Dr Olivia Smart

Obstetrician and Gynaecologist

Oxford Women's Health, Christchurch

FULLY BOOKED

Saturday, August 13, 2016 (Room 2)

8:30 - 9:25 WS #66: Vulval Disorders

9:35 - 10:30 WS #76: Vulval Disorders (Repeated)

Vulval disorders

GP SOUTH ISLAND CONFERENCE

DR OLIVIA SMART MBBS, FRANZCOG

OUTLINE

The normal vulva

Vulval skin disorders

VIN and malignancy

Taking a biopsy

Vulval pain

Useful links

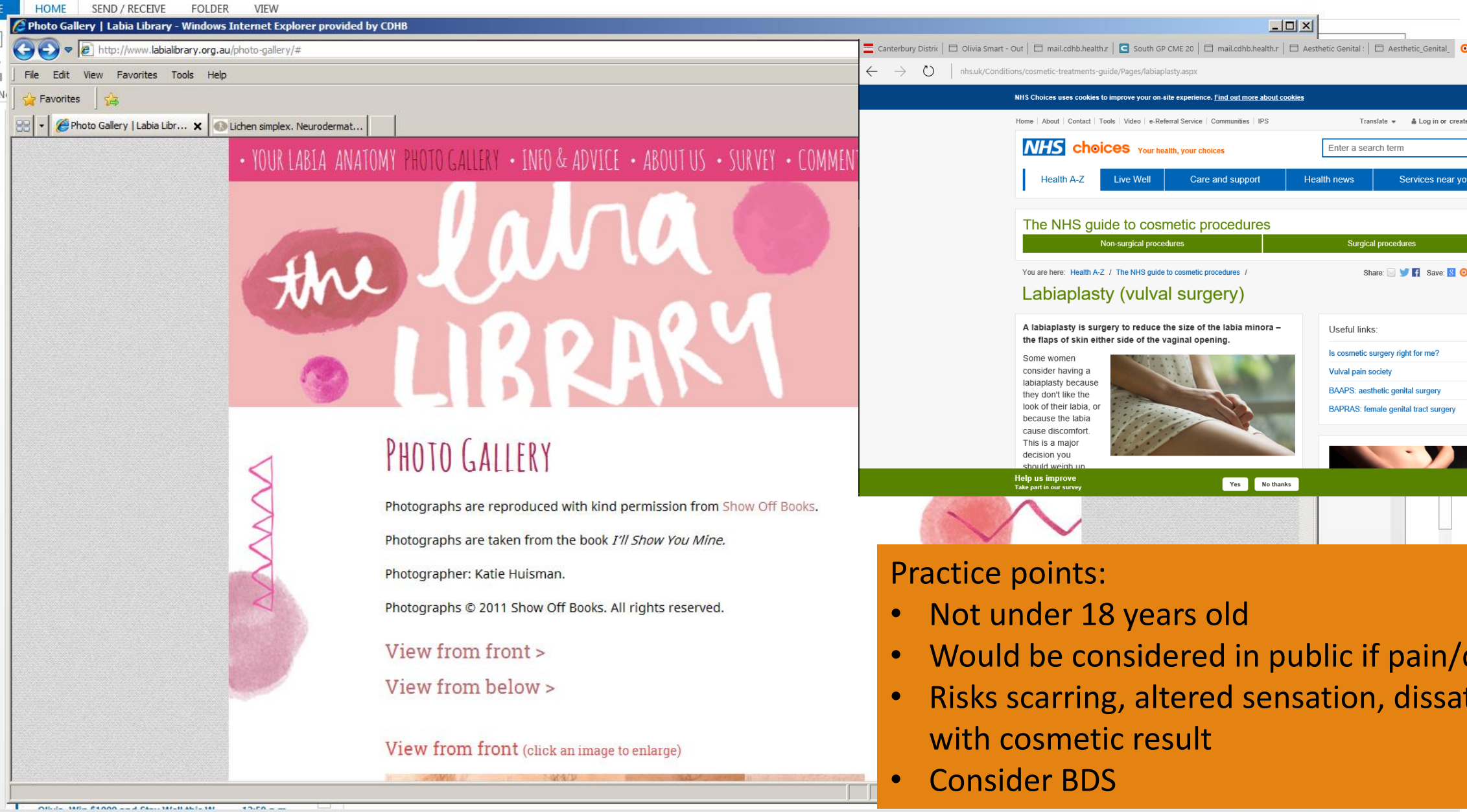
Case vignettes

Questions

The normal Vulva

The Great Wall of Vagina

“For many women their genital appearance is a source of anxiety and I was in a unique position to do something about that.”



Practice points:

- Not under 18 years old
- Would be considered in public if pain/discomfort
- Risks scarring, altered sensation, dissatisfaction with cosmetic result
- Consider BDS

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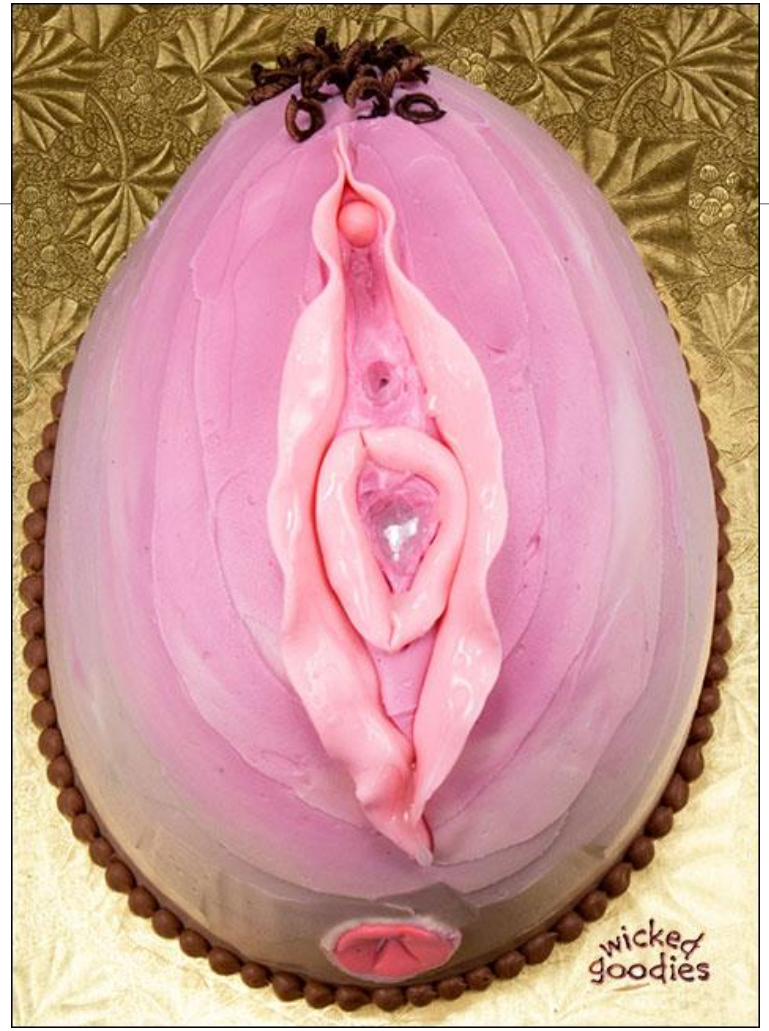


‘Like’ the lichens

Lichen sclerosis

Chronic lymphocyte mediated inflammatory dermatosis

Cause unkown ?autoimmune

Mainly over 50 but can affect any age range

Whitening and atrophy of vulval tissues

Itch or pain predominate

May co-exist with other conditions

Risk of SCC < 5%

Affects Vulva only - not vagina

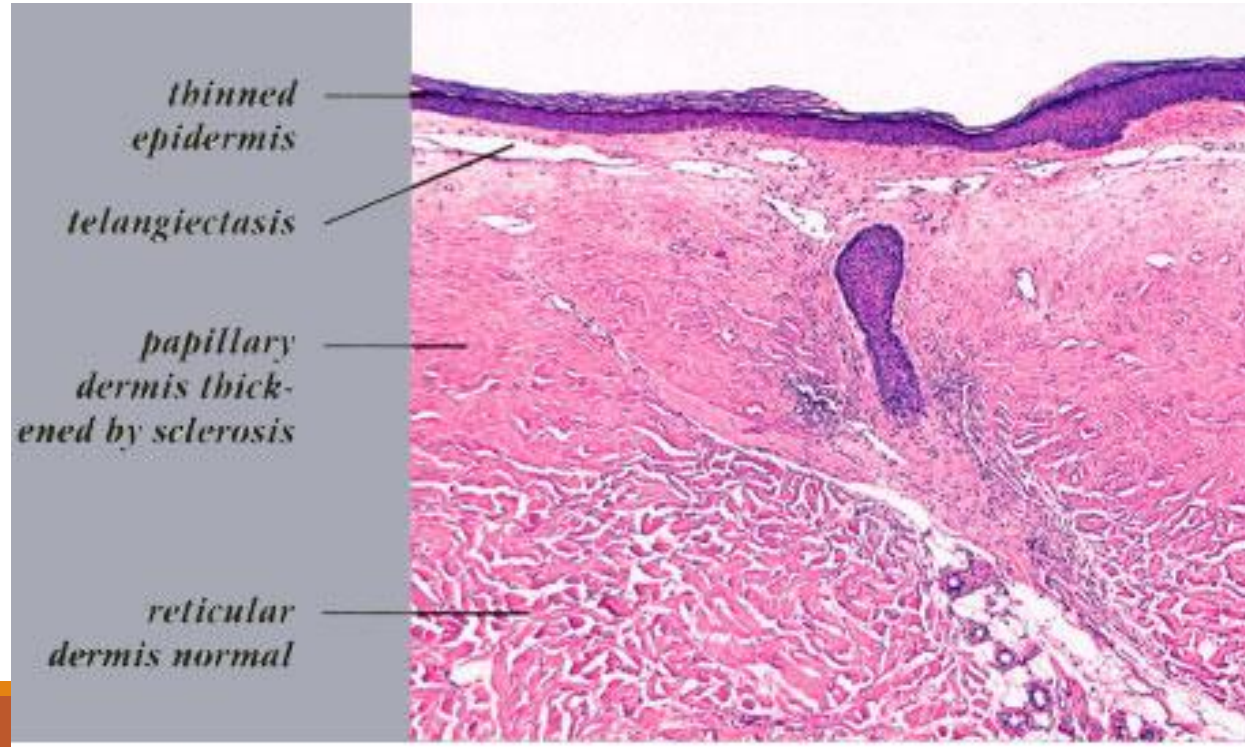
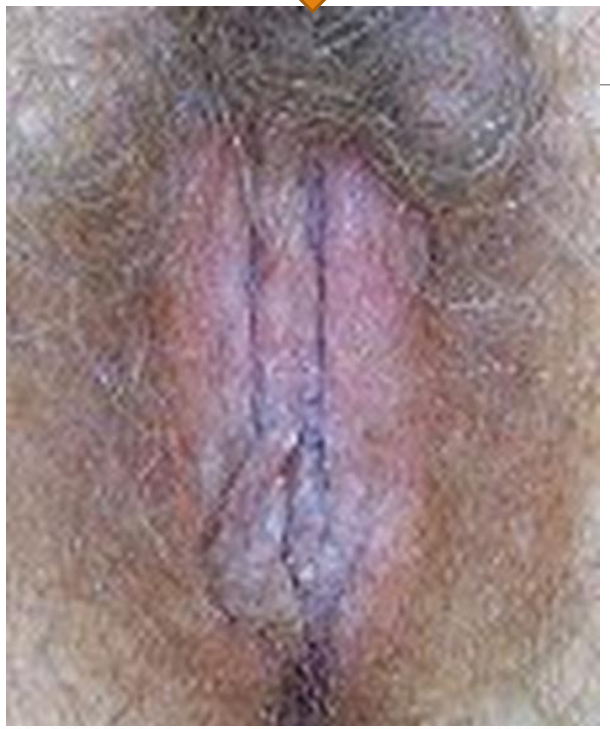
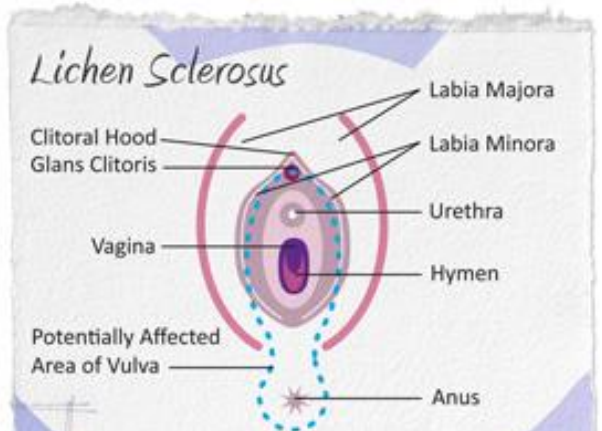


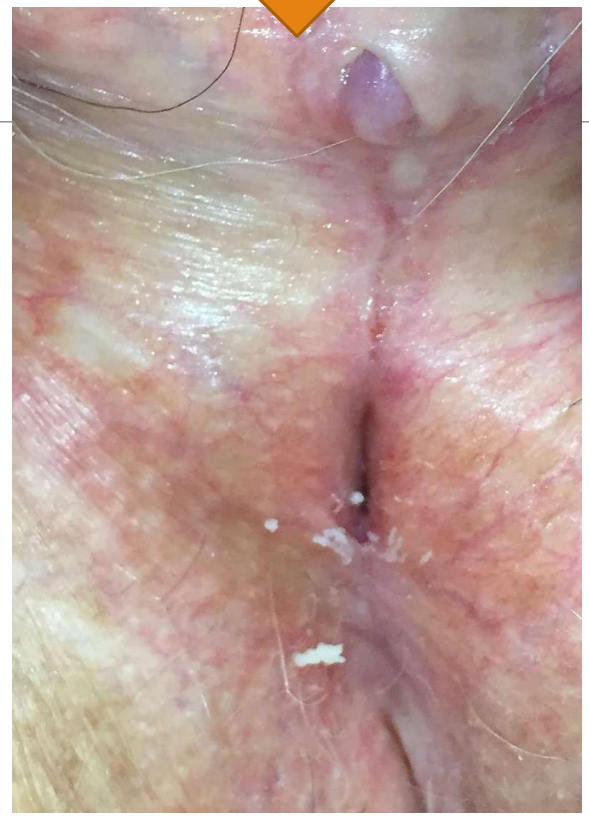
Figure of 8

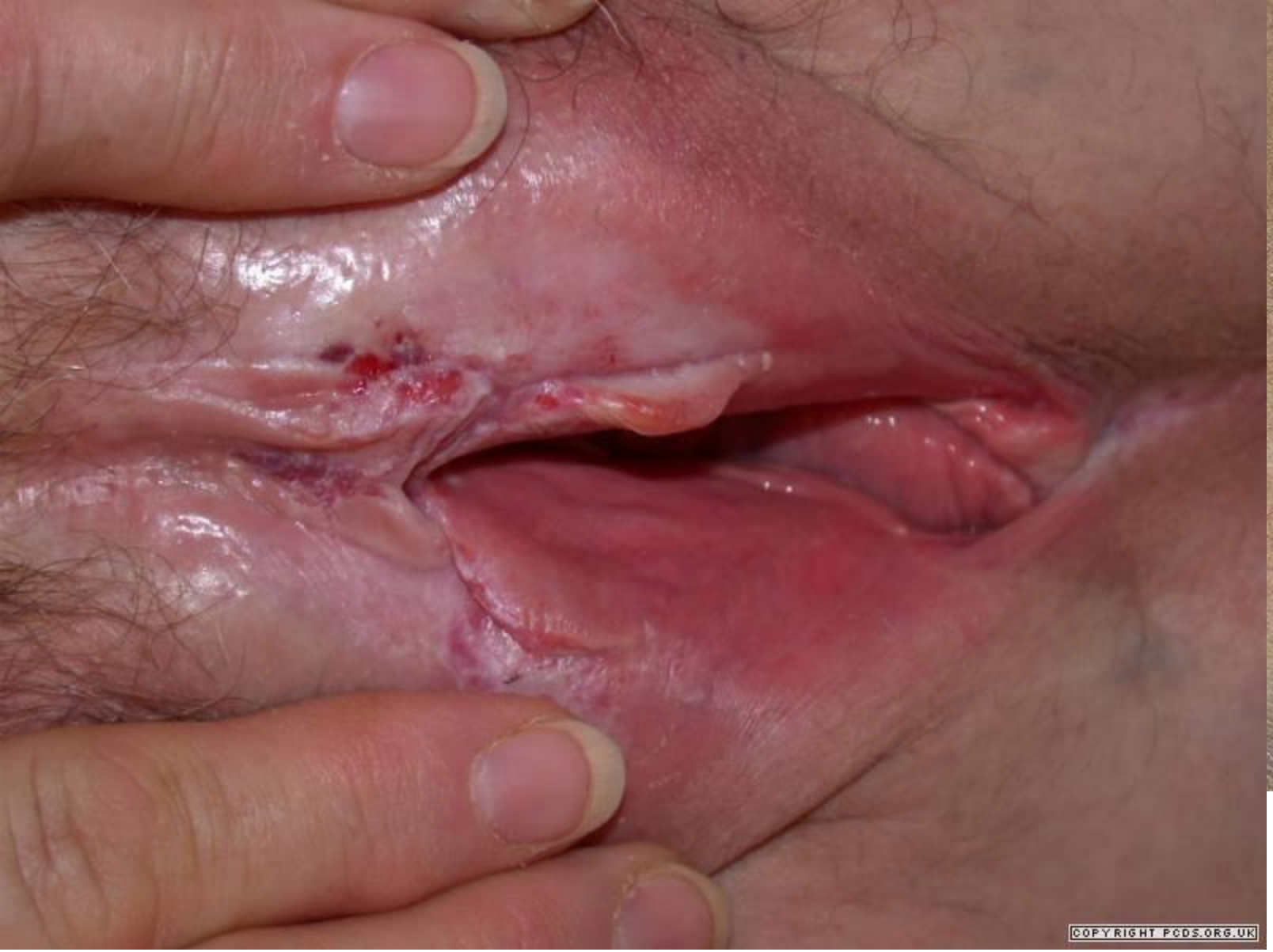




Pallor

Atrophy and fusion

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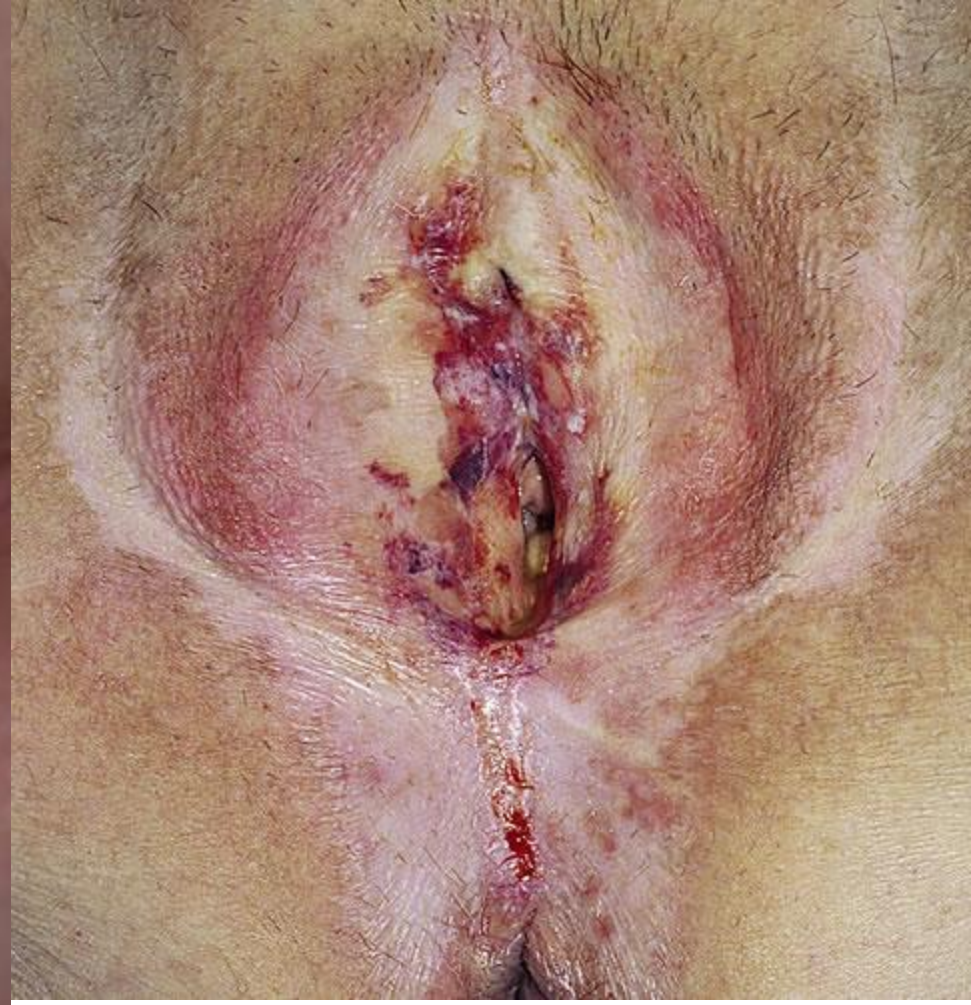
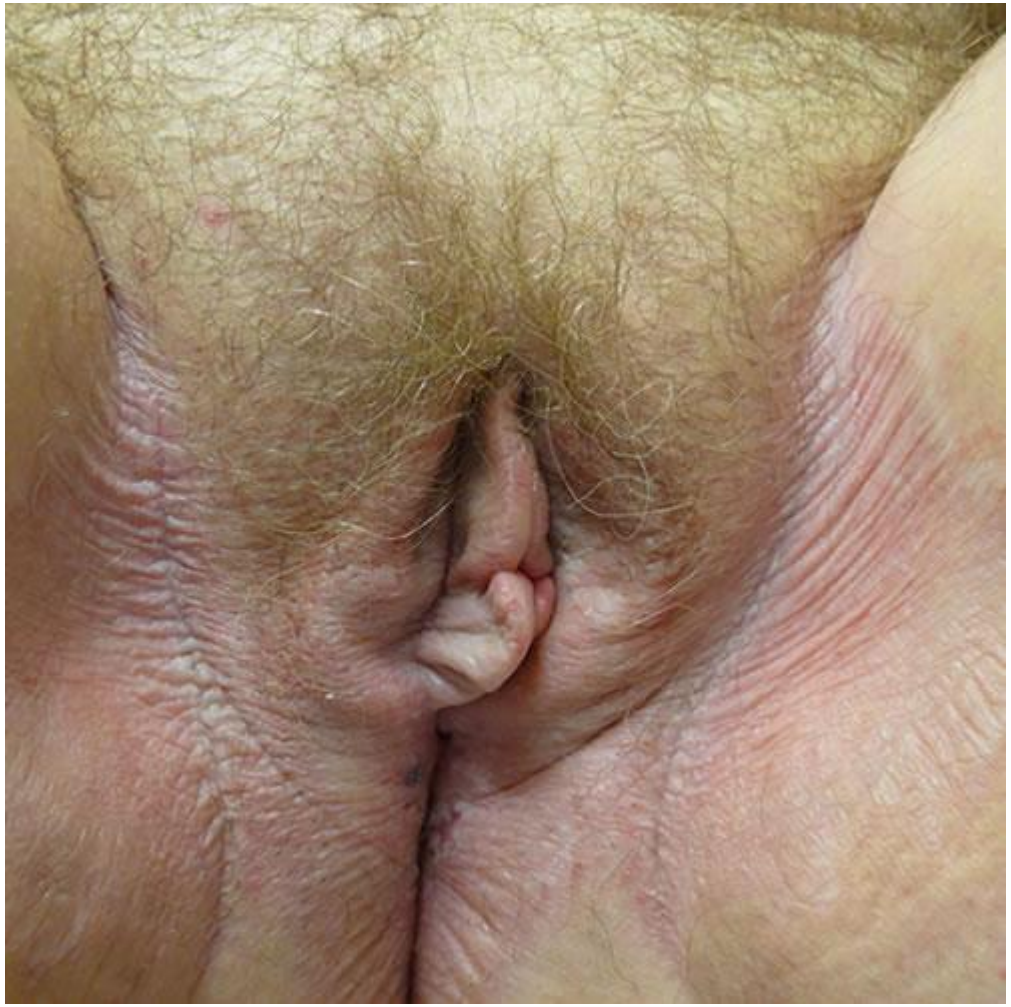
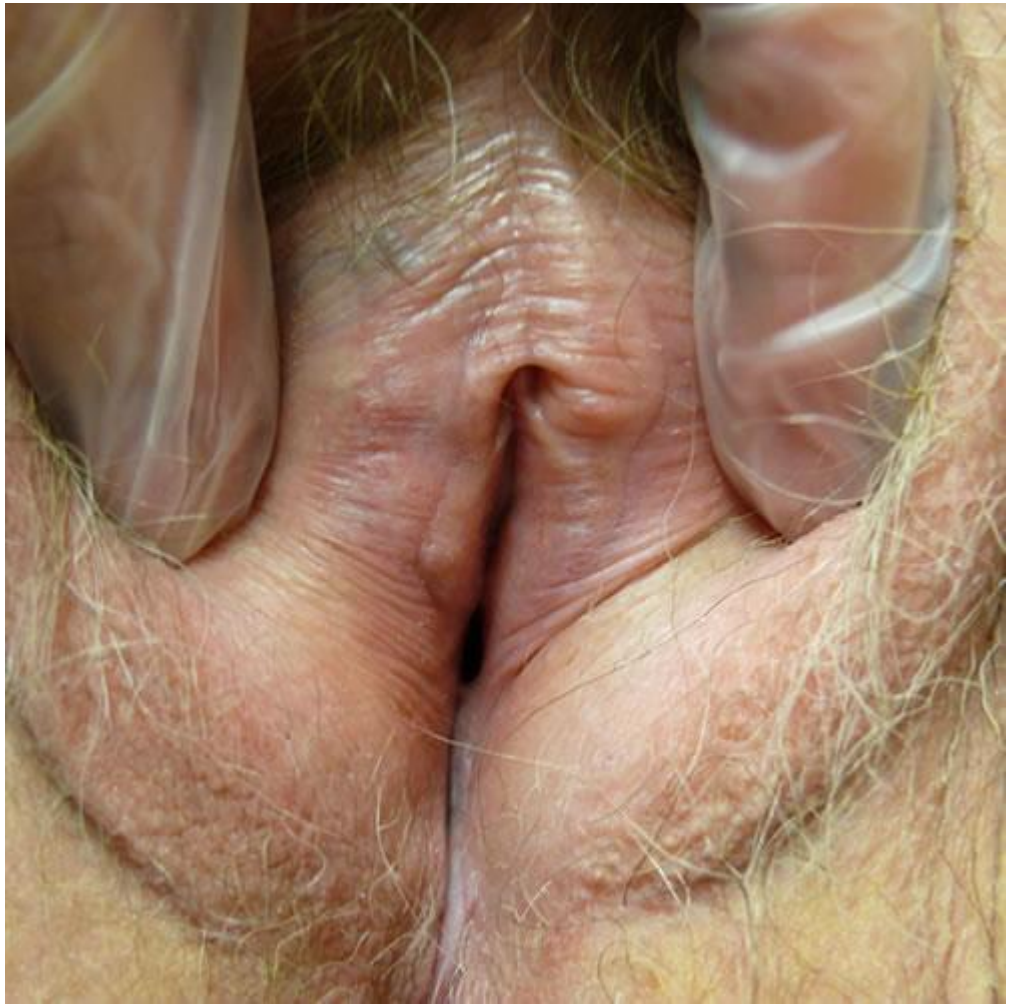
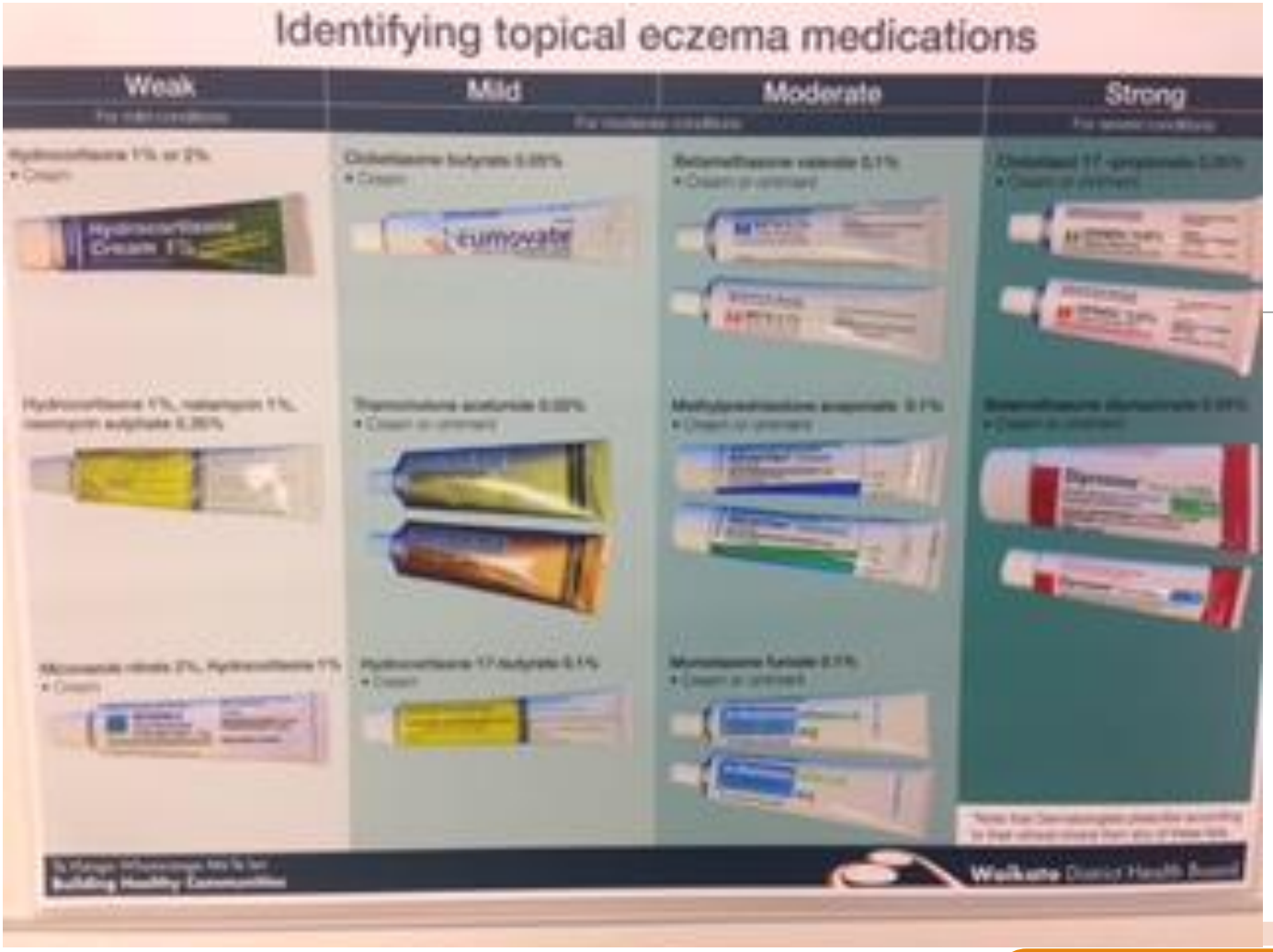


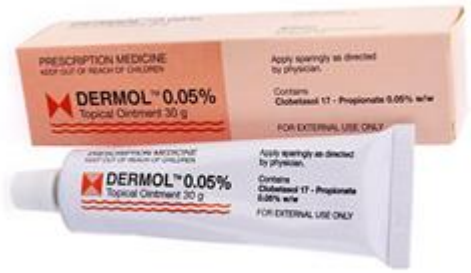






VULVAL BIOPSY IF:

1. Suspected neoplastic change
2. Fails to respond to adequate rx
3. Extragenital LS
4. Pigmentation
5. Second line therapy



Daily

Alt days

2 x week

Like the lichens- part 2

Lichen Planus

Inflammatory condition unknown aetiology

? T – cell mediated

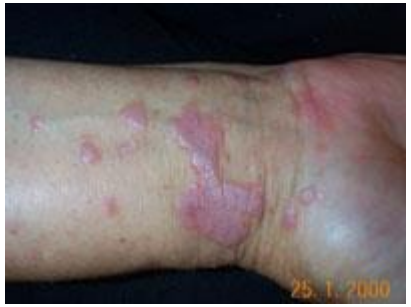
Can be classified according to clinical presentation

- Classical – papules on keratinised anogenital skin
- Hypertrophic – perineal/perianal warty plaques (rare)
- **Erosive – most commonly causing vulval symptoms**

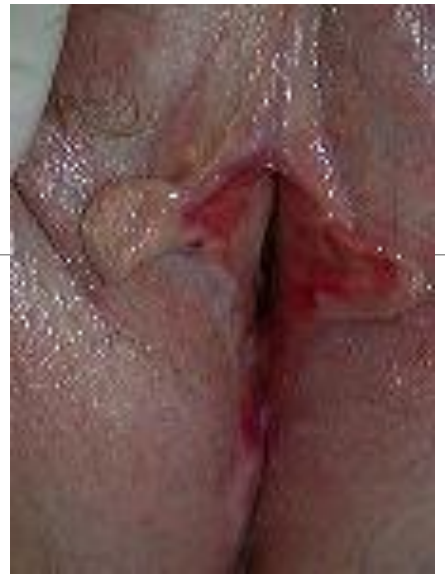
Symptoms:

- Itch/irritation
- Soreness
- Dyspareunia
- Urinary symptoms
- Discharge
- Asymptomatic

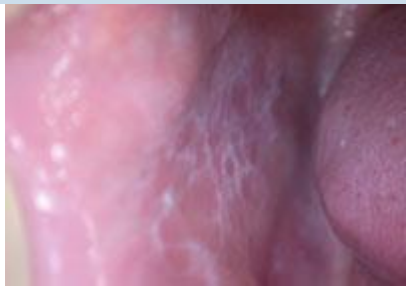
Appearance

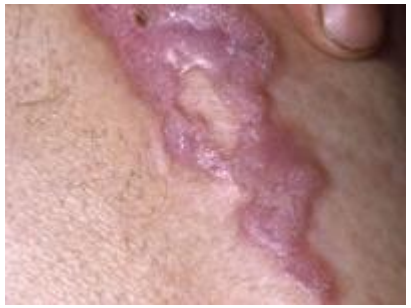


Classical



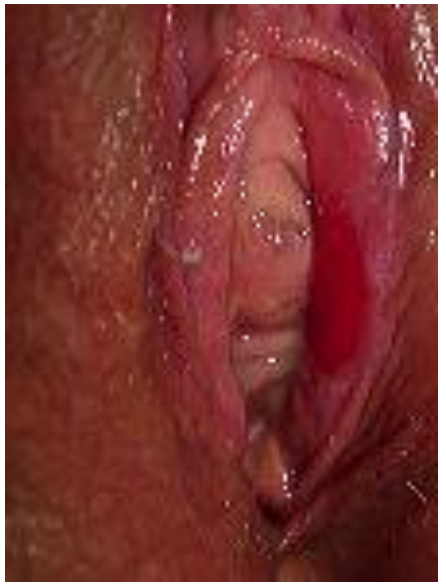
Wickham's Striae





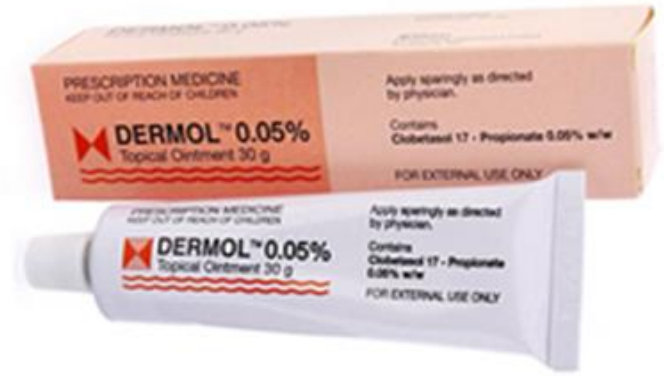
Hypertrophic

Mucosal surfaces
Often sharp demarcation
Extremely sore
Scarring and vaginal occlusion
Biopsy (only 25% will be classical)
Often co-exists with VLS



Treatment

Basics……..



Colifoam enema
PV weekly

Other

Calcineurin inhibitors
- tacrolimus
- pimecrolimus

Systemic steroids
Methotrexate
Mycophenolate

Surgery

Like the lichens - part 3

Lichen simplex chronicus

Categorised into 4 main groups

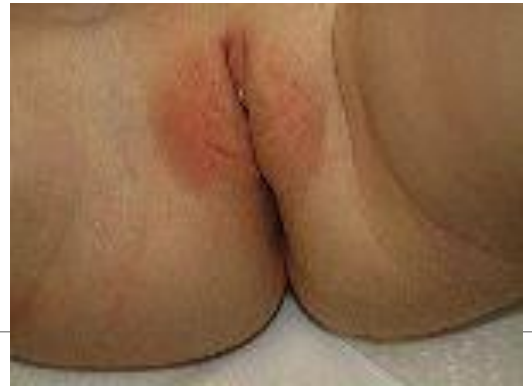
Underlying dermatoses eg contact dermatitis, fungal

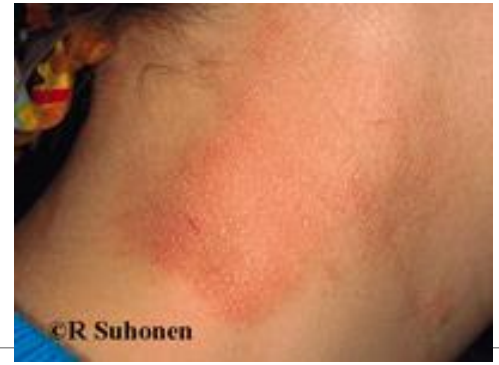
Systemic conditions causing pruritis – neuropathic, renal failure, PBC

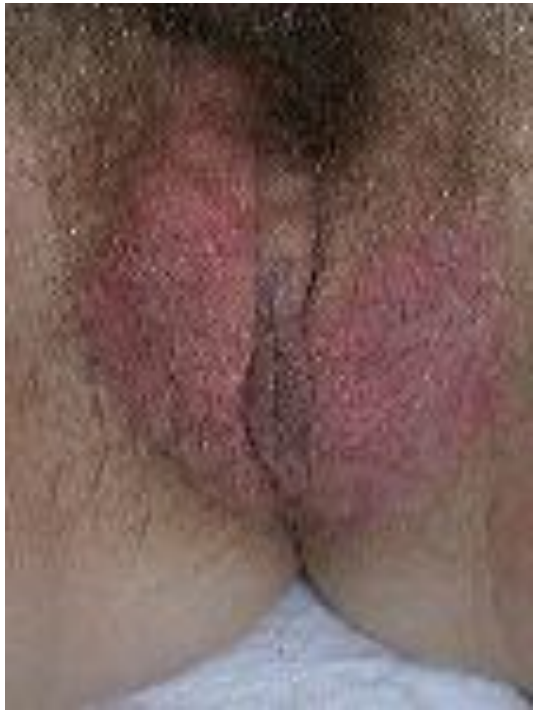
Environmental factors – heat, sweat, rubbing, skincare products

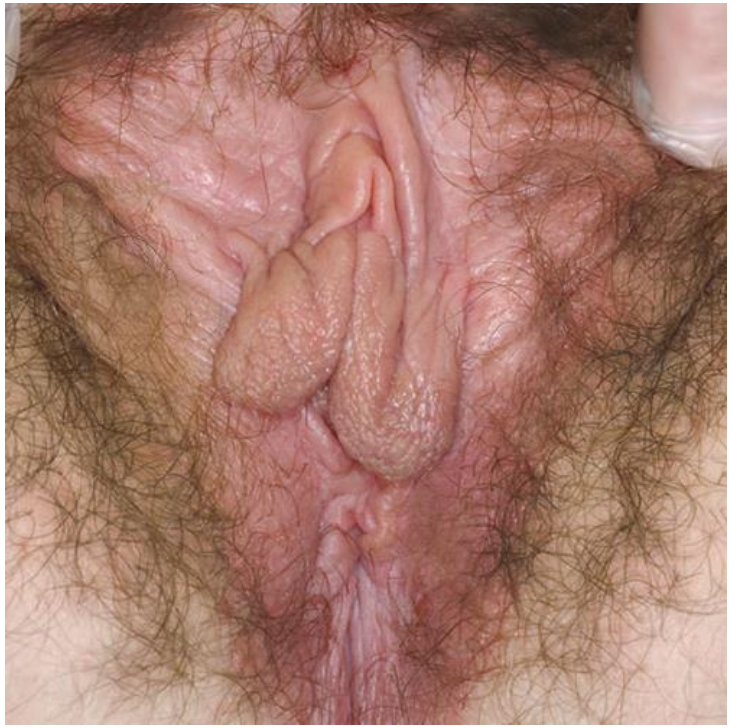
Psychiatric disorders – OCD, anxiety, predispose to itch/scratch cycle

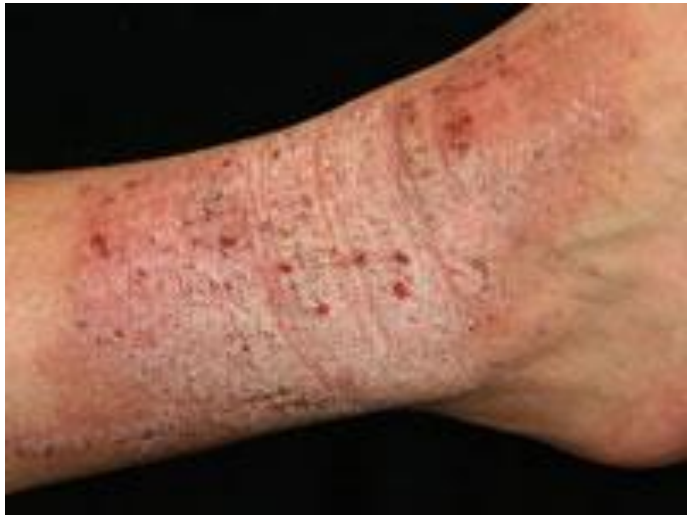
Appearance











- Lichenification
- Excoriation and fissuring
- Hair loss
- Secondary infection

Treatment

Any ideas?

Screen for infection
Biopsy
Refer for patch testing
Check ferritin
Physio
Break itch scratch cycle
Anxiolytic antihistamine at night
CBT

OUTLINE

The normal vulva

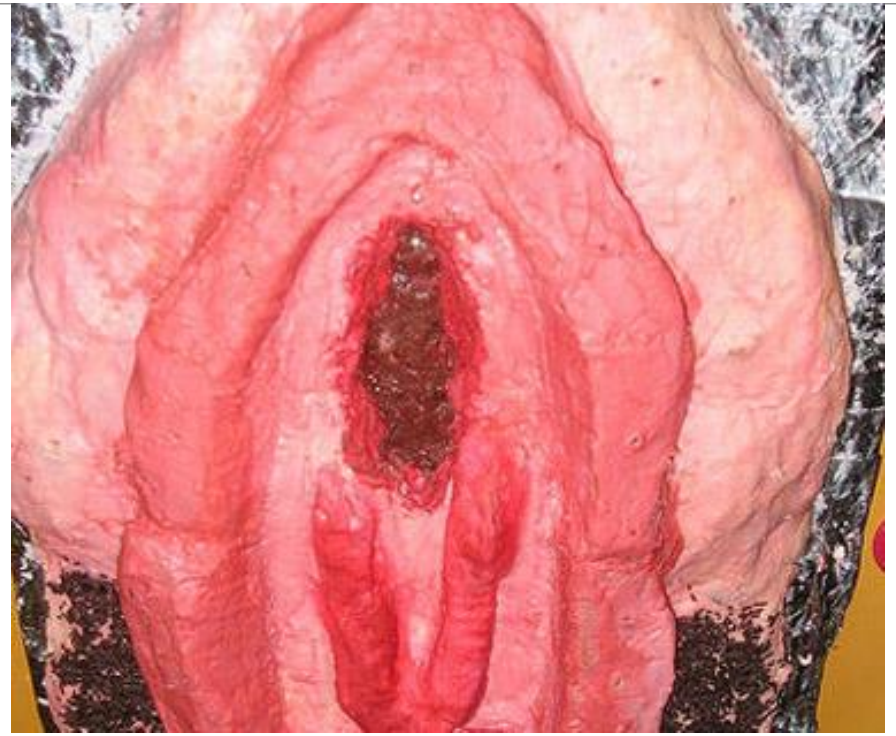
The lichens

VIN and SCC

Taking a biopsy

Vulvodynia

Useful links



Vulval Intraepithelial neoplasia

Pre-malignant vulval dystrophy

Classified according to underlying aetiology

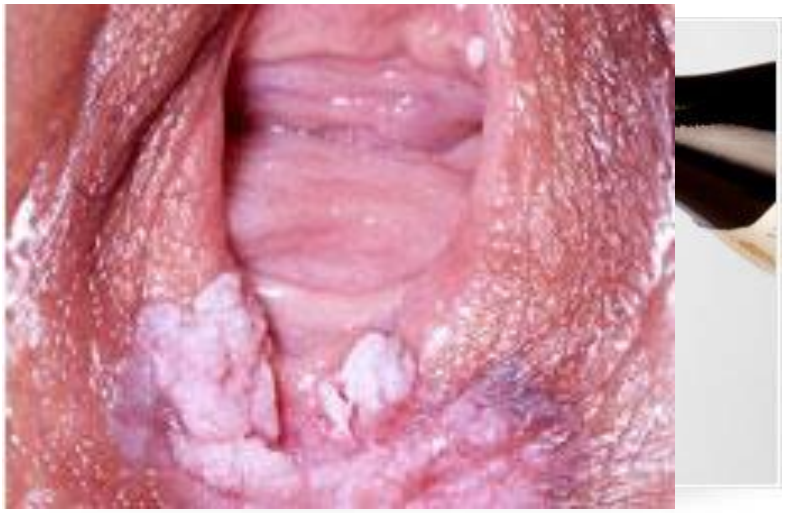
ISSVD 1986	ISSVD 2004	LAST 2012
VIN 1	Flat condyloma or HPV effect	LSIL
VIN 2	VIN, usual type a.VIN, warty type b.VIN, basaloid type c.VIN, mixed (warty/basaloid) type	HSIL
VIN 3		
Differentiated VIN	VIN, differentiated type	

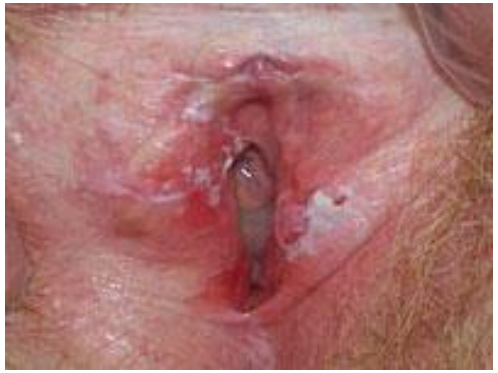
The Lower Anogenital Squamous Terminology Standardization Project (The LAST Project)

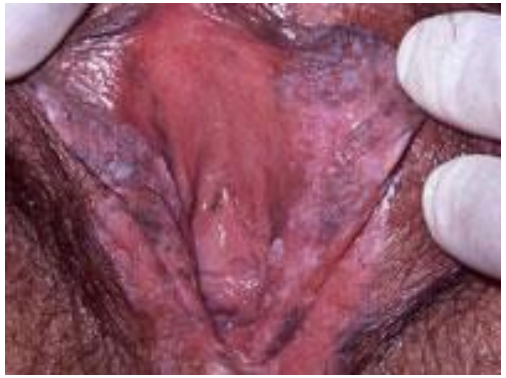
SYMPTOMS

- Itching
- Burning
- Mass
- Ulcer
- Asymptomatic

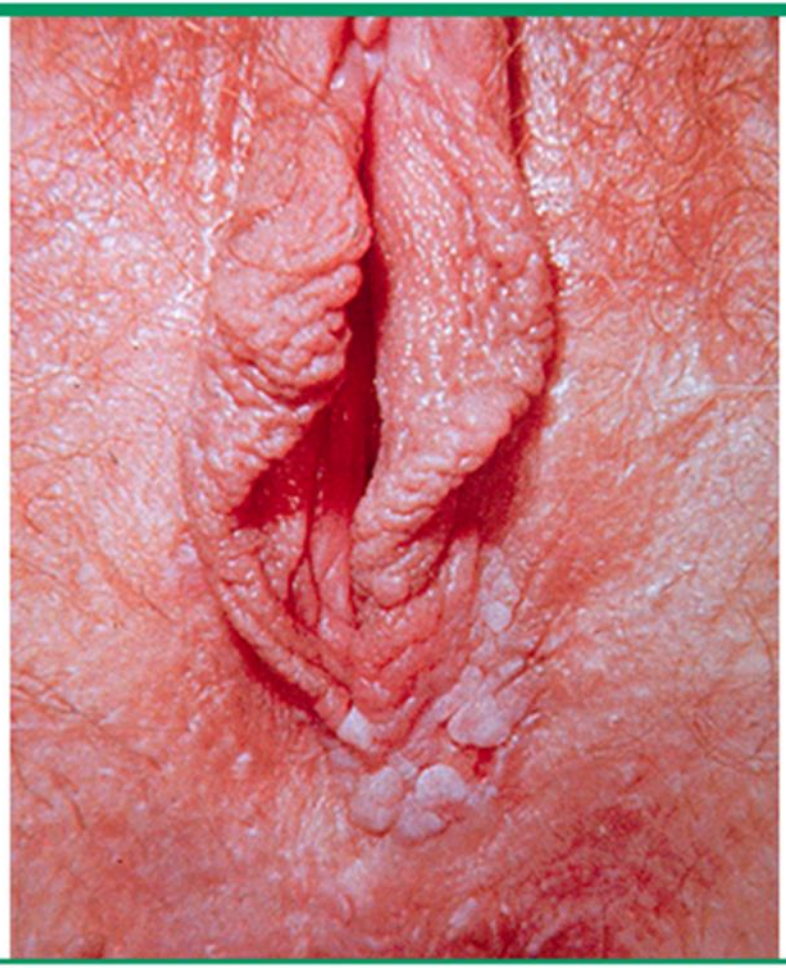
VIN







Vulvar intraepithelial neoplasia (VIN)



Raised whitish plaques as a manifestation of VIN.
Courtesy of Christine Holschneider, MD.

UpToDate®

Treatment

Why treat VIN?

Progression 10-20%
Symptoms

What are the treatment options?

Excision
Ablation
Topical treatment

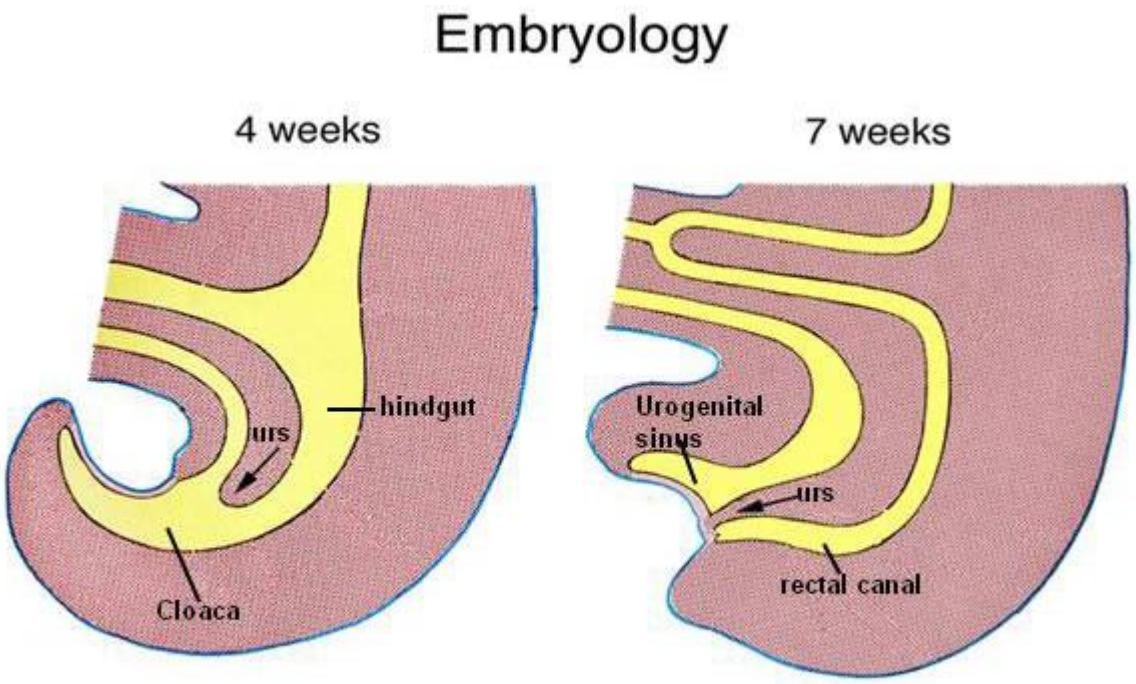
What are the possible complications?

Surgical
Cosmetic
psychosexual

What is the recurrence risk

Common
6 monthly follow up 5 years

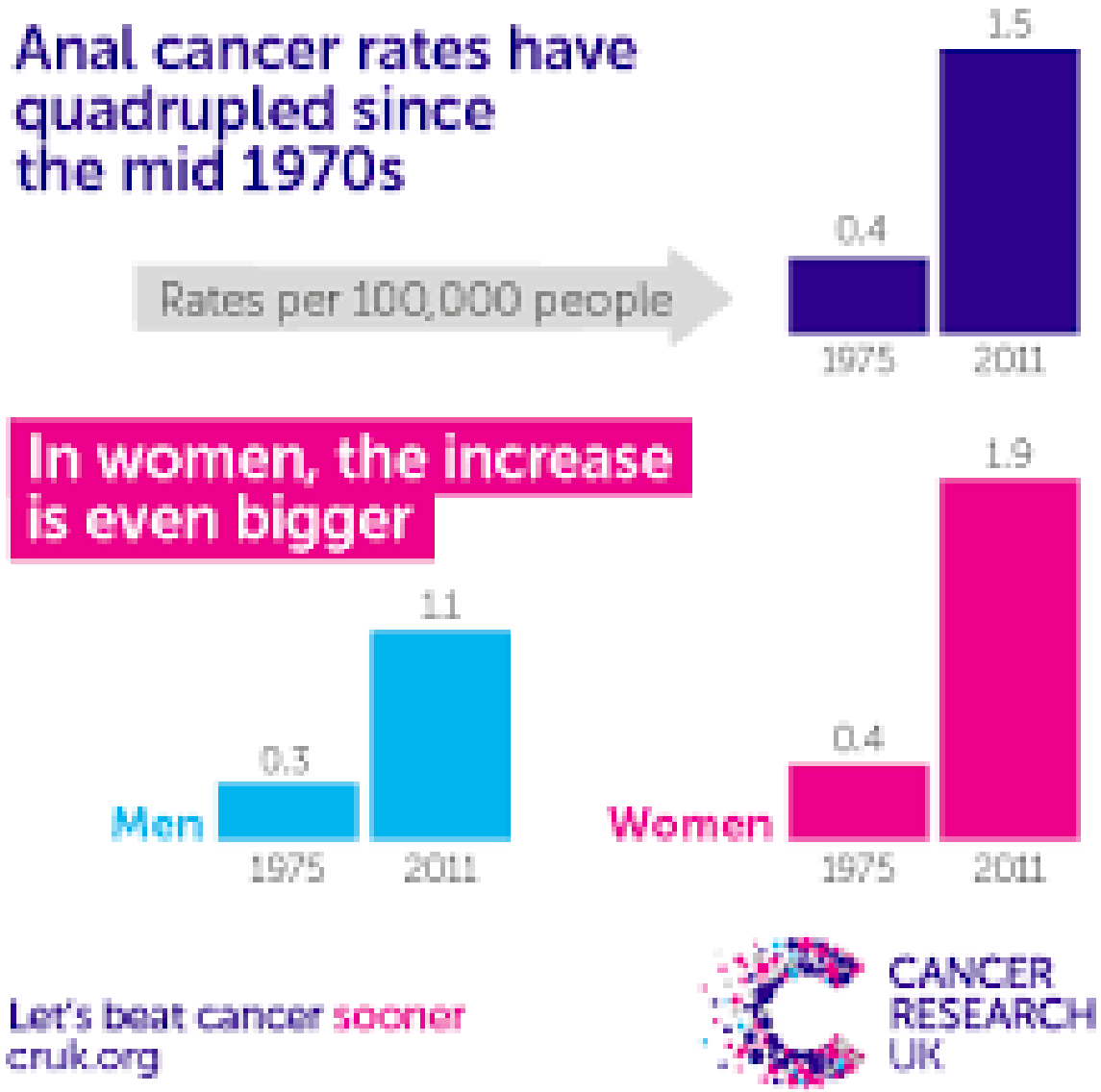
Remember your embryology?



Anogenital epithelium derived from cloaca includes: cervix, vagina, vulva, anus, and lower three centimeters of rectal mucosa up to the dentate line

Table 1: Estimated Percentage of Select Cancers Attributable to Human Papillomavirus

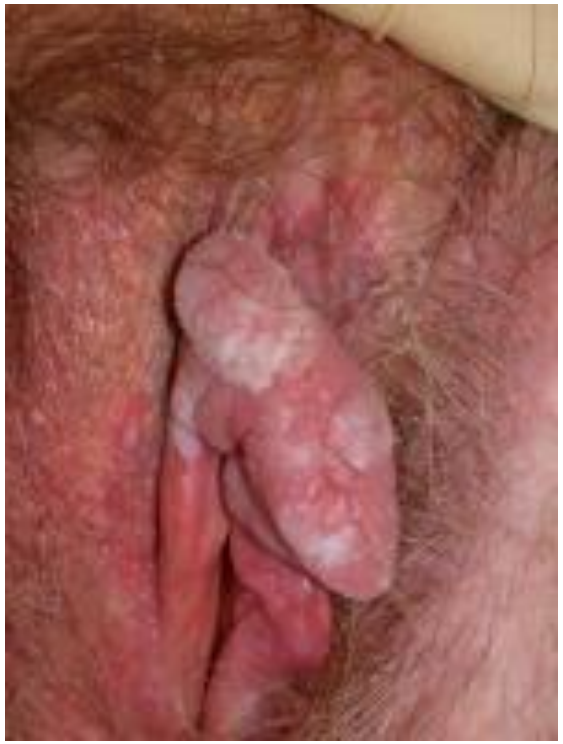
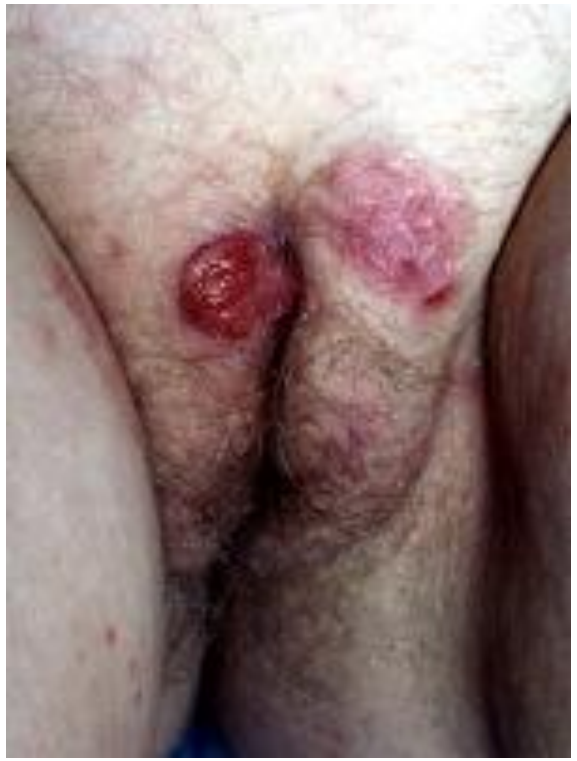
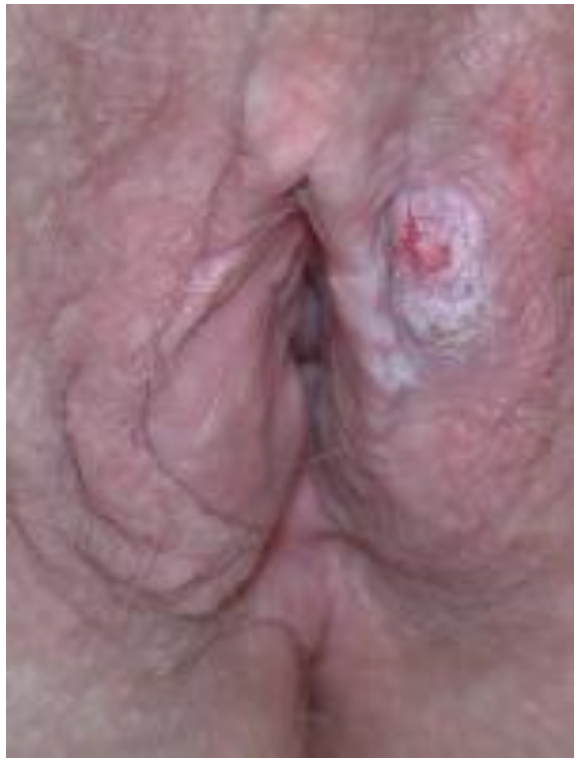
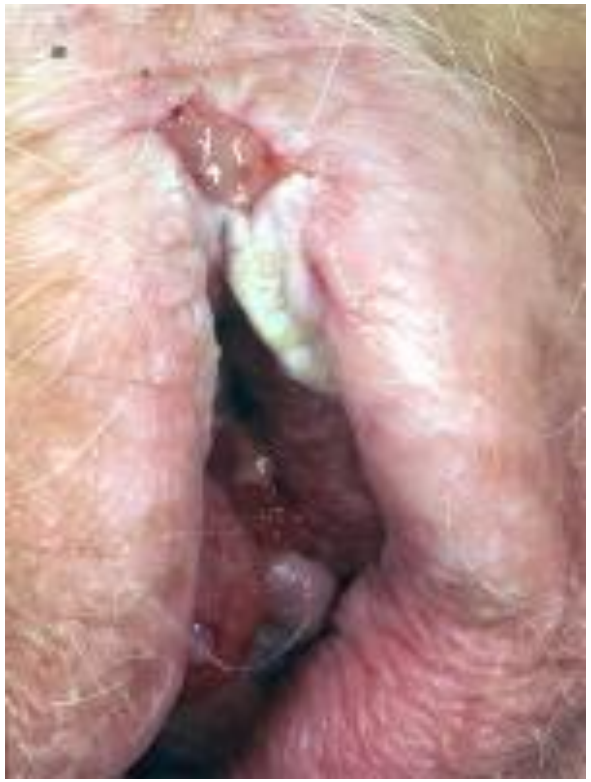
Cancer Site	% Attributable to HPV	% HPV Positive Attributable to HPV-16 & HPV-18
Cervix	100	70
Vagina	40	80
Penis	40	63
Anus	90	92
Oral cavity	25	95
Oropharynx	35	89



Vulval Cancers

Cancer type	Features
Squamous cell carcinoma	• Red, pink or white nodule or nodules or plaques • May have a wart-like and/or raw surface if ulcerated • Affected area of vulva may appear white and feel rough • About 50% of women complain of itching or pain • Other symptoms include painful urination, burning, bleeding and discharge not associated with a normal menstrual period
Extramammary Paget disease	• Moist red asymmetrical oozing plaque • May cause burning and itching
Basal cell carcinoma	• Painless red patch, nodule or ulcer
Melanoma	• Appearance of a new pigmented lesion or change in a pre-existing mole
Bartholin's gland cancer	• Persistent cystic or thickened tender mass on either side of the opening to the vagina

Spot the lesion

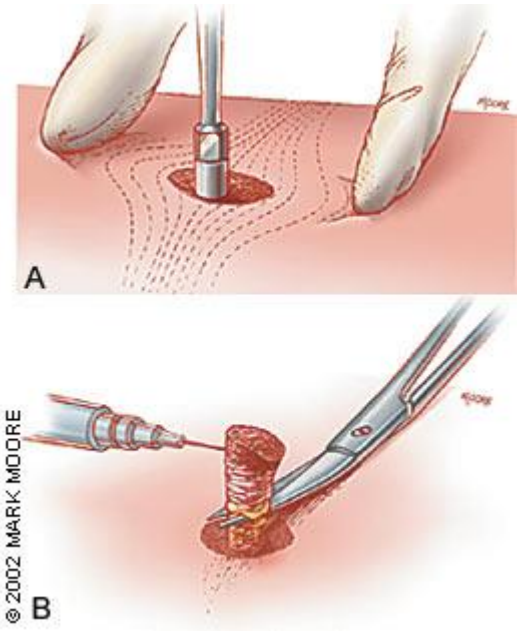





Vulval biopsy

Its painful!

1% lignocaine +/- topical anaesthetic

3-5mm punch biopsy



PRACTICE POINTS

- **Take it from the edge of the lesion**
- **Not the centre esp if neoplasm suspected or necrotic ulcer**
- **Beware the excision biopsy!**

OUTLINE

The normal vulva

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Taking a biopsy

Vulval pain

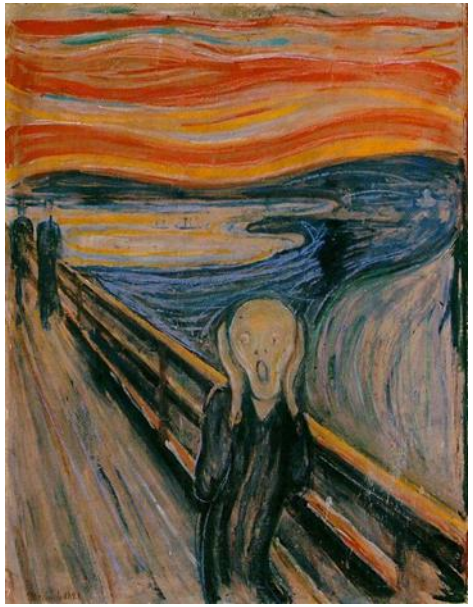
Useful links

Case vignettes

Questions

Vulvodynia

Vulvodynia – Vulval pain of at least 3 months duration, without clear identifiable cause, which may have potential associated factors



Vulval pain related to a specific disorder

- Infectious (candidiasis, herpes)
- Inflammatory (lichen planus, lichen sclerosus, dermatitis)
- Neoplastic (VIN, SCC)
- Neurologic (herpes neuralgia, nerve compression)
- Trauma
- Iatrogenic
- Hormonal

Vulvodynia: ISSVD terminology

1. Localised or General
2. Provoked or Spontaneous

NOT: Vestibulitis, Vulvar vestibulitis syndrome, dysaesthesia, vaginismus.

Dysfunctional pain

Trigger: childbirth, infection, dietary, anatomical, psychosocial, genetic

Overlap with other pelvic pain conditions, IBS, fibromyalgia, CFS

Prevalence and demographic characteristics of vulvodynia in a population-based sample
Barbara D. Reed, MD et al 2012 Am J Obstet Gynecol . 2012 February

2269 (89.3%) completed the selfadministered survey

prevalence of vulvodynia was **8.3%**

Prevalence remained stable through age 70, and thereafter declined

208 women meeting vulvodynia criteria,

- 101 (48.6%) had sought treatment
- 3 (1.4%) had been diagnosed with vulvodynia

Previous vulvodynia symptoms had resolved in 384 (16.9%) women after a mean duration of 12.5 years

Represents a significant burden for affected women…..

And for healthcare providers!!

Treatment

Medical

Topical

- Ovestin
- Lignocaine
- Compounded

Oral

- Amitriptylline
- Nortriptylline
- Gabapentin

Surgical

Botox

Vestibulectomy

Complementary

Physiotherapy

Sex therapy

Acupuncture

Dietician

Don’t forget the basics!!
Patient information leaflet eg ISSVD

Neuromodulators

Practice points:

- "Start low and go slow"
- 10mg nortriptyline nocte (less sedating less anticholingergic than amitrip)
- Increase by 10mg weekly to max 50mg
- May take several weeks to notice effect

Tricylics commonly used for neuropathic pain

Foster DC, Kotok MB, Huang LS, Watts A, Oakes D, et al. Oral desipramine and topical lidocaine for vulvodynia: a randomized controlled trial. Obstet Gynecol. 2010 –

- no better than placebo or top LA

Reed BD, Caron AM, Gorenflo DW, Haefner HK. Treatment of vulvodynia with tricyclic antidepressants: efficacy and associated factors. J Low Genit Tract Dis. 2006

- Higher dose amitriptyline 40-60mg produce 50% improvement in both provoked and unprovoked vulvodynia

Practice points:
Pharmac special authority
Less cholinergic effects but may sedate
Can add in TCA if s/e effect limiting dosage

Neuromodulators cont.

Gabapentin – Gamma amino butyric acid analogue

Binds to the α2δ subunit of voltage-dependent calcium channels

Halts the formation of new synapses decreasing neuropathic pain

Some evidence for benefit – not robust

Starting dose 300mg nocte and increase to 3000mg daily

- Ben-David B, Friedman, M. Gabapentin therapy for vulvodynia. *Anesth Anal.* 1999
- Harris G, Horowitz B, Borgida A. Evaluation of gabapentin in the treatment of generalized vulvodynia, spontaneous. *J Reprod Med. 2007*

Compounded topical therapies

Practice points:
2% amitrip in 2% lignocaine gel BD for 8/52
Cost approx. $30.00
ABC $30 for 50g, $40 for 100g

Novel approach to reduce systemic side effects

Requires compounding pharmacist

2% amitriptyline = 56% response rate

- Pagano R, Wong S. Use of amitriptyline cream in the management of entry dyspareunia due to provoked vestibulodynia. J Low Genit Tract Dis. 2012

Topical amitriptyline 2%baclofen 2% cream (ABC) n=32

- Boardman LA, Cooper AS, Blais LR, Raker CA. Topical therapy in the treatment of localized and generalized vulvodynia. *Obstet Gynecol.* 2008

Others

fluconazole	Vaginal diazepam	SSRI SNRI
tens	Sacral neuromodulation	Mindfulness
interferon	Steroid injections	NLP

Useful links

www.bssvd.org

www.bad.org.uk

www.issvd.org

www.dermnet.org.nz

www.anzvs.org

www.caredownthere.com.au

www.labialibrary.com.au

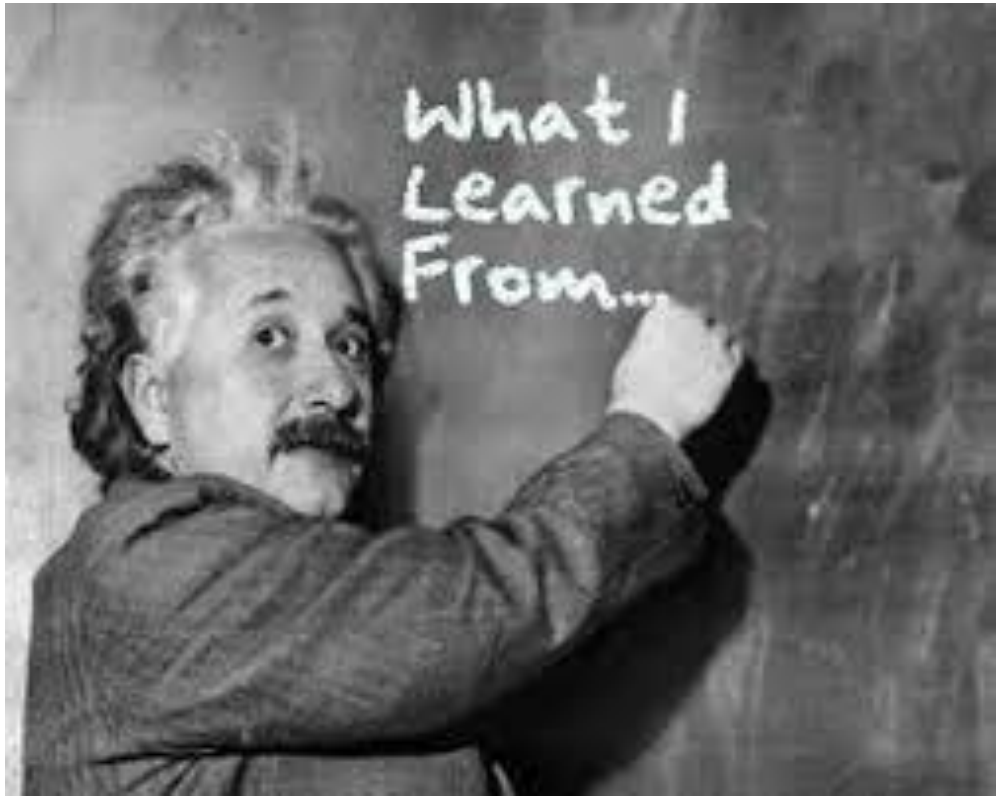
HEALTHPATHWAYS: vulvodynia, lichen sclerosus

RCOG green top guidelines – management of vulval skin disorders

https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg58/

Case Histories

Take home points



Do examine patients and take a swab – its not always thrush

Use correct terminology for vulval pain

Its OK to start empiric clobetasol if it looks and sounds like lichen sclerosus

Take a biopsy if you need to

Basic genital measures and written information are always helpful