Your Diagnosis Is?

Test Your Knowledge of Various Vulvovaginal Conditions

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Disclosures/Conflicts of Interest

Hope K. Haefner, MD was previously on the Advisory Board of Merck, Co. Inc.

Off label use of multiple medications discussed
Written Information Available:

University of Michigan Center for Vulvar Diseases (Google)

http://obgyn.med.umich.edu/patient-care/womens-health-library/vulvar-diseases

Then, click on Information on Vulvar Diseases
University of Michigan Center for Vulvar Diseases

There are many reasons for seeing a vulvar disease specialist at the University of Michigan Center for Vulvar Diseases, treating them is only part of the solution. Our multidisciplinary approach at ensures 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 1993 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—a precancerous condition, often associated with a virus, the human papilloma virus (HPV)
- Hidradenitis suppurativa—a disease of the apocrine glands and vulva, with pus-filled pockets of fluid
- Bartholin cysts—fluid-filled cysts at the base of the entranceway
• Surgery for Vestibulodynia (PPT PDF)
• References - Surgery for Vestibulodynia (PDF)
• Vulvodynia (PPT PDF)
• Vulvodynia Handout (PDF)
• Clinical Aspects of HPV Infection (PPT PDF)

ASCCP, New Orleans, April, 2016
• Puzzling Cases (PPT PDF)
• Post Test (PPT PDF)
• Comparison of Diagnostic Testing for Trichomonas (PDF)
• Costs/Methods of Detecting T. Vaginalis (PDF)

ACOG, Washington DC, May, 2016
• Your Diagnosis Is (PPT PDF)
• Vulvar Diseases: What Do You Know? (PPT PDF)
• Vulvar Diseases: What Do You Know - Handout (Word PDF)
• Erosive and Ulcerative Diseases of the Vulva - Edwards (PPT PDF)

ACOG District XII, Orlando, August, 2016
• Update on Vulvar Dermatology (PPT PDF)

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)
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
Gross and histologic images
Your diagnosis is.......
Case

- 58 year old woman presents with a 2 year history of dyspareunia, burning and rawness
- Gyn records report KOHs showing yeast
- Poor response to antifungals
- Estrogen replaced without improvement
Is this?

- contact dermatitis
- lichen planus
- Zoon’s vulvitis (plasma cell vulvitis)
- differentiated VIN
Is this?

- contact dermatitis
- lichen planus
- Zoon’s vulvitis (plasma cell vulvitis)
- differentiated VIN
Plasma cell vulvitis
(Zoon’s vulvitis, vulvitis plasmacellularis)
Zoon’s - Dx

- Morphology of red/brown purpuric or deep red patches on mucous membranes (less often on modified mucous membranes)
- Confirmed by biopsy showing plasma cells, dermal hemosiderin, effacement of the epidermis, lozenge-shaped epithelial cells
- What is this? I don’t know
Zoon’s – Rx

The literature reports good results (not I)

- Ultrapotent topical corticosteroids (of course)
- Intralesional steroids
- Clobetasol, oxytetracycline, and nystatin compounded (personal communication Lynne Margesson)
- Fudisic acid (antibiotic cream)
- Topical retinoids (ouch!)
- Imiquimod (ouch!)
- Calcineurin inhibitors (often ouch!)
- CO2 laser (ouch!)
76 y.o. hx of vulvar irritation and lichen sclerosus added onto clinic for new onset of severe pain in her vulvar area

Intense burning pain over her vulva and buttock

Primary MD saw her 2 days previously-recommended that she use warm or cold compresses and topical lidocaine
Your Diagnosis Is?

A. Aphthous ulcers
B. Shingles
C. HSV 2
D. Erosive lichen planus
How many different types of herpes viruses exist that affect humans?

A. 2  
B. 4  
C. 8  
D. 80
## Herpesviruses

<table>
<thead>
<tr>
<th>Type</th>
<th>Name</th>
<th>Subfamily</th>
<th>Target cell</th>
<th>Latency</th>
<th>Transmission</th>
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<td>HSV</td>
<td>Alphaherpesvirinae</td>
<td>mucoepithelia</td>
<td>neuron</td>
<td>contact</td>
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<td>VZV</td>
<td>Alphaherpesvirinae</td>
<td>mucoepithelia</td>
<td>neuron</td>
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<td>4</td>
<td>CMV</td>
<td>Betaherpesvirinae</td>
<td>epithelia, monocytes, lymphocytes</td>
<td>monocytes</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>lymphocytes</td>
<td>congenital transplantation</td>
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<tr>
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<td>EBV</td>
<td>Gammaherpesvir.</td>
<td>B lymphocyte</td>
<td>B lymphocyte</td>
<td>saliva</td>
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<tr>
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<td>Betaherpesvirinae</td>
<td>T lymphocyte</td>
<td>T lymphocyte</td>
<td>Respiratory</td>
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<td>KSHV</td>
<td>Gammaherpesvir.</td>
<td>Endothelial cells</td>
<td>Unknown</td>
<td>body fluids</td>
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</tbody>
</table>

How many people in the US develop shingles?

A. 1 out of every 3 people
B. 1 out of every 4 people
C. 1 out of every 5 people
D. 1 out of every 6 people
• Reduce the risk of developing shingles and the long-term pain from post-herpetic neuralgia (PHN) by getting vaccinated (age 60 years)

• Antiviral medicines—acyclovir, valacyclovir, and famciclovir to shorten the length and severity of the illness

• Analgesics (narcotics, gabapentin), wet compresses, calamine lotion, and colloidal oatmeal baths
A 52 year old menopausal lady complains of vulvar itching - very focal itching for 2 months. No response to yeast Rx and clobetasol ointment for longstanding lichen sclerosus. History of recurrent HPV and pelvic floor dysfunction years ago.
Your Diagnosis Is?

A. Lichen Sclerosus
B. dVIN
C. HSIL
D. HPV
Consider intraepithelial or early invasive SCC if persistent plaque, erosion or ulceration genitalia especially with LS

Think cancer with disproportionate itch or burn

Have low threshold for biopsy of any suspicious genital lesion

Always touch - feel the areas for tumor
Vulvar Squamous Cell Carcinoma

- Commonest vulvar malignancy
- 85-90% of all vulvar cancers
- Classification - Intraepithelial
  - Invasive
**HSIL, VIN and Vulvar SCC**

- **Intraepithelial**
  1. High Grade Intraepithelial Lesion / HSIL has replaced the terms VIN III, including all warty, basaloid and mixed lesions
  2. VIN III differentiated / dVIN

- **Invasive SCC** - in women > 65 yr.
  - up to 40% - lichen sclerosus
HSIL / VIN III
Multifocal
(HPV 16, 18)

Can be very itchy
SCC - beware neglected LS

Stop
Look See
Touch
Vulvar SCC

- 30-40% vulvar SCC occur in lichen sclerosus
- Lichen sclerosus and lichen planus can develop SCC in 3 - 4% of cases

Think of SCC or HSLI / dVIN III -
- if LS or LP not responding
- symptoms, especially pain, are disproportionate to clinical picture
Squamous Cell Carcinoma
How to Prevent Vulvar Cancer

Treat Lichen Sclerosus forever
CASE

• 34 year old woman with introital irritation, dyspareunia, itching, rawness.
• Discharge
• Treated for yeast and bacterial vaginosis without significant improvement
• Otherwise healthy, regular menses
• No medications
• Husband has had vasectomy
WET MOUNT

- Sheets of neutrophils
- No parabasal cells
- Abundant lactobacilli

pH = 4
MOLECULAR STUDIES

Negative -
- Trichomonas
- Gonorrhea
- Chlamydia
- Mycoplama
Is this?

- DIV
- Cervicitis
- Vulvodynia
- Aerobic vaginitis
Case presentation

• 38 yo G1P1, with clitoral mass increasing in size for the past 28 years.
• Enlargement at clitoral location noted at her last delivery 3 years ago
• Past workup by an Endocrinologist included an MRI of her adrenals/kidneys and a testosterone work up which were negative
Your Diagnosis Is?

A. Sarcoma
B. Lipoma
C. Plexiform schwannoma
D. Normal clitoral tissue
Video
Two ladies 56 and 59 years old have similar problems. They have vulvar burning, sexual dysfunction with no penetration for over a year. They also have no tolerance to any topicals as all burn on application.
Do they have the same condition?

A  YES
B  NO
Which is lichen sclerosus?
Everything white is Lichen Sclerosus
White Vulvar Conditions

- Lichen Sclerosus
- Lichen Planus
- Lichen Simplex Chronicus
- Mucous Membrane Pemphigoid
- Vulvar Intraepithelial Neoplasia
- Vitiligo

Biopsy to confirm diagnosis
Lichen Sclerosus

Benign Mucous Membrane Pemphigoid

Lichen Planus
Lichen Planus

Always examine vagina, perianal area, mouth and skin.

Perianal LP lacy pattern
Lichen Simplex Chronicus
Diagnosis ?
“Everything white is **NOT** Lichen Sclerosus”
The Lichens

- Lichen Sclerosus
- Lichen Planus
- Lichen Simplex Chronicus

The Lichens