

Dermatology Detail: Going More than Skin Deep

**GENITAL LESIONS: A
PRACTICAL APPROACH TO
DIAGNOSIS & MANAGEMENT**

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Common Vulvar Lesions

- ❖ Objective:
 - ❖ The learner will be more familiar with recognizing commonly encountered vulvar lesions, and their management.

Common Vulvar Lesions

- ❖ Disclosures:
 - ❖ I have been a speaker/consultant for Searchlight (Estragyn), and a consultant for Pfizer (Premarin).
- ❖ Many Thanks:
 - ❖ Dr. Denise Black and Dr. Margaret Burnett for contributing many slides (and much wisdom) to this presentation.
- ❖ Caution: Data Free Zone!

Vulvar Hygiene

- ❖ Avoid all potential irritants:
 - ❖ Soaps, wipes, washes, douches, pantyliners, harsh laundry detergents, dryer sheets, fabric softener, etc
- ❖ Wash with warm (not hot) water, once daily (not 17 times daily)
- ❖ Let it breathe! Beware of exercise clothing, non-cotton underwear, shape-wear, pantyhose, etc.

Genitourinary Syndrome of Menopause







Atrophic Vaginitis

Genitourinary Syndrome of Menopause

- ❖ Secondary to a low estrogen state
- ❖ Occurs in menopause, breastfeeding women, treatment induced and premature menopause
- ❖ May be progressive; separate from systemic symptoms
- ❖ Symptoms are not all sexual:
 - ❖ Recurrent bladder infections
 - ❖ Urgency and frequency
 - ❖ Itch, burn, discomfort with clothing, non-sexual activities
 - ❖ Exaggeration of pelvic organ prolapse symptoms
 - ❖ Dysparunia

Genitourinary Syndrome of Menopause

- ❖ Treatment:
 - ❖ The three pillars of Vaginal Health:
 - ❖ Utilize - sexual activity, vibrators, dilators
 - ❖ Moisturize - lubricants for sexual activity, OTC moisturizers for daily relief (coconut oil, Vaseline, Crisco shortening; Replens, Repagyn, Gynatroph)
 - ❖ Estrogenize

Genitourinary Syndrome of Menopause

Formulation	Composition	Dosages
Vaginal Cream	estrone 0.1%	0.5grams PV daily for 2 weeks, then 2x/week
Vaginal Cream	Conjugated equine estrogen	0.5grams PV daily for 2 weeks, then 2x/week
Vaginal Ring	17Beta-estradiol	2mg ring releasing 7.5mcg/day for 90 days
Vaginal Tablet	17Beta-estadiol	10mcg tablet daily for two weeks, then 2x/week

Genitourinary Syndrome of Menopause

 **ESTRAGYN** vaginal cream
crème vaginale
Estrone vaginal cream - Crème vaginale à base d'estrone
0.1% w/w | 0.1% p/p



Lichen Sclerosus







Lichen Sclerosus

- ❖ Common, chronic
- ❖ Often a hypoestrogenic state
- ❖ Etiology unknown, may be autoimmune
- ❖ ITCHY
- ❖ Treatment indicated to:
 - ❖ improve symptoms
 - ❖ anatomy preservation
 - ❖ avoid progression to carcinoma
- ❖ Clobetasol 0.05% ointment OD, then taper; likely need lifelong therapy/PRN for flares
- ❖ Follow clinically to examine, detect any concerning or suspicious lesions

Lichen Simplex Chronicus



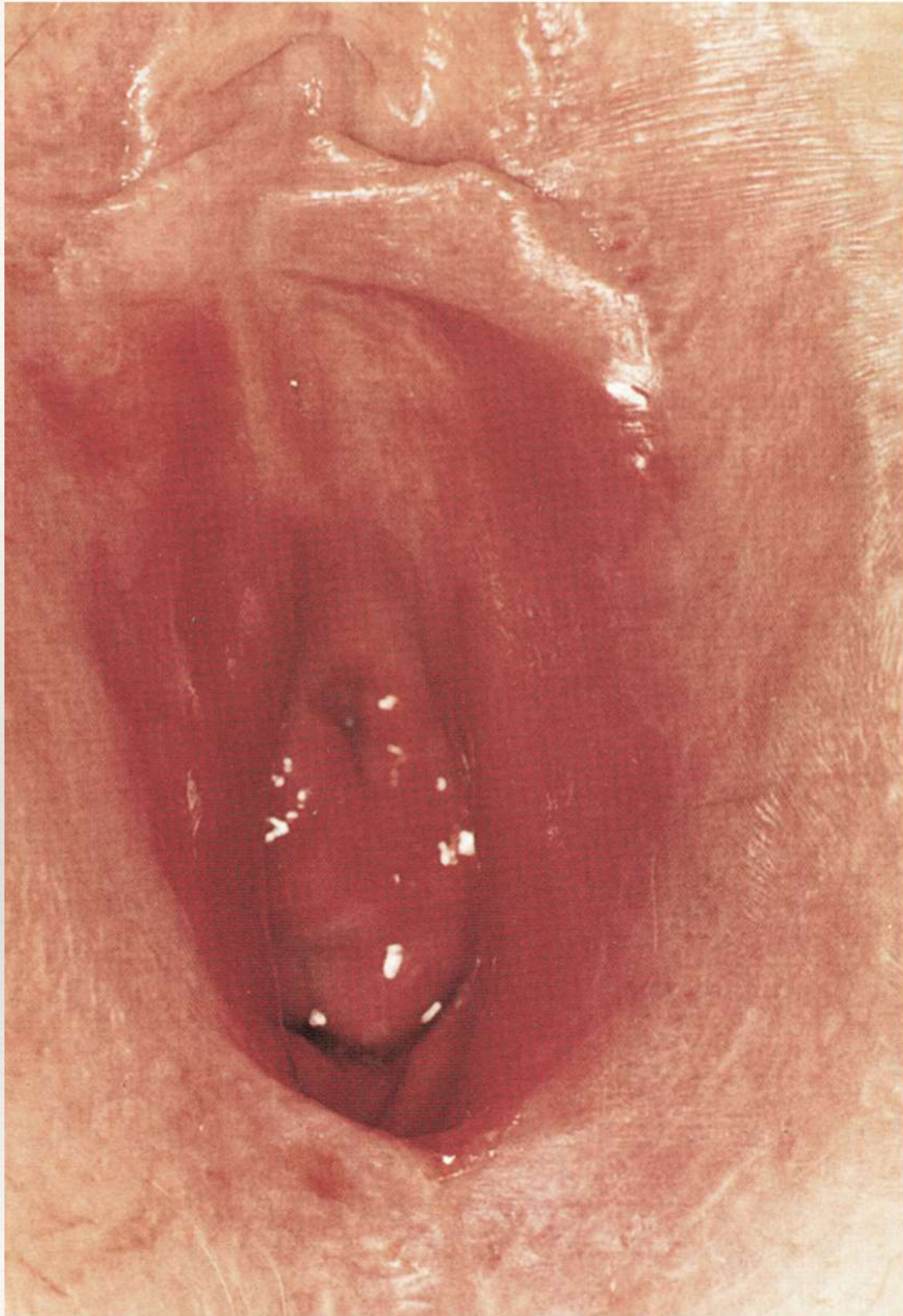


Lichen Simplex Chronicus

- ❖ Secondary to the chronic itch-scratch cycle
 - ❖ This cycle must be broken for resolution!
- ❖ May be primary or secondary
- ❖ Treatment with mid-potency steroids
 - ❖ Betamethasone 0.05% ointment, OD until symptom relief
- ❖ May need an HS antihistamine for a short duration to help with symptom management

Lichen Planus





Lichen Planus

- ❖ Inflammatory, unknown ethology
- ❖ May involve other mucous membranes, eg, mouth
- ❖ Itchy, painful lesions, vaginal discharge, dysparunia
- ❖ High potency steroid:
 - ❖ Clobetasol ointments 0.05% OD, then may taper
- ❖ Consider vaginal dilators or steroid suppositories if vaginal involvement

Other Conditions

Candidiasis



Candidiasis

- ❖ Common:
 - ❖ Recent Antibiotic use, poorly controlled diabetic, immunocompromised or chronic illness
- ❖ Rare in a post-menopausal woman not on replacement estrogen
- ❖ Signs and symptoms:
 - ❖ Itchy, burning
 - ❖ White clumpy vaginal discharge
 - ❖ Red vulva with satellite lesions
- ❖ Vaginal treatment with vaginal ovules OTC, or oral fluconazole 150mg PO x 1
- ❖ Vulvar lesions may be treated with clotrimazole and mild steroid (eg, hydrocortisone 1%) 1:1 compounded

Bartholin's

- ❖ May be cysts or abscesses
- ❖ Located at the 5 and 7 o'clock position at vaginal opening
- ❖ Cysts often asymptomatic
- ❖ Abscesses need treatment with Word catheter or marsupialization
- ❖ Consider biopsy or resection in post-menopausal women to rule out carcinoma (esp. if recurrence)





Left-sided Bartholin's Cyst

Hidradenitis Suppurativa



Hidradenitis Suppurativa

- ❖ Blockage of apocrine (sweat) glands, leads to inflammation, sinus tract and abscess formation
- ❖ Chronic and potentially debilitating
- ❖ May have genetic predisposition, testosterone sensitivity
- ❖ Oral contraceptives, topical (clindamycin) or oral (tetracycline) antibiotics; may need dermatology involvement or surgical intervention

Genital Warts



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Genital Warts

- ❖ *Condyloma accuminatum*
- ❖ Caused by low risk strains of HPV virus (6 and 11)
- ❖ Multiple treatment options:
 - ❖ Weekly application of trichloroacetic acid in office
 - ❖ Imiquimod 5% cream Monday, Wednesday, Friday HS, up to 16 weeks
 - ❖ Laser ablation or excision
- ❖ Rule out carcinoma if lesion concerning
- ❖ HPV Vaccine - discuss with all your patients!

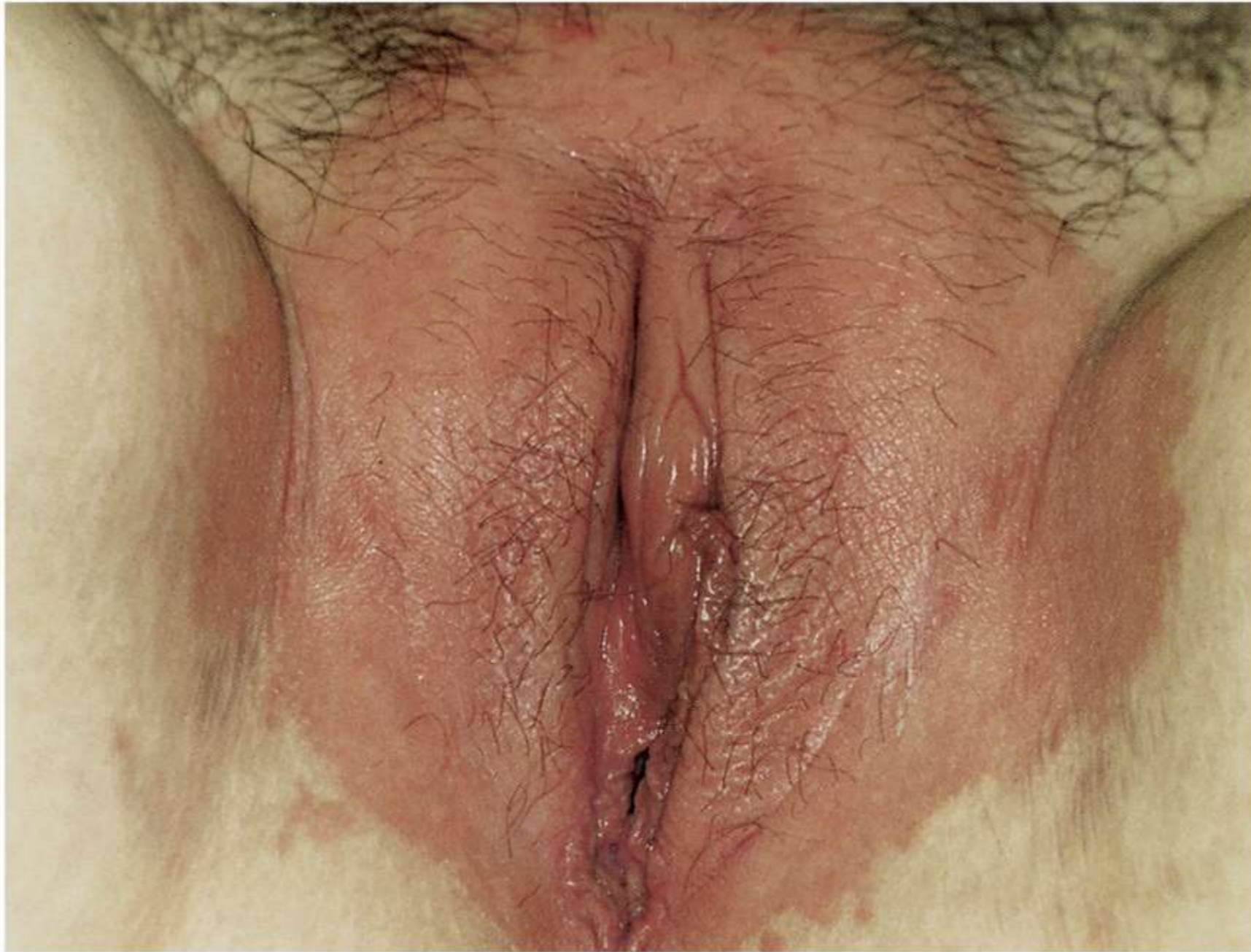
Genital Herpes



Genital Herpes

- ❖ Very difficult diagnosis for patients
- ❖ Painful vesicular lesions
 - ❖ Primary outbreak can be extreme, lead to urinary retention, need for admission, etc
- ❖ Subsequent infections can be managed by observation, episodic treatment or continuous suppression
- ❖ Antivirals:
 - ❖ Acyclovir, valacyclovir, famciclovir

Seborrheic Keratosis



Seborrheic Keratosis

- ❖ Chronic inflammation, may be related to stress
- ❖ Oily skin appearance, indistinct margins
- ❖ Itchy
- ❖ May have other areas involved: scalp, nasolabial folds, external ear canal, eyebrows
- ❖ Differential includes psoriasis which has distinct margins, a silvery scale and is also present on extensor surfaces of arms and legs
- ❖ Treatment with moderate potency steroids (Betamethasone 0.05% ointment), shampoo with selenium sulfide or sulphur and salicylic acid

Epidermal Inclusion Cysts



Vulvar Melanosis



Vulvar Intraepithelial Neoplasia



Vulvar Intraepithelial Neoplasia

- ❖ HPV related
- ❖ May be classified as low (VIN 1) or high grade (VIN 2 or 3)
- ❖ Lesions may have a variety of appearances
- ❖ Refer to colposcopy
- ❖ Treatment varies based on extent of disease
 - ❖ Topicals, laser excision, surgical excision

Carcinoma



Tips and Take Home Points

- ❖ Examine every vulvar concern
- ❖ Vulvar Hygiene is paramount to managing any vulvar condition
- ❖ Genitourinary syndrome of menopause will complicate the presentation of all menopausal patients
- ❖ Have a simple approach to steroids - low, medium, high
- ❖ When in doubt - Biopsy!