Basic Principles of Diagnosis and Therapy of Chronic Vulvovaginal Symptoms

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DISCLOSURES

No relevant conflicts

DISCLAIMERS

Most medications discussed in this lecture are not FDA approved for these diseases. For example, there are NO topical corticosteroids formulated for the vagina. These are common, but orphan, diseases, with very little adequate research.

WEBSITE for handouts, etc

WWW.libbyedwardsmd.com
BASIC PREMISES

- Patient anxiety and depression – expect it and address it
- Normal variants can be confusing
- Look carefully for subtle abnormalities
BASIC PREMISES

- Patient anxiety and depression
- Normal variants can be confusing
- Look carefully for subtle abnormalities
Redness is an especially common normal finding
BASIC PREMISES

• Patient anxiety and depression
• Normal variants can be confusing
• Look carefully for subtle abnormalities
Thin red fissure in labiocrural crease in otherwise normal appearing skin
BASIC PREMISES

• Multifactorial processes are common – don’t stop thinking with the first obvious diagnosis

• Iatrogenic disease is common

• Vaginal disease is often important
Lichen planus & atrophic vulva/vagina
BASIC PREMISES

• Multifactorial processes are common
• Iatrogenic disease is common – think ahead
• Vaginal disease is often important
Steroid Dermatitis
BASIC PREMISES

• Multifactorial processes are common
• Iatrogenic disease is common
• Vaginal disease is often important – don’t just look for infection
Inflammatory vaginitis with leukocytes and immature epithelial cells shed from a proliferative epithelium.
Thanks to Dr Gordon Davis
THE WET MOUNT AS A TOOL FOR EVALUATING THE VAGINA: well known

- Yeast infections
- Bacterial vaginosis
- Trichomonas
- Atrophic vaginitis
OTHER USES OF WET MOUNTS/FUNGAL PREPARATIONS

- Rule OUT
  - Yeast
  - BV
  - Trichomonas
  - Atrophic vaginitis
- Evaluate for inflammation
Mature epithelial cells (no parabasals), ≤ 1 WBC per epithelial cell, +lactobacilli; - yeast, clue cells, trich
PARABASAL CELLS FROM ESTROGEN DEFICIENCY
IMMATURE EPITHELIAL (PARABASAL) CELLS FROM ESTROGEN DEFICIENCY

Normal epithelium

Estrogen deficiency
PARABASAL CELLS FROM EROSION DISEASE
PARABASAL CELLS FROM EROSION or INFLAMMATORY DISEASE
The cause of parabasal cells must be determined by the setting, other wet mount findings, the physical examination and, sometimes, studies for infection.
WHITE BLOOD CELLS
Inflammatory vaginitis – stay tuned!
BACTERIA
Well estrogenized, healthy vagina should have predominately lactobacilli
Yeast
(not)
Not yeast
YEAST
BUDS (Candida glabrata)
YEAST

• Don’t trust your wet mount/KOH
  – if the patient isn’t responding – culture
  – If you strongly suspect yeast and wet mount/KOH is negative – culture or molecular/POC
READING WET MOUNTS

• Look at smears in an organized fashion
• Have a checklist
• Culture if results do not jive with clinical impression/course/response to therapy
BASIC PREMISES

• Presentations of skin diseases are often atypical or nonspecific compared to dry skin

• Any inflammatory dermatosis can produce resorption of normal vulvar architecture
Typical psoriasis; well demarcated plaque with heavy, silvery scale
Genital psoriasis; pink, often poorly demarcated, subtle scale
Lichen simplex chronicus; poorly demarcated, red, rough lichenified (thickened with accentuation of skin markings), excoriations
Genital LSC; pink, often poorly demarcated, subtle scale
Contact dermatitis also generally just appears red with trivial scale
BASIC PREMISES

• Presentations of skin diseases are often atypical or nonspecific compared to dry skin

• Any inflammatory dermatosis can produce resorption of normal vulvar architecture
Lichen sclerosus
Cicatricial pemphigoid
No idea, probably LS or LP
BASIC PREMISES

• Inflammation in dark skin does not look red
  – usually looks hyperpigmented
  – sometimes looks white
  – everything is either inflammatory or tumor, so if it isn’t tumor, it is probably inflammatory
Lichenified brown
THEREFORE:

• Look at other mucous membranes and skin surfaces
• Biopsy specific lesions only, not nonspecific erythema or area of symptoms
• Send to a dermatopathologist with your presumptive diagnoses
White lacy papules of lichen planus
THEREFORE:

• Look at other mucous membranes and skin surfaces

• Biopsy
  – Specific lesions only, not nonspecific erythema or area of symptoms
  – Send to a dermatopathologist or gyn pathologist with interest in inflammatory skin disease
  – Don’t expect a definitive answer – just more information
  – Include your presumptive diagnoses
  – Be willing to biopsy again
BIOPSIES:

• Punch biopsy for tumors, indurated areas, thick skin
• Shave for erosions, and for thin, fragile skin
  – the torque of a punch can shear the epithelium from the dermis
  – not full thickness, so less bleeding, faster healing, and no need for sutures
Screw the punch up to the hub
Don’t squash with forceps
Modified shave tethering tissue with a suture
Snip tethered tissue with curved iris scissors
Scoop tissue off with a #3 sharp curette
WHERE TO BIOPSY

• Depends upon the type of lesion
  - Erosion or ulcer – take the edge, from normal to the defect
  - White skin – sample the white area, no need for surrounding normal skin
  - Thick skin, or looking for tumor – sample involved skin, no need for surrounding normal skin
Lichen planus – white area, edge of erosion; shave is adequate
Firm areas, punch
HOW TO BIOPSY THE VULVA

- Avoid the midline if possible
- Biopsy only clinical abnormalities
- Only need multiple biopsies if there are areas with different appearances
THERAPY OF CHRONIC VULVOVAGINAL SYMPTOMS
MANAGEMENT PRINCIPLES

- Explanation of the disease process, treatments, expectations
- Handouts (you can customize mine: www.libbyedwardsmd.com)
- Photographs
- Treat all factors
- Treat long enough for skin to heal or break a cycle
MANAGEMENT PRINCIPLES

• Anticipate and minimize iatrogenic disease (yeast, irritant contact dermatitis)
• Avoid cream vehicles on painful, or inflamed, or estrogen-deficient vulvar skin
• Avoid topical therapy in general and use oral medications, except for corticosteroids
• The vulva is relative steroid resistant – use ultrapotents
Demonstrate how much and where to use; use photos and mirrors
Intralesional medications allow for potent local care

Most common is triamcinolone acetonide 10 mg/cc (Kenalog 10®)

Ensure it is well shaken

30 g needle

Tiny amounts (.1 cc) for inflammation (cyst of hidradenitis), larger amounts to produce atrophy (depends on extent)
THE UNRESPONSIVE PROBLEM
WHEN PATIENTS DO NOT IMPROVE AS EXPECTED:

- Consider poor compliance
- Re-evaluate for infection (Staphylococcal, streptococcal, Candidiasis, HSV, etc)
- Re-evaluate for irritant/allergic contact dermatitis
- Re-evaluate for wrong/additional diagnosis
- Re-evaluate for SCC/evolving SCC
RECALCITRANT PROBLEMS

• Consider poor compliance
• Re-evaluate for infection (Staphylococcal, streptococcal, Candidiasis, HSV)
• **Re-evaluate for irritant/allergic contact dermatitis**
• Re-evaluate for wrong/additional diagnosis
• Re-evaluate for SCC/evolving SCC
Irritant contact dermatitis to Lysol
Love-quiz ... For Married Folks Only

WHY DOES SHE SPEND THE EVENINGS ALONE?

Check these facts with your doctor

Many doctors recommend "Lysol," in the proper solution, for Feminine Hygiene. Non-criticals, gentle.

"Lysol" is non-toxic to delicate membranes. In small, non-septic odor quickly disappears. Highly concentrated, "Lysol" is economical to use. Follow easy directions for correct disinfecting solution.

For Feminine Hygiene—always use "Lysol"

FREE BOOKLET! Learn the truth about feminine hygiene. Lysol is the world's most popular feminine hygiene brand. For free booklet write to Lysol Products Co., 1200 Washington Ave., St. Louis, Missouri.
RECALCITRANT PROBLEMS

• Consider poor compliance
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• **Re-evaluate for wrong/additional diagnosis**
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Vestibulodynia treated as lichen planus
RECALCITRANT PROBLEMS

• Consider poor compliance
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d - VIN in patient with LS
In Conclusion

• Chronic vulvovaginal symptoms are very very common
• These are rarely due to yeast, BV, or sexually transmitted disease
• Chronic symptoms require chronic therapy
• Symptoms can be made enormously better, but trial and error therapy and handholding are often needed
Thank you!