Painful vulval skin conditions

SYDNEY MEDICAL SCHOOL

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I have no conflicts of interest to declare

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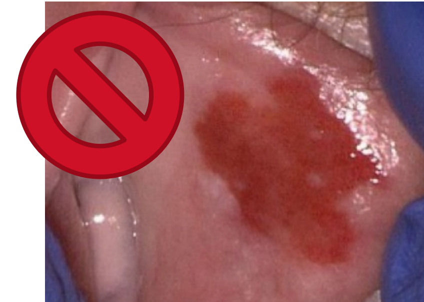
What causes vulval pain?

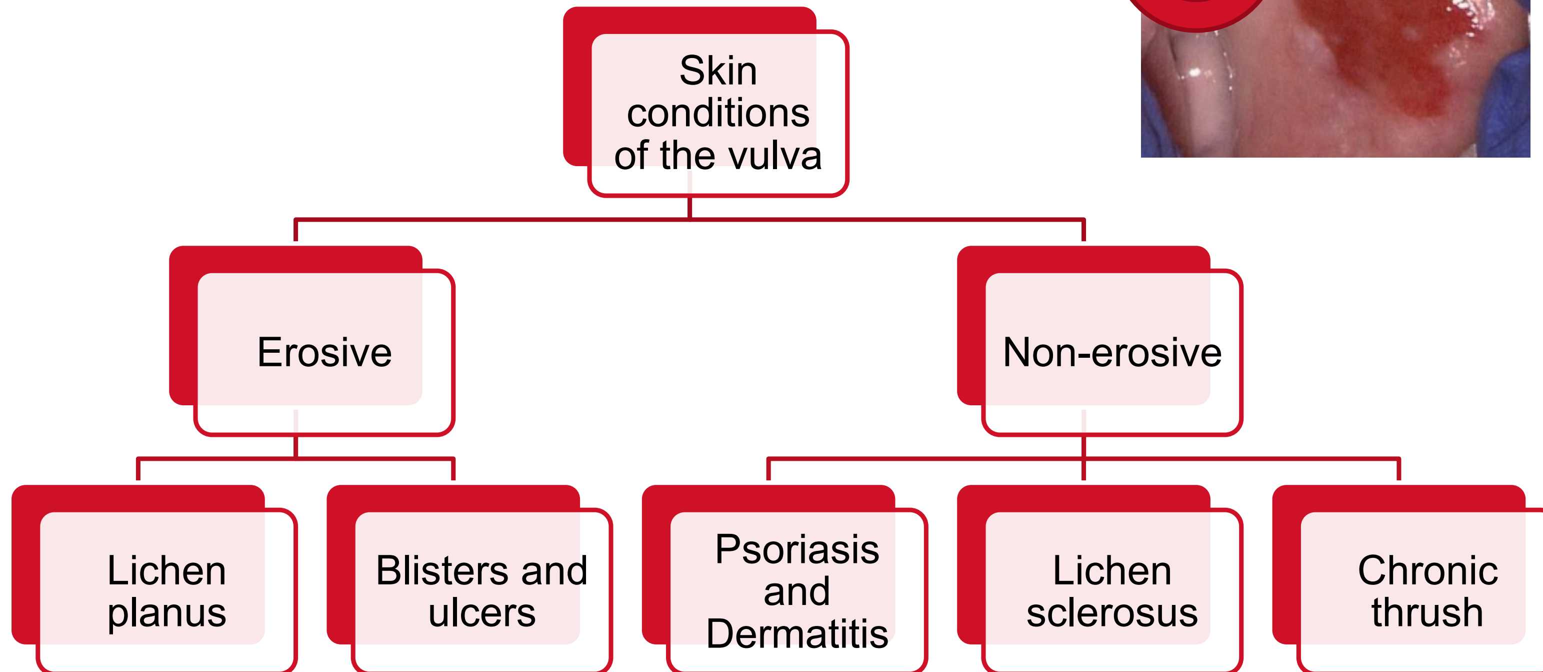
- ISSVD definition of vulvodynia: "Vulval pain of at least 3 months duration without clear, identifiable cause"
- Epidemiologic studies claim incidence of 17% and prevalence of 7%.

- Review of 525 patients with pain only (15% of entire patient population on database)
- 61.3% had a dermatosis
- 34.5% had a neuromuscular condition
- 4.2% had "vulvodynia" as defined above

- Pain with intercourse only ("provoked"): no difference between neuromuscular and dermatological
- Harris V, Fischer G, Bradford J 2017 ANZJOG DOI: 10.1111/ajo.12613

Dermatoses of the vulva: non-erosive and erosive





Quality of Life in Vulval Disease

› Vulval disease has a high impact: mean DLQI (range)

› Psoriasis/Dermatitis 7 (1-23)

› Lichen sclerosus 7 (1-25)

› Vulvodynia 9 (1-15)

› Lichen Planus 11 (1-20)

› Chronic vulvovaginal candidiasis 15 (1-25)

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Treatment responses

% with complete response to treatment

- Dermatoses: 65.5%
  - Lichen sclerosus: 92%
  - Lichen planus: 84%
  - Psoriasis: 83%
  - DIV: 82%
  - Chronic candidiasis: 82%
  - Dermatitis: 60%
- Neuromuscular: 34.6%
- Vulvodynia: 13.6%

Caveat: The Skin Condition is not always the cause of the pain

- Any skin condition can be complicated by secondary neuropathy and or muscle spasm
- Neuromuscular pain may be the primary complaint and the skin condition a bystander
- If treating a skin condition adequately does not resolve the pain ask yourself if there is another reason for it

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Vulval atopic dermatitis

- Atopic patients
- Dermatitis develops due to irritant exposure
- Secret womens' business
- Pads
- Antifungals
- Soap and perfumes
- Shaving
- Lycra gym gear
- Skin tight jeans
- G strings

Management of vulvar dermatitis

- Environmental modification specific to the vulva
- Seek and treat superinfection
- Rule out allergy
- Initial potent topical steroid until lichenification has resolved
- Then emollients, irritant avoidance indefinitely
- Weaker topical steroid at first sign of itch
- Calcineurin inhibitors are an alterantive

Diagnosis of vulval psoriasis

- Psoriasis is often non-specific histologically on the vulva
- After years of application of topical steroids appearance becomes bland
- Usual histo report: spongiosis, lichen simplex
- You have to make a clinical diagnosis
- Refer to what you know about psoriasis: colour, edge, scale
- Natal cleft involvement
- Psoriasis on other parts of the skin

Management

- Topical corticosteroids for flares
- Relying on TCS alone results in tachyphyllaxis
- Tars
- Calcipotriol
- UV-B
- After menopause: low dose acitretin
- Methotrexate

- Kapila S, Bradford J, Fischer G: Vulvar Psoriasis in Adults and Children: A clinical audit of 194 cases and review of the literature. 2012 J Lower Gen Tract Dis 16: 4: 364-371

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Lichen sclerosus

- Prevalence: 3% of female population >50
- Significant risk (scarring 50%, malignancy 5%)
- Etiology still unknown ? Autoimmune, genetic
- Associations: thyroiditis, vitiligo
- Large impact on quality of life: Mean DLQI 9 prior to treatment
- All age groups including children

- Goldstein AT, Marinoff SC, Christopher K, Srodon M. Prevalence of vulvar lichen sclerosus in a general gynecology practice. J Reprod Med. 2005;50:477-80.
- Lee A, Bradford J, Fischer G. Long-term Management of Adult Vulvar Lichen Sclerosus: A Prospective Cohort Study of 507 Women. JAMA Dermatol. 2015;151:1061-7

Impact on quality of life

'MY VAGINA ATE ITSELF'

How would you deal if your genitals completely turned against you? Cassie, 38, from Sydney, tells her story...*

You know
you get
thrush?
the kind
I had. This
level: I'd
middle of the night with
undies from scratching
I was so red and sore
work myself up to go to
Still, I thought it was
But six Diflucan
antifungal cream later, I
be. By that point, it'd
my vagina was looking...
to even look at.
As
my husband Ben* and I
having all the sex we
first time in our six

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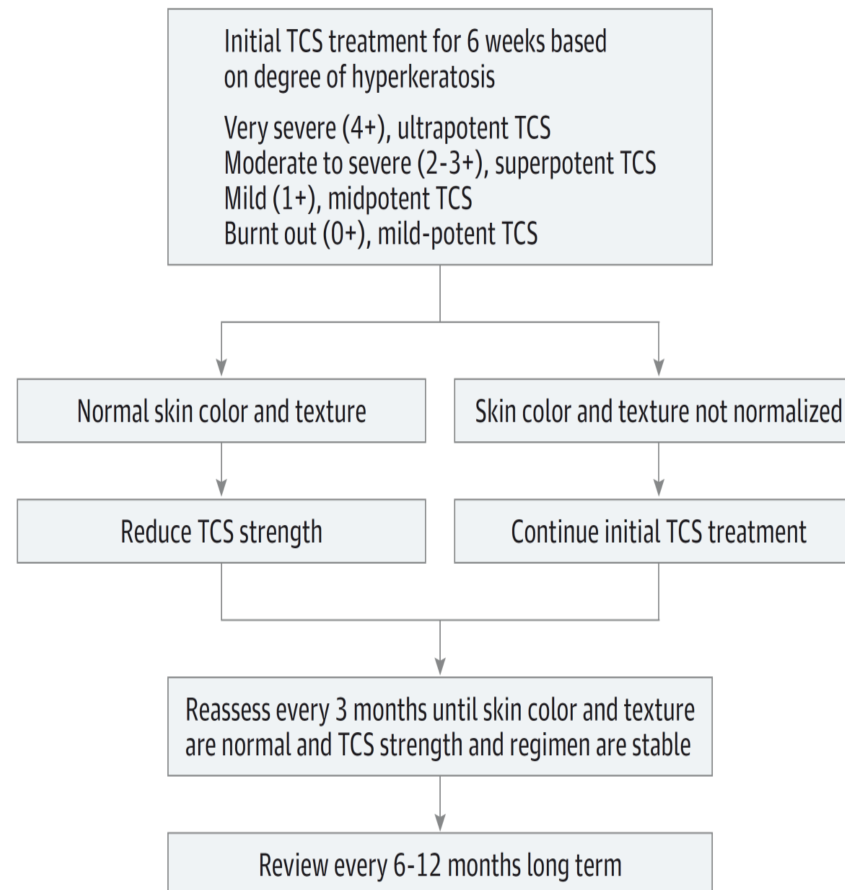
Lee A, Bradford J, Fischer G: Long term management of lichen Sclerosus: JAMA Dermatology 2015:151:1061-7



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Summary of outcomes

	Compliant %	Partially compliant %	*P* value
	N= 357 (70.4)	N= 150 (29.6)	
Symptom resolution	93.3	58	<0.001
Dyspareunia resolution	93.7	65.5	<0.001
Scar progression	3.4	40.0	<0.001
SCC or VIN	0	4.7	<0.001

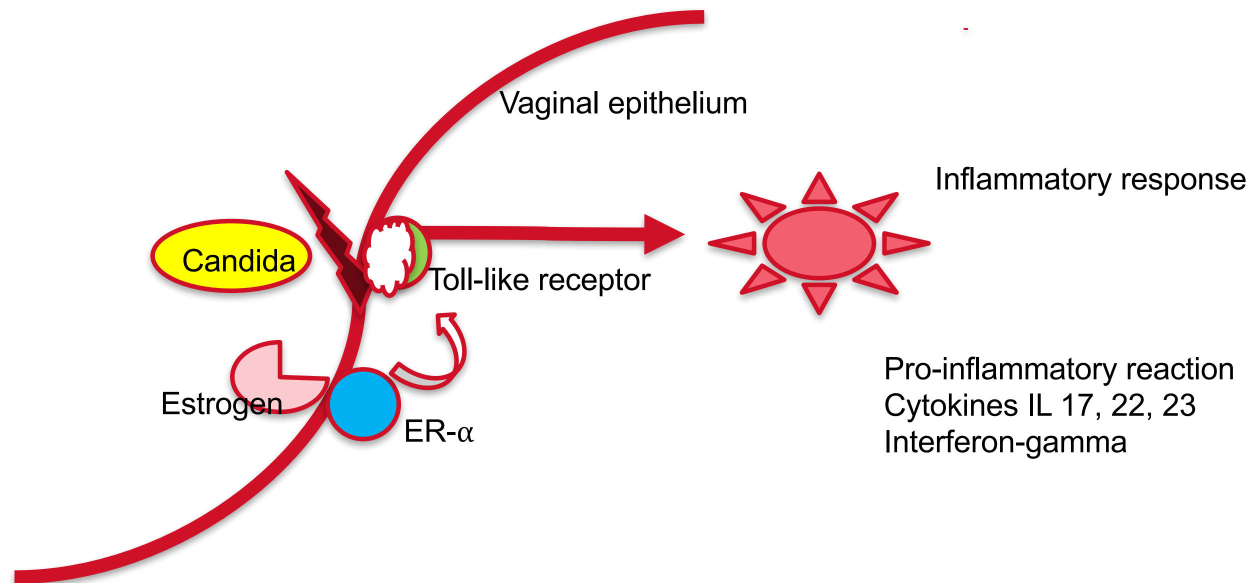
Summary: How to treat Lichen Sclerosus

- Start with a confirmatory biopsy and check thyroid antibodies
- Induce remission with daily potent TCS (4-6 months)
- Use preventative treatment ➔ maintain normal skin
- No “as needed” treatment.
- Follow up patients: adjust treatment, encourage compliance
- Titrate TCS to disease severity, response
- Target outcome: normal skin colour and texture.
- Long-term management with TCS is safe, effective
- The course of the disease can be modified by treatment

Chronic vulvovaginal Candidiasis: What is it?

- *Candida* is a normal commensal of gut and vagina
- Vulvovaginitis from this organism is host dependent
- Vaginal Candidiasis is estrogen dependent: not seen before menarche and after menopause unless on ERT
- Maladaptive response to Candida in vagina mediated by ERα
- Polymorphism of TLR 2 may be responsible ? Gain of function

Is the site of pathology the TLR, modified by ER-α?



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Diagnosis of chronic vulvovaginal Candidiasis

- Biopsy shows spongiosis
- A low vaginal swab is only +ve in 75% of cases
- pH is normal 4.5
- Office microscopy is time consuming, requires skill that many of us don’t have and sensitivity is low
- Take a careful history

Diagnosis rests on history

- Have you ever had a +ve swab for Candida?
- Do your symptoms cycle?
- Do you experience pain with sex?
- Do you get thrush from antibiotics
- Do you experience soreness (itch is non-specific although common)
- Do you have a discharge?
- Do you get better with antifungals?
- Do you experience post-coital swelling?
- Post menopause: are you taking estrogen?

- Hong et al Vulvovaginal candidiasis as a chronic disease: Diagnostic criteria and definition J Lower Genital Tract Disease 2013

Who gets CVVC?: 2 groups

- Group 1
- Healthy pre-menopausal women mostly
- Majority onset is in late teens – early 20’s
- Atopic
- Post menopause on ERT who had Candidiasis before menopause
- Long term antibiotics
- Mirena

- Group 2
- Immunosuppressed
- Diabetic

Management of CVVC

- Long term low-dose oral antifungal
- Itraconazole or fluconazole 50-100mg/day for 3 months
- In a group of 82 women mean DLQI reduced from 15 to 3.4
- Reduce gradually to maintenance dose
- Titrate dose to symptoms
- Treat secondary dermatitis with weak steroid only
- If secondary to ERT, stop it temporarily until recovered then restart under antifungal cover
- If secondary to IUD, remove

- Nguyen Y, Lee A, Fischer G Australas J Dermatol 2017 58:e176-181

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Long term prognosis of CVVC

- Group of 201 women: 98% still using antifungal treatment, mainly fluconazole, up to 8 years later
- Vulva may always look red even when asymptomatic
- Doses vary from prn to daily
- Most are on 50mg twice a week
- Increase to daily if relapse, antibiotics or travel
- Long-term fluconazole is as safe as long-term valacyclovir
- Fluconazole does not cause drug induced hepatitis
- 95% can tolerate fluconazole long term
- Cost is $30 a month on continuous therapy

- Nguyen Y, Lee A, Fischer G Australas J Dermatol 2017 58: e188-192

Vulval lichen planus

- Uncommon and difficult to diagnose
- Histopathology not always diagnostic
- Ulcerative and erosive
- Vagina is involved
- Scarring and fusion of vaginal walls
- Dyspareunia
- Pain
- Bloodstained discharge

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Management of Lichen Planus

- Very complex
- Potent topical steroids and pessaries
- Topical tacrolimus
- Oral prednisone
- Oral methotrexate, azathioprine, mycophenolate
- Neotigason: not reliable
- Adalimumab
- Corrective surgery

Ulcers and oedema

- Crohn’s
- Aphthous ulcers, Behcet’s
- Recurrent mucosal erythema multiforme
- Infection: HSV, $

Management of ulcers

- First make a correct diagnosis
- Acute, recurrent => HSV, Aphthae, Erythema Multiforme, Behcets
- Chronic: Crohn, $, some forms of aphthosis, lichen planus

- Biopsy, serology, PCR

- HSV: Antiviral therapy, other conditions usually require specialist input

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Genitourinary Syndrome of Menopause

› Vaginal dryness => dyspareunia
› Incontinence => pads => dermatoses
› Make sure you clarity what “dry”means
› When occurring with other dermatoses, address this as well

› Diagnosis: pale, flat mucosa,
› No lubrication on PV, labia minora stick together
› Can be inflammatory: Petechiae, redness

› Rx: Oestrogen, lubricant, laser

In Summary

- The vulva is part of the skin
- Certain dermatoses are more common on the vulva
- The majority of painful vulval conditions are skin conditions
- Not all ulcers are infections