Vulvar Disease
Clinical Cases

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Cartagena

Conflicts of Interest

Hope Haefner, MD is on the Advisory Board of Merck Co., Inc.
OBJECTIVES

1. Identify clinical features of a spectrum of vulvovaginal diseases
2. Establish therapeutic strategies for a variety of vulvovaginal diseases

Little evidence-based treatment
Too few studies done in vulvar diseases

Most treatments discussed are “off-label”
Written Information Available:

University of Michigan Center for Vulvar Diseases

Then, click on Information on Vulvar Diseases

http://obgyn.med.umich.edu/patient-care/womens-health-library/vulvar-diseases
ISSVD Chicago, September 8, 2014
- Your Diagnosis Is (PPT PDF)
- Your Diagnosis Is Handout (PDF)

Wayne State, September 16, 2014
- Your Diagnosis Is (PPT PDF)
- Your Diagnosis Is Handout (PDF)
- Recalcitrant and Recurrent Candidiasis and BV (PDF)

58th Annual T Hart Baker, MD OB/GYN Symposium, September 20, 2014
- Common Vulvar Complaints and Management (PPT PDF)
- Common Vulvar Complaints and Management What’s Your Diagnosis Handout (PDF)
- Recalcitrant and Recurrent Candidiasis and Bacterial Vaginosis (PPT PDF)
- Recalcitrant and Recurrent Candidiasis and BV Handout (PDF)
- Management of the Patient with Vulvar Pain Syndromes (PPT PDF)
- Management of the Patient with Vulvar Pain Syndromes Handout (PDF)

University of Virginia, November, 2014
- Your Diagnosis Is (PPT PDF)
- Your Diagnosis Is Handout (PDF)
- Vulvovaginal Surgery Handout (PPT PDF)
- Recalcitrant and Recurrent Candidiasis and BV (PDF)

ISSWSH Vulvovaginal Surgery, February, 2015
- Surgical Management of Lichen Sclerosus & Lichen Planus (PPT PDF)
- Current Lichen Planus & Surgery Regimen (PDF)
- Vulvovaginal Surgery (PPT PDF)
- References (PDF)
A 29 y.o. G3P3 presents with vulvar irritation.
What is your diagnosis?

A  Candidiasis
B  Bacterial vaginosis
C  Group B streptococcus
D  Desquamative inflammatory vaginitis
Have you even heard of DIV?

A. Yes
B. No

What other conditions does DIV have a similar microscopic appearance to?
Atrophic vaginitis

DIV

Etiology is unknown; past theories
- Lichen planus
  - Nonspecific term for any erosive mucosal disease (LP, pemphigus vulgaris, cicatricial pemphigoid)

Current theory
  Specific sterile inflammatory vaginitis, probably autoimmune

Common picture of several uncharacterized diseases
DIV

Therapy
- Intravaginal clindamycin cream vs. intravaginal hydrocortisone suppositories
- If that fails, clindamycin cream and hydrocortisone suppositories
- If no response, compound a high dose intravaginal corticosteroid and 2% clindamycin

49 year-old woman with 6 month history of bloody vaginal discharge and vulvar irritation
- She is scheduled for EUA and D and C and any additional procedures required
- PMH significant for multiple sclerosis (wheelchair dependent), borderline diabetes mellitus, and hypothyroidism
- Suprapubic catheter for 2 years
- Difficult examination secondary to muscle spasm
After exam under anesthesia, visible pubic ramus. What Do You Suggest be Done NOW?

A. D and C only
B. Biopsy of vulvar tissue /bone debridement and culture
C. D and C and biopsy of vulvar tissue/bone debridement and culture
D. Resection of pubic bone with flap placement
Diagnosis- Osteomyelitis of Pubic Rami
What Treatment Do You Recommend?

A. Resection of pubic rami
B. Intravenous antibiotics
C. Intravenous antibiotics and serial debridement
D. Oral antibiotics
78 year old woman presents with vulvar irritation.

For 1-2 years gradually worsened. The upper vulva is now sore if touched.

She saw her gynecologist 1 ½ yrs. ago who was concerned about some scarring and periclitoral irritation. The biopsy was non-specific – minor inflammation.

Clobetasol ointment irritated the area.
Your Diagnosis Is?

A  Contact Dermatitis
B  Paget’s Disease
C  Malignant Melanoma
D  Squamous Cell Carcinoma
How Many Biopsies?

A. One
B. Two
C. Three
D. More than one depending on appearance and induration

4 mm punch biopsies
Vulvar Malignant Melanoma (MM)

- 5% vulvar cancer are MM
- Tend to be found in older women > 65 years
- Amelanotic 25%, multifocal 20%
- Atypical color – with a variety of colors - brown, black, red, white, or blue color: amelanotic
- A late diagnosis
Differential Diagnosis:

- HSIL of the vulva
- SCC
- Extramammary Paget’s
- Atypical contact dermatitis
- HSV

Extramammary Paget’s Disease
Vulvar Melanosis

LS Melanosis
Vulvar Melanosis

Common

Pigmented macules and patches
Solitary or multifocal
Angular and asymmetrical
Usually vulvar trigone

Dx - biopsy

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 causing disease?

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
61-year-old woman with T8 paraplegia, type 2 diabetes and a seizure disorder

- Fecal incontinence with colostomy bag and urinary incontinence with suprapubic catheter
- She presents with one-year history of a vulvar ulcer
• MRI reveals a large ulcer with evidence of osteomyelitis of the right inferior pubic ramus
• Also noted to have asymmetric thickening and hyper-enhancement of the right bladder wall extending to the right urethra

• Underwent exam under anesthesia, vulvar ulcer debridement and vulvar biopsies, pubic bone debridement and biopsies
• Cystourethroscopy performed by Urology did not show any involvement of the urethra or bladder
• Coagulation used on vessels on bone and under bone for hemostasis
• No active bleeding is noted at end of surgery
• Approximately 2 hours postoperatively the GYN team was contacted by nursing staff concerned that the patient was continuing to have “vaginal” bleeding
What Should Be Done Now?

- Check CBC, coagulation studies, Type and Cross
- See if one or two vessels can be isolated for suturing in recovery room
- Pack the vagina
EBL in recovery now ~750 ccs
What should be done?

• Patient received 1 unit pRBCs intraoperatively and 500 ccs albumin
• Exam under anesthesia revealed:
  – Both bone and vaginal tissue bleeding

• Excessive bleeding controlled with two figure of eight sutures
• Vagina was irrigated and multiple areas of bleeding coagulated with the Bovie
• Surgifoam placed over bone
• Vagina packed with Kerlix
• Transfused an additional 2 units PRBCs on POD#2
• Treated with Vancomycin and Tobramycin
• Noted to have a pseudomonas UTI and bone biopsies grew Enterobacter
• Discharged with plan for 6 weeks of IV Cefipime
• Biopsy of bone c/w granulation tissue
• Required 2 additional debridements

Lessons Learned
Questions to Ask in OR

• How is her blood pressure?
  – Watch the patient’s BP intraoperatively. Active bleeding may be masked by hypotension
  – This patient was 80-90s/40-50s in OR and then 120-140s/70-90s in PACU
Major Lesson Learned

Make sure they are bone dry

A 21 y.o. G0 presents with a history of chronic immunosuppression secondary to autoimmune hepatitis. She has noted vulvar changes for one year. She complains of vulvar pain and occasional vulvar bleeding.
The images shown represent which vulvar conditions?

- HSIL of the vulva and molluscum contagiosum
- Condyloma
- Molluscum contagiosum
- HSIL of the vulva and Condyloma
<table>
<thead>
<tr>
<th>ISSVD 1986</th>
<th>ISSVD 2004</th>
<th>LAST 2012</th>
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<tbody>
<tr>
<td>VIN 1</td>
<td>Flat condyloma or HPV effect</td>
<td></td>
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<tr>
<td>VIN 2</td>
<td>VIN, usual type a.VIN, warty type</td>
<td>Low Grade</td>
</tr>
<tr>
<td>VIN 3</td>
<td>b.VIN, basaloid type c.VIN, mixed (warty/basaloid) type</td>
<td>High Grade</td>
</tr>
<tr>
<td>Differentiated VIN</td>
<td>VIN, differentiated type</td>
<td></td>
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Treatment for this patient should be:

- Laser
- Wide local excision (WLE)
- A combination of laser and WLE
- No treatment. Observation only.
62 y.o. woman with vulvar irritation. First noted lump on vulva in 2011. It grew and she underwent a biopsy.
Your Diagnosis Is?  Part 1

- Lichen planus
- Lymphangiomas
- Lichen sclerosus
- HGSIL
Your Diagnosis Is?  Part 2

A  Lichen planus
B  Lymphangiomas
C  Lichen sclerosus
D  HGSIL

They can become black in color. The theory behind this color change is secondary to:

A  Association with diabetic skin changes
B  Premalignant changes (compound nevi)
C  Scar changes from frequent rupture
D  Hemorrhage
Skin closed with interrupted sutures

Doing well

No Recurrence over 1.5 years
Skin Graft
No recent follow up - was doing well but only saw her 3 months out from surgery (multiple personality disorder)

You are called to consult on a 1 day old infant delivered via NSVD. There is concern about the appearance of the vulva.
You recommend:

A. Excision with fine tip bovie
B. Follow, no need to treat
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 pre-cancer or cancer
newyork.issvd.org

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