Interesting Cases from the Vulvovaginal Disease Clinic

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Disclosures

• Very little regarding the treatment of vulvar disorders is evidence based

• I have no financial support beyond the University of Iowa

Objectives

• Recognize common vulvar skin lesions

• Review initial management strategies
  – Recognize that there is not always one answer to every problem

• Review indications for vulvar biopsy
When to Biopsy

- Anytime you are unsure of the diagnosis!
- The morphology of many dermatoses often appears different on genital skin.
- R/O cancer or dysplasia.
  - Presumed genital warts that fail to respond to 2-3 office treatments
  - Vulvar changes that do not respond to medical therapy (lichen sclerosus or lichen simplex)
  - Appearance is concerning for neoplasia

Key points: “Down There”

- Among “top 10” reasons for seeking care
- Underlying psycho-social concerns
  - Cancer, Sex, Monogamy, Normality
- Education and reassurance (aka time and $$$)
  - Need to establish realistic expectations
- May have more than 1 process present
  - Especially with recurrent / chronic complaints
- Biopsy; if in doubt – biopsy again!

Key Points (2)

When patients do not respond to therapy

- Reconsider the diagnosis
- Check for infection - fungal, bacterial, HSV
- Consider contact dermatitis to a medication, over washing, etc.
- Consider tracts/fistulae