The Vulva: Help! It Hurts Down There!"

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Objectives

- Understand differential diagnoses for vulvar burning and vulvar pain
- Be aware of vulvar dermatoses including evaluation and treatment
- Understand diagnosis and treatment of GSM
- Review infections that affect the vulva with focus on identification and treatment

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Why Should I Care About the Vulva?

- Vulvar pain and burning are common symptoms affecting patients of all ages
- Many patients are uncomfortable discussing vulvar symptoms and anatomy
  - 61% patients have feelings of shame and embarrassment about their genitalia
- Treatment can preserve patient quality of life and prevent irreversible architectural changes

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Help me! I have Vulvar Itching

- Infections
  - Tinea cruris, trichomoniasis, candidiasis, molluscum contagiosum, scabies, pediculosis
- Dermatoses
  - Dermatitis, lichen simplex, lichen sclerosis, lichen planus, psoriasis
- Neoplasia
  - Paget disease, vulvar LSIL/HSIL, vulvar cancer
- Systemic disease
  - Chrohn's, Hidradenitis suppurativa
- Genitourinary syndrome of menopause

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Help me! I have VULVAR PAIN!

- Infections
  - Recurrent vulvovaginal candidiasis, herpes
- Dermatoses
  - Lichen sclerosis, lichen planus, immunobullous disorders
- Neoplasia
  - Paget disease, vulvar LSIL/HSIL, vulvar cancer
- Vulvodynia- diagnosis of exclusion
- Neurologic
  - Postherpetic neuralgia, nerve compression, neuroma
- Trauma
  - cutting, obstetrical complications
- Iatrogenic
  - postoperative, chemotherapy, radiation
- Hormonal deficiencies
  - GSM, lactational amenorrhea

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Evaluation

- History - specifically is it acute or chronic
- Physical exam - examine the entire vulva from the clitoris to around the anus
- Evaluation of vaginal discharge
  - Wet prep, whiff test, fungal culture, STI screening

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Vulvar biopsy

- When
  - Atypical lesion (new pigmentation, indurated, affixed to underlying tissue, bleeding, ulcerated)
  - Concern for malignancy
  - Immunocompromised patient
  - Uncertain diagnosis
  - Lesions do not respond to standard therapy
- How - punch, shave, or excision
  - Pigmented lesions concerning for melanoma full thickness excision or punch
  - If sclerotic or ulcerative—> biopsy the edge to include normal skin
  - Hyper pigmented - biopsy thickest area
  - May need multiple biopsies if multifocal

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Vulvar Care Basics

- Avoid chemicals, moisture, rubbing
- Unscented detergents/soaps. Avoid soap directly to vulvar skin
- Change underwear or pad if damp, cotton clothing
- Avoid tight pants/pantyhose, use non cornstarch powder (eg goldbond™), zinc oxide, coconut oil

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Topical Steroid Pearls

- Safe when used appropriately - but chronic inappropriate use can case atrophy, hypertrichosis, or acne
- Systemic absorption is rare; topical absorption after about 30 mins
- Ointments are stronger and better tolerated by patients
- Pea-sized amount to the ano-genital area

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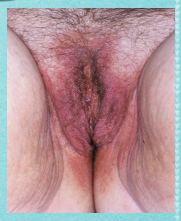
Contact Dermatitis

- Non-scarring
- Itching, burning, erythema, swelling, excoriations
- erythema, edema, vesicles
- Common irritants: sweat, urine, soap, fragrances, lubricants, pads
- Treatment - avoid irritants, topical corticosteroid ointment, oral antipruritic medication as needed



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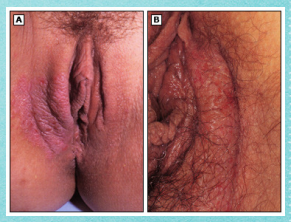
Lichen Simplex Chronicus

- Chronic, non scarring; erythema, scaling, excoriation, thickened skin
- intense, unrelenting itching and scratching;Pruritus more common at night
- Most common in middle to late adult life
- Majority have family history of allergies, eczema, or asthma
- Treatment: medium potency steroid ointment, oral antihistamine, SSRI (if does not tolerate antihistamine)
- Must break the itch-scratch cycle



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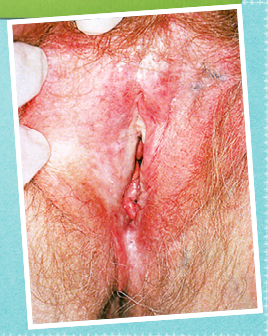
Lichen Sclerosis

- chronic itching, burning, dyspareunia, SCARRING
- Appears as white papule and plaques, thinned crinkled skin, introital narrowing common, fusion of labia minora, phimosis
- Typically in postmenopausal but can also be see in prepubertal ages
- Confirm with biopsy
- Treatment: high potency steroid ointment
- Surveillance q 3-6 months until remission
- Maintenance - mometasone 0.1% ointment twice weekly
- Refractory - intralesional triamcinolone, topical tacrolimus, retinoids, phototherapy



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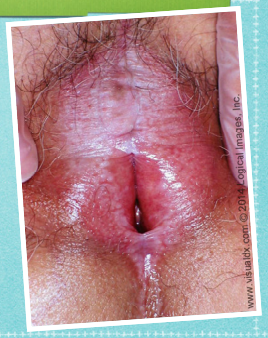
Lichen Planus

- SCARRING, dyspareunia, burning, itching, increased vaginal discharge
- Can involve skin, oral mucosa, and vulvoVAGINAL tissues
- Characteristic well-demarcated pink-red erosions, most common at introitus
- White, reticulate striae +/- dusky pink papule, skin may appear uniformly white
  - Erosive - painful erosions (loss of dermis)
  - Hypertrophic - white, thick, warty plaques
- Auto-immune disorder
- Typically in peri and post- menopausal ages; Prevalence <1%
- Treatment: HIGH potency steroid ointment, if vaginal involvement can do hydrocortisone vaginal suppositories
- Vaginal dilators recommended
- Coordinate care with dermatology and dentist



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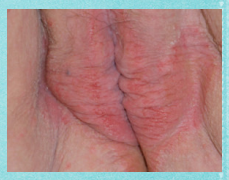
Vulvar Psoriasis

- itchy, red patches
- Can be painful
- Patches in folds are often glossy, smooth since the scaling rubs off
- Dermatology referral indicated



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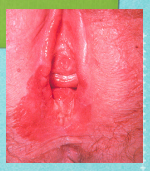
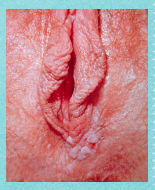
Vulvar Neoplasia

- Extramammary Paget disease: rare <1% of all vulvar malignancies
  - Pruritus, appears as lesion well demarcated with raised edges, erythematous and may have dots of pale areas within it
  - Can be harbinger for underlying adenocarcinoma
    - 20% have a distant carcinoma eg breast, rectum, urethra, bladder, cervix, ovary
- Vulvar LSIL/HSIL
  - LSIL includes condyloma or HPV effect
  - HSIL
    - Usual: associated with HPV, cigarette smoking
    - Differentiated: associated with vulvar dermatoses and more likely to have squamous cell carcinoma
- Treatment: *Wide local excision (5-10 mm margin)*, laser ablation, topical imiquimod





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Genitourinary Syndrome of Menopause (GSM)

- Chronic, progressive, vulvovaginal, sexual, and lower urinary tract condition due to lack of estrogen
- Vaginal dryness, dyspareunia, dysuria, urgency, incontinence, recurrent UTI
- Decreased collagen and blood flow, decreased vaginal cell glycogen (changes microbiome>increased pH), decreased bladder sensitivity and sensation

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GSM treatments

- lubricants, aqueous lidocaine, vaginal vitamin E, probiotics, dilators
- SERM ospemifene - indicated for dyspareunia and vaginal dryness
- Estrogen: oral, transdermal, vaginally
- DHEA (intravaginal): increases local estrogen concentration to improve sexual arousal, libido, vaginal dryness, and pain
  - Prasterone (Intrarosa) 6.5 mg insert once daily
- Testosterone vaginal cream 1% 0.5g daily x 2 wks then 3 times per week
- Hyaluronic acid vaginal suppositories: treats vaginal dryness and dyspareunia -OTC

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Vulvovaginal Candiasis

- Most common Candida albicans
- Non-albicans candida infections tend to cause more burning than itching
- treatment: Vaginal azole cream or oral fluconazole
- Ibrexafungerp (Brexafemme) 300 mg bid x 2 doses (do not use in pregnancy)

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Recurrent Vulvovaginal Candiasis (RVVC)

- 3 symptomatic VVC in <1 year
- Prevalence 5% women (CDC.gov)
- Initial treatment: 14 days vaginal therapy or Fluconazole every 3 days x 3 doses
- Maintenance therapy: Fluconazole weekly x 6 months
  - Fungal culture with susceptibilities is indicated prior to initiating maintenance therapy
  - New option: Vivjoa (oteseconazole) - prevent RVVC in women NOT of reproductive potential - day 1 600 mg then day 2 450 mg then starting day 14 150 mg weekly for 11 wks

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Trichomoniasis

- In 2018 estimated 2 million trich infections in US (CDC), but only about 30% patients have symptoms
- Itching, burning, redness, dysuria, foul smelling vaginal discharge
- treat: Metronidazole 500 mg po BID or 2 gram oral dose x 1
  - TREAT PARTNER(S)

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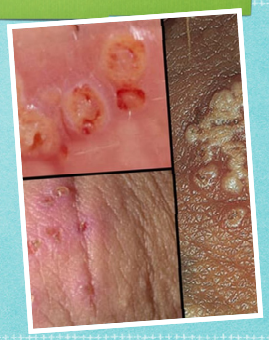
Genital Herpes

- Common
  - 2018 572,00 new cases in US (CDC)
  - From 2005-2010, seroprevalence of HSV2 in US was 16% among patients aged 14-49
- Spreads via direct contact with lesion, saliva, genital fluids
- Diagnosis - HSV NAAT assay, viral culture, Serology



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Genital Herpes Treatment

- First episode
  - Acyclovir 400 mg tid x 7-10 d
  - Famciclovir 250 mg tid x 7-10 d
  - Valacyclovir 1 g bid x 7-10 d
- Recurrent episode
  - Acyclovir 800 mg bid x 5d or TID x 2 d
  - Famciclovir 1 g bid x 1d, 500 mg once then 250 mg bid x 2d, 125 mg bid x 5d
  - Valacyclovir 500 mg BID x 3d, 1 g QD x 5d
- Suppressive therapy
  - Acyclovir 400 mg bid, Valacyclovir 500-1000 mg QD, Famciclovir 250 mg BID
  - Pregnancy - Acyclovir 400 mg tid, Valacyclovir 500 mg BID

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Pediculosis Pubis

- ITCHING, often worse at night
- Observe lice and nits on pubic hair
- Treatment
  - Permethrin 1% cream rinse, wash after 10 min
  - Lindane (Kwell) cream rinse, wash after 4 min
  - Ivermectin 250 microgram/kg body weight orally, repeat in 7-14 days

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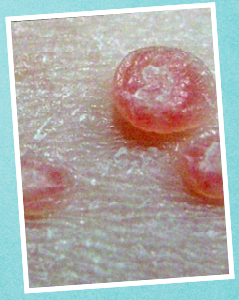
Molluscum Contagiosum

- Poxvirus transmitted through direct person to person contact, through contaminated fomites, or autoinoculation
- typically resolves spontaneously within 6-12 months
- Treatment: cryo, excision, laser, podophyllotoxin cream



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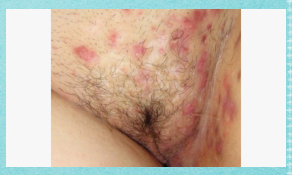
Hidradenitis Suppurativa

- Chronic inflammatory skin condition that is caused by chronic follicular occlusive disease
- Recurrent inflamed nodules, abscesses, draining skin tunnels (tracts)
- Genetics, obesity, smoking, androgenic progestin use, metabolic syndrome



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Hidradenitis Suppurativa: treatment

- Topical antiseptic wash (expert opinion)
- NSAIDs
- Smoking cessation, weight loss, treat metabolic syndrome
- Topical clindamycin, oral doxycycline
- Spironolactone, metformin, oral contraceptives
- Laser, intra-lesional corticosteroid, surgical unroofing/punch debridement, retinoids, adalimumab, infliximab

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References:

- Mauskar, M, et al. "Essentials of vulvovaginal dermatology". *Contemporary Ob/Gyn* 2011;87(8):8-14.
- Diagnosis and Management of Vulvar Skin Disorders. ACOG Practice Bulletin No. 224. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2020;136:e1-14.
- Management of Menopausal Symptoms. ACOG Practice Bulletin No. 141. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2014;123:202-16.
- Kyveli Angelou, et. al. "The Genitourinary Syndrome of Menopause: An Overview of the Recent Data." *Cureus.* 2020 Apr; 12(4): e7586
- Persistent Vulvar Pain. Committee Opinion No. 673. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2016;128:e78-854.

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References

- Melisko, M, et al. "Vaginal Testosterone Cream vs Estradiol Vaginal Ring for Vaginal Dryness or Decreased Libido in Women Receiving Aromatase Inhibitors for Early-Stage Breast Cancer: A randomized clinical trial." *JAMA Oncol.* 2017;3(3):313-319
- Management of vulvar intraepithelial neoplasia. Committee Opinion No. 675. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2016;128:e178-82.
- Vaginitis is nonpregnant patients. Practice Bulletin No. 215. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2020;135:e1-16.
- Treatment of Urogenital Symptoms in Individuals With a History of Estrogen-dependent Breast Cancer. Clinical Consensus No. 2. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2021; 138:950-60.
- Bradley, H., et al. "Seroprevalence of herpes simplex virus types 1 and 2." *J Infect Dis.* 2014 Feb:209(3):325-33.

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References

- Mauskar, Melissa, MD. "Erosive Lichen Planus." *Obstet Gynecol Clin N Am* 44 (2017) 407-420.
- https://osphena.com/prescribing-information
- https://cdc.gov
- https://www.psoriasis.org
- https://healthline.com Susan Bard, MD, Julie Marks, Laura Goldman. "Everything You Should Know About Hidreadenitis Supperativa" May 26, 2021. (image)
- https://dermnetnz.org (images)
- Other Images from Uptodate

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