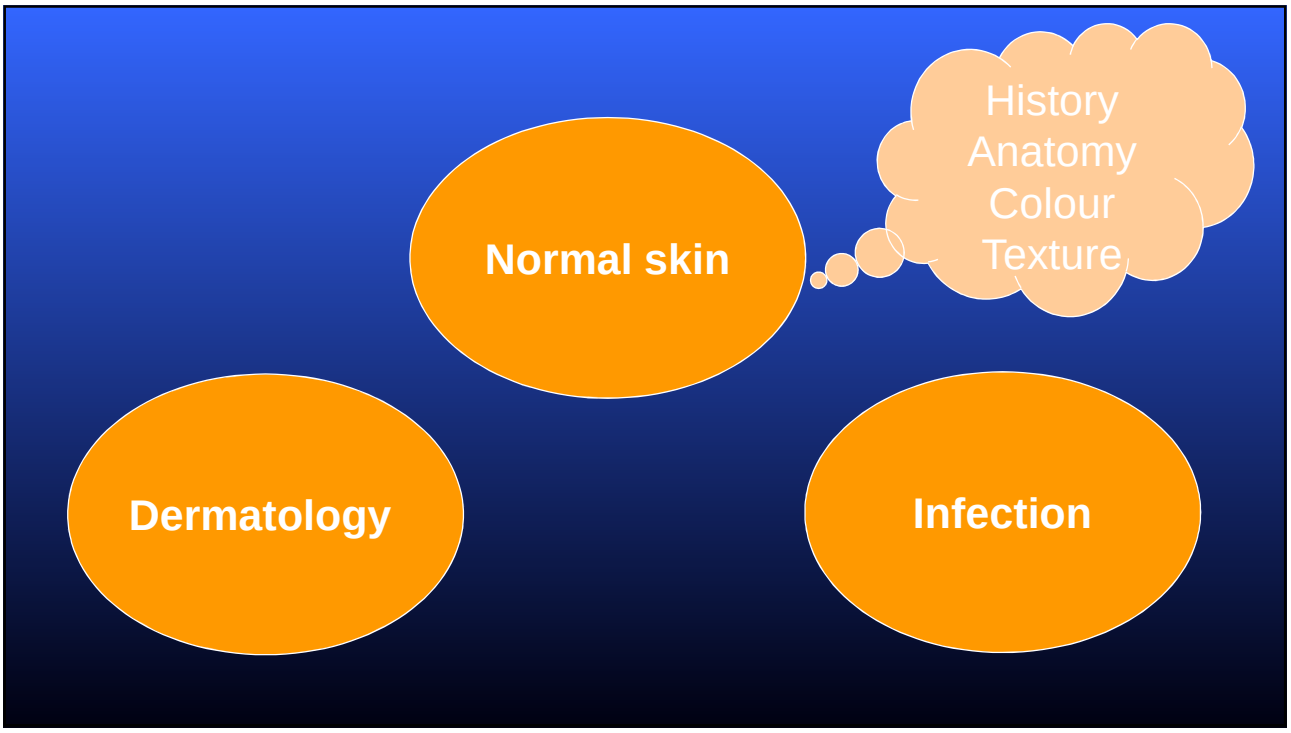
What abnormality can you see?

What is the most likely cause?

Herpes simplex virus

What else can present with multiple small painful ulcers?

Idiopathic oro-genital ulceration, Bechet's syndrome


History
Anatomy
Colour
Texture
Normal skin
Dermatology
Infection

Thank you