Management of Vulvar Pruritus

2nd PANHELLENIC CONGRESS on Lower Genital Tract Disorders
December 14-16 Grand Hyatt Athens

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Almost all treatment for vulvar diseases is off-label and there is little evidence based data
Objectives

Discuss the differential diagnosis of vulvar itch, identify common factors causing vulvar itch

Discuss vulvar lichen simplex chronicus

Discuss management of vulvar itching
Why is the Management of Vulvar Itch Difficult?

- The area is warm and moist / sweaty and this changes typical skin morphology
- Often secondary concurrent conditions
  - infection, contact etc.
- Pathology often inconclusive
  - squamous cell hyperplasia?
- The area often partially treated

Treatment of the Itchy Vulva - Nonspecific Measures

- Patient support and education
- **Stop all irritants**
  - over washing - strong soaps, detergents, pads, wash cloths
  - scratching - stop unnecessary topical preparations
- **Topical anesthetics**
  - 5% lidocaine ointment bid to qid (may sting)
  - No benzocaine
- **Cool compresses, soaks, gel packs (not frozen)**
  - Keep in refrigerator in self-sealed plastic bag
- **Bland emollients** (plain petrolatum or zinc oxide)
  - Use to soothe and protect open fissured or eroded tissue
Treatment of the Itchy Vulva - Specific Measures

• Treat secondary bacterial and yeast infection
• **Stop scratching:**
  use sedation -
  hydroxyzine or doxepin 10-100 mg / citalopram 20-40 mg AM
• **Use topical estrogen**, if indicated, to improve barrier function
• **Use corticosteroids**
  - topical corticosteroid ointments
  - systemic corticosteroids  - prednisone taper or IM triamcinolone

Treatment of the Itchy Vulva

• As steroid sparer, consider calcineurin inhibitors
• Manage anxiety and depression.
• Find allergen - Patch test

For Neuropathic Pruritus

• Amitriptyline 10-150 mg qhs
• Gabapentin up to 3600 mg per day
• Pregabalin 75 mg to 400 mg per day
• Mirtazapine 7.5 mg to 15 mg qhs
Treatment of the Itchy Vulva - Miscellaneous

- **Control sweating** - oral oxybutynin ½ of 5 mg tab am and increase 2.5 mg and very slowly increase to 5 mg tid if needed

- **Manage elimination** - Assess and manage bowel function, fecal soiling, and urinary incontinence

- **Manage menstrual flow** - continuous BCP, Mirena IUD

Main Causes of Vulvar Itch

- Candidiasis
- Contact dermatitis (Irritant)
- Lichen Sclerosus
- Lichen Simplex Chronicus
- Psoriasis
- Lichen Planus
- Squamous cell carcinoma / HSIL, dVIN
- Neuropathic pruritus
Candidiasis
Caused by: 85% - *Candida albicans*
15% - Non-albicans: *C. glabrata,*
  *C. tropicalis, C. krusei & C. parapsilosis*

Flares with antibiotics, Estrogen, (topical and systemic)

Can complicate all vulvar problems:
- Atrophy, contact dermatitis, lichen sclerosus, lichen planus and lichen simplex chronicus.

Diagnosis:
1) Wet prep / microscopy
2) culture for yeast with speciation

NOT A TELEPHONE DIAGNOSIS
**Treatment Candidiasis**

**Topical:**
- Clotrimazole 1% or 2% cream, vaginally
- Miconazole 2% cream, or 4% ovule vaginally, 100mg or 1200mg supp
- Terconazole 0.4 %, 0.8 % cream

**Oral:**
- Fluconazole 150 single dose or q72h x 3 doses if complicated

**Suppression:**
- Clotrimazole 1% vaginally x 14d, then twice a week x 6 months
- Fluconazole 150 mg or 200 mg PO weekly x 6 months
- Itraconazole 100 mg orally daily 2 weeks then twice a week x 6 months

**Resistant Candida spp:**
- Boric acid vaginal suppositories compounded: 600 mg daily x 14d
- Consider nystatin 100,000 unit suppository daily for 14 days

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**Vulvar Contact Dermatitis**

**Allergic:** uncommon
- Usually Itchy

**Primary Irritant:** common, erosive, or ulcerative
- Variable itchiness (may be sore)
- Hygiene habits (sponges, soaps, wipes, pads)
- Moisture (urine, feces, sweat)
- Topicals (lotions, antifungals)

*Common with ALL vulvar problems*
40 year old lady with Lichen Sclerosus and acute allergic contact dermatitis from neosporin
Patch Testing - a complete Contact Dermatitis Series best
For any chronic itchy vulvar rash do patch testing

Irritant Contact Dermatitis – usually sore or irritated

Contact wipes and atrophy
LS and contact from fecal soiling
From 20% benzocaine
Treatment Vulvar Contact Dermatitis

**Stop Contact - find Irritant or Allergen**
- Stop irritants
- Stop scratching
- Patch Test as indicated
- Educate patient
- Treat infection - yeast, bacteria

**Control inflammation**
- triamcinolone 0.1% or Clobetasol 0.05% oint twice a day for 7-10 days
- If severe, systemic corticosteroids

Lichen Sclerosus
Lichen Planus
Lichen Simplex Chronicus

The Lichens
All Itchy
Lichen Simplex Chronicus (LSC)

End stage of scratching cycle
Itch ⟷ Scratch ⟷ Itch

Worse with heat, humidity, stress and irritants
Not a primary condition
Causes: atop dermatitis, psoriasis, contact dermatitis

Scratching feels so good
Conditions Associated with LSC

Infection: Candida, dermatophytosis/tinea cruris
Dermatoses: Atopic dermatitis
Contact Dermatitis
Psoriasis
Lichen Sclerosus
Lichen Planus

Neoplasia: Vulvar intraepithelial neoplasia

Characteristics of Lichen Simplex Chronicus

- Relentless pruritus
- Years of itching” “Nothing helps”
- Dyspigmentation
- Excoriations
- Lichenification of tissue
- Hair loss
- May be unilateral or bilateral (right handed ? )

The Diagnosis is Clinical - skin looks thick
- touch, skin feels firm
Lichen Simplex Chronicus: Treatment

1) Optimize Epithelial Barrier function:
   • Control infection - candida and bacteria (Staph, Strep)
   • Reducing heat, sweat, irritation
   • Stop irritants       Stop excessive hygiene

Immediate therapy:
   • soaks / Sitz baths
   • Use cool packs or compresses to deaden nerves
   • No hot water - No ice packs
   • Use ointments
Lichen Simplex Chronicus: Treatment

2) Reduce Inflammation:
   - Superpotent steroid taper
     - E.g. Clobetasol 0.05% OINTMENT
   - Prednisone taper
     or
   - IM Triamcinolone (Kenalog-40)

Lichen Simplex Chronicus: Treatment

3) Stop Scratching:
   - Night: hydroxyzine (Atarax) doxepin, amitriptyline
     2 - 3 hours before bedtime
   - Day: SSRI - citalopram (Celexa)
     20 to 40 mg q AM - scratching can be a form of OCD
     - Non-sedating antihistamines work poorly
   - Recognize and manage psychological factors

Follow! Patients relapse.
Treatment Tips (LCS or any itch)

For recurrent infection:
- Swab skin folds for C&S to identify organisms R/O MRSA, Candida

For recurrence
- Review treatment plan – no irritants, assess compliance
- Patch test
- Use a daily topical – 2.5% HC or triamcinolone 0.025% ointment alternate with superpotent steroid
- Stop scratching

Lichen Sclerosus

- Most common cause of chronic vulvar disease
- Itch: in 90% of cases
  - Severe in 30-50%
- Onset: perimenopause, age 40-50 years
Lichen Sclerosus Treatment

- Confirm diagnosis - biopsy, photograph
- Use topical steroid ointment once or twice a day until skin is as normal as possible - not just symptom control
- Severity will indicate strength of topical steroid
- Use topical estrogen if possible for postmenopausal women
- Lifelong treatment 1 - 7 days a week

- LS can be symptom free in 10% with ongoing scarring!
- Treatment with corticosteroids decreases risk of scarring and cancer

JAMA Dermatol. 2015 Oct;151(10):1061-7

Lichen Sclerosus - Alternate Treatments

- Calcineurin inhibitors: burn, less effective
- Intralesional triamcinolone 3.3 - 10 mg/ml
- Systemic corticosteroids - prednisone, IM triamcinolone
- Methotrexate 10 -15 mg/ week po or sc + folate 1 mg/d
- Other - acetretin, cyclosporine, uv light, photodynamic therapy, Fraxel Laser, Platelet Rich Plasma

Lichen Planus

- Uncommon T-cell mediated, cutaneous hypersensitivity reaction pattern in skin and mucous membranes
- Most likely triggered by an exogenous antigen
- Affects - usually postmenopausal women 50 - 60 yrs
- Sites - Skin, scalp, nails
  - Mucous membranes - oral, genital, anus esophageal, urinary tract
- Responds to immunosuppressive therapy
  - 2-5% SCC

Always Examine the Vulva & Vagina & Mouth
**Lichen Planus Treatment**

**Corticosteroids:** Topical superpotent,
- Systemic - prednisone or IM triamcinolone
- Vaginal - suppositories, cream

**Mycophenolate mofetil 500 mg -1.5 g bid**
Methotrexate 5 - 25 mg/week PO or SC
  plus folate 2 mg/d

Acitretin 10 mg/d
Cyclosporine 4 - 5 mg/kg/d for 3-4 months
Azathioprine 50 - 150 mg/d
Experimental - Biologics - adalimumab, rituximab,
Itchy Vulvar Psoriasis often Missed

• Psoriasis is atypical in the vulvar area
• In hairy areas - red, scaly papules, plaques
• In vulva - moist, thin red patches in skin folds and in gluteal cleft red with fissures
• No typical scale in warm skin folds

• Secondary changes with infection, common
  - fissuring, pustules

Both worse from Incontinence pads
Psoriasis Treatment

Stop irritants
Treat infection - yeast and bacteria
Stop inflammation
- topical steroids - triamcinolone 0.1% ointment am pm 14 - 21d then change to a milder steroid or
- tacrolimus 0.1% ointment or
  pimecrolimus 1% cream
- if extensive or severe -
  send to dermatology
Age 88 yrs severe itch

5 Bx - Lichen Simplex Chronicus

Excision - differentiated SCC

Vulvar
Intraepithelial and Invasive Squamous Cell Carcinoma

Can be itchy
Drug Eruptions

Drug eruptions affecting the vulva can be very itchy

- Urticarial
- Exanthematous
- Fixed eruption

Neuropathic Pruritus

Pruritus with no skin changes
R/O all other causes of vulvar pruritus
May be a history of trauma or biomechanical problems - back, hip or pelvis

Treatment:
Investigate & Rx for underlying cause of neuropathy
- Tricyclics - doxepin 50 - 100 mg/qhs
- Gabapentin - 300 - 600 mg 3x/day
- Cognitive behavior therapy
Treatment of the Itchy Vulva

Nonspecific Measures
- Stop all irritants
- Cool compresses, soaks etc

Specific Measures
- Treat infection
- Stop scratching - sedation
- Corticosteroids - topical, systemic

Other
- Patch test
- treat anxiety depression
- control body fluids - urine, feces menstrual fluid, sweat

Treat Neuropathic itch

Vulvar problems can make them all miserable

You can help them!