

## REVIEWS

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### Vulvar Dermatoses: A Primer for the Sexual Medicine Clinician

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#### ABSTRACT

**Introduction.** Vulvar dermatoses are common dermatological conditions that affect the vulva, and can cause considerable pain, irritation, pruritus, and burning, and have an adverse impact on a woman's sexual function.

**Aim.** To provide an overview of the clinical features, etiology, and management options for the common vulvar dermatoses, including lichen sclerosus, lichen planus, lichen simplex, contact dermatitis, and vulvar psoriasis, and briefly describe the impact of vulvar dermatoses on sexual function.

**Methods.** The key words "vulvar dermatoses," "lichen sclerosus," "lichen planus," "lichen simplex chronicus," "vulvar dermatitis," and "vulvar psoriasis," were utilized to search Medline and PubMed for articles, with special attention given to those published within the past 5 years.

**Main Outcome Measure.** Five hundred thirty-six results were generated from the literature search. Publications that were judged current and relevant to the pathophysiology, evaluation, and treatment of vulvar dermatoses were included in the review.

**Results.** Fifty-seven articles were selected for inclusion in this review.

**Conclusions.** Vulvar dermatoses can cause chronic pain, itching, and dyspareunia, and can have a profound effect on a woman's sexual expression and comfort. Delay in diagnosis is often due to hesitancy to seek treatment on the part of the patient or delay in biopsy on the part of the provider. This can result in failed prescriptive and self-treatment measures, worsening symptoms, and frustration and sexual dysfunction for the patient, and potentially the development of squamous cell carcinoma. It is imperative for sexual medicine providers, who commonly treat women with vulvar concerns, to be familiar with the presentation, diagnosis, and treatment of common vulvar dermatoses and their effect on sexual function. **Kellogg Spadt S and Kusturiss E. Vulvar dermatoses: A primer for the sexual medicine clinician. Sex Med Rev 2015;3:126–136.**

**Key Words.** Vulvar Dermatoses; Lichen Sclerosus; Lichen Planus; Lichen Simplex; Vulvar Psoriasis; Vulvar Dermatitis; Female Sexual Dysfunction

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#### Introduction

Vulvar complaints are among the most frequent causes for a woman to visit a healthcare provider. The symptoms associated with vulvar discomfort, including skin changes, lesions, burning, pruritus, fissures, and dyspareunia, are often poorly managed, under diagnosed and/or treated in a "generic" fashion, without specific attention to the nuances of each clinical case. The diagnosis of vulvar dermatological disorders can represent a challenge for healthcare professionals, as disorders can be multifactorial and concomitant

with other disorders. Since dermatologists may be unfamiliar with specific aspects of the vulvar examination and female sexual concerns, and general gynecologists may be unfamiliar with the management of dermatological complaints, sexual medicine specialists are often the professionals that women consult when experiencing vulvar skin discomfort that affects their sexuality.

Vulvar skin conditions irritation can affect women of any age. The etiology of vulvar complaints can be difficult to determine due to varying presentations, ranging from pruritus and burning, to changes in genital architecture. Symptoms can

be vague, intermittent, continuous, localized, or generalized [1,2]. Vulvar dermatoses can affect every aspect of a woman's life, including activities of daily living, sexuality, relationships, feelings of self-worth, and well-being. For many women, the vulva is an area of the body that is viewed as private, and any pain or irritation brings with it feelings of embarrassment or fear. As a result, women commonly self-treat and spend an exorbitant amount of money in over-the-counter products and overzealous hygiene practices, which can exacerbate symptoms. Women may fear that their vulvar symptoms are the result of sexually transmitted infections, undiagnosed cancer, poor hygiene, or that there is no medical treatment for their condition. These factors compound the profound impact vulvar discomfort has on a woman and can further lead to delay in a woman seeking care [1–3].

Vulvar dermatoses are common chronic conditions. Ongoing symptom flares require specialized skill to manage over time. Healthcare providers may feel inept or frustrated during long-term management, and this can contribute to women receiving suboptimal treatment [2,4,5]. The aim of this article is to provide an updated review of benign vulvar dermatological conditions that commonly present to clinicians working in sexual medicine, discussing etiology, diagnosis, treatment options, and comorbid sexual dysfunction.

### *Dermatological Evaluation*

Dermatological disorders that affect the vulva often present as nonspecific pruritus, burning, or pain. Because infectious and neoplastic disease can have clinical similarities in both symptoms and appearance, it is important to conduct a detailed assessment before arriving at an empiric diagnosis. To formulate a differential diagnosis, a detailed inspection of the vulva, working inward toward the vestibule from the crural folds laterally, the mons superiorly, and the anus inferiorly, is essential. After evaluating tissues without magnification and conducting wet mount microscopic evaluation and vaginal secretion cultures to rule out infection, adding the lighted magnification of a vulvoscope/colposcope can facilitate a directed biopsy of specific areas of lichenification, fissures, hyper/hypopigmentation, plaques, or acetowhite epithelium. Histology from biopsies can distinguish between benign and malignant disease and guide the course and duration of treatment [6].

### **Lichen Sclerosus (LS)**

LS is a complex and chronic inflammatory dermatosis that can cause significant pain, pruritus, and sexual dysfunction. LS is a common condition with incidence ranging from 1:300 to 1:1,000 in the general population, and 1 in 60 in specialty gynecological practices [7,8]. LS can occur at any age, although it is rarely found in the first year of life, and typically has a bimodal peak incidence in prepubertal girls (5–15% of cases) and in postmenopausal women (50–60% of cases) [7–10].

### *Theories of Causality*

Multiple controversies exist regarding the etiology of LS. It is postulated that the disease state is multifactorial, and that infectious, trauma, autoimmune, and genetic factors can play a role in causality.

An infective trigger for LS has been suggested based on a correlation with the bacteria, *Borrelia burgdorferi*, in studies from Europe and Asia. This association has not been noted in the United States. Evidence that supports the theory is contradictory and remains controversial [2,7]. The Koebner phenomenon (i.e., development of skin lesions at sites of traumatized or injured skin) has been postulated in the etiology of LS. Consistent with this theory is the clinical finding that precipitating factors to plaque formation can be repetitive trauma (chronic rubbing, scratching, etc.) and irritation in the anogenital skin [7]. LS has been associated with increased circulating autoantibodies. Up to 34% of patients with LS present with coincident autoimmune disease, including thyroiditis, pernicious anemia, vitiligo, and alopecia areata. Studies suggest that LS subjects may have autoantibodies to endothelial cell adhesion molecule, BP 180 and 230, although the specific mechanism of this autoimmunity has recently been called into question [10–15]. Studies of twins and first-degree family members with LS have suggested a genetic predisposition [2,7]. Recently, LS biomarkers have been evaluated through genome expression profiling to identify molecular pathways in LS development. Researchers have identified 99 of 28,869 genes that differentially express in vulvar LS tissue. Among them, 73/99 genes are upregulated and 26/99 are downregulated. Further exploration of genetic links may further elucidate familial associations [15–17].

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