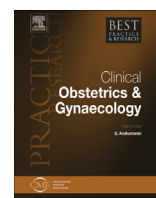




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Paediatric vulvar disease



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Paediatric vulvar skin conditions are relatively common but often cause diagnostic difficulties for clinicians, which can lead to anxiety within the children's families. Vulvar skin conditions can be caused by various underlying aetiologies. Most are general dermatologic conditions that occur in the vulvar area, such as eczema, psoriasis, skin lesions or infections. However, other conditions such as lichen sclerosus and napkin dermatitis ('nappy rash') only affect the genital region.

Every affected child needs a sensitive evaluation of the complaint including an assessment of the impact of the condition on the patient and her family. Paediatric vulvar disease often influences bowel and bladder habits and may lead to behavioural problems. General measures such as avoidance of irritants or soap substitution and regular use of emollients are helpful for all patients. Specific therapy depends upon the underlying diagnosis. Time spent reassuring the families, reinforcing regimens and providing written documentation can all be very helpful in successful management of paediatric vulvar skin conditions.

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Introduction

Vulvar skin conditions are a frequent complaint in the paediatric population and vulvovaginitis is said to be one of the most common gynaecological problems in prepubertal girls [1], although it is much less common in children than in adults [2]. Such conditions are infrequently reported in the literature, leading to a reduced therapeutic evidence base.

'Vulvitis', 'vaginitis' and 'vulvovaginitis' are terms which are often used interchangeably to define inflammatory conditions of the lower genital tract [3]. This article focuses upon conditions of the prepubescent vulva. It should be noted that in the absence of stimulation by estrogens, the vagina is rarely the source of problems in this group of patients.

Vulval skin conditions can cause considerable distress for children and their families leading to behavioural disturbances at school and home. Adding to this distress is that vulvovaginal conditions can be difficult to manage and are often poorly understood by non-specialist physicians.

The cause of vulvar disease in childhood can be due to common skin conditions such as eczema or psoriasis or dermatoses that are specific to the vulvar skin, such as lichen sclerosus and nappy dermatitis.

This article aims to provide a practical and when available, evidence-based approach to the aetiology, diagnosis and management of vulvar skin conditions in the prepubescent girl.

Methods

To identify relevant articles we searched the Medline, Embase and CENTRAL (Cochrane Central Register of Controlled Trials) databases combining the free text terms '*vulva*' and '*vulvo*' with the medical subject heading (MeSH) terms '*child*' and '*skin disorder*'. Databases were searched from the time of inception until 10th April 2013. No randomised controlled trials were identified and most articles were reviews, case reports or small case series.

The vulva in infancy and childhood

The vulva changes as children reach menarche. It is important to appreciate these changes to i) understand the normal appearance of the vulva in childhood and ii) understand the reason why certain conditions occur more frequently in children than in adults.

During the first few weeks of life, the vulva and vagina are under the influence of maternal hormones that are received transplacentally [4]. In the absence of oestrogenic stimulation, the vaginal mucosa becomes thin and atrophic, and lacks protective antibodies. There are no labial fat pads or pubic hair, and the vulvar skin is thin, delicate and in close proximity to the anus. The skin is generally more vulnerable to irritants such as soaps and bubble baths. This predisposes prepubertal female genitalia to bacterial infection, especially in the presence of poor hygiene. Poor hygiene can result from habits such as ineffective hand washing, wiping from back to front following bowel movements and inadequate washing of the area.

In childhood, the labia minora are relatively prominent, the hymen is thickened and the epidermal skin is thin making the vaginal introitus bright red in its normal state; these features may be mistaken as abnormalities [4]. Occasionally, labial adhesions are present, which can mimic ambiguous genitalia [4]. The pH is between neutral and alkaline which facilitates growth of normal skin bacteria rather than candida, explaining why streptococcal vulvitis is much more common than *Candida* infection before puberty.

At puberty, the size of the labia minora and mons pubis increase due to fat deposition, pubic hair develops, the clitoris becomes more prominent and the hymenal opening increases in diameter. The pH becomes more acidic in the presence of oestrogens and the vulvar tissue can subsequently be affected by a different range of conditions that are not discussed in this article.

Principles of management of vulvar skin conditions

Before discussing the specific conditions seen in the vulvar area, it is important to understand initial principles of management. These apply to vulvar dermatoses affecting both adults and children.

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