Get InVulve'd – An Approach to Common Vulvar Conditions

Presented by:
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Disclosures

- Lupin Pharma Canada
  - Consultant meeting for intrarosa
- No financial or in-kind support was received from a commercial organization to develop this presentation
- I do not intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. “off-label” use of medication).

Objectives

- After this session, participants will be able to:
  - Understand and diagnose common vulvar conditions
  - Develop an initial treatment plan for common vulvar conditions
  - Recognize when a biopsy should be performed for an accurate diagnosis

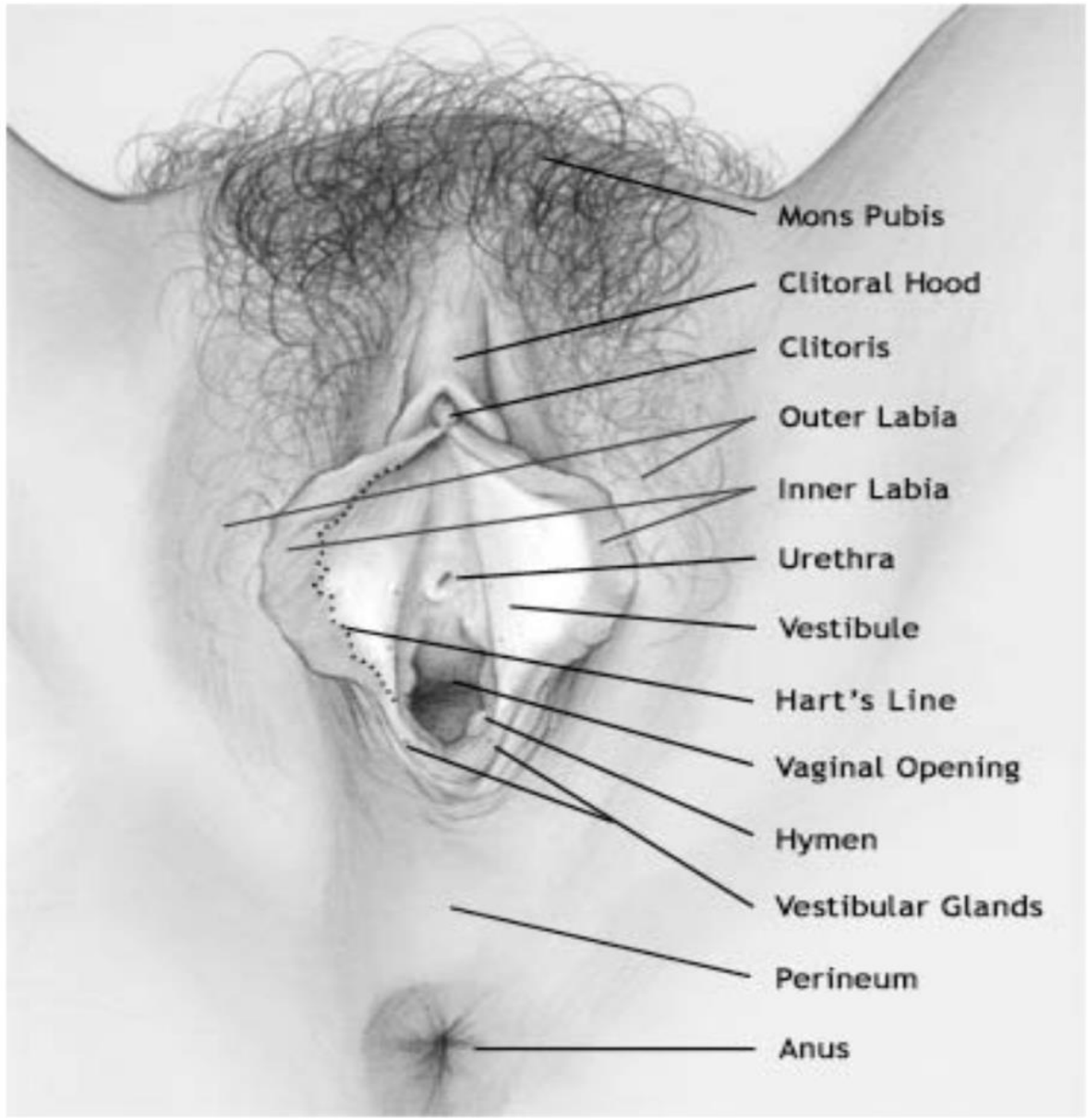
Plan of the talk

- Illustrate vulvar anatomy
- Review some of the most common vulvar presentations
- For each condition we will discuss:
    1. What is it?
    2. How does it present (signs & symptoms)?
    3. What is the treatment approach?
    4. Does it need a biopsy?
- Resources for patients and providers

Anatomy

- https://checkyourvulva.ca/anatomy.html

Check Your Vulva



History

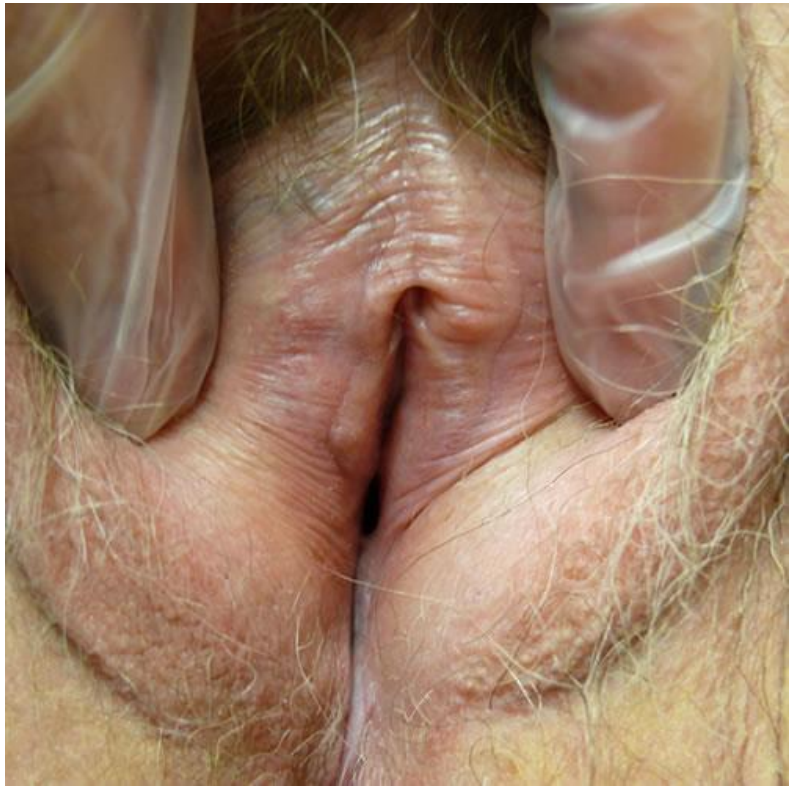
- When did this start?
- What have you tried so far?
- Any other skin conditions (eczema, psoriasis, etc.)?
- Any triggering or alleviating factors?

Vulvar hygiene review

- Cotton underwear
- No underwear at night
- Wipe from front to back
- No creams, lotions, gels, perfumes, or wipes
- No shaving or waxing, just trim
- Avoid daily pantyliner/pads – if needed for comfort/discharge, bring change of underwear instead
- Don’t wash more than once per day – water is enough, no soaps, no scrubbing. Pat dry
- Can use preservative-free emollients as barrier

CASE #1

- 53 y.o G2P2 with 1 year history of vulvar pruritis
- Menopausal x 1.5 years
- No HRT
- Complains of dyspareunia
- History of autoimmune thyroiditis
- No other skin conditions



https://vulvovaginaldisorders.org/atlas_topic

POLL SLIDE #1

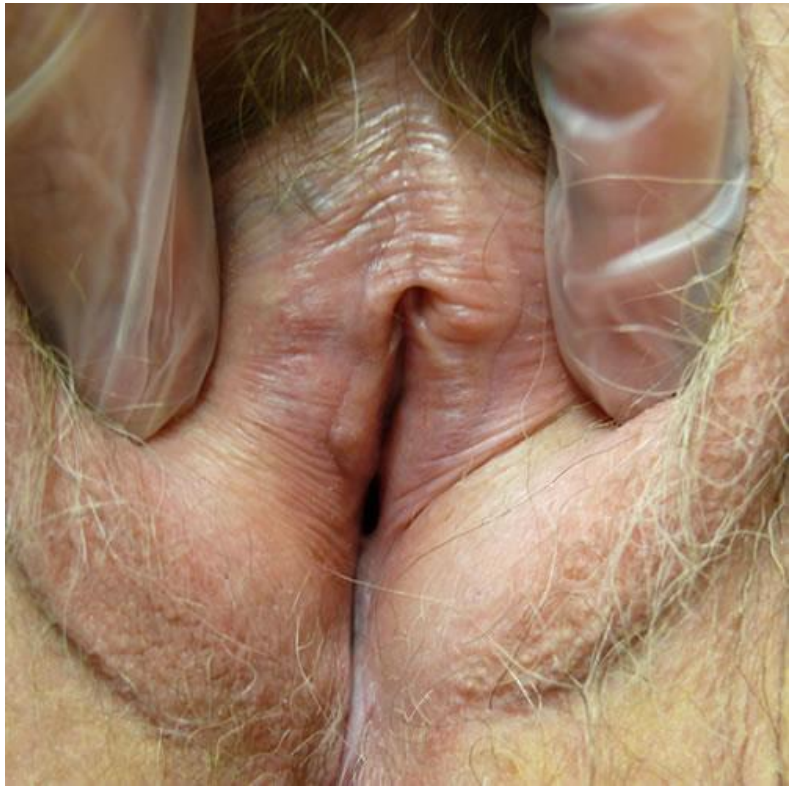
- Question: What do you think this is?

- Answer options (multiple choice question)
  a) Lichen Simplex Chronicus
  b) VIN
  c) Genitourinary Syndrome of Menopause
  d) Lichen Sclerosus
  e) Lichen Planus

Answer: D

CASE #1

- 53 y.o G2P2 with 1 year history of vulvar pruritis
- Menopausal
- No HRT
- Complains of dyspareunia
- History of autoimmune thyroiditis
- **Lichen Sclerosus**



https://vulvovaginaldisorders.org/atlas_topic/lichen-sclerosus/

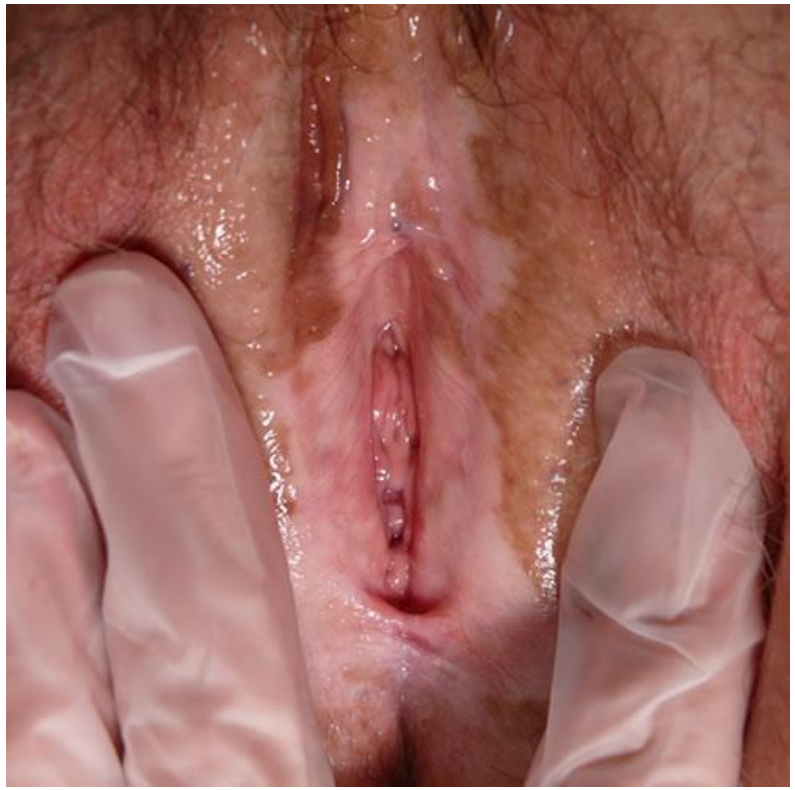
Plan of the talk

- Illustrate vulvar anatomy
- Review some of the most common vulvar presentations
- **For each condition we will discuss:**
  - **What is it?**
  - **How does it present (signs & symptoms)?**
  - **What is the treatment approach?**
  - **Does it need a biopsy?**
- Resources for patients and providers

Lichen Sclerosus

- What is it?
  - **Chronic** inflammatory disorder of the vulvar and perianal area
  - Etiology is unknown but thought to have an autoimmune component
  - Affects 1:300 - 1:1000
  - Associated with a 5% chance of developing vulvar malignancy (SCC)
  - Needs **lifelong** treatment and follow up

Lichen Sclerosus



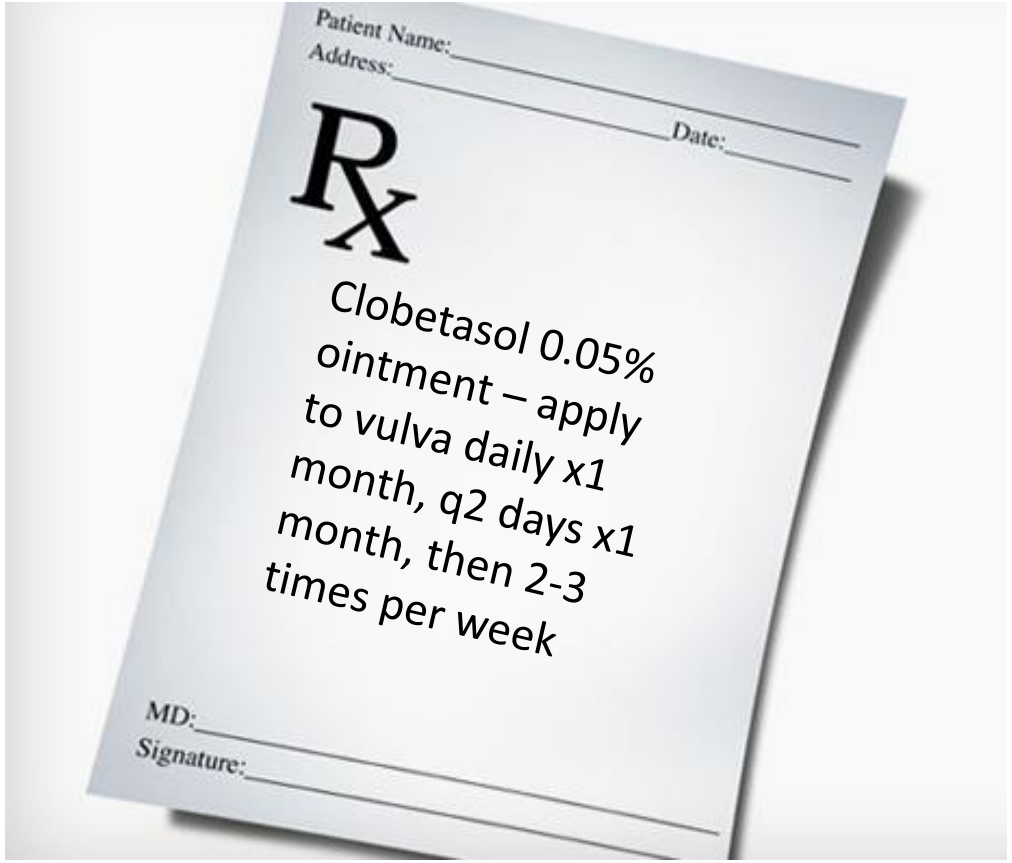
https://vulvovaginaldisorders.org/atlas_topic/lichen-sclerosus/

- How does it present?
  - Itching
  - Burning
  - Dyspareunia
  - Excoriations
  - Tearing
  - Occasionally asymptomatic

  - Figure of 8 hypopigmentation
  - Affects the vulvar and perianal skin
  - Does not affect the vagina

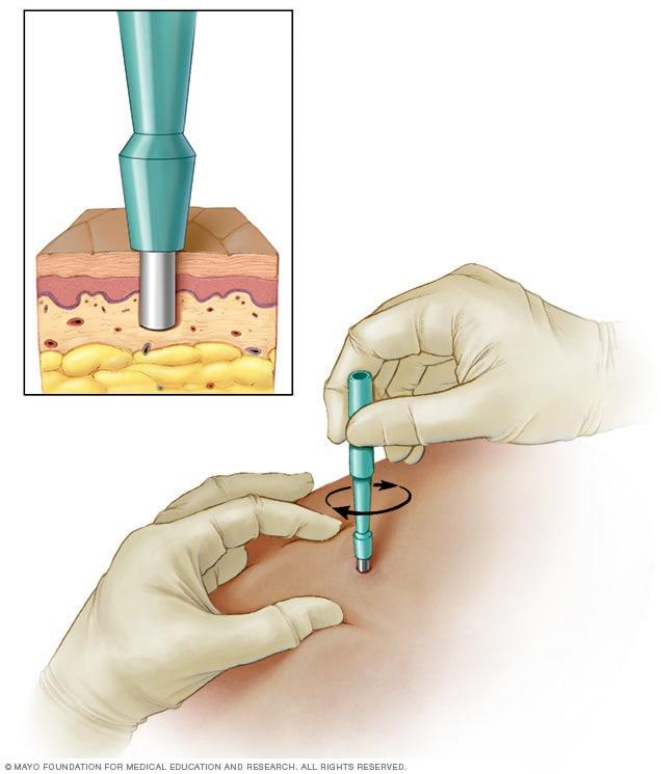
Lichen Sclerosus

- What is the treatment approach?
  - Topical steroid ointment – ultrapotent to start (clobetasol 0.05%)
  - 2-3 times per week – lifelong treatment
  - Can wean to mid-potency steroid (mometasone), but may require daily use
  - Vulvar hygiene techniques
  - Local estrogen PRN
  - Lifelong follow up q6 months- 1 yr



Lichen Sclerosus

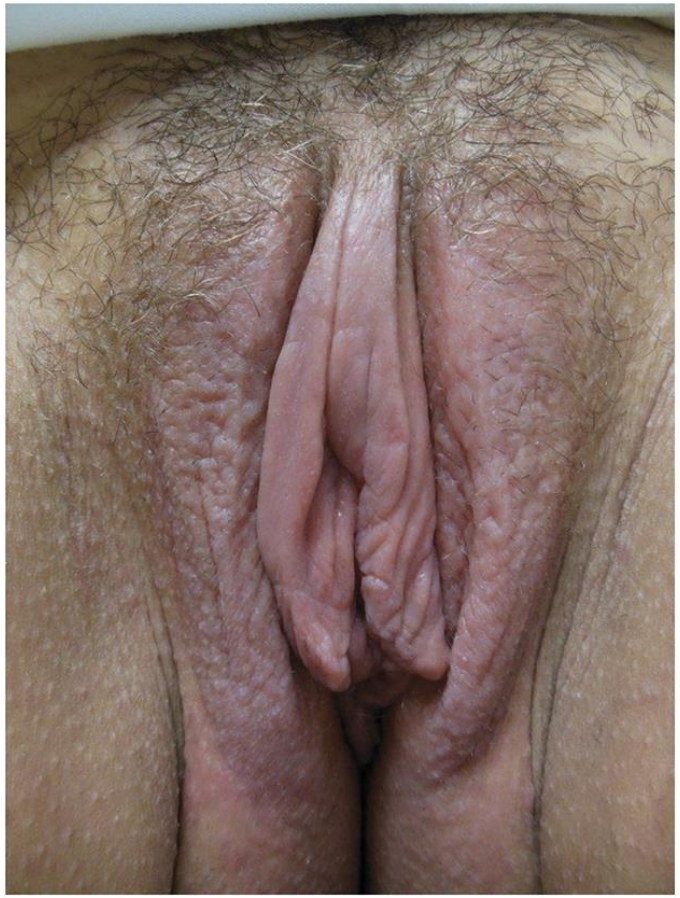
- Does it need a biopsy?
  - Generally, no
  - Symptoms and exam usually sufficient for diagnosis
  - Biopsy is recommended if any new lesions, areas not responding to topical steroid, or to confirm diagnosis.
  - Punch biopsy usually sufficient
  - Can be done in the office



https://www.mayoclinic.org/tests-procedures/skin-biopsy/about/pac-20384634

CASE #2

- 28 y.o G0 with 2-month history of intense vulvar pruritis
- Worse at night, wakes her up
- Has tried multiple creams and lotions – hasn't helped, thinks it might have even made it worse
- Not the first time she experiences this, ++frustrated



Stockdale and Boardman. Vulvar Dermatoses. Obstet Gynecol 2018.

POLL SLIDE #2

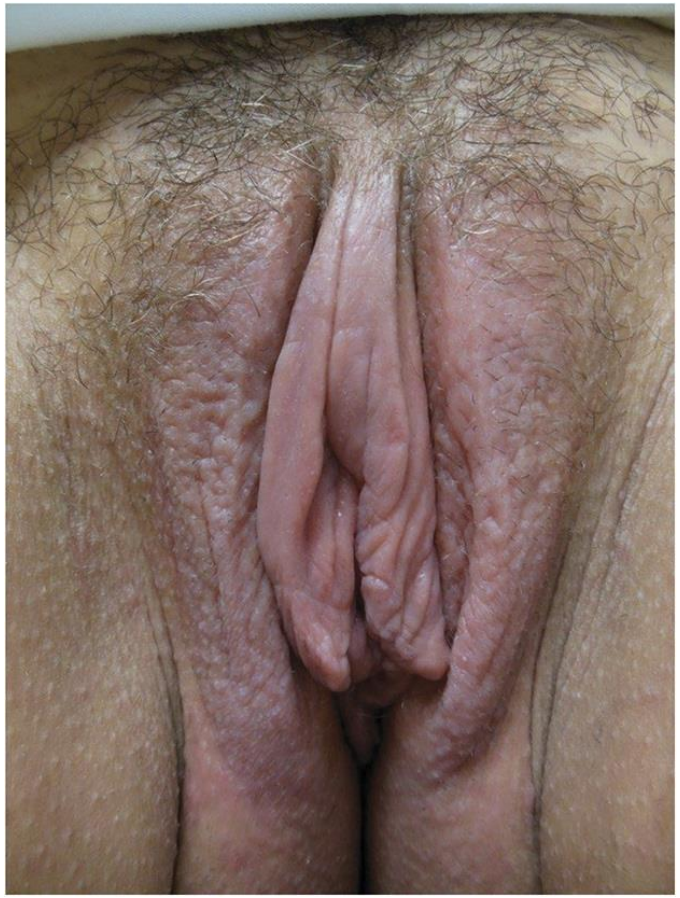
- Question: What do you think this is?

- Answer options (multiple choice question)
  a) Lichen Simplex Chronicus
  b) VIN
  c) Genitourinary Syndrome of Menopause
  d) Lichen Sclerosus
  e) Lichen Planus

Answer: A

CASE #2

- 28 y.o G0 with 2 month history of intense vulvar pruritis
- Worst at night, wakes her up
- Has tried multiple creams and lotions – hasn't helped, thinks it might have even made it worse
- **Lichen Simplex Chronicus**



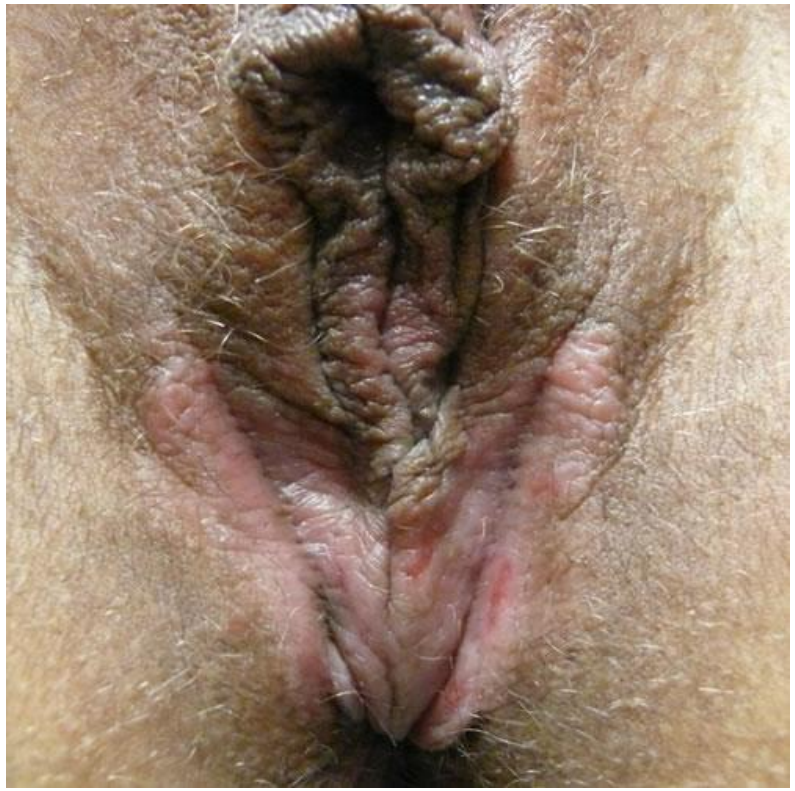
Stockdale and Boardman. Vulvar Dermatoses. Obstet Gynecol 2018.

Lichen Simplex Chronicus

- What is it?
  - *Itch scratch cycle*
  - *Squamous cell hyperplasia*
  - Non-scarring inflammatory condition of the vulva
  - Can be primary or secondary
    - Contact irritants, heat, infectious causes, chronic skin conditions, etc.
  - Present in 10-35% of patients in vulva clinics
  - Majority of patients have history of allergic conditions (dermatitis, asthma, hay fever)

- https://vulvovaginaldisorders.org/atlas_topic/lichen-simplex-chronicus/
- Stockdale and Boardman. Vulvar Dermatoses. Obstet Gynecol 2018.

Lichen Simplex Chronicus

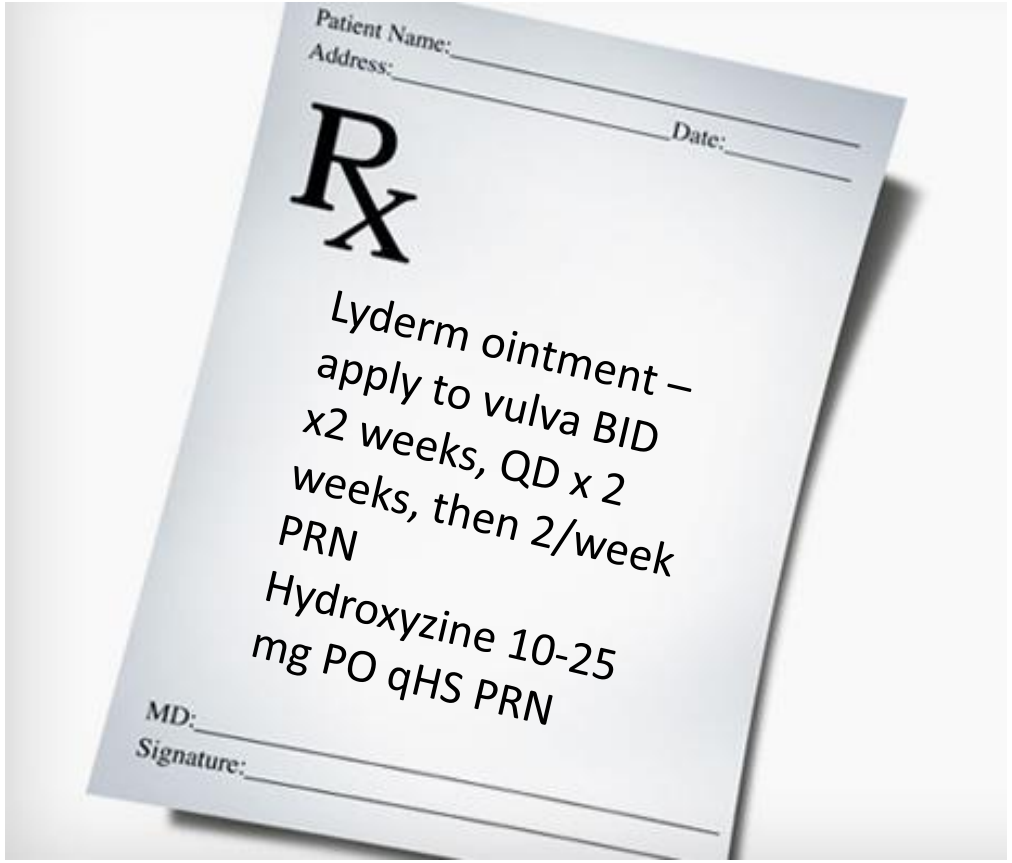


https://vulvovaginaldisorders.org/atlas_topic/lichen-simplex-chronicus/

- How does it present?
  - Intense itching resulting in repetitive **scratching** and **rubbing**. Worse at night.
  - Skin gets thickened, varying depths of plaques, swollen
  - Scratching gives temporary, euphoric relief – vicious cycle
  - eventually feels like “nothing helps”
  - Can be worse after periods (pads, menses), heat, irritants

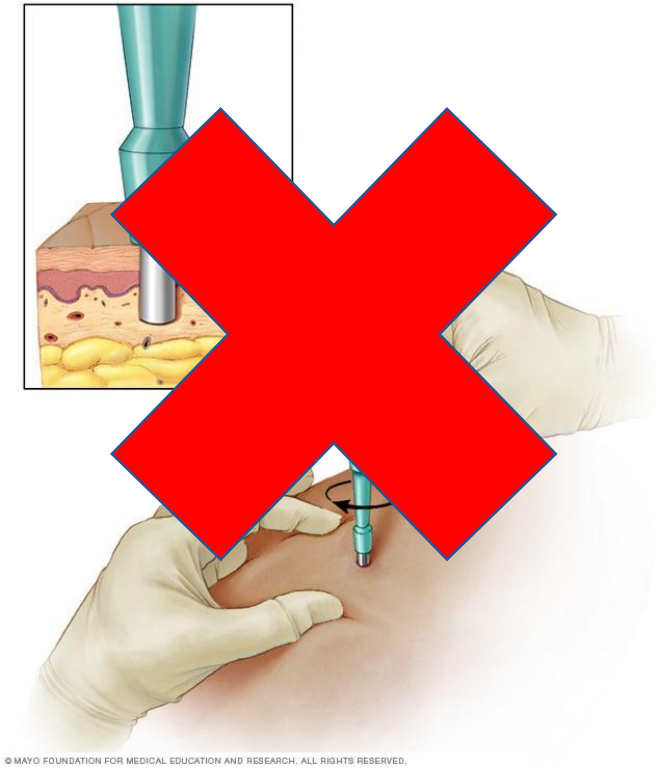
Lichen Simplex Chronicus

- What is the treatment approach?
  - Topical steroid ointment to break the cycle – ex lyderm, betamethasone ointment
  - Anti-histamine (hydroxyzine)
  - Treatment of primary cause/removal of offending trigger
  - Cold compresses +/- mittens at night
  - Barrier cream, sitz baths PRN
  - Vulvar hygiene techniques



Lichen Simplex Chronicus

- Does it need a biopsy?
  - No
  - Vaginal fungal cultures should be considered to evaluate for coexisting vulvovaginal candidiasis.
  - Biopsy is not necessary unless there is concern for an underlying dermatosis or disease process or the patient fails to respond to treatment.



Stockdale and Boardman. Vulvar Dermatoses. Obstet Gynecol 2018.

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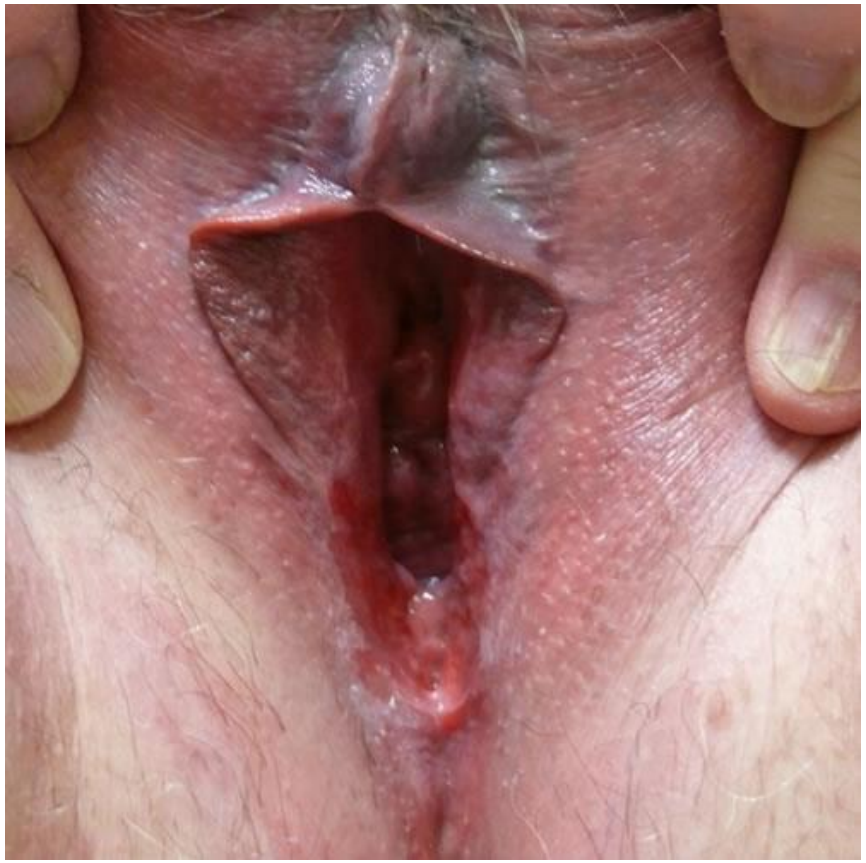
CASE #3

- 56 yo G2P2
- Unable to have penetrative intercourse
- Ulcer like lesions along the vulva and burning sensation inside the vagina
- Similar appearing ulcers in her mouth



https://vulvovaginaldisorders.org/atlas_topic/

POLL SLIDE #3

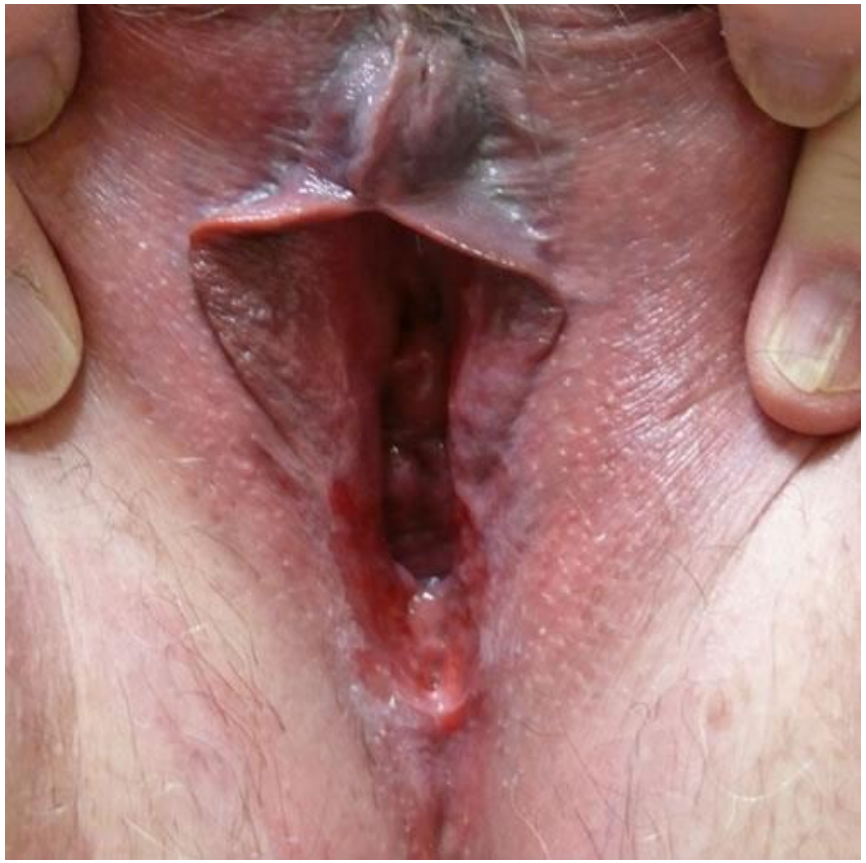
- Question: What do you think this is?

- Answer options (multiple choice question)
  a) Lichen Simplex Chronicus
  b) VIN
  c) Genitourinary Syndrome of Menopause
  d) Lichen Sclerosus
  e) Lichen Planus

Answer: E

CASE #3

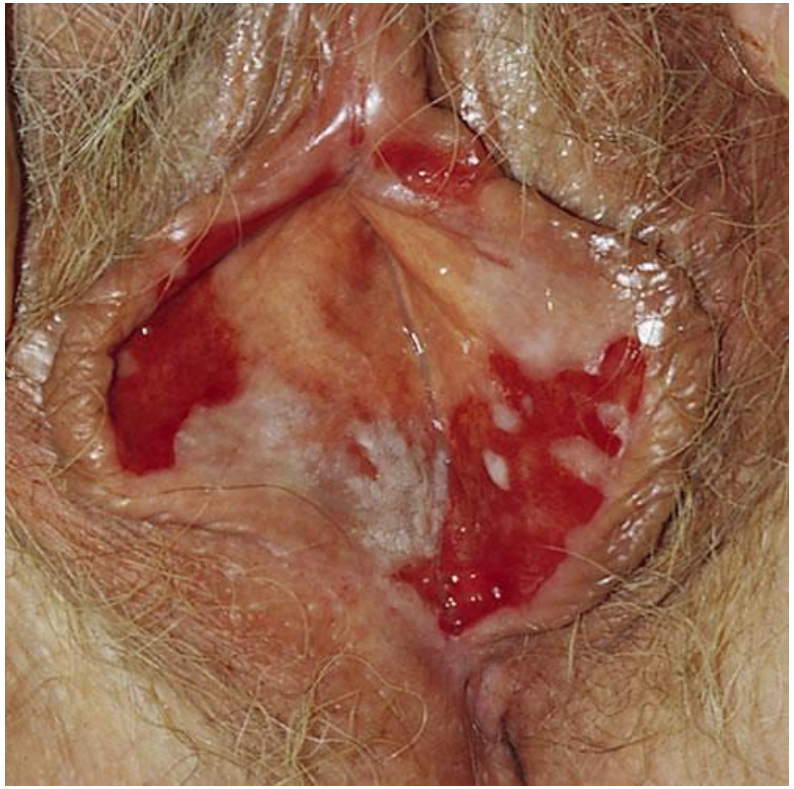
- 56 yo G2P2
- Unable to have penetrative intercourse
- Ulcer like lesions along the vulva and burning sensation inside the vagina
- Similar appearing ulcers in her mouth
- **Lichen Planus**



https://vulvovaginaldisorders.org/atlas_topic/lichen-planus/

Lichen Planus

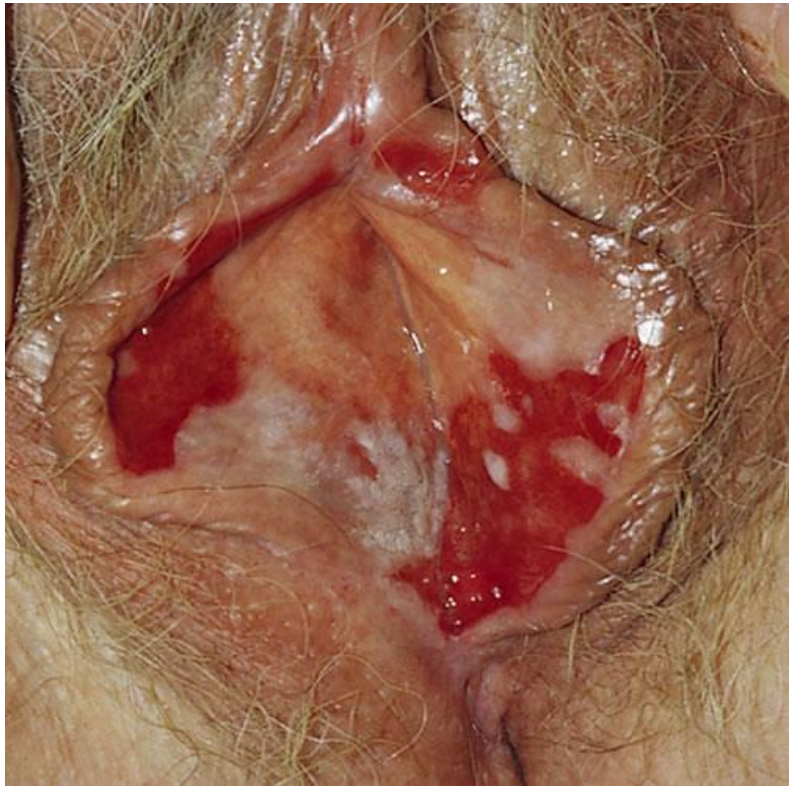
- What is it?
  - Chronic, inflammatory, autoimmune condition.
  - Affects mucocutaneous membranes (vagina + vulva)
  - 3 types: erosive, papular or hypertrophic lesions
  - Oral lesions in up to 70% of patients
  - Affects 1-2% of the population



- https://vulvovaginaldisorders.org/atlas_topic/lichen-planus/
- Stockdale and Boardman. Vulvar Dermatoses. Obstet Gynecol 2018.

Lichen Planus

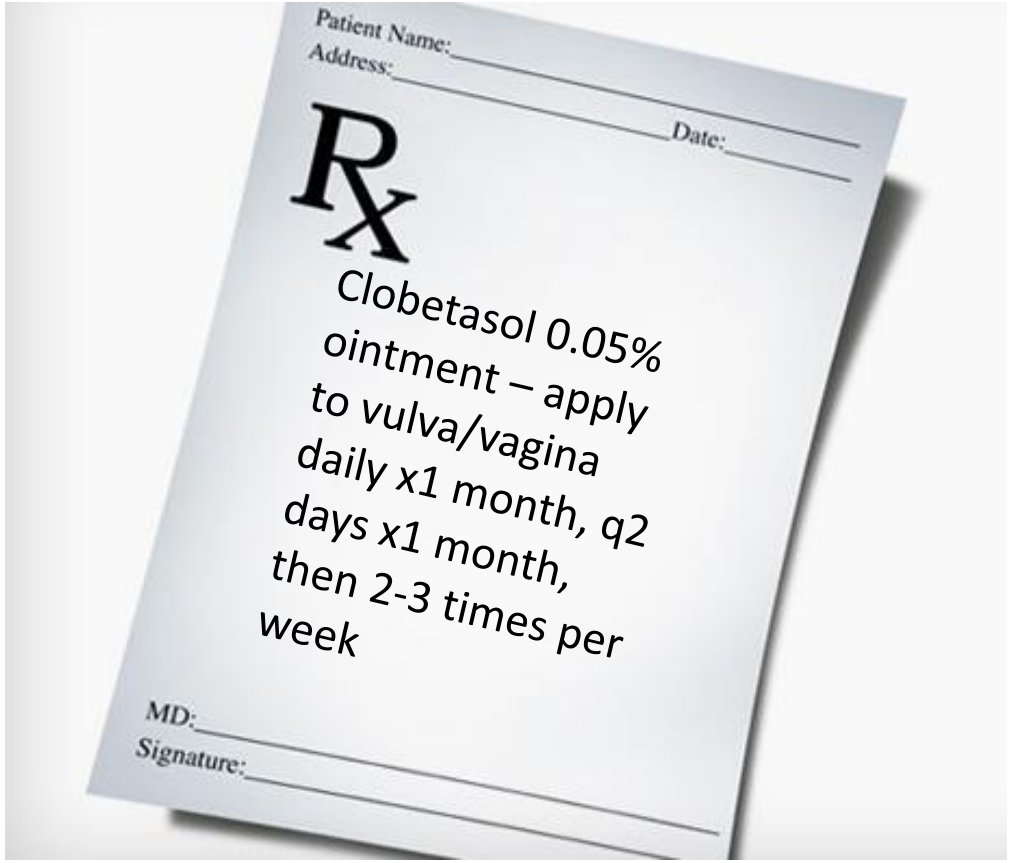
- How does it present?
  - Pain, burning, irritation
  - Dyspareunia, dysuria
  - Does not usually itch and scratching does not sooth
  - Can start off with small white papules that have a lacy pattern (Wickham's striae)
  - Check for oral involvement, can also rarely affect conjunctiva, upper esophagus and anus.



- https://vulvovaginaldisorders.org/atlas_topic/lichen-planus/
- Stockdale and Boardman. Vulvar Dermatoses. Obstet Gynecol 2018.

Lichen Planus

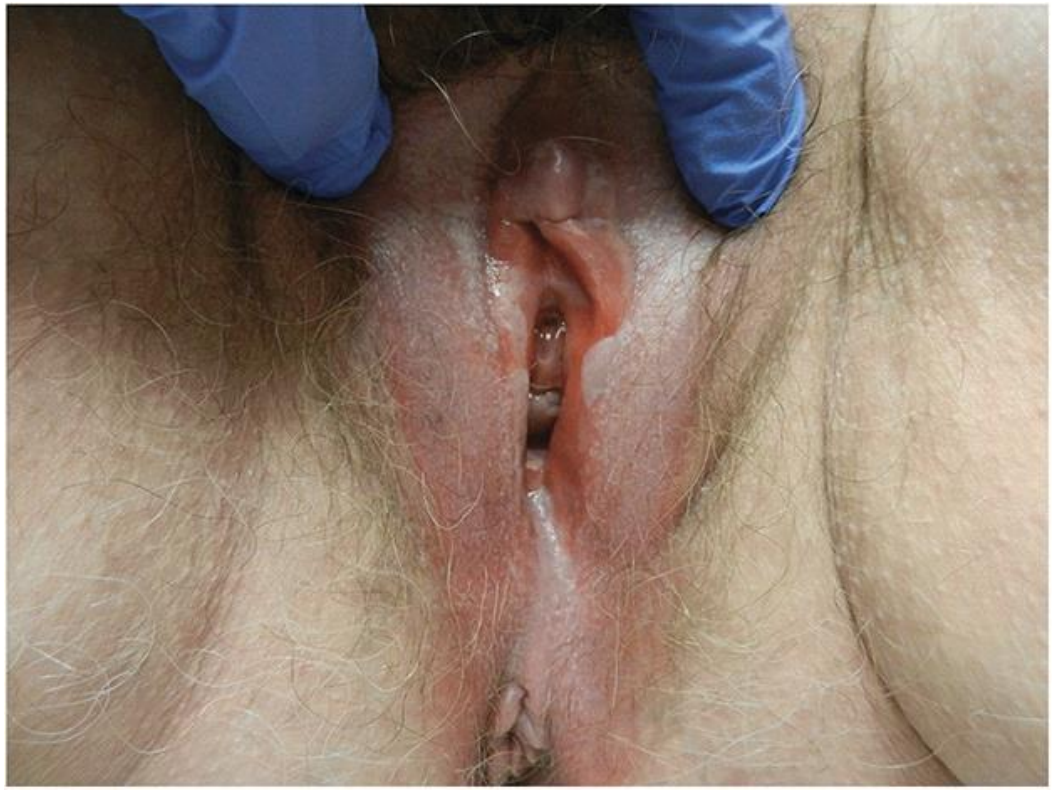
- What is the treatment approach?
  - Multitargeted approach
  - Ultrapotent steroid ointment +/- Steroid suppositories
  - Local estrogen
  - Vulvar hygiene
  - Vaginal dilators
  - Emotional support
  - Occasionally surgery for scarring
  - **Long-term follow up**



Stockdale and Boardman. Vulvar Dermatoses. Obstet Gynecol 2018.

Lichen Planus

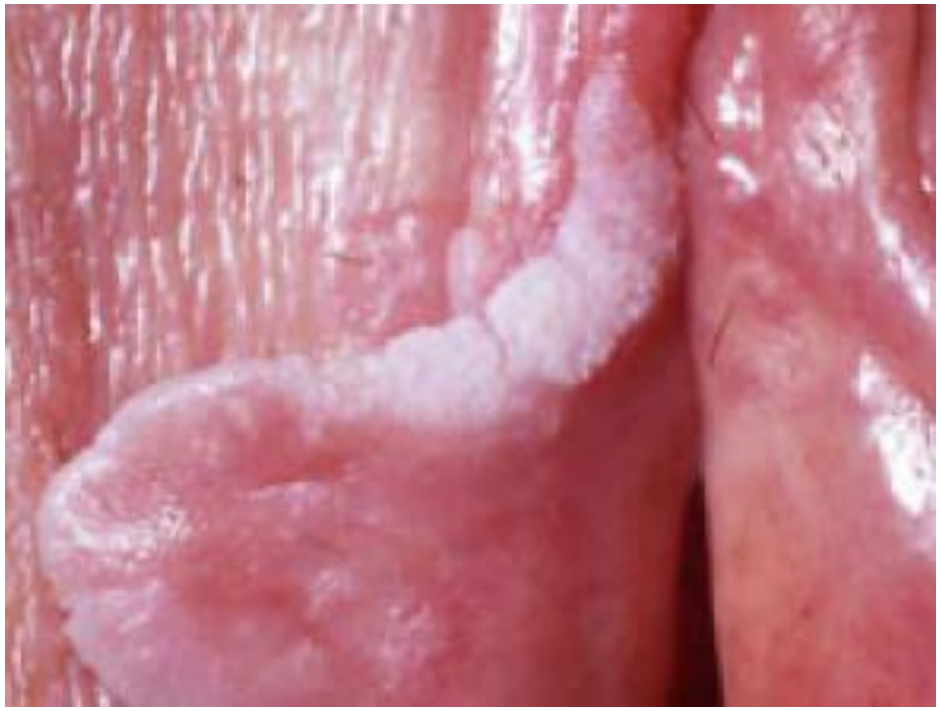
- Does it need a biopsy?
  - Often yes, if needed to distinguish between other erosive/blistering diseases or malignancy
  - **New consensus diagnostic criteria** (need at least 3 of the following):
    - Wickham's striae, additional mucosal involvement, vaginal introitus with well-demarcated erosive changes, vaginal inflammation, dermal–epidermal junction band-like infiltrate, predominance of lymphocytes, and presence of basal degeneration



Stockdale and Boardman. Vulvar Dermatoses. Obstet Gynecol 2018.

CASE #4

- 38 yo G1P1
- Persistently pruritic lesion for last 4 months
- Has been using local steroid treatment for her vulvar skin condition (she forgets the name of it)
- Rest of her vulva is healing well, but this one spot “won’t get better”



https://dermnetnz.org/topics/

POLL SLIDE #4

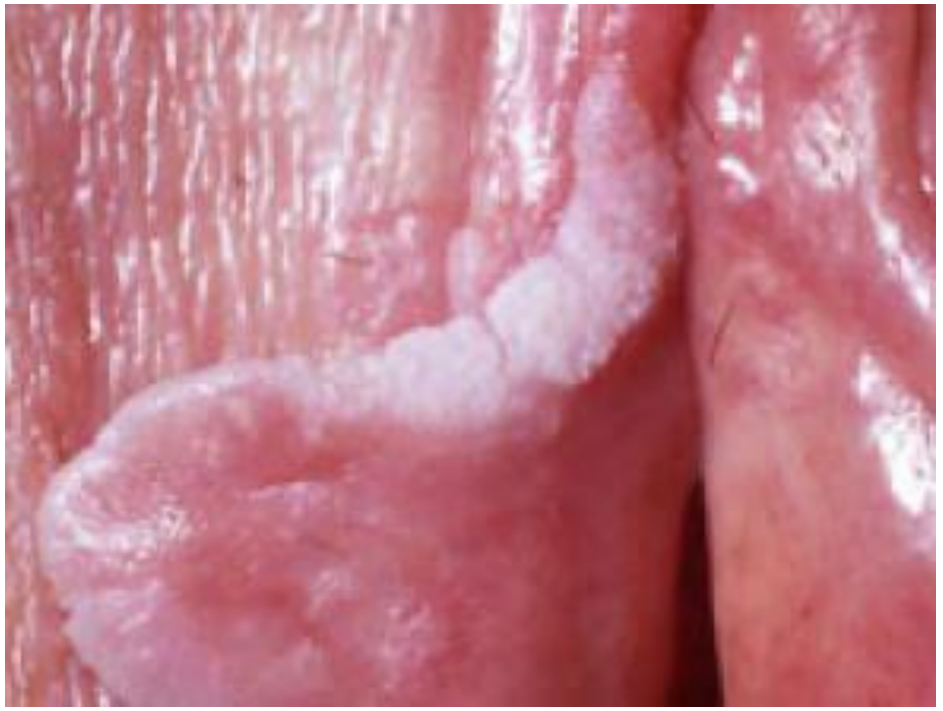
- Question: What do you think this is?

- Answer options (multiple choice question)
  a) Lichen Simplex Chronicus
  b) VIN
  c) Genitourinary Syndrome of Menopause
  d) Lichen Sclerosus
  e) Lichen Planus

Answer: B

CASE #4

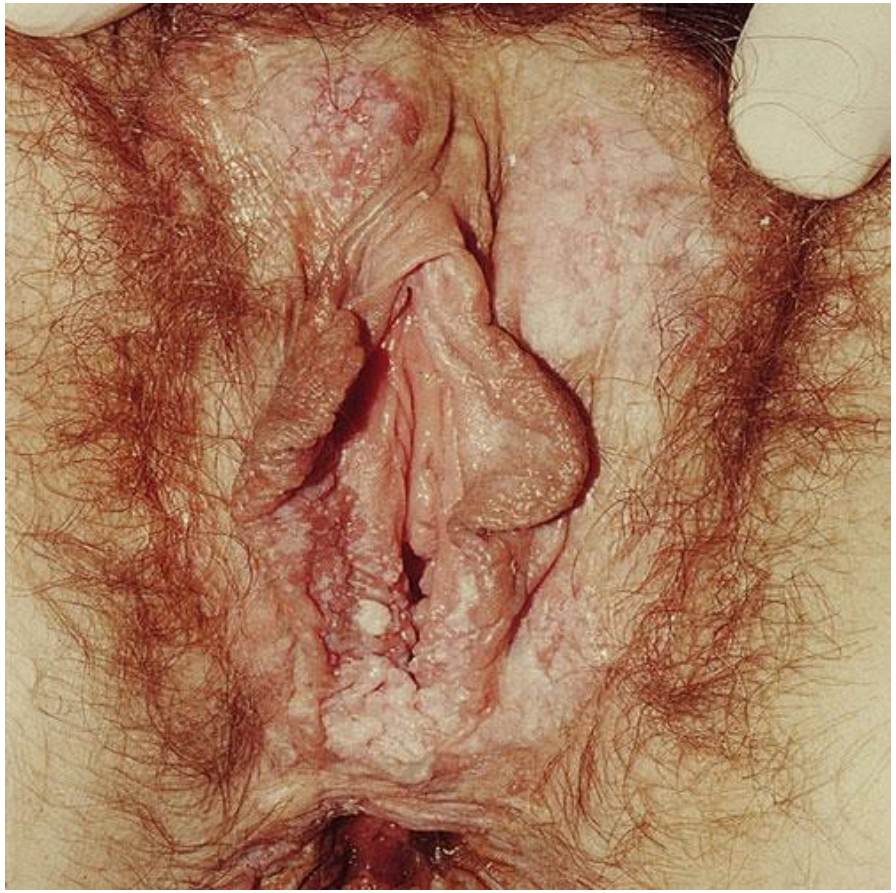
- 38 yo G1P1
- Persistently pruritic lesion for last 4 months
- Has been using local steroid treatment for her vulvar skin condition (she forgets the name of it)
- Rest of her vulva is healing well, but this one spot “won’t get better”
- **Vulvar intraepithelial neoplasia**



https://dermnetnz.org/topics/vulval-intraepithelial-neoplasia-images

VIN

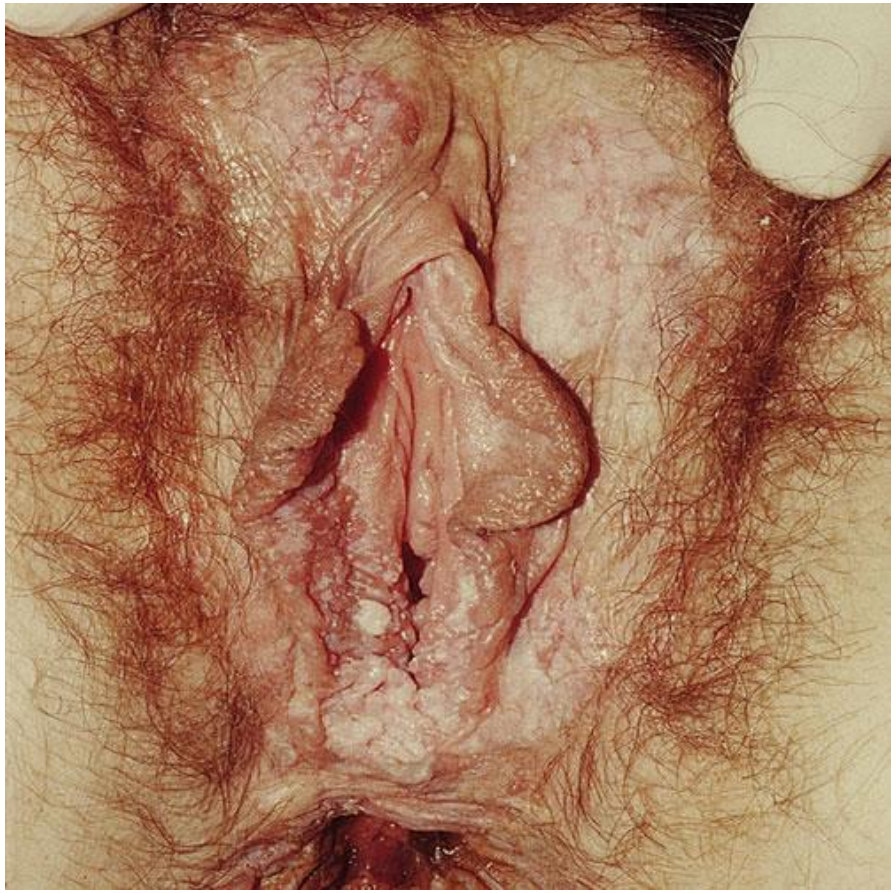
- What is it?
  - *Squamous intraepithelial lesion*
  - Differentiated (dVIN) versus usual type (uVIN)
    - dVIN – high grade pre-cancerous lesion, associated with lichen sclerosus
    - uVIN – high grade SIL of the vulva, HPV related (usually type 16)



https://vulvovaginaldisorders.org/atlas_topic/vulvar-intraepithelial-neoplasia-vin/

VIN

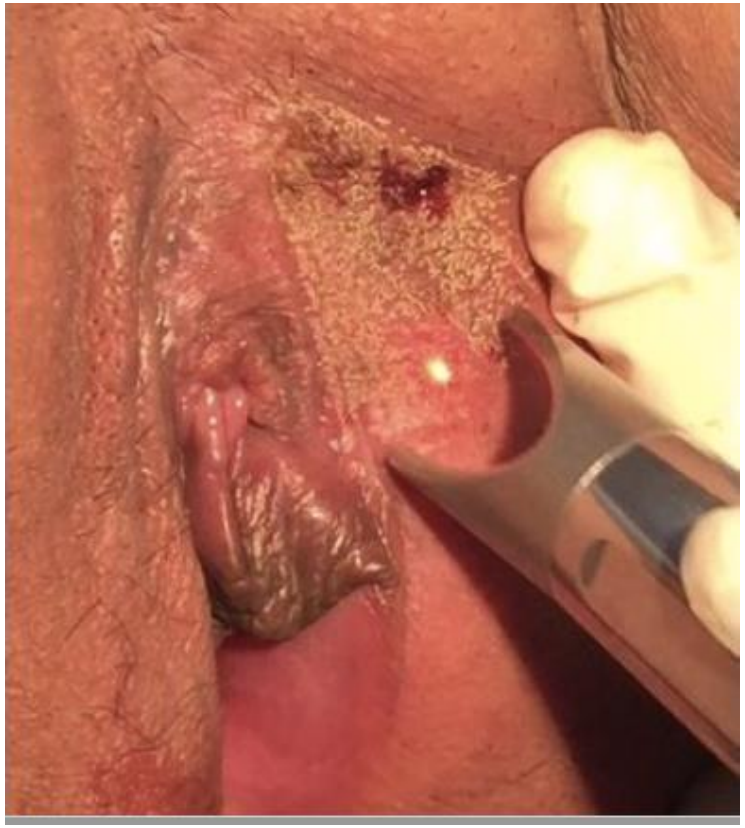
- How does it present?
  - uVIN – often asymptomatic, but may have itching, burning, edema, pain, erythema
    - Often affects labia majora, minora or posterior fourchette
    - Can resemble condyloma, can have multiple lesions
  - dVIN – usually itching/pain, or a noticeable lesion not responding to steroid treatment
    - Typically a single lesion, sharply demarcated



https://vulvovaginaldisorders.org/atlas_topic/vulvar-intraepithelial-neoplasia-vin/

VIN

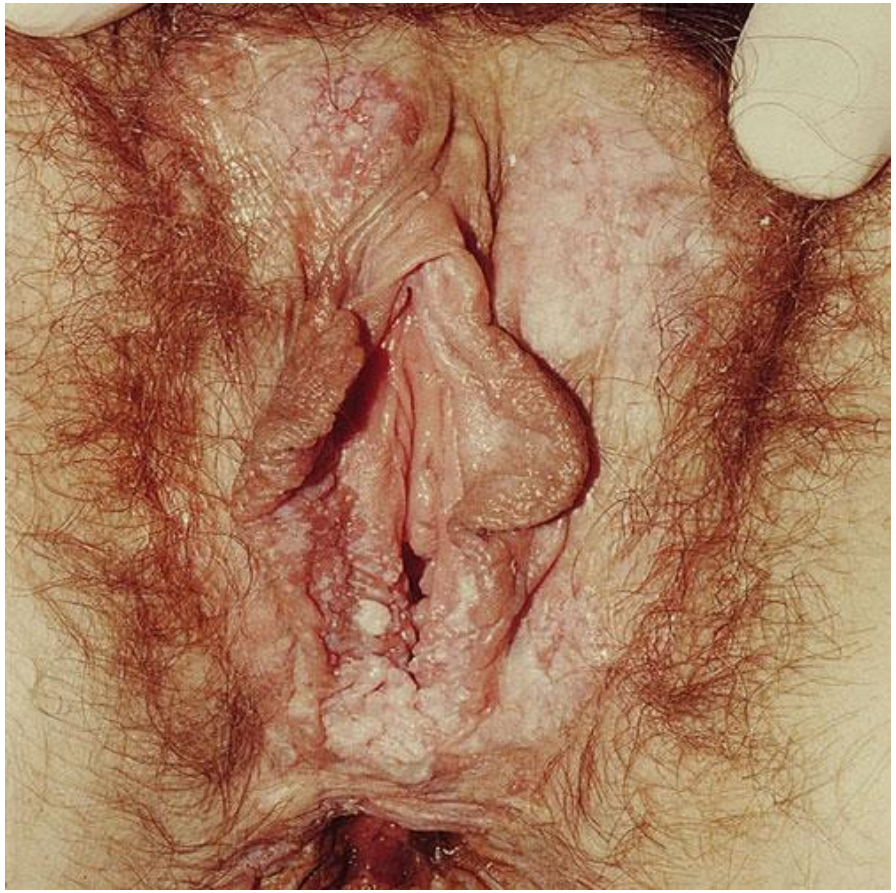
- What is the treatment approach?
  - Key is to treat the disease while maintaining vulvar anatomy
  - uVIN:
    - Surgical excision (wide local excision) with a 1 cm margin
    - CO2 laser vaporization
    - Imiquimod 16 week treatment course
  - dVIN:
    - Surgical excision*
    - CO2 laser - restricted to sensitive areas (clitoris)



ACSSP 2018 annual meeting, EJ Mayeux

VIN

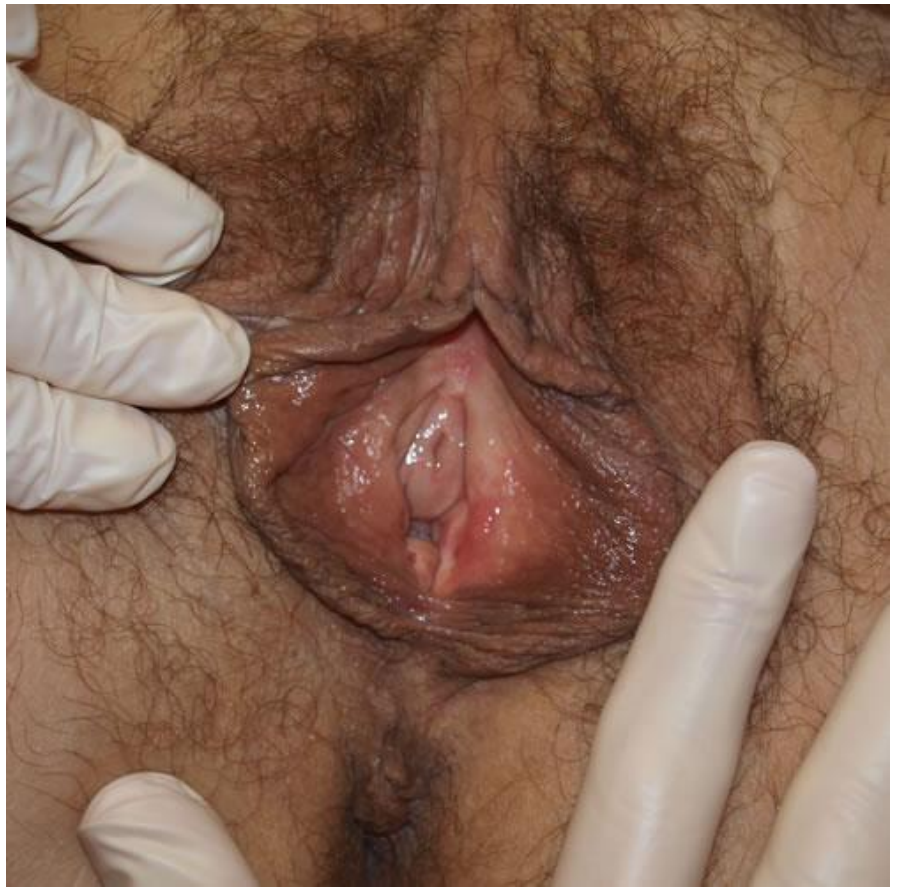
- Does it need a biopsy?
  - **YES**
  - Punch biopsy under local anesthetic
  - Hemostasis with Monsel's solution or simple interrupted fine suture (3-0 or 4-0 vicryl)



https://vulvovaginaldisorders.org/atlas_topic/vulvar-intraepithelial-neoplasia-vin/

CASE #5

- 76 y.o G3P3
- Vaginal dryness, burning
- 3 UTI’s in the last year
- Dyspareunia
- Symptoms worsening with age, despite over the counter treatments (anti-fungals, creams)



https://vulvovaginaldisorders.org/atlas_topic/

POLL SLIDE #5

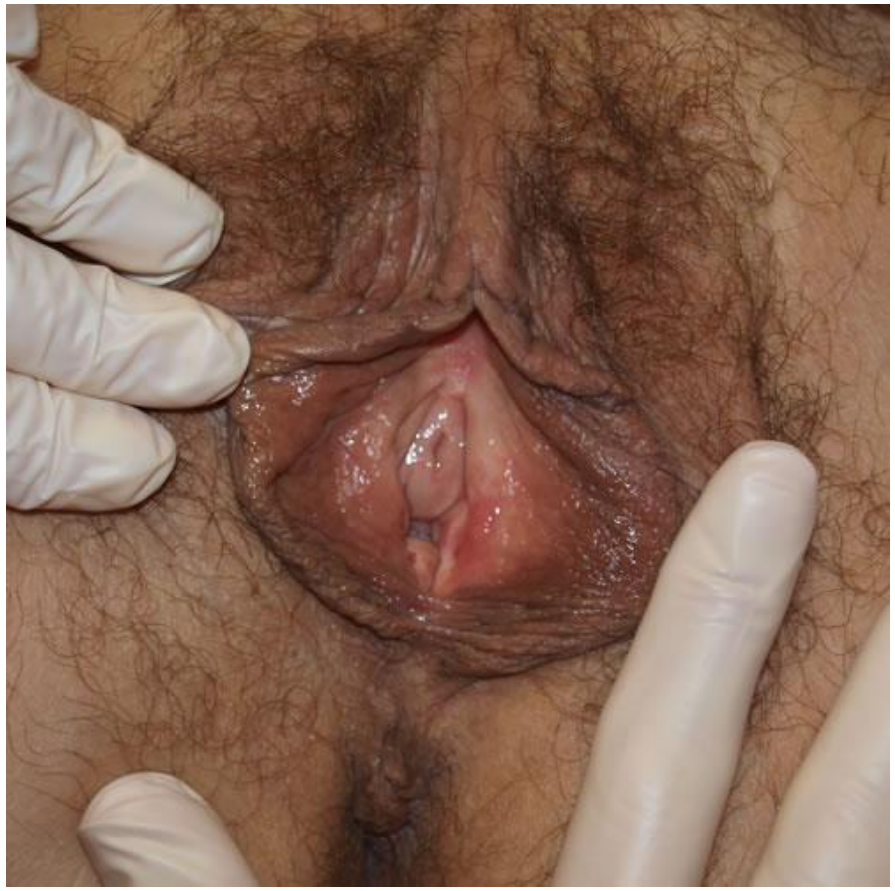
- Question: What do you think this is?

- Answer options (multiple choice question)
  a) Lichen Simplex Chronicus
  b) VIN
  c) Genitourinary Syndrome of Menopause
  d) Lichen Sclerosus
  e) Lichen Planus

Answer: C

CASE #5

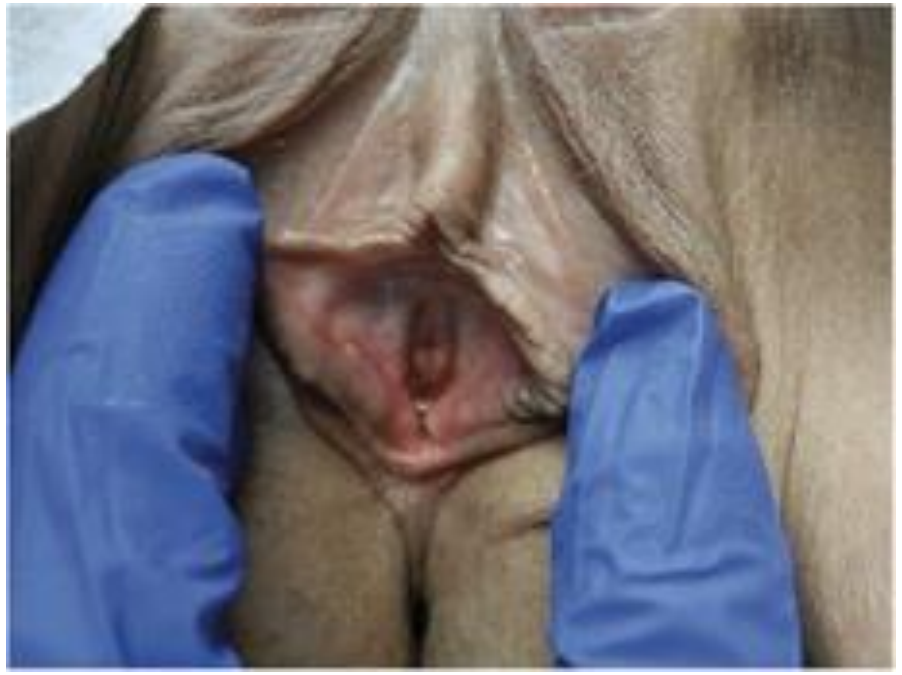
- 76 y.o G3P3
- Vaginal dryness, burning
- 3 UTI's in the last year
- Dyspareunia
- Symptoms worsening with age, despite over the counter treatments (anti-fungals, creams)
- **Genitourinary syndrome of menopause**



https://vulvovaginaldisorders.org/atlas_topic/

GSM

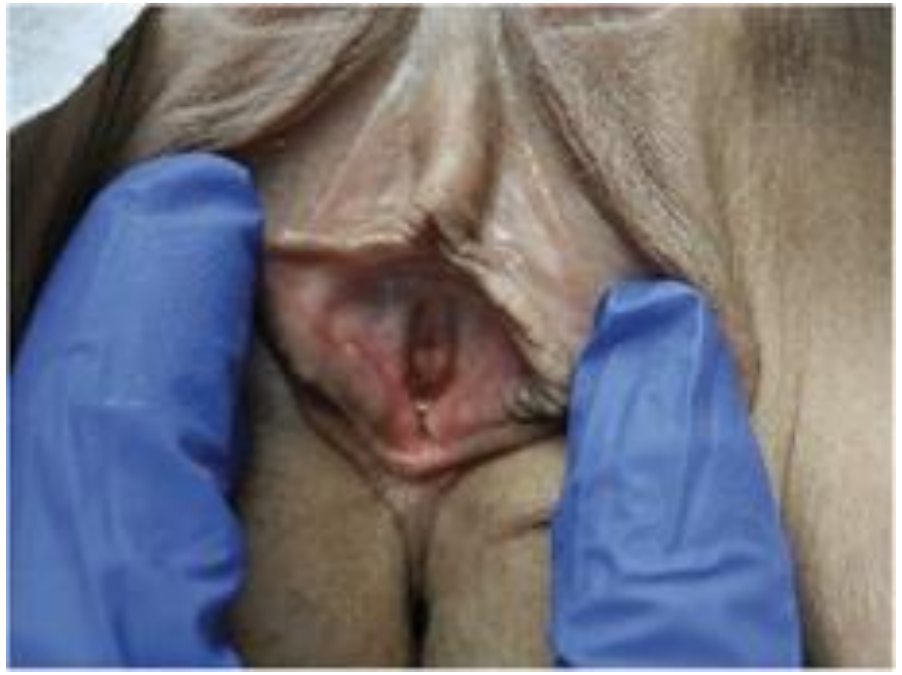
- What is it?
  - *Vulvovaginal atrophy*
  - Changes to the vulvovaginal epithelium due to lack of exposure to estrogen
  - Affects 1 in 2 postmenopausal women
  - Patients may experience symptoms despite systemic hormone therapy
  - May present years after other menopause symptoms disappear (hot flushes etc)
  - Tends to get worse over time



Stockdale and Boardman. Vulvar Dermatoses. Obstet Gynecol 2018.

GSM

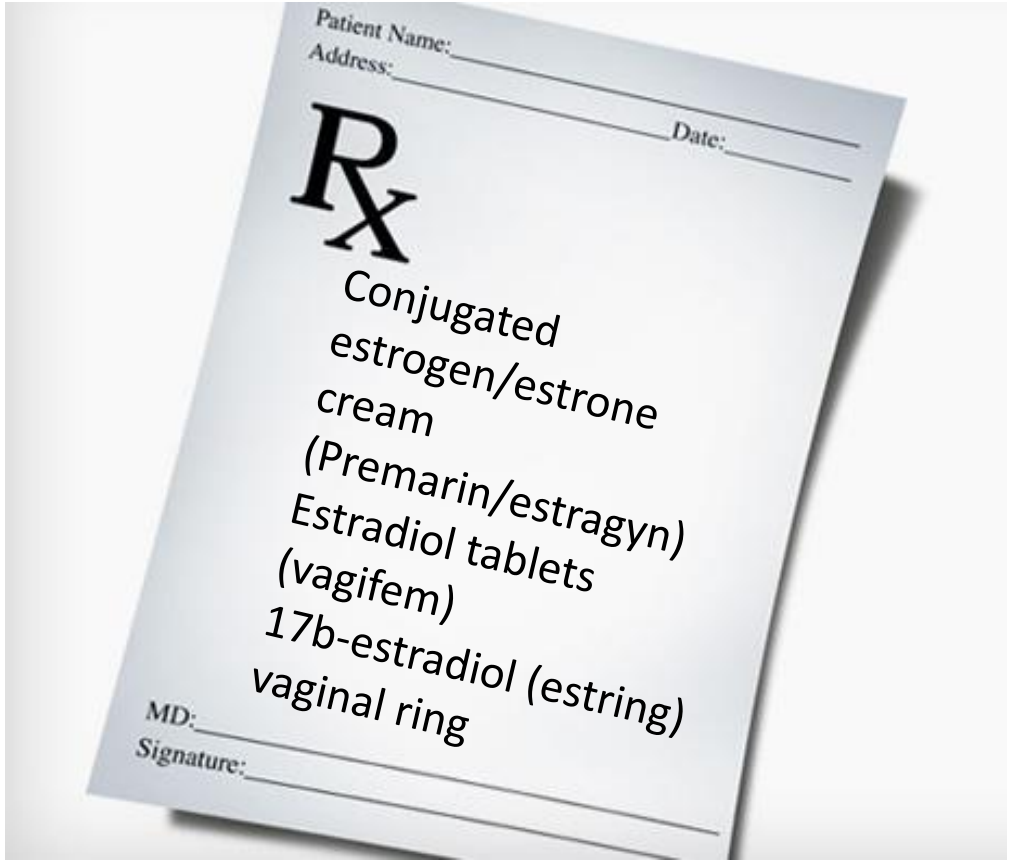
- How does it present?
  - Palor of the vulva, clitoris and vaginal epithelium
  - Hyperemic urethral meatus
  - Decreased size of the clitoris and labia
  - Loss of pubic hair
  - Increased vaginal pH
  - Frequent UTI's, dysuria
  - Dyspareunia, lack of lubrication
  - Bleeding secondary to tissue fragility



Stockdale and Boardman. Vulvar Dermatoses. Obstet Gynecol 2018.

GSM

- What is the treatment approach?
  - Local estrogen
  - Vaginal moisturizers
  - Vaginal lubricants
  - Vulvar hygiene
  - New treatment options:
    - Vaginal DHEA (prasterone)
    - Ospemiphene (SERM)

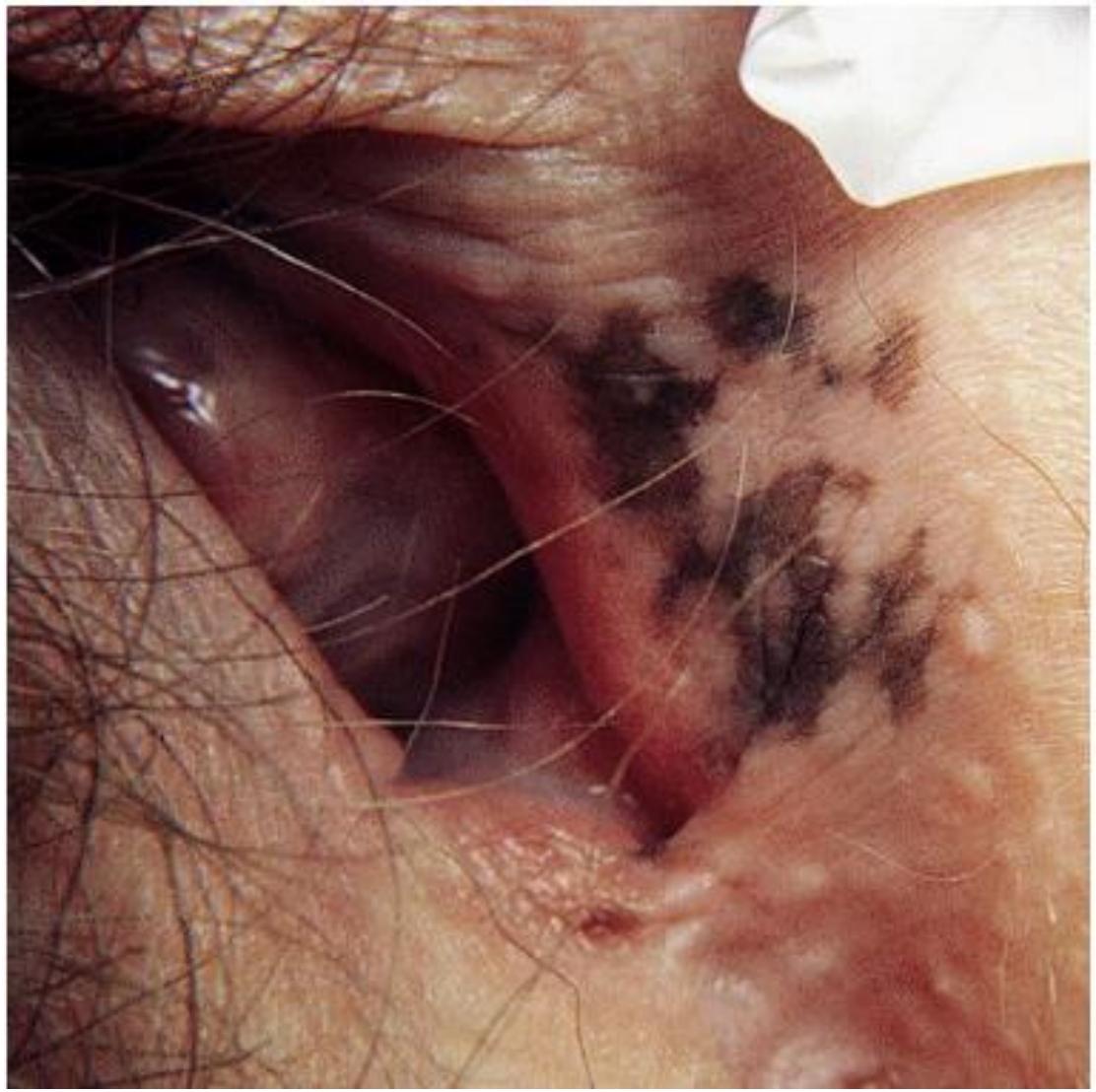


Resources

- ISSVD - https://www.issvd.org/publications/patient-handouts
- ASCCP - https://www.asccp.org/patient-resources
- Michigan University vulva resources - https://medicine.umich.edu/dept/obgyn/divisions/gynecology/vulvar-diseases-resources-patients-providers
- Checkyourvulva.ca - https://checkyourvulva.ca/
- The vulva diaries podcast – Podcast app/streaming service
- The Vagina Bible – Dr. Jen Gunter – Book, widely available
- Menopause Manifesto – Dr. Jen Gunter – Book, widely available
- Vulvovaginal disorders website - https://vulvovaginaldisorders.org/
- QI Toronto Patient Handout Project - https://gynqi.com/for-patients/

Rapid fire – 6 common skin conditions that look worrisome but might be ok…

#1



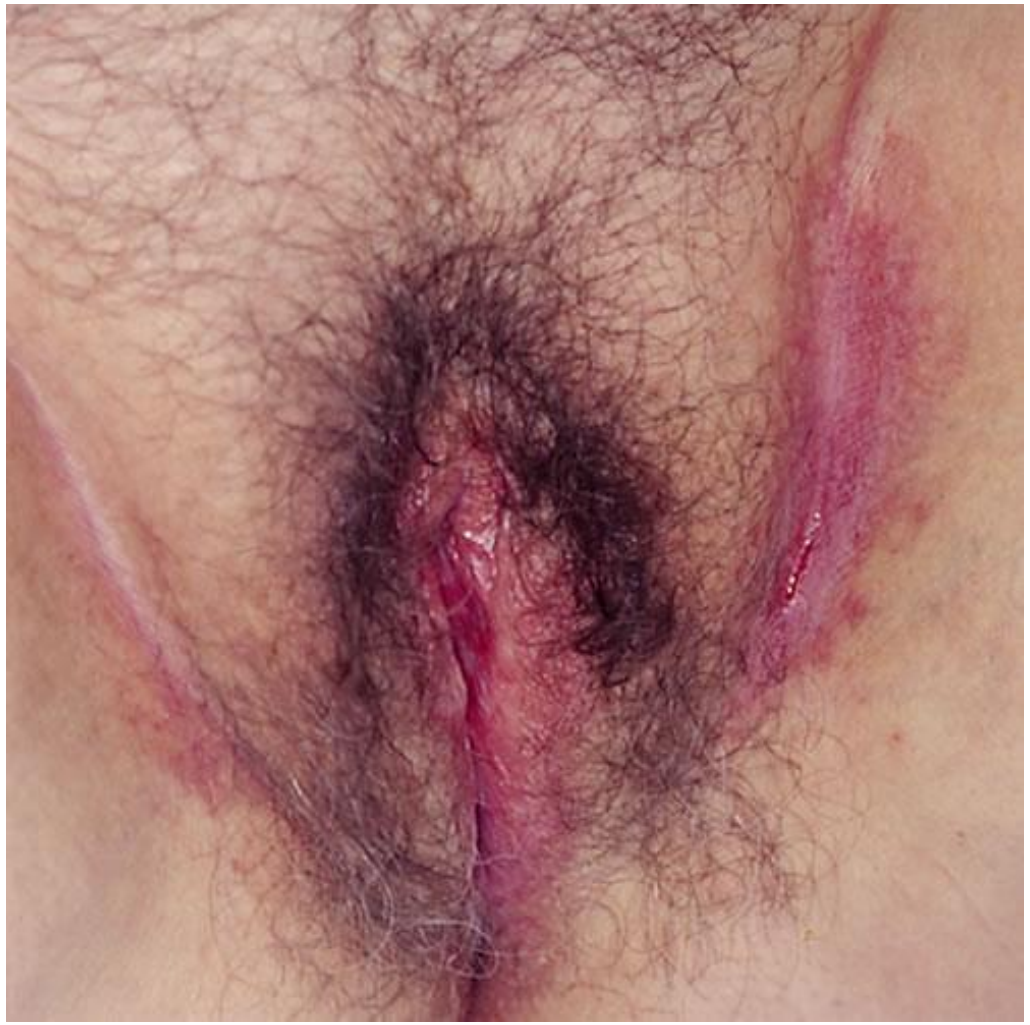
POLL SLIDE #6

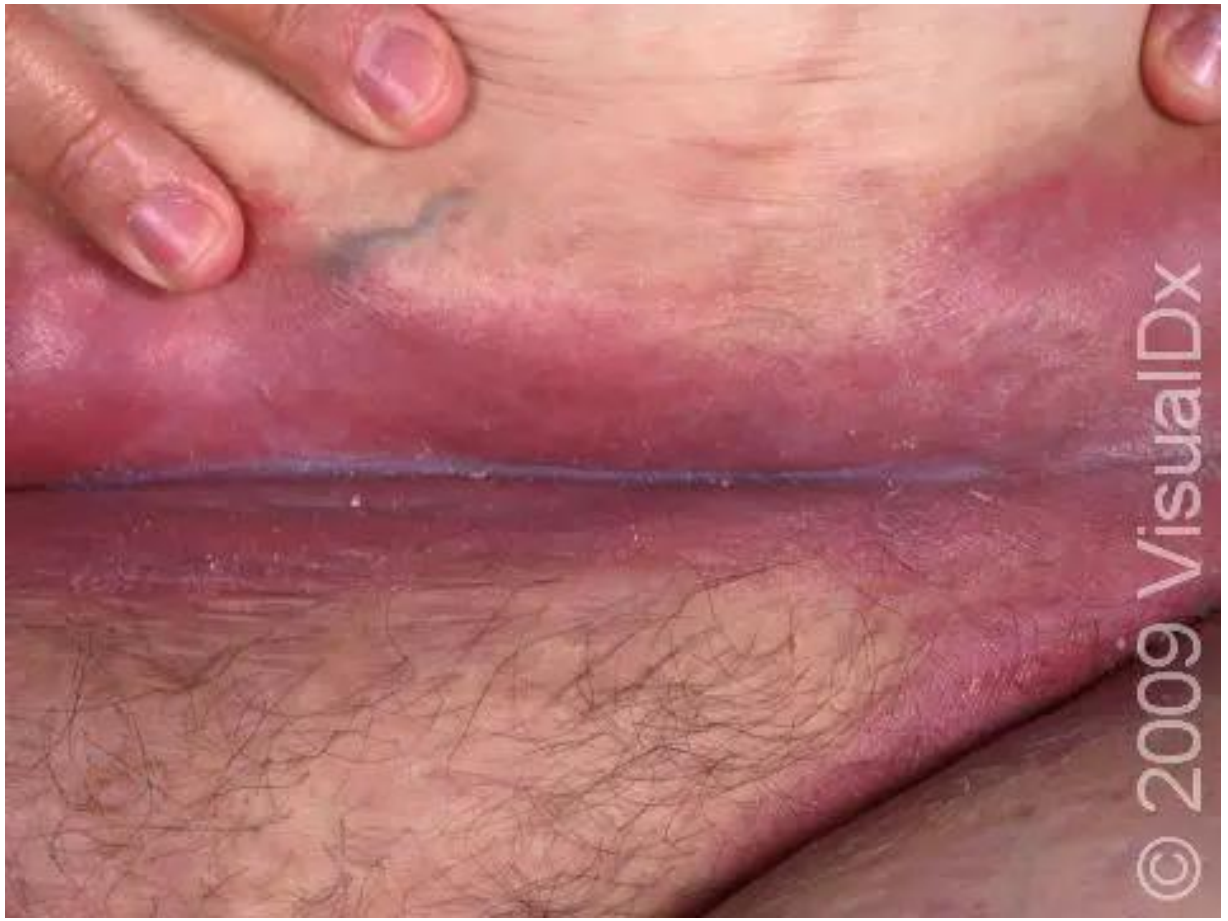
- What is the name of this lesion?

  FREE TEXT FOR THE ANSWER

- Is it benign?
  - Yes
  - No

#2





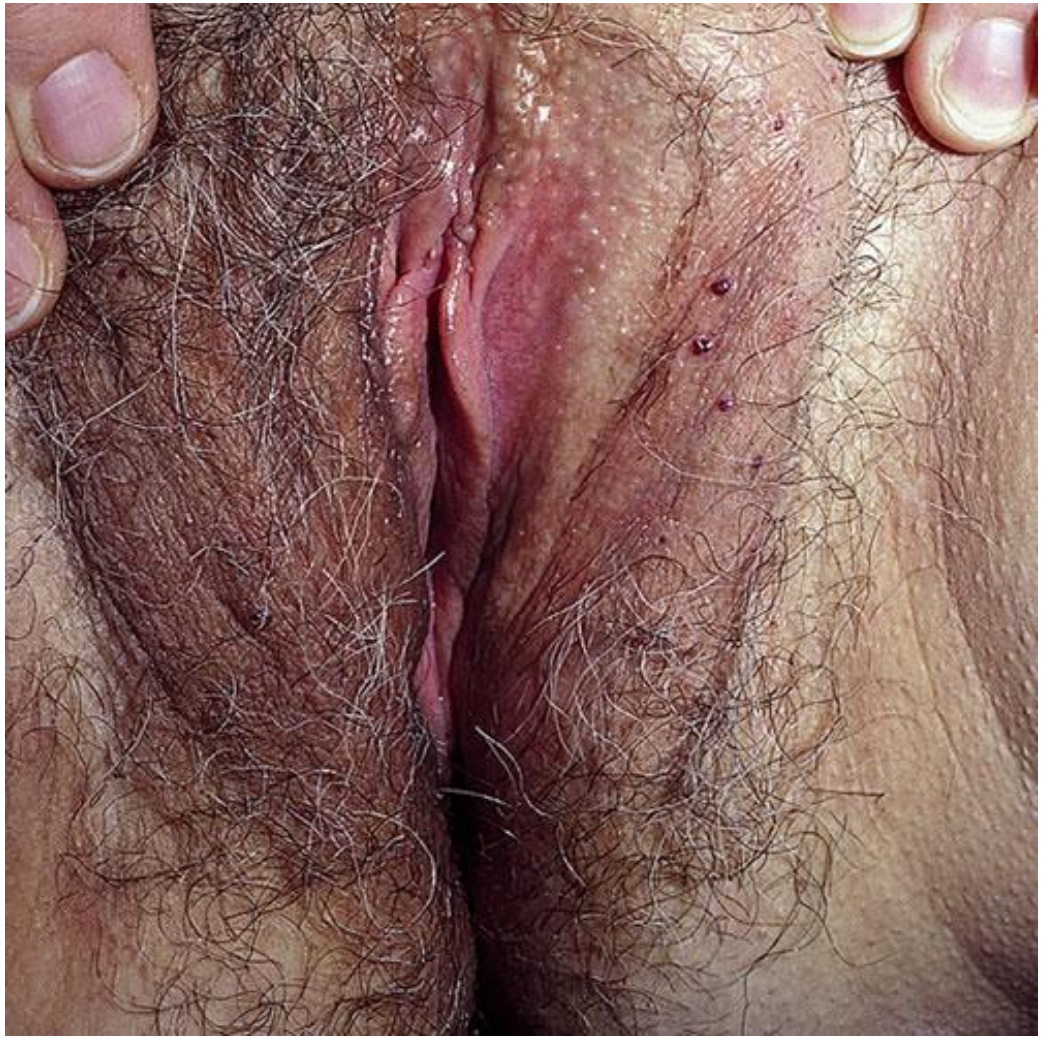
POLL SLIDE #7

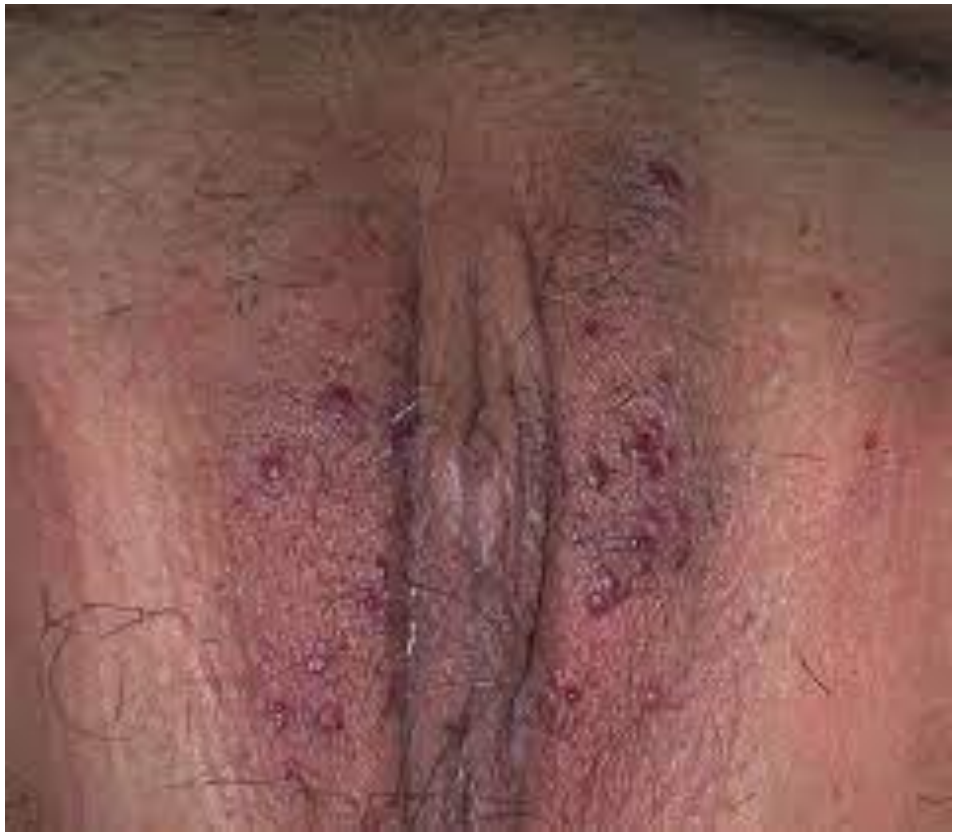
- What is the name of this lesion?

  FREE TEXT FOR THE ANSWER

- Is it benign?
  - Yes
  - No

#3





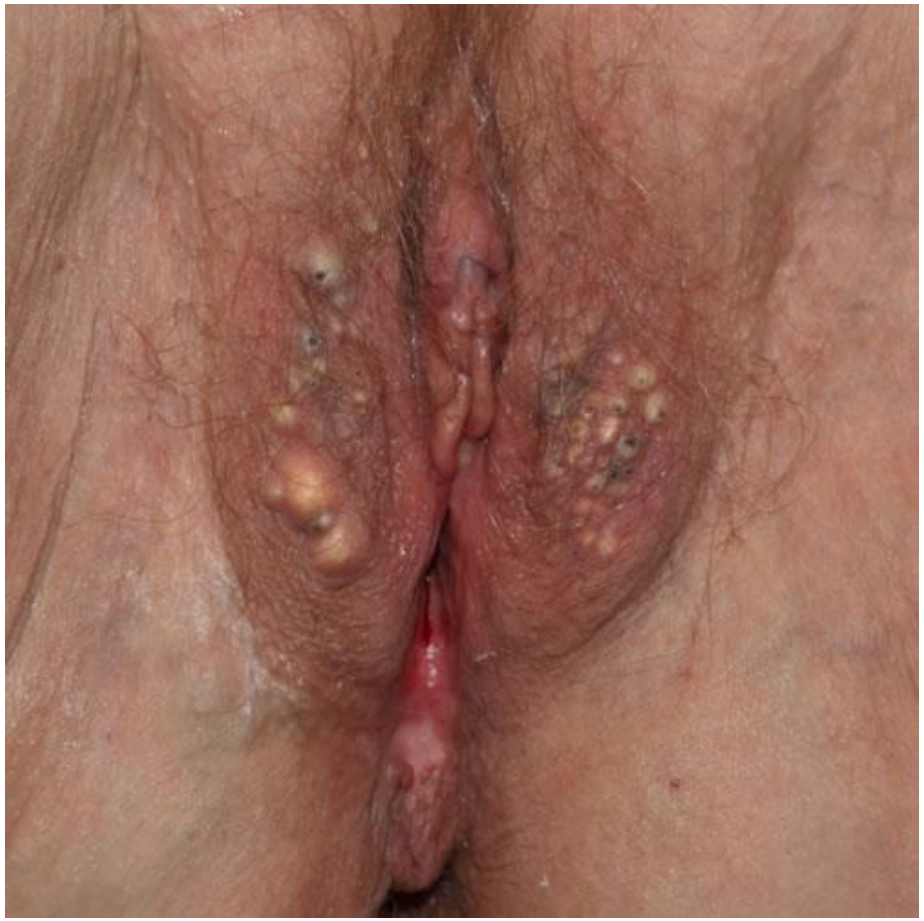
POLL SLIDE #8

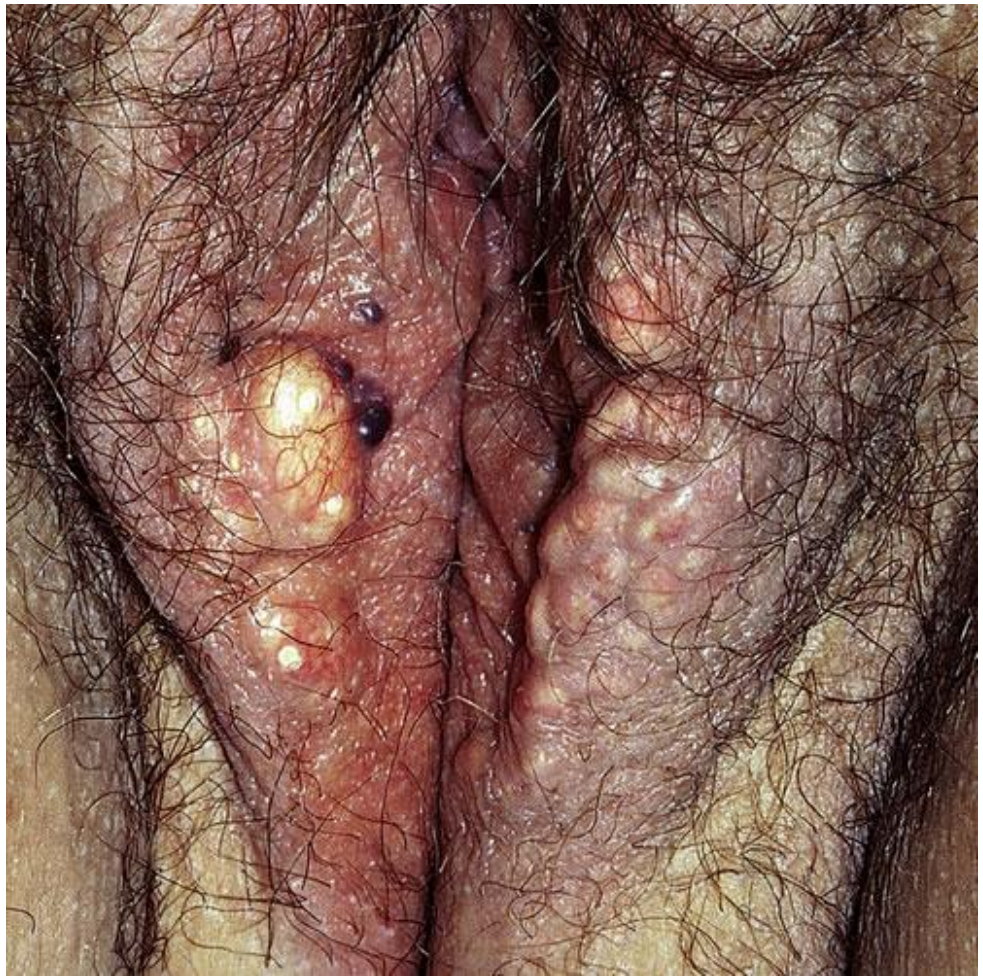
- What is the name of this lesion?

  FREE TEXT FOR THE ANSWER

- Is it benign?
  - Yes
  - No

#4





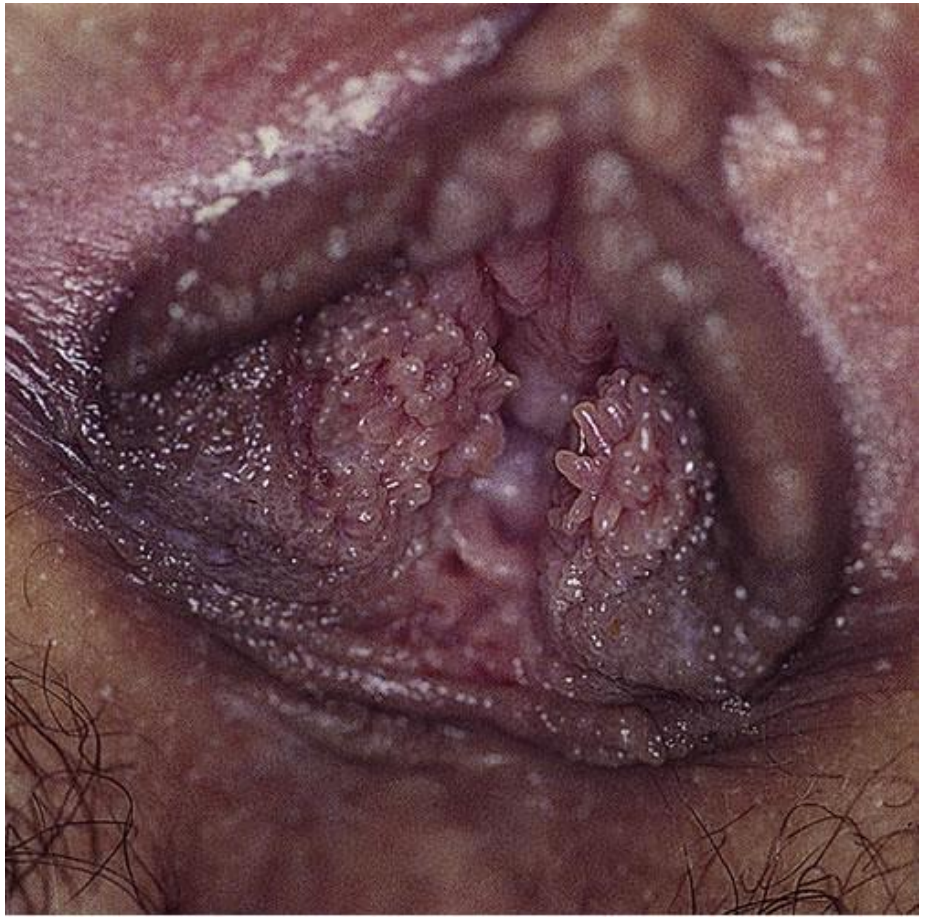
POLL SLIDE #9

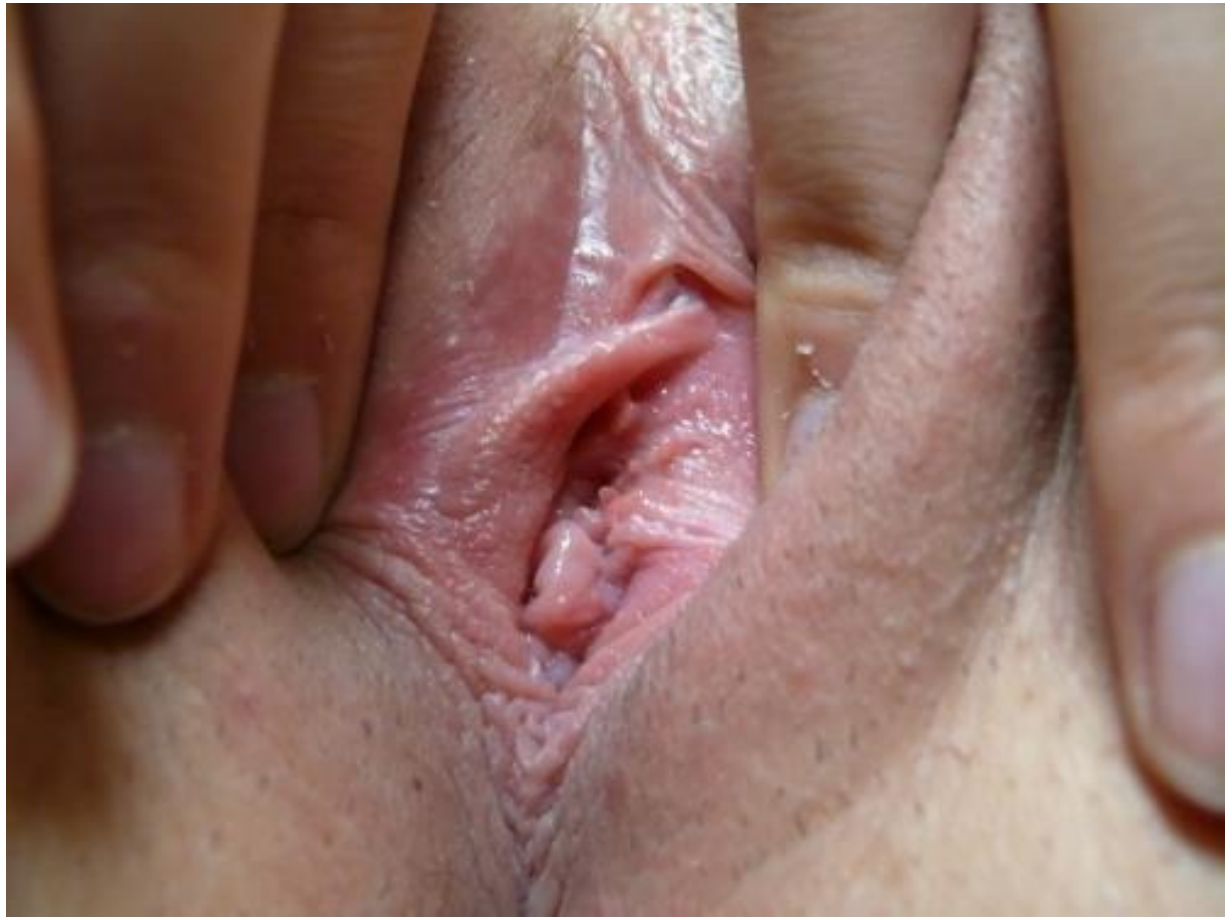
- What is the name of this lesion?

  FREE TEXT FOR THE ANSWER

- Is it benign?
  - Yes
  - No

#5





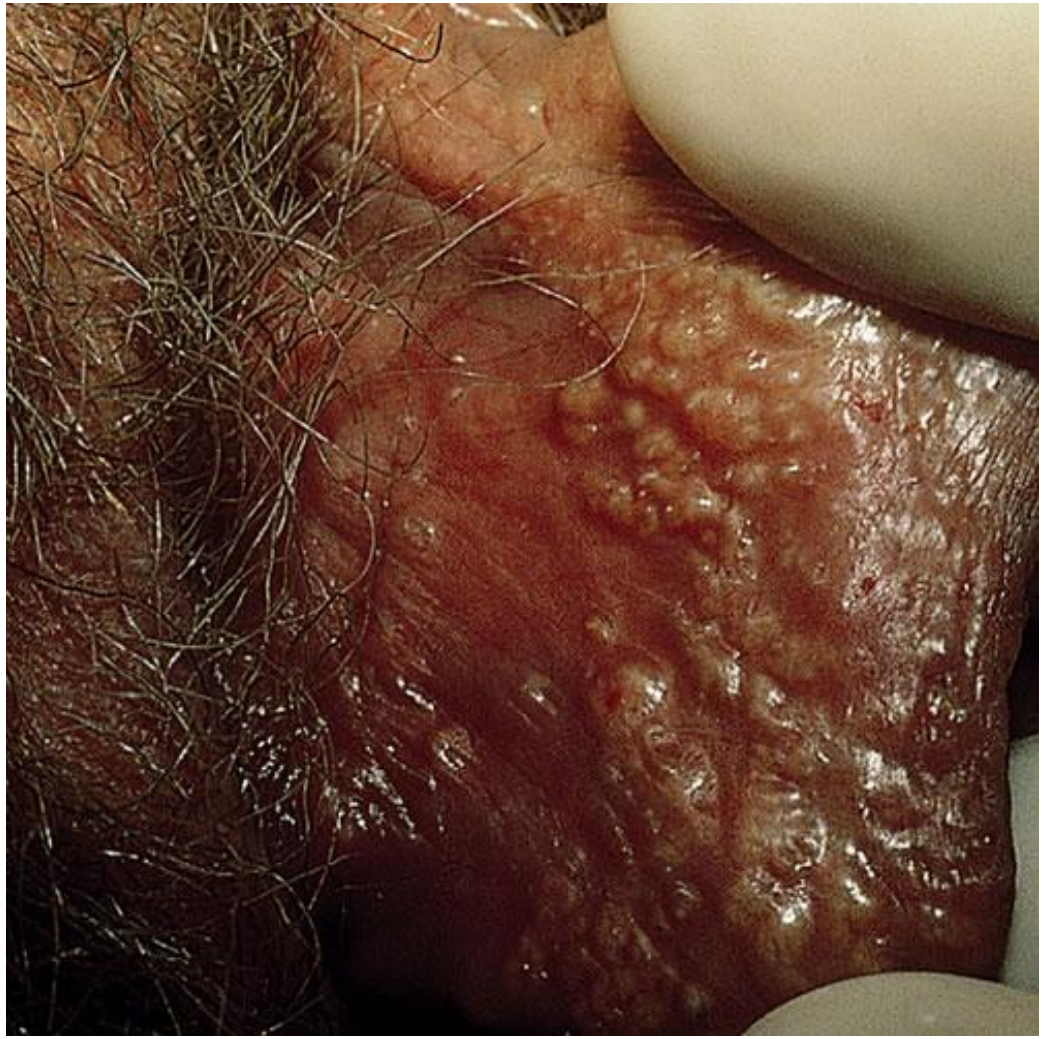
POLL SLIDE #10

- What is the name of this lesion?

  FREE TEXT FOR THE ANSWER

- Is it benign?
  - Yes
  - No

#6



POLL SLIDE #11

- What is the name of this lesion?

  FREE TEXT FOR THE ANSWER

- Is it benign?
  - Yes
  - No

Rapid fire common skin conditions that look worrisome but might be ok…

- Melanosis
- Intertrigo
- Cherry angioma
- Epidermoid cyst
- Papillomatosis
- Fordyce spots

Thank you!