Vulvar Cases

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Conflicts of interest
None
Objectives

Recognize and discuss vulvar contact dermatitis

Recognize and discuss the vulvar lichen sclerosus and lichen planus

59 year old lady has sudden onset of vulvar burning and dysuria.

She has had vulvar psoriasis for years and often feels “dirty”.

She is living on a hot sail boat and having problems trying to keep clean.
Your diagnosis is?

A Psoriasis  
B Severe Candidiasis  
C Cellulitis  
D Contact Dermatitis

Severe Irritant Contact Dermatitis from Witch hazel - a plant used in creams for inflammation
What statement is correct?

A. The vulva need scrubbing to be clean
B. Use Patch Testing to diagnose irritant contact dermatitis
C. Soaps and cleansers do not cause vulvar contact dermatitis
D. Irritant vulvar contact dermatitis is very common
Vulvar Patients are desperate! with Itch, burn, pain

They will try anything for relief!
Soaps, cleansers, wipes, anesthetics, yeast Rx etc.
Misleading labels give a false sense of safety
Ask at every visit what exactly they use

36 year old lady has a very itchy vulvar rash for 4 years.
The rash flares with heat, friction.
The rash does not respond to topical steroids.
She is always scratching, even at work.
She scratches at night and keeps her husband awake.
Your Diagnosis Is?

A. Lichen Sclerosus
B. Lichen Simplex Chronicus
C. Contact Dermatitis
D. Lichen Planus
Lichen Simplex Chronicus

Look Carefully
Touch to feel thick skin
Lichen Simplex Chronicus (LSC)

End stage of the cycle

Itch → Scratch → Itch

Worse with heat, humidity, stress and irritants

Scratching feels very good

Which conditions are associated with LSC, one or more?

A. Lichen Sclerosus
B. Atopic Dermatitis
C. Psoriasis
D. Contact Dermatitis
Look for more than one problem

Contact 
+/-
Infection 
+/-
Dermatosis

Treatment of LSC includes all except -

A. Topical Corticosteroid Ointment - clobetasol
B. Patch Testing for allergic Contact Dermatitis
C. Azathioprine
D. Systemic Corticosteroids
A 72 year old lady has vulvar itching for several months.
She uses incontinence pads and sits all day.
A biopsy showed lichen simplex chronicus.
She has failed treatment for “eczema.”
Your two diagnoses are?

A Contact Dermatitis
B Lichen Sclerosus
C Psoriasis
D Lichen Planus
Lichen Sclerosus

Irritant Contact Pads and sitting

Secondary infection in fissures

Lichen Sclerosus
The following statement about Lichen Sclerosus is correct:

A. Lichen Sclerosus seldom scars
B. Lichen Sclerosus clears at puberty
C. Lichen Sclerosus is the commonest cause of chronic vulvar disease
D. Asymptomatic Lichen Sclerosus needs no treatment

The following statement about Lichen Sclerosus is incorrect:

A. Superpotent corticosteroids are first line treatment
B. Calcineurin inhibitors, tacrolimus and pimecrolimus, are second line treatments
C. All irritating hygiene habits must stop
D. Treatment is limited to 12 to 16 weeks
Two ladies 56 and 59 years old have similar problems. They have vulvar burning, sexual dysfunction with no penetration for over a year. They cannot tolerate any topicals as all burn on application.
Do they have the same condition?

1  YES
2  NO

How to stop topical treatment burning?

Start with systemic steroids and control infection and any irritating contact.
Which is lichen sclerosus?

- A: Lichen Sclerosus
- B: Benign Mucous Membrane Pemphigoid
- C: Lichen Planus
Treatment of Vulvar LS includes usually all but:

A. Mycophenolate mofetil  
B. Education  
C. Clobetasol or halobetasol 0.05% oint daily for 12 weeks then 1-3X/week  
D. Regular reassessment every 6-12 months

Pearls of Lichen Sclerosus Treatment

• Maintenance Rx is forever to prevent scarring and cancer  
• Consider intralesional Triamcinolone  
• Do not only treat according to symptoms  
• If not responding, reassess, rebiopsy to R/O SCC  
• Make sure they know how to do treatment  
• Make sure still doing Rx - often quit!  
• Severe not responding - get help  
  (systemic steroids, methotrexate)
69 year old lady has had an mildly itchy vulva since the onset of menopause.

Now she has a burning vulva with dysuria that has been getting worse for 1-2 years.

Estrogen cream and antiyeast creams burn and do not help.

She cannot have penetration.
Your Diagnosis is?

A  Lichen Planus
B  Scarred vulvitis
C  Lichen Sclerosus
D  Lichen Sclerosus and Lichen Planus

LS and LP are seen together and often missed
Comorbid Vulvar Lichen Planus and Lichen Sclerosus.
A 52 year old lady has an itchy, burning vulva. She was given topical imidazole cream, and oral fluconazole with no response. The burning is getting worse.
Your Diagnosis Is?

A. Lichen Planus
B. Candidiasis
C. Contact Dermatitis
D. Lichen Sclerosus

Lichen Planus
Lichen Planus
A destructive skin hypersensitivity reaction
10 times less common than lichen sclerosus

Erosive 85%
Lacy 10%
Hypertrophic 4%
Can have normal vulva and active vaginal LP

Which statement about lichen planus is incorrect?

A. Histopathology commonly inconclusive
B. Usually affects postmenopausal women
C. Is easily confused with Lichen Sclerosus
D. Commonly onsets in childhood
Which statement about lichen planus is incorrect?

A. LP causes an erosive inflammatory vaginitis
B. LP responds easily to simple treatment
C. 25 – 30% patients have oral LP and vulvovaginal LP
D. On vulva LP typically is non specific with erosions with burning, irritation and sexual dysfunction

Lichen Planus

- On vulva, vagina, mouth often erosive
- On vulva typically non descript erosions with itching, burning, irritation and sexual dysfunction
What Factors are Important to diagnose Lichen Planus - one or all?

A. Morphology  
B. Onset  
C. Pathology  
D. Location

Lichen Planus Treatment

**Confirm diagnosis - biopsy**
- Stop irritants  
- Stop scratching  
- Educate patient  
- Control infection

**Control inflammation**
- clobetasol or halobetasol 0.05% oint  
- intralesional, vaginal or systemic corticosteroids  
- topical tacrolimus  
  (Protopic®) 0.03%, 0.1% oint - burns
Difficult Lichen Planus

**Systemic Corticosteroids:**
Triamcinolone 1 mg/kg (Kenalog 40®) IM q4wks x 3
Prednisone 40-60 mg PO OD, decreasing dose

**Intravaginal** - corticosteroids and dilators may be needed

**Systemic Treatment** -
Mycophenolate mofetil, Methotrexate, Acitretin or Cyclosporine

Get Help