Interesting Vulvar Conditions

Test Your Knowledge of Various Vulvovaginal Conditions

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Disclosures/Conflicts of Interest

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Advisory Board of Merck, Co. Inc.

Off label us of multiple medications discussed
Course Objectives
At the end of this course, the participant should be able to:

- Identify the clinical features of various vulvovaginal conditions
- Become familiar with a variety of treatments for skin diseases

Written Information Available:

University of Michigan Center for Vulvar Diseases (Google)

Then, click on Information on Vulvar Diseases

http://obgyn.med.umich.edu/patient-care/womens-health-library/vulvar-diseases
University of Michigan Center for Vulvar Diseases

There are many reasons for seeing a vulvar disease specialist. University of Michigan Center for Vulvar Diseases, treating vulvar disease is only part of the solution. Our multidisciplinary team of experts is helping women receive total care, from cutting-edge treatment options to education and counseling to meet every individual’s needs.

The Center for Vulvar Diseases was created in 1995 to better serve and treat women with diseases of the external genitalia. Our center is one of only a handful of clinics that specialize in treating these conditions. We focus on the multidisciplinary approach to help patients improve their health.

The team approach allows us to provide a higher intensity of care and expertise to women who have already demonstrated a resistant and chronic illness or an unusual vulvar condition.

Many women experience different forms of vulvar pain, including vulvodynia. Vulvodynia is pain on the lips of the vulva or upon intercourse with a normal appearing vulva. It is a burning, stinging irritation. Some patients are unable to accept sexual penetration due to muscle spasms and tenderness. Other conditions associated with vulvar pain include:

- Lichen sclerosus or lichen planus—chronic inflammatory skin disorders
- Vulvar intraepithelial neoplasia—2 precancerous condition, often associated with a virus, the human papilloma virus (HPV)
- Infections: A disease of the amphot and vulva, with pus filled pockets of fluid
- Bartholin cyst—fluid filled cysts at the base of the enterocele

References for Vulvar Diseases: Recognizing and Treating VIN (PDF)
Your Diagnosis Is (PPT)
Your Diagnosis Is (PDF)

Argentina, November 14 and 15, 2013
- Vulvovaginal Surgery (PPT PDF)
- Desquamative Inflammatory Vaginitis (PPT PDF)
- Desquamative Inflammatory Vaginitis (Word PDF)
- Update in Vulvar Disease (PPT PDF)
- Update in Vulvar Disease (Word PDF)

Connecticut, December 12, 2013
- Learn to Like the Lichens (PPT PDF)
- Learn to Like the Lichens Handout (PDF)

Troy, MI, February, 2014
- Dermatologic Vulvovaginal Conditions (PPT PDF)
- Dermatologic Vulvovaginal Conditions Written Handout (PDF)
PLEASE HOLD UP YOUR SELECTION

A  B
C  D

Gross and histologic images
A 64 y.o. G4P4 was recently diagnosed with lichen sclerosus (no biopsy performed). She was started on clobetasol propionate. She calls complaining of vulvar pain.
Your diagnosis is?

A. Lichen planus
B. Pemphigoid
C. Lichen sclerosus with herpes infection
D. Invasive squamous cell carcinoma
How many different types of herpes viruses exist that affect humans?

A. 2  
B. 4  
C. 8  
D. 80
What percent of people with HSV-2 are unaware that they are infected?

A. 10-20%
B. 21 – 40%
C. 50- 70%
D. Over 80%

http://en.wikipedia.org/wiki/Herpesviridae
27 y.o. with 1 1/2 year history of vulvar irritation. History of genital herpes. PMH significant for hypothyroidism.
She had tried multiple agents for her condition including topical steroids, Vagisil, antibiotics, and Diflucan. She used oral steroids but developed knee pain. Protopic has not helped.
MICROSCOPIC DIAGNOSIS:
1. Vulva, biopsy: Hyperkeratosis consistent with *lichen simplex chronicus*.
2. Right labium majus, biopsy: Scar with overlying and adjacent *lichen simplex chronicus*.
3. Vulva, left bottom, biopsy: Excoriation with *lichen simplex chronicus*. 
Skin biopsy: Site: Vulva; Lesional status: Lesional: No evidence for pemphigus/pemphigoid. Occasional cytoid bodies suggestive of lichen planus.

Your diagnosis is?

A. Lichen planus
B. Molluscum
C. Pemphigoid
D. Severe contact dermatitis
Which agent has she reacted to?

A. Diflucan
B. Topical steroids
C. Vagisil (contains benzocaine)
D. Antibiotics
VULVAR FISSURES

Two main varieties
Posterior fourchette fissures which occur with intercourse

Skin fold fissures which patients describe as “paper cuts”
Treatment

- Rule out candida, lichen sclerosus, atrophy, herpes, Crohn disease
- Reduce friction
  - Ample lubricants (water, silicone, oil based)
  - Position changes
- Treat atrophic vaginitis with local estrogen and dilator
- Treat vestibulodynia and vaginismus
- Surgical excision as last resort
Treat with Dilators

Treat with Dilators…
If cost is an issue
Surgical Therapy for Fissures

Close anterior to posterior

Summary

When patients do not respond to therapy
- Reconsider the diagnosis
- Check for infection - fungal, bacterial, HSV
- Consider contact dermatitis to a medication, over washing, etc.
- Evaluate for carcinoma
Ahora Disponible ... Aplicación con los Algoritmos y Guías de Manejo de la ASCCP Actualizadas - en Español

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