THE VULVA

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I have no conflicts of interest to declare

What are common presenting symptoms?
What are the anatomic borders of the vulva?
How do you investigate vulvar complaints?

LEARNING OBJECTIVES

- Describe the necessity of a careful vulvar exam
- The wide variety of normal anatomic variation
- Identify common vulvar pathologies and know how to treat them
- Review how do perform vulvar biopsies and when to do them
- Review which patients need referring to a sub-specialist

Photo credits:
- Up to Date
- Williams, Gynecology. Second Edition
- Atlas of Gynecologic and Obstetric Pathology

Caution: Graphic Slides to Follow
CAREFUL VULVAR EXAMINATION

- Close visual inspection
- Magnifying glass
- Colposcope
- Use a mirror to show pt.

THE GREAT WALL OF VAGINA

“for many women their genital appearance is a source of anxiety and I was in a unique position to do something about that”

James McCartney
British Artist

“AM I NORMAL DOWN THERE?”

“www.labialibrary.org.au.”
LABIOPLASTY

VULVODYNIA - PAIN WITH NORMAL EXAM

- May have erythema
- Typically described as burning pain
- Clinical diagnosis, no histological findings are characteristic
- Management
  - Pelvic floor physical therapy
  - Gabapentin
  - Topical lidocaine
  - Tricyclic antidepressants

COMMON LOW ACUITY LESIONS

Labial Agglutination

Found in Children
Classic “white line”
Treat with topical Estrogen

Pediatric and Adolescent Gynecology, Emans, et al., 6th edition. pg. 56
Acanthosis Nigricans

Vulvar Varicosity

SKIN TAGS

- Small ones are common
- Large ones may be irritating and can easily be removed
- May be in “panty line” and be very bothersome

FOLLICULITIS

- Often from shaving
- Advise frequent razor changes
- Or switching from shaving to trimming

VITILIGO

- Immune-mediated loss of melanin
- Sharply-demarcated

INFECTIONS

<table>
<thead>
<tr>
<th>Condition</th>
<th>Instructions</th>
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<tbody>
<tr>
<td>Foul-smelling</td>
<td>Washes and avoid tight-fitting undergarments.</td>
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<tr>
<td>Vaginal itching</td>
<td>Wash with a gentle soap, then dry off.</td>
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<tr>
<td>Vaginal irritation</td>
<td>Use an over-the-counter medicated vaginal cream or insert.</td>
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<tr>
<td>Yeast infection</td>
<td>Use an over-the-counter anti-fungal medication or see a healthcare provider.</td>
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CANDIDIASIS OF THE VULVA

- Grey cast to skin
- Fissuring
- Extends to groin

CANDIDIASIS OF THE VULVA

- Severe case
- Use local and systemic agents
- Include steroid ointment with local therapy

HIDRADENITIS SUPPURATIVA

- Mild disease
- Nodules and comedones

HIDRADENITIS SUPPURATIVA

- This photo is severe disease
- Treatment may include wide local excision

CONDYLOMATA ACUMINATA

- Perianal
- Rare association with cancer
- May excise or cautere

HUGE HPV

- May obstruct labor
- Often resolve after delivery
- May be challenging to remove
MOLLUSCUM CONTAGIOSUM

DNA poxvirus
May be unroofed
Resolve spontaneously in 2-3 months

HERPES SIMPLEX VIRUS

Clusters of blisters
Typically unroofed
Painful

BARTHOLIN’S DUCT CYST

Characteristic bulge at 5 o’clock position
If abscessed, drain
Excision is often quite bloody

BARTHOLIN’S GLAND CYST

May be “marsupialized” in the office
Cancer is possibility in older women

DERMATOTOSES

CONTACT DERMATITIS

Common irritants:
- soaps, antiseptics
- sanitary pads, toilet paper
- body fluids
CONTACT DERMATITIS

- Treatment:
  - Remove irritant
  - Sitz baths twice daily, yoghurt,
  - Skin Barriers
  - Topical steroids
  - Consider SSRI

LICHEN SIMPLEX CHRONICUS

- Sequelae of scratch-itch phenomena
- Histologic changes of hyperplasia
- Irritant or allergic

LICHEN SIMPLEX CHRONICUS

- Treat with vulvar hygiene practices
- Removal of irritant
- Topical steroids
- Break the scratch-itch cycle

PSORIASIS

- Well-demarcated erythematous plaques and silver scale
- Atypical to have the vulva as the only affected area
- Topical therapy
- May need referral

LICHEN SCLEROSIS

- Common in pediatric and menopausal women
- Chronic inflammatory dx
- 30% have co-existing autoimmune disorders

LICHEN SCLEROSIS

- Treated with ultra-potent steroid ointment
- Start with BID dosing and the slowly taper
- Chronic, must be followed. Annual exams if asymptomatic
- 5% chance of developing SCCA
**Lichen Sclerosus Young Child**

- Often alarms parents and caregivers
- May be mistaken for child sexual abuse
- Treat with super potent steroids and reassurance

**Lichen Sclerosus in 10 Yr Old**

- Treat with Clobetasol also
- Often resolves with puberty

**LS Before and After 3 Weeks of Clobetasol**

- Small introitus
- Labia minor subsumed
- Clitoris covered
- May need perineoplasty

**The Necessity of Vigilance**

- Examine closely for any suspicious areas
- Biopsy liberally

**Loss of Architecture**

- Small introitus
- Labia minor subsumed
- Clitoris covered
- May need perineoplasty

**Lichen Planus**

- T Cell-mediated autoimmune response against basal keratinocytes
- Often associated with other autoimmune diseases
LICHEN PLANUS

- White, lacy pattern on bright red lesions
- May have mouth lesions too

WHAT IS THIS?

KEYS PUNCH

VULVAR PUNCH BIOPSY

BIOPSY TECHNIQUES

- Place fine suture through lesion
- Use suture to elevate area to biopsy
- Excise specimen with sharp scissors
WORRISOME LESIONS

CROHN DISEASE
- Knife-cut ulcers

CROHN’S DISEASE
- Perianal fistula
- Characteristically "cut lesions"

BULLUS PEMPHIGOID
- Autoimmune blistering disease
- 17% of cases involve genitalia
- Managed with topical and systemic steroids
- Typically managed by Dermatologist and PCP

BASAL CELL CARCINOMA
- Findings may be subtle
- Biopsy readily

VULVAR INTRAEPITHELIAL NEOPLASM
- VIN
- May be HPV-mediated
- Diagnose by biopsy
Types of VIN

- VIN

- Carcinoma

ADVANCED VULVAR CANCER

CONCLUSIONS

- A careful vulvar exam is part of the care of women
- There are a wide variety of normal variations in the vulva
- Many vulvar problems are straightforward and easy to treat
- Vulvar biopsies are often indicated and are easy to perform
- Referral to a sub-specialist may be indicated