Vulvar Diseases
What Do You Know?

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Course Objectives

At the end of this course, the participant should be able to:

• Identify the clinical features of various vulvovaginal conditions
• Advance your knowledge of common and puzzling vulvovaginal conditions
• Discuss a variety of treatments for skin diseases
Additional Information

https://medicine.umich.edu/dept/obgyn/patient-care-services/womens-health-library/center-vulvar-diseases/resources-providers

• or search Google for Resources for Providers Center for Vulvar Diseases
15th World Congress on Menopause, Prague, September, 2016
  • Vulvodynia Causes and Management (PPT PDF)
IPPS Meeting, Chicago, October, 2016
  • Disorders Associated with Vulvar Pain (PPT PDF)
Vanderbilt, Nashville, February, 2017
  • The Latest in Vulvar Dermatoses (PPT PDF)
  • The Latest in Vulvar Dermatoses - Handout (PDF)
  • Your Diagnosis Is (PPT PDF)
  • Your Diagnosis Is - Handout (PDF)
  • Current State of Vulvodynia (PPT PDF)
  • Current State of Vulvodynia - Handout (PDF)
ASCCP/IFCCC, April, 2017
  • Cases: Your Diagnosis Is (PPT PDF)
  • Cases: Your Diagnosis Is - Handout (PDF)
ISSVD Houston, March, 2017
  • Your Diagnosis Is (PPT PDF)
  • Your Diagnosis Is - Handout (PDF)
Gross and Histologic Images
Four Generations

- Silent Generation 1922–1945
- Baby Boomers 1946-1964
- Generation Xers 1965-1980
- Millennials 1981-1996
- Generation Z No precise dates for which this cohort begins or ends
Index cards

– Several questions will be asked- Hold up correct colored card

– When music is played, write down the title of the song and musician/group

– Keep score of number correct and incorrect on the music and the unknown questions
# The Four Generations and Teaching

<table>
<thead>
<tr>
<th>Generation</th>
<th>Dates</th>
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<tbody>
<tr>
<td>Silent Generation</td>
<td>1922–1945</td>
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<tr>
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Which Generation Are You?

- Silent Generation
  1922–1945
- Baby Boomers
  1946-1964
- Generation Xers
  1965-1980
- Millennials
  1980-2000
Training the Generations

Silent
- Rote-Memorization
- Classroom
- Lecture
- Workshops
- Study (extensive)
- Books & Manuals

Boomers
- Course-based learning
- PowerPoint
- Hands on
- Exploration
- Learning Thru Play
- Role playing (games)

Gen X
- Learning is Supposed to be Fun
- Kits
- eLearning
- Media centric
- Software, CDs, Video

Millennials
- Mobile e.g., iPod
- e.g., iPod
- Web 2.0, Wikis, Blogs, Pod Casts
- e.g., iPod
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**Media centric** eLearning Mobile e.g., iPod Web 2.0, Wikis, Blogs, Pod Casts
Test Format
The image shown represents which vulvar condition?
The image shown represents which vulvar condition?

- A. Erosive lichen planus
- B. Paget disease
- C. Eczematous dermatitis
- D. None of the above
Beef Tongue
81 y.o. G2P2 presents with vulvar itching and irritation. She had previously undergone a biopsy of the lesion, revealing verruca.

She says since the biopsy, the lesion has increased in size significantly.
2 cm to 3 cm in diameter
Past Medical History

- Atypical chest pain (limited to approximately 1/2 block of ambulation and 1 flight of stairs secondary to shortness of breath)
- Vertigo
- Leg cramps
- Osteoarthritis
- Lichen sclerosus
- Bilateral cataracts
- Depression
- Osteoporosis
- Basal cell carcinoma (face)
- Spinal stenosis
- Peptic ulcer disease
- Hypertension
Biopsy 1 month prior to seeing you is verruca. What do you recommend as her treatment?

a. Rub a potato on the wart and throw it over the fence
b. Cryotherapy
c. Trichloroacetic acid
d. Wide local excision
What is the diagnosis?

- a. HSIL of vulva
- b. Invasive squamous cell carcinoma
- c. Verrucous carcinoma
- d. Adenocarcinoma
32 y.o. G0 with **painless** vulvar irritation and erythema
• Vulvar irritation began in fall 2015 when she experienced new watery odorless discharge and her PCP noted whitening of the left perineum.
• She went on to develop a "growth" of the left perineal region.
• Initially treated with topical steroids.
• She also used an oral antibiotic regimen, which brought no significant improvement to her symptoms.
• On January 12, 2016, patient underwent excision of the perineal lesion at an outside facility
  • Pathology demonstrated ulceration, pseudoepitheliomatous hyperplasia with rare squamous cells showing herpes virus cytopathic effect, an underlying polypoid granulation tissue
• On January 26, 2016, patient noted regrowth of the perineal lesion over the previous scar
• Diagnosed with pseudotumor herpes, treated with oral antivirals (failed), then intravenous acyclovir (failed)
Question
What is the name of the woman who determined how and why acyclovir works?

What year was acyclovir released?

What to do now?
Medication started July, 2016
Thalidomide

- Inhibits TNF-α, IL-6, IL-10 and IL-12 production
- Modulates the production of IFN-γ
- Enhances the production of IL-2, IL-4 and IL-5 by immune cells
- Inhibits NF-κB and COX-2 activity
- It increases lymphocyte count, costimulates T cells and modulates natural killer cell cytotoxicity
Additional Medications

• IUD prior to thalidomide
• Topical imiquimod
• Topical cidofovir
6 months after completing thalidomide, 3 small erosions noted on vulva
What workup would you recommend?
What treatment do you recommend?
Should she be on an antiviral during pregnancy?
A 62 y.o. with a long-standing history of lichen sclerosus diagnosed by biopsy in her 30s presents with worsening symptoms for the past year

- Rawness, tearing, pruritus, burning and increased pain despite using clobetasol
- She has been recently placed on lidocaine p.r.n. with minimal relief
Your most likely diagnosis is?

Part A

a  Bartholin cyst
b  Lipoma
c  Sarcoma
d  Hernia
Your next step? Part B

- Pelvic/vulvar CTA
- Pelvic/vulvar MRI
- Pelvic/vulvar Ultrasound
- Go straight to the OR
Your diagnosis is? Part C

a  Bartholin cyst
b  Lipoma
c  Sarcoma
d  Hernia
The labium majus is homologous to the:

<table>
<thead>
<tr>
<th></th>
<th>Scrotum</th>
<th>Urethra</th>
<th>Testicle</th>
<th>Seminal duct</th>
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47 y.o. G2P1spAb1 presents with a vagina that has a depth of 2 cm

- Intercourse is impossible
- She begs you to cure her
Your diagnosis is?

a. Paget disease
b. HSIL of the vulva
c. Plasma cell vulvitis
d. Erosive lichen planus
She has been treated with various topical steroids in mouth, vagina, and on the vulva. You offer her topical steroids. Other things to consider include?

- a. Offer more topical steroids, tell her to avoid intercourse
- b. Give her a vaginal dilator and tell her to come back when her vagina is normal in length for re-evaluation
- c. Lysis of adhesions in the OR
- d. There is nothing more to offer her
Can you cure her?

A. Yes
B. No
C. Maybe
Lichen planus (LP)

- Surgery for lichen planus (lysis of vulvovaginal adhesions) consists of opening the vagina under anesthesia, followed by long term vaginal dilation and intravaginal steroids.
Soft Type Backer Rods

- Ideal for irregular joints, particularly where free flowing and self leveling sealants are employed
- Google
22 y.o. with painful discolored clitoris
Your Diagnosis Is?

- [x] Hemangioma
- Pyogenic granuloma from a clitoral bite
- Varicosity
- Melanoma
What do you recommend as her treatment for the pyogenic granuloma?

- Sharp excision of clitoris
- Cryotherapy
- Fine point electrocautery to remove lesion
- Trichloroacetic acid
Pyogenic granulomas are misnamed (neither infectious nor granulomatous)

True

False
Pyogenic granulomas are more common in males than in females

- True
- False
The majority of pyogenic granulomas are more common in males than in females

- True
- False  Equal overall (except oral mucosal lesions 2 x more common in females).
To Prevent Recurrence— Avoid Trauma
A 33 year old lady developed a chronic rash on the edge of her left labium majus. Treatment with topical cortisone did not help. She was waking up at night scratching. A biopsy showed “a pattern compatible with lichen simplex chronicus”.

Rash spreading!
Why didn’t her topical corticosteroid help?

A. Potency too low
B. Cream base used
C. Wrong medication
Your diagnosis is?

A. Lichen Simplex Chronicus
B. Contact Dermatitis
C. Tinea Cruris
D. Candidiasis
Tinea Cruris
Rx clobetasol
Which one is not associated with Tinea cruris?

A. *Tinea nigra*
B. *Epidermophyton floccosum*
C. *Trichophyton rubrum*
D. *Trichophyton interdigitale*
Which one is not associated with Tinea cruris?

A. *Tinea nigra*   Affects hands, feet, neck, trunk
B. *Epidermophyton floccosum*
C. *Trichophyton rubrum* – *most common*
D. *Trichophyton interdigitale*
What is the correct treatment for tinea cruris?

Topical antifungals (azoles, allylamines, butenafine, ciclopirox, and tolnaftate)

**Nystatin** is not effective

Tinea cruris that is extensive or fails to resolve with topical therapy can be treated with the oral antifungals
A 21 year old presents with chronic drainage from her right vulva since November 2005.

Underwent surgical resection of the draining area for possible Bartholin gland abscess in July 2006 with no significant improvement in her symptoms.
Your diagnosis is?

- a) Bartholin cyst
- b) Fistula in ano
- c) Granuloma inguinale
- d) Metastatic bowel cancer (Krukenberg tumor)
Studies you should order got fistula in ano include:

- Fistulography
- Endoanal/endorectal ultrasound
- MRI
- None of the above
Studies you should order include:

- Fistulography
  (referred with one- mother works in radiology)
Accuracy rate is 16–48%
Studies you should order include:

- Endoanal/endorectal ultrasound - 50% better than physical exam alone
Studies you should order include:

- MRI
  80 – 90% concordance with operative findings when observing a primary tract course and secondary extensions. Study of choice for complex fistulae.
The following images are from a MRI of a different patient with multiple tracks.
Fistula in ano occur more often in females than males?

- Yes
- No
Fistula in ano occur more often in females than males?

- No  The male-to female ratio is 1.8:1
A 26 y.o. G1P0 presents with a recurrent vulvar cyst. On the right vulva, she has undergone two marsupializations, a cyst excision following her initial treatment with a Word Catheter.
What studies would you consider?

- I would not order any studies
- CT
- MRI
- IVP
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
Great Job!

Questions and Answers