Recurrent Vulval Condtions

Vagina or vulva?

- Vagina
  - The normal vagina
  - Abnormal discharge
    - Bacterial vaginosis
    - Candida
    - Desquamative vaginosis
- Vulva
  - Anatomy
  - 3 lichens
  - Ulcers
  - Children
  - therapeutics

The normal vagina

- Prepuberty and postmenopausal are similar
- Usual ph=4-4.5 ie acidic
  - Lactobacilli 96%
  - Coag-ve staph streps, gpBstrep,anaerobes,gardnerella,mycoplasmas and ureaplasma

Candida doesn't occur in prepuberty or postmenopausal….candida loves oestrogen

Abnormal Discharge

Cervical and vaginal infections

Bacterial vaginosis

candida

strep and staph, trichomonas

- Desquamative vaginitis
- Atrophic vaginitis
- Foreign body
- Normal discharge-leucorrhoea
- Drug effect-chemo, tamoxifen, lipid lowering,
- Contact irritation

Bacterial vaginosis

- Anaerobes predominate-garnerella,mobiluncus,peptostreps
- Is sexually associated
- Minimal lactobacilli
- White homogenous offensive dx
- ph>4.5

Treatment of recurrent BV

- Metronidazole 500mg bd 7 days
- Metronidazole gel daily 5/7
- Clindamycin cream 2% 7/7
- Tinidazole 1g/day 5/7 or 2g for 2/7
- NOT metronidazole 2g stat
- Tx of partners-no proof of efficacy
- Change the environment: Vinegar douche, boric acid pessary, OCP
- Coalifoam steroid usefull
- Lactobacilli pessary….

Post sex swelling

- Condom and sperm allergy is rare
- After 2-3 days ? Candida
- "residual pressure urticaria"
  - Telfast pre and post sex
  - Cyclokapron bd (tranexamic acid)
  - Can occur in other parts of the body

Candida!

A tendency to ascribe all things vulvovaginal to “thrush” diagnosis is difficult

Chronic candidiasis (or recurrent)??

- Diagnosis can be difficult
  - There is no diagnostic test
- Appearance
  - Highly variable
  - Can be normal
  - Recent use of antifungals changes it
  - Variable with cycle

Symptoms of candida

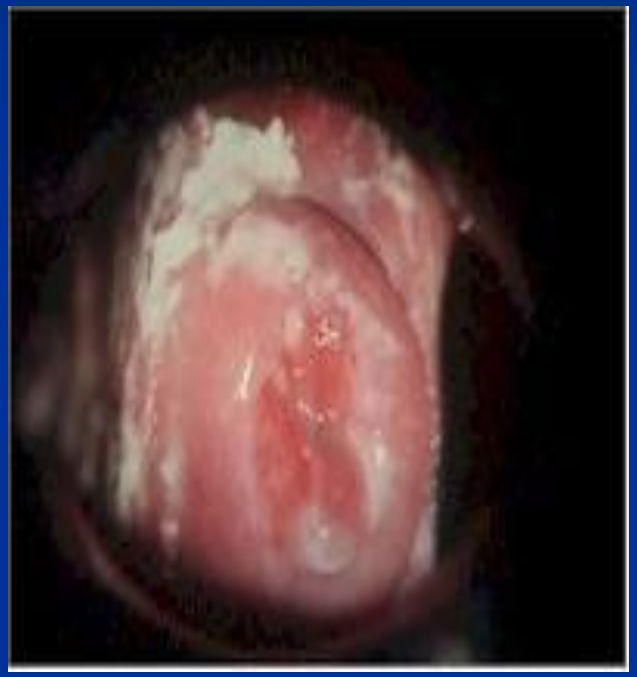
- Itch
- Sore
- Dyspareunia
- Oedema
- erythema
- Discharge
- Fissuring
- Premenstrual flare
- Itchy partner
- Antibiotics exacerbate

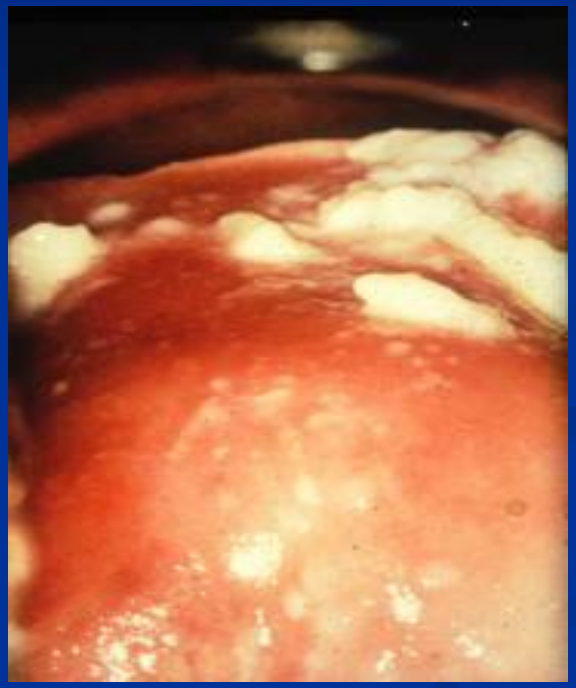
chronic-candidiasis

A problem with host immunoregulation

Symptoms associated with the inflammatory response

== is a host mediated tendency to mount an excessive inflammatory response to a commensal organism that is usually tolerated well by most women





candidiasis

- 90% albicans
- +ve culture is not diagnostic-commensal in 30%
- In the vagina but metabolites irritate vulva
- 8% may develop recurrent candidiasis
- Not in prepubertal or postmenopausal
- Topical azoles are safe and well tolerated
- Oral slightly better efficacy

Treatment of recurrent candidiasis

- Various regimes
- ? For how long 6/12
- Use of probiotic?
- Lactobacilli protective?

- A vaccine would be good!

Australian therapeutic guidelines

- Induce remission then maintenance
- Induction
  - Daily vaginal imidazole or nystatin

  Or

  -fluconazole 50mg daily

  Or

  Itraconazole 100mg daily

Candida maintenance

- Treatment interval varies ie weekly/monthly depending on response
- Fluconazole 150-300mg weekly
- Clotrimazole 500mg pessary weekly
- Boric acid 600mg pessary 3x/week

- ?change OCP-reduce oestrogen,etc

Desquamative vaginitis

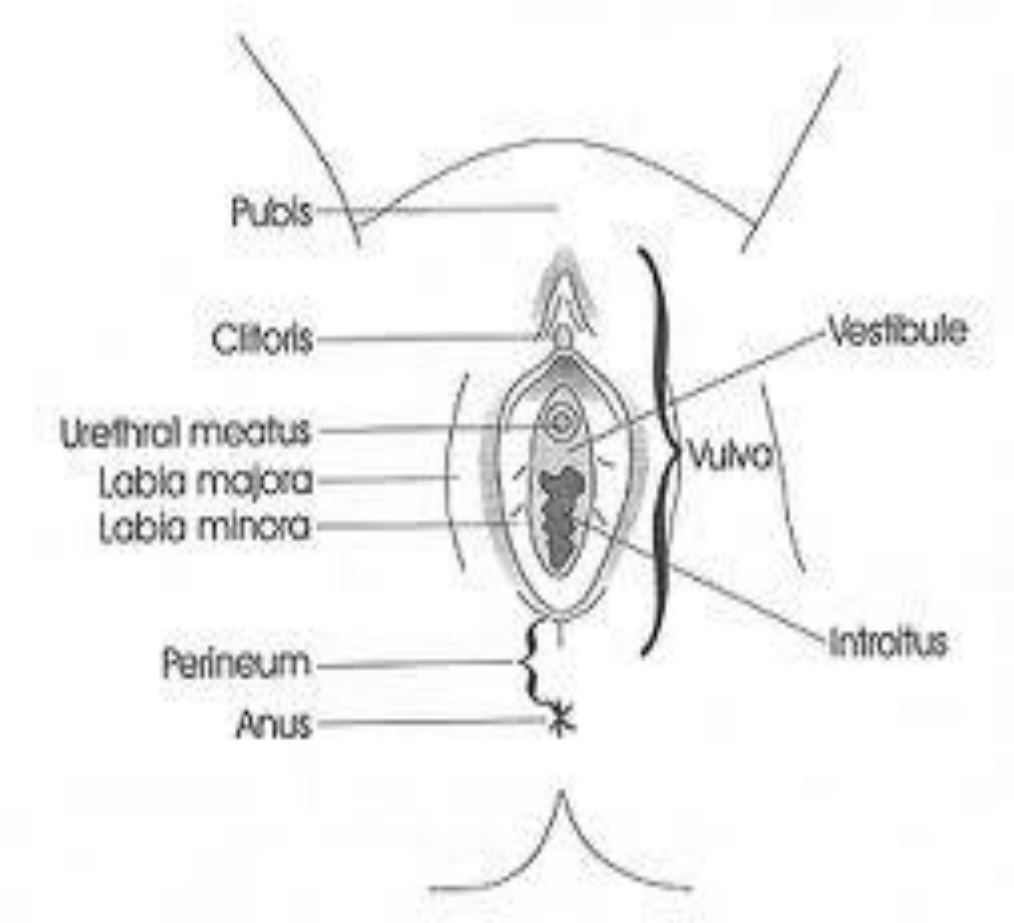
- Profuse purulent discharge and erythema
- Spotted rash,erosive lesions
- Perimenopausal
- Debate about connection to lichen planus
- Vaginal steroid colifoam and clindamycin 2% cream 4-6 weeks
- Chronic process, relapse common

Atrophic vaginitis

- Perimenopausal postmenopausal
- Postpartum, lactation
- Low oestrogen OCP, depo provera
- Antioestrogen tx and chemotx
- Don't measure plasma levels
- Inspection not biopsy-loss of rugosity, slide?
- Local tx oestrogen
- Problems: phx breast cancer,candida

Vulval conditions

anatomy


Pubis
Clitoris
Urethral meatus
Labia majora
Labia minora
Perineum
Anus
Vestibule
Vulva
Introitus

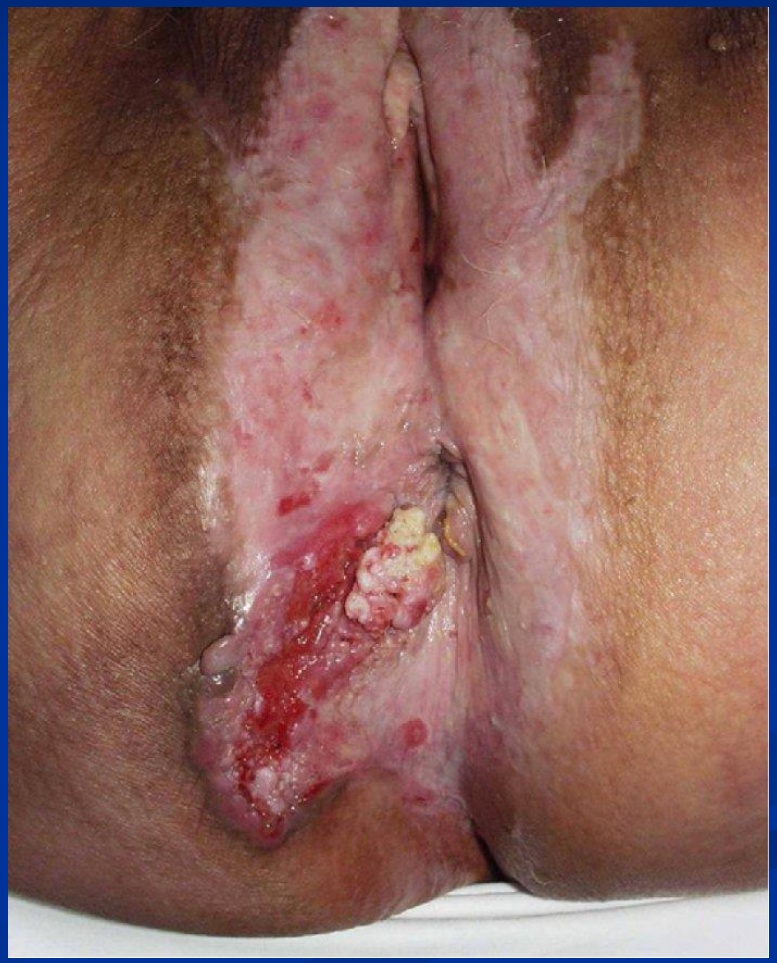
The Three Lichens

- Lichen sclerosus
- Lichen planus
- Lichen simplex chronicus=chronic dermatits

Lichen sclerosus

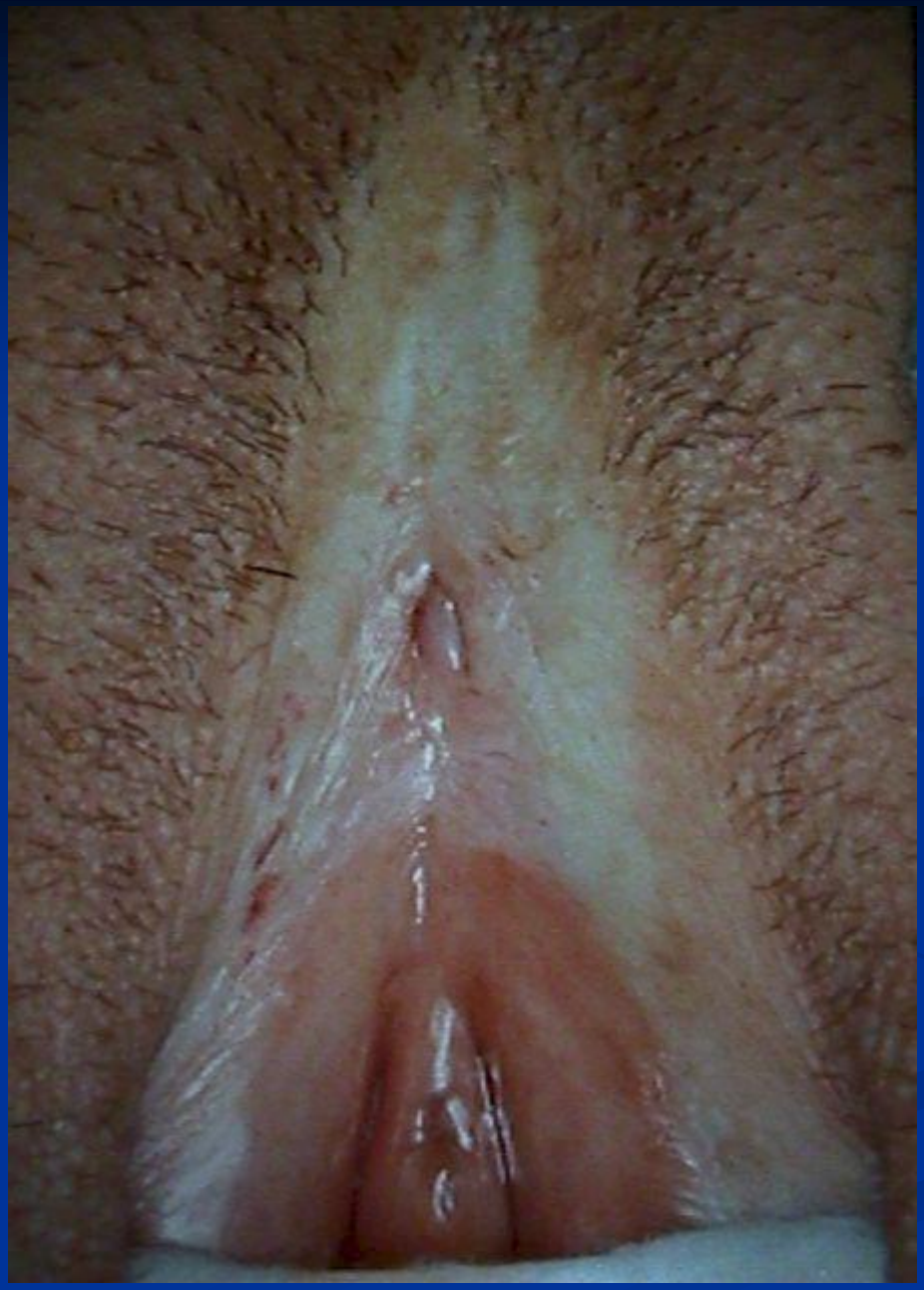
- Itch
- Sore
- Burning
- Pain
- 2 peak: prepuberty and postmenopausal

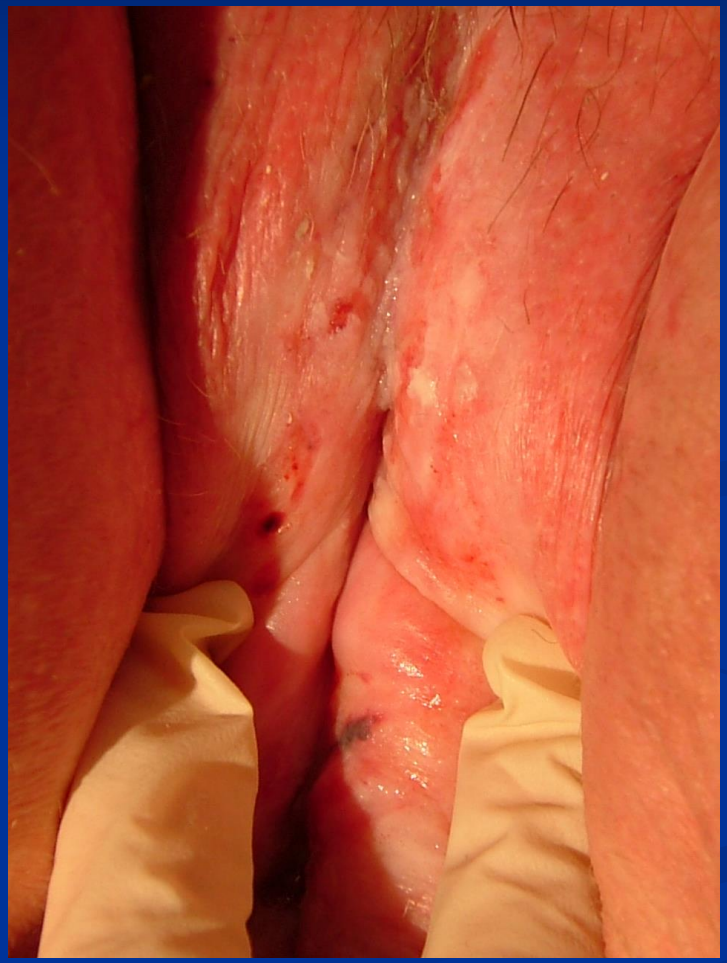
- Pallor
- Atrophy
- Erosion
- Fissures
- Ecchymoses
- Pigmentation
- Figure 8
- Distorted anatomy

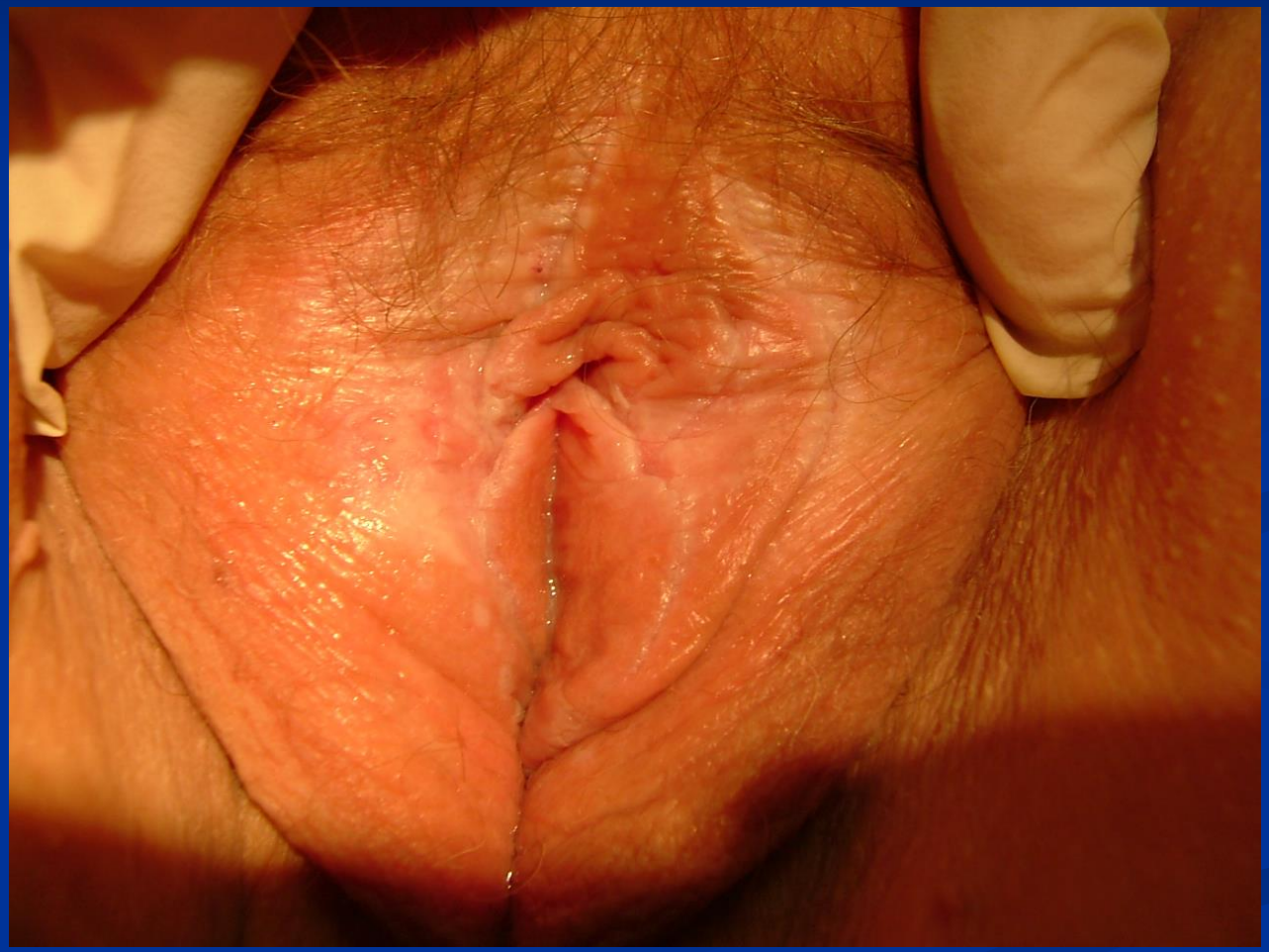


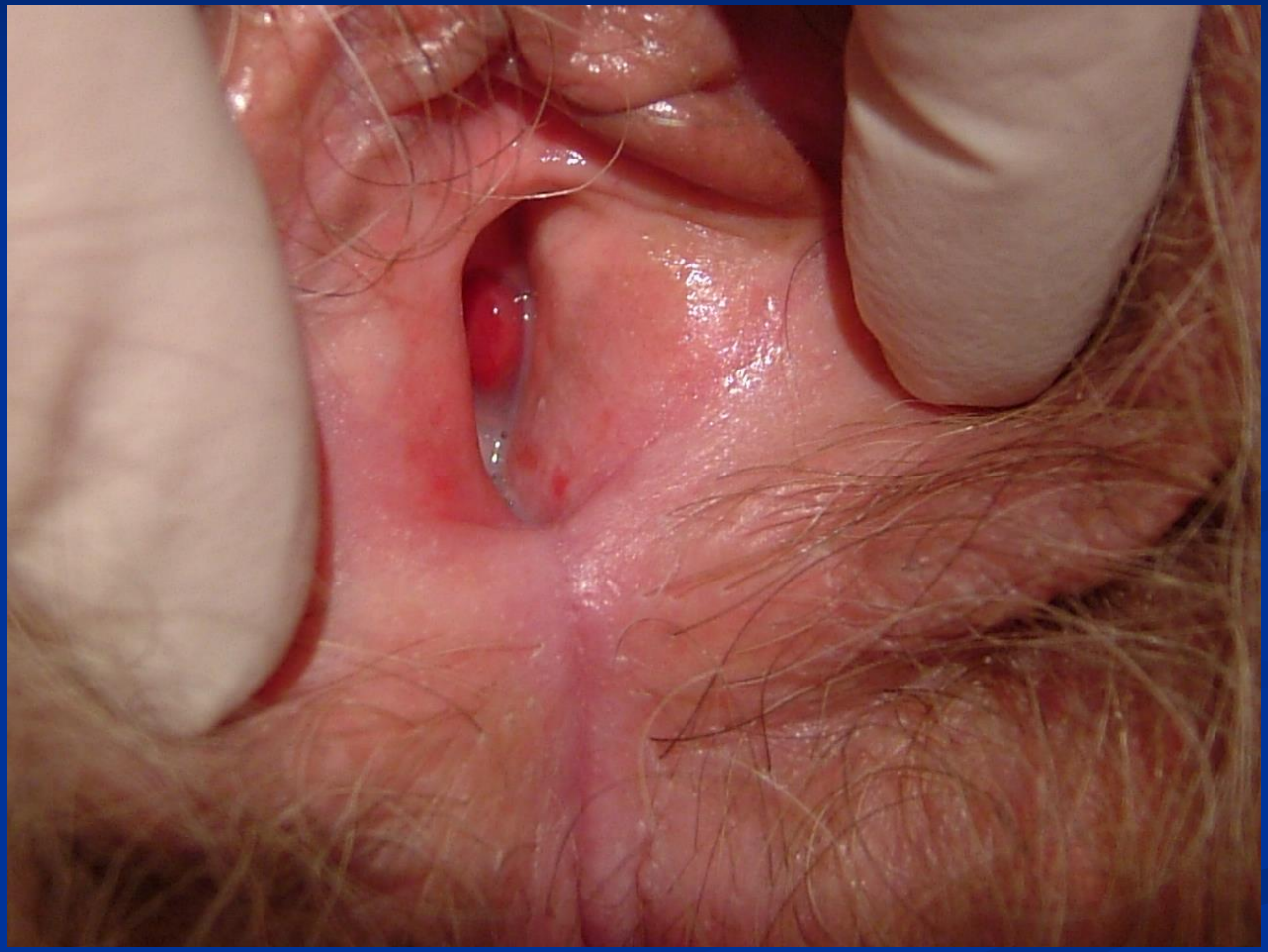
Lichen sclerosus

- 1:800
- Genetic susceptibility
- Infectious trigger
- Immune response T cell
- 3-5% dvp SCC or VIN
- Can be in children-present as constipation
- Can be asymptomatic in 25%
- Associated with thyroid,vitiligo,psoriasis
- Biopsy, bloods fbc,Fe, TFTs vitB12, autoantibodies
- Elsewhere on body 10%
- Pigmentation can be quite dark









Treating lichen sclerosus

- Biopsy?
- Very potent steroid Dermovate-clobetasol proprionate0.05%-daily for 3/12 then for symptoms
- Emollient/ soap substitute
- Forbid wipes and bath additives and dettol
- How many 30g tubes used in 6/12?
  - <1 is good control

Treating lichen sclerosis

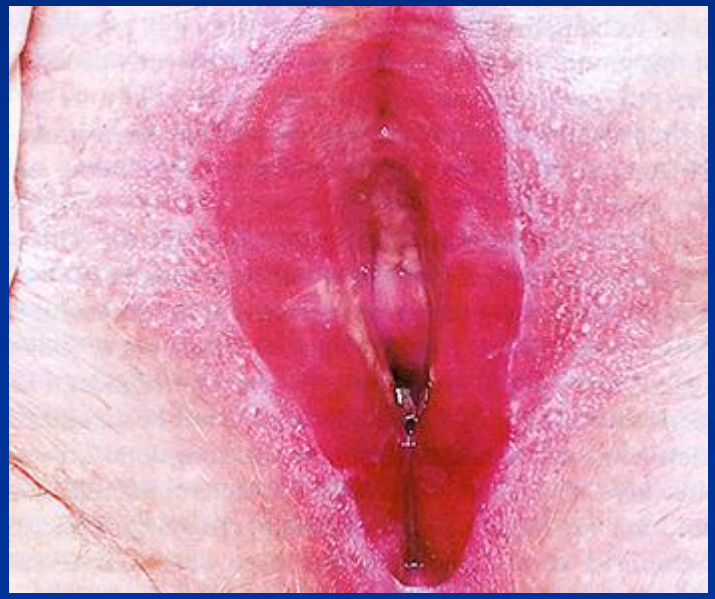
- Tacrolimus-good results but carcinogenic and ? Activate HPV
- Dilators
- Surgical- Fentons, Z plasty
- Eosin paint 2% good for drying out lesions and then use steroids
- Follow up 4/12, 6/12, annually

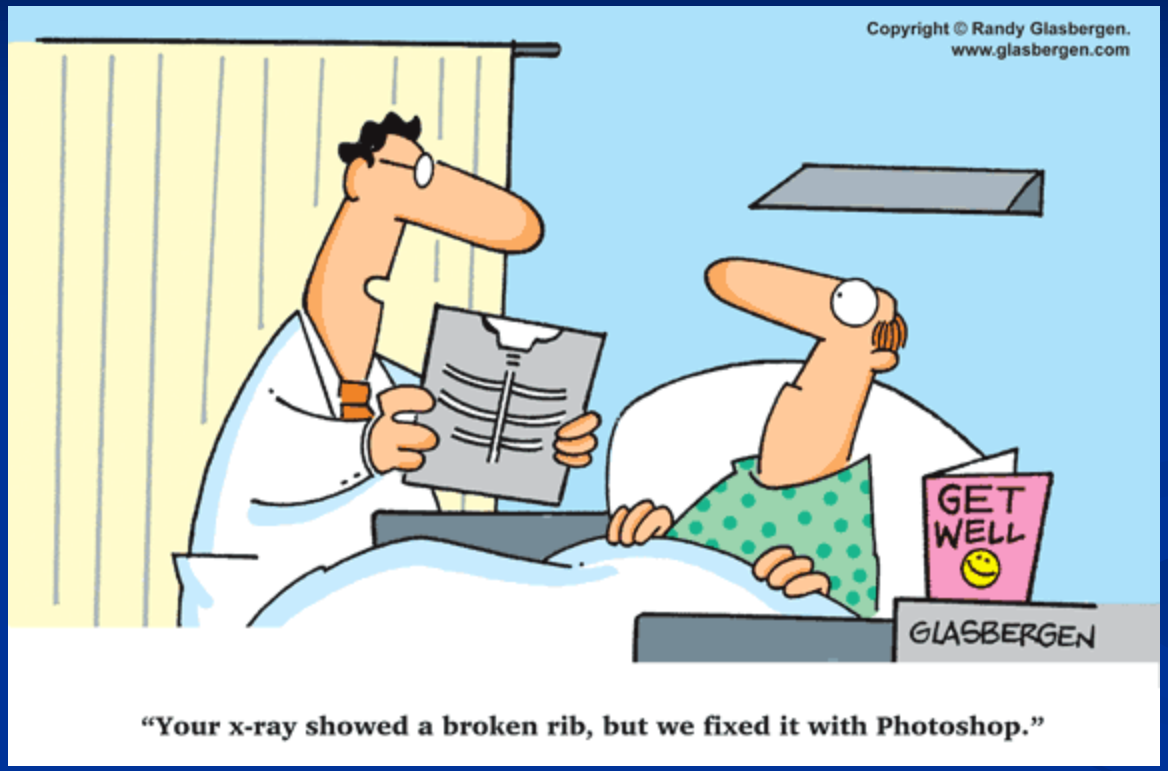
Summary LS

- Is common, 2 peaks
- Itch
- Treat with potent steroid
- Risk of VIN and SCC
- surveillance

Lichen planus

- Pain,erosions,lacy vaginal discharge,white striae
- Autoimmune
- Can be oral, hair, nails
- Steroids, often systemic..prednisone 30mg





"Your x-ray showed a broken rib, but we fixed it with Photoshop."

Lichen Simplex Chronicus -Scratch Itch cycle-

- Cyclical
- Pregnancy
- Postmenopausal
- Mechanical
- Candida
- Stress
- Contact dermatitis- Irritants/allergans
- Worms/pediculosis
- Eczema
- Tinea

Lichen simplex chronicus

- Protect the “Sensitive Vulva”
- Avoid irritants
- Soap substitute
- Potent steroid
- Nocte sedation-antihistamine
- Break the scratch itch cycle

Ulcers

- Apthous
- Behcets
- Crohns
- Excoriation
- Syphilus
- HSV
- EBV/CMV
- Chancroid H.ducreyi

chancroid

Apthous ulcers

- Sometimes with oral ulcers
- Minor or major
- Not infectious
- Diagnosis of exclusion-swab viral,bacterial
- ? Assoc Behcets, post viral, EBV, stress
- Heals with minimal scarring
- Steroids improve discomfort

Vulval conditions in children

- Lichen sclerosus
- Vitiligo
- Atopic vulvitis
- Nappy rash
- Immunobullous
- Vulvodynia (nocte)
- Lichen planus
- Drug eruption
- Molluscum contagiosum
- Crohns
- candida (rare)
- Streptococcal-perianal
  - Perineal erythema post pharyngeal
- Chronic vulvitis
- Apthous ulcers
- Psoriasis
- Pemphigoid
- Staph folliculitis
- Genital HPV
- Birth marks

Vulval conditions in children

- Chronic vulvitis is uncommon
- Those with non-specific findings probably dermatitis or psoriasis
- Children with chronic vulvitis shouldn't be treated with antifungals
  - Because its probably not THRUSH

Children continued…

- Lichen sclerosus
  - Associated with autoimmune, family history
  - Labial fusion treat with steroids
  - Improves at puberty but may not resolve
  - What is the risk of SCC? Risk of scarring
  - To treat if asymtomatic? Yes effective and safe- TREAT AGGRESSIVELY
  - Follow up-Follow up-Follow up
  - Photo record

vulvodynia

- Often presents as night waking-exclude worms
- In majority can find a cause
- Psychological in some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"I looked up your symptoms on Google.
If you want a second opinion, I can check Yahoo."

therapeutics

- Importance of environmental modifications
  - ?recent antifungals,haemorrhoidals
  - ?need to cease treatment and start again

Ointments=more potent, more emollient, no preservatives, less stinging, less water and better tolerated

Topical steroids

- Clobetasol proprionate 0.05%= dermovate 30g
  - Very potent steroid
  - LS, LP(also oral steroid), psoriasis, apthous
  - Atrophy less than expected
  - Systemic absorption minimal
  - Infection=tinea, candida, folliculitis
  - Betamethasone-potent-betnovate
  - Methylprednisolone-potent-Advantan
  - Hydrocortisone

- Colifoam –rectal foam,10% hydrocortisone
- Testosterone 2% in paraffin-for fissures in fossa navicularis
- Boric Acid pessary 600mg
  - Antifungal/antibacterial
  - BV
  - Candidiasis-3x week for 4-6 weeks
  - Nonspecific dx or odour
  - Not if pregnant or pre smear
  - Sfx watery dx

- Lignocaine gel 2%
  - For vulvodynia and before and after sex
- Replens-atrophic vaginitis
- Emulsifying ointment
- Clindamycin 2% cream
- Metronidazole gel2x per week for recurrent BV

Benign vulvar skin conditions

- Inflammatory diseases
- Lichen sclerosus
- Squamous cell hyperplasia (with and without atypia)
- Lichen simplex chronicus
- Primary irritant dermatitis
- Allergic contact dermatitis
- Fixed drug eruption
- Atopic dermatitis
- Seborrheic dermatitis
- Psoriasis
- Reiter disease
- Lichen planus
- Lupus erythematosus
- Darier disease
- Aphthosis and Behçet disease
- Pyoderma gangrenosum
- Crohn disease

- Acrochordon (fibroepithelial polyp)
- Fibroma, fibromyoma, and dermatofibroma
- Lipoma
- Hidradenoma
- Syringoma
- Hemangioma
- Lymphangioma
- Angiokeratoma
- Pyogenic granuloma
- Endometriosis
- Heterotopic sebaceous glands and sebaceous gland hyperplasia
- Papillomatosis (papillary vulvar hirsutism)
- Congenital malformations
- Ambiguous external genitalia
- Congenital labial hypertrophy
- Labial adhesions
- Atrophy of the vulva

- Hidradenitis suppurativa
- Fox-Fordyce disease
- Plasma cell vulvitis
- Vulvar vestibulitis
- Blistering diseases
- Familial benign chronic pemphigus (Hailey-Hailey disease)
- Bullous pemphigoid
- Cicatricial pemphigoid
- Pemphigus vulgaris
- Erythema multiforme
- Epidermolysis bullosa
- Pigmentary changes
- Acanthosis nigricans
- Lentigo, lentiginosis, and benign vulvar melanosis
- Melanocytic nevus
- Postinflammatory hyperpigmentation
- Postinflammatory hypopigmentation
- Vitiligo
- Benign tumors, hamartomas, and cysts
- Mucous cysts
- Bartholin and Skene duct cysts
- Epidermal inclusion cyst
- Seborrheic keratosis

Lots of conditions

- Bacterial vaginosis
- Candida

- Lichens-sclerosus,simplex(chronic),planus
- Interesting ulcers
- Weird stuff…immunobullous,Crohns,hiradenitis

Its easy really

- If its wet; dry it
- If its dry; wet it
- Anything else: slap on a potent steroid
  - Perhaps an antifungal…..
  - Fiddle with the environment
  - Boric acid pessary
  - Followup/reassure/refer


My butt hurts
What?