

A General Approach to the Evaluation and the Management of Vulvar Disorders



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KEYWORDS

• Vulvar anatomy • Vulvar evaluation • Vulvar dermatology • Vulvar disorders

KEY POINTS

- A thorough clinical history and a systematic approach to the physical examination are paramount to the evaluation of vulvar disorders.
- The clinician must be aware of expected changes that the vulva undergoes depending on the patient's age and hormonal status.
- There are a wide variety of ancillary tests and diagnostic procedures available to help aid in diagnosis of vulvar disorders.

To begin the vulvar evaluation, the clinician must take a thorough clinical history, be familiar with the anatomy of the vulva and its normal variants, and appreciate that alterations of the vulva can occur depending on the patient's age and hormonal status.

CLINICAL HISTORY

As part of the clinical history, a detailed timeline is of utmost importance. Duration, progression (eg, constant, waxes, and wanes), severity, and any modifying factors (eg, occurs before menses, after intercourse, after grooming habits) should be elicited. The clinician should also establish whether the patient suffers from other skin conditions such as atopic dermatitis, psoriasis, or lichen planus. A detailed history regarding hygiene techniques should be acquired, focusing on the use of douches, chemical wipes, over-the-counter antibiotic ointments, antiseptics or topical analgesics, and the use of scrubbing instruments such as loofahs and washcloths.^{1,2} A thorough sexual history is crucial. The use of contraceptives, lubricants, and toys should be elicited. It is also important to inquire about the patient's partner's product use because

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patients can develop an allergic contact dermatitis due to transfer of allergens from another person, referred to as consort or connubial dermatitis.³

ANATOMY

The vulva (**Fig. 1**) refers to the female external genitalia and is composed of the following mucocutaneous structures^{2,4}:

1. Mons pubis is the anterior border of the vulva.
2. Genitocrural folds are the lateral borders.
3. Labia majora are covered with keratinized, hair-bearing skin on the lateral aspect, whereas the medial aspects are covered with partially keratinized skin, which contain subtle hair follicles.
4. Labia minora are covered with partially keratinized skin that contains subtle hair follicles. They also contain apocrine sweat glands and ectopic sebaceous glands, which are often most prominent on their medial aspect.
5. Clitoral hood or prepuce is formed by the fusion of the labia minora anteriorly. This structure should be retractable and covers the tip of the body of the clitoris. The body of the clitoris contains 2 corpora cavernosa, which are composed of erectile tissue.
6. Vestibule, which is also known as the introitus, is mucous membrane that extends from the medial aspect of the labia minora to the hymenal ring. The anterior and posterior borders are the clitoral frenulum and fourchette, respectively. It contains variable number of mucus-secreting glands, which supplement lubrication in young postpubertal women.
7. Bartholin glands are found in the posterior portion of vestibule at the 5 and 7 o'clock positions.
8. Skene glands are located lateral to the urethral meatus.

It should be noted that there is a paucity of data regarding what constitutes normal vulvar anatomy. More recently, there have been several papers, which showed that there is a wide range in measurements of different vulvar characteristics, such as

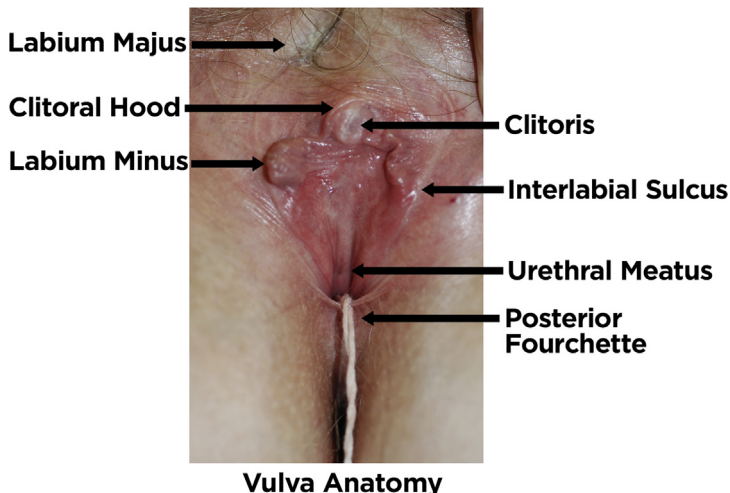


Fig. 1. Diagram of the vulva.

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