Perineal &Vulval Disorders

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Symptoms

- Itch
- Soreness/pain
- Dyspareunia
- Urinary symptoms
- Constipation
- Vaginal discharge – lichen planus
- Post coital bleeding – lichen planus
- Lumps

SIGNS

- Lichen sclerosus
  - Pale white atrophic areas
  - Women > men / vulva area / skin tear /localised
  - Ecchymosis
  - Loss of architecture / scarring
- Lichen planus
  - Papules on keratinised anogenital skin +/- striae
  - Thickened warty plaques – rare
  - Mucosal surface can be eroded – Wickham's striae at the edge (can also be on buccal mucosa)
  - Skin lesions at wrists and elbows
- VIN
  - Variable – white/erythematous/pigmented/wart/moist/eroded
  - Can be multifocal

Types - VULVA

- ***Non- neoplastic***
  - ***Lichen sclerosus / Squamous hyperplasia / Other Dermatoses***
- Mixed Neo & Non- neoplastic
- Intraepithelial
  - ***Squamous (VIN -1,2,3) – HPV related***
  - Non Squamous (Pagets / Tumours of Melanocytes etc)

- Invasive

Differential Diagnoses

- Lichen Sclerosus (LS)
  - Inflammatory condition, ?autoimmune, biopsy if Dx uncertain
- Lichen Planus (LP)
  - Inflammatory, involves skin, genital and oral mucous membranes

- Vulval Intraepithelial Neoplasia (VIN)
  - HPV related (Type 16) or in conjunction with LS/LP
  - Risk of progression to SCC

VIN

- Presentation – as before (Ch Pruritus vulvae)
- Young / Old -
- > 6 months – require biopsy
  - VIN 1& 2 - Colposcopy – local / FU
  - Tertiary Centre – VIN 3 / invasive
- Follow – Up 6 monthly for 2 years then ? where

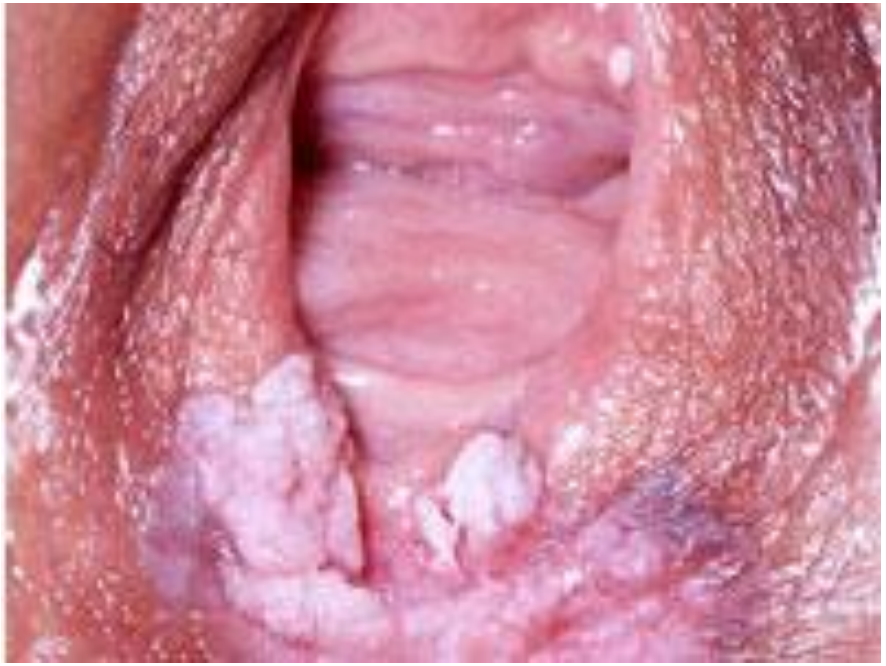
VIN

- VIN
  - Ensure cervical cytology up to date, refer for colposcopy and anoscopy (if any perianal lesions)
  - Local excision – for small well circumscribed lesions
  - ***Imiquimod cream*** – unlicensed – partial and complete clinical regression has been shown in small studies.
  - Vulvectomy – has been effective, recurrence may still occur, function and cosmesis impaired

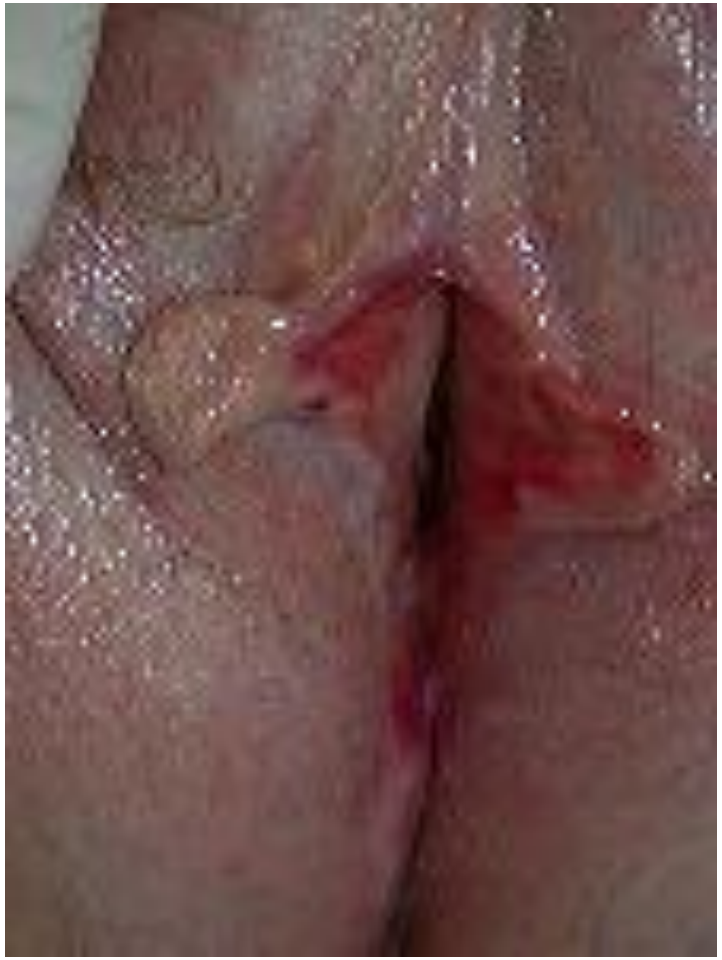
Dermatology

- Lichen Simplex (Derm)
- Vulval Eczema (Derm)
  - Atopic/contact allergy/irritant
- Vulval Psoriasis (Derm)
  - Referral in unresponsive/relcalcitrant cases/where systemic Tx considered

Lichen Sclerosis



VIN



Lichen Planus

Treatment

- General Advice
  - Avoid soap/shampoo/bubble bath/tight fitting underwear/clothing/spermicidally lubricated condoms
  - Explanation of condition – verbal and written information (BSSVD/BAD/NZ Dermnet), risk of malignant change (if applicable)
  - Consider sexual dysfunction
  - STI screening/screening for vulvo-vaginal candidiasis

Treatment

- Lichen sclerosus
  - Ultra-potent topical steroids (clobetasol propionate/dermovate) with advice re application, ointment better than cream
  - Daily for 1 month, alternate days for 1 month, twice weekly for 1 month – then f/u at 3 months and then annually if stable
  - ***Onward referral – inadequate response to treatment or anyone who develops differentiated or undifferentiated VIN or SCC***
  - Surgery – treatment of co-existent VIN/SCC or fusion – disease tends to recur around the scar

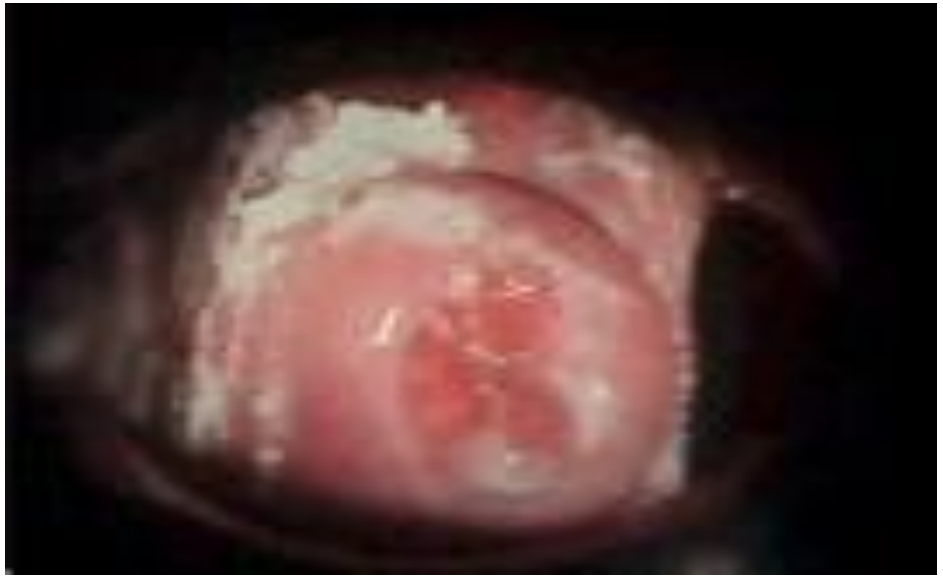
Treatment

- Lichen Planus
  - Ultra-potent topical steroids, no evidence on recommended regime
  - Maintenance with either less potent steroids or same potency but less regularly
  - For vaginal disease – steroid with applicator
  - f/u – 2-3 months, active disease assessed as clinically required, stable disease annually unless patient is well counselled and controls symptoms well
  - Onward referral – erosive disease (needs specialised long term f/u)

Vaginal - Perineum pathology

- Similar to Vulva – Dermatoses
- Candidiasis
- **Vaginal Atrophy (VA)**
- Bartholin’s cyst
- FGM
- **Secondary to Delivery** – Fair numbers
  - Superficial dyspareunia
  - Painful scar tissue
  - Distorted look

Guess!



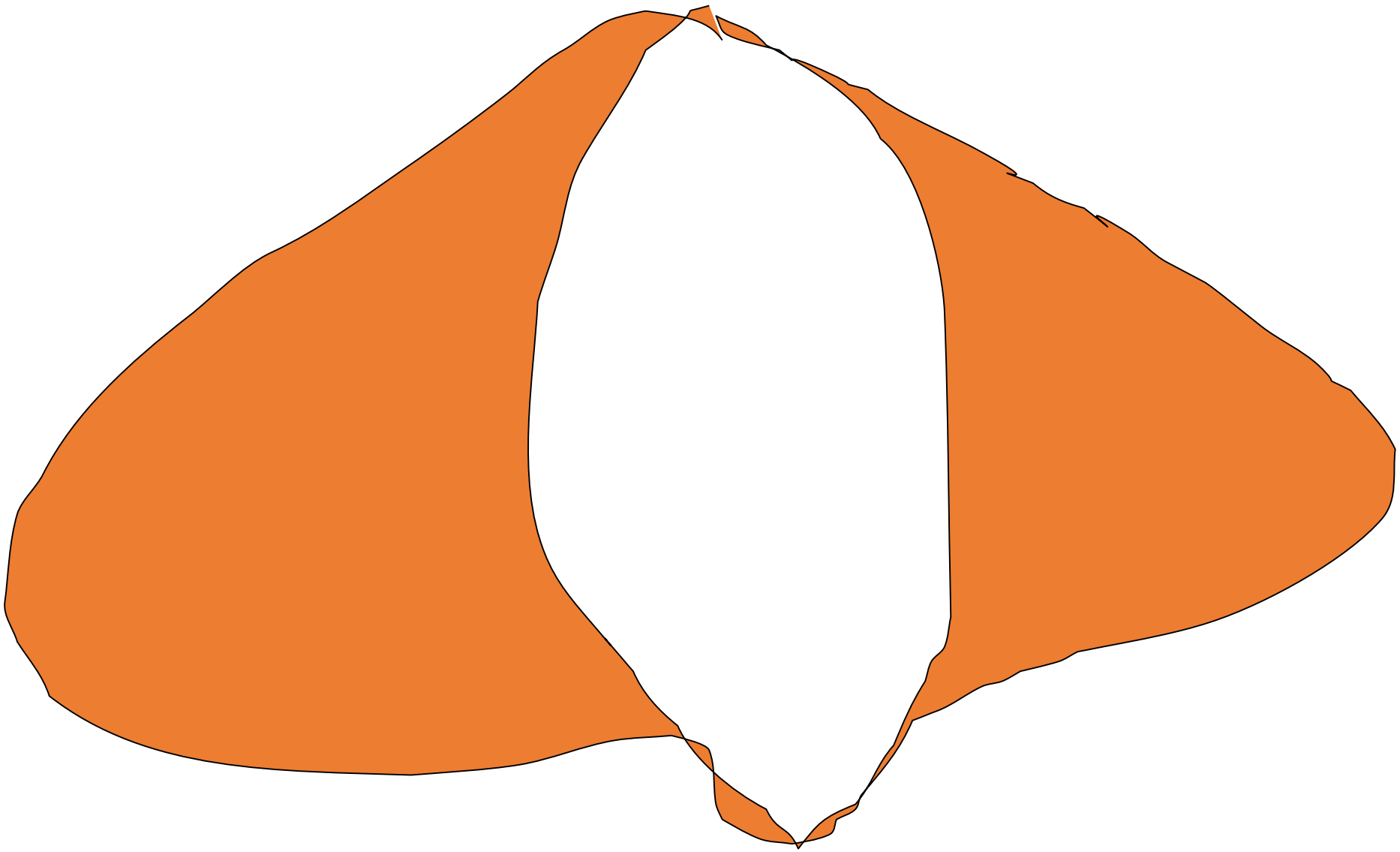
Vulvo- Vaginal Candidiasis

- Candida Albicans most common
- Weak immune system

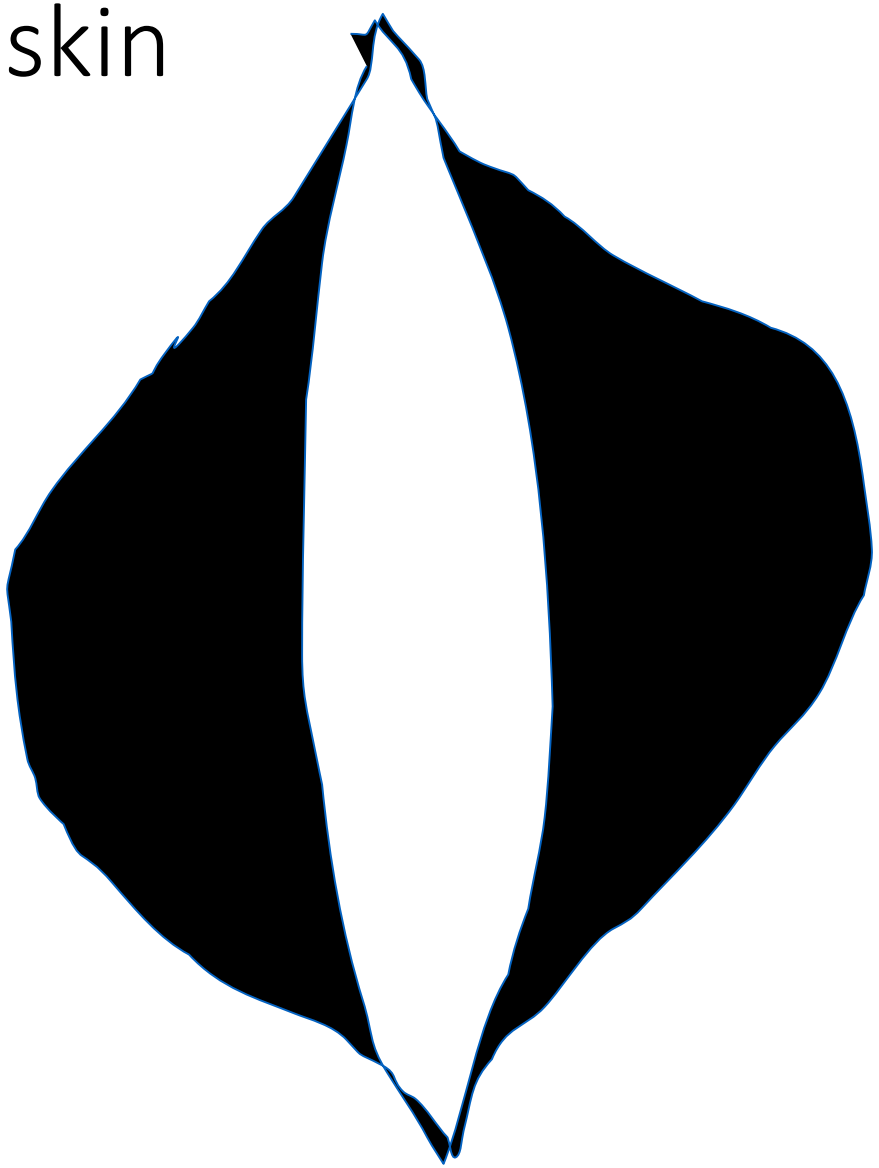
Vulvo-vaginal Candidiasis

- Presentation
  - White cottage cheese discharge / itching / pain (GP)
  - ***Recurrent Trush – 1 in 20 / >/= 4 per year***
  - ***1 in 100 constantly – 6 months treatment***
- Management
  - Cream
  - Pessaries - clotrimazole /econazole /miconazole
  - Tablets - fluconazole or itraconazole
  - Over the counter – be aware
- GUM – chronic & partners

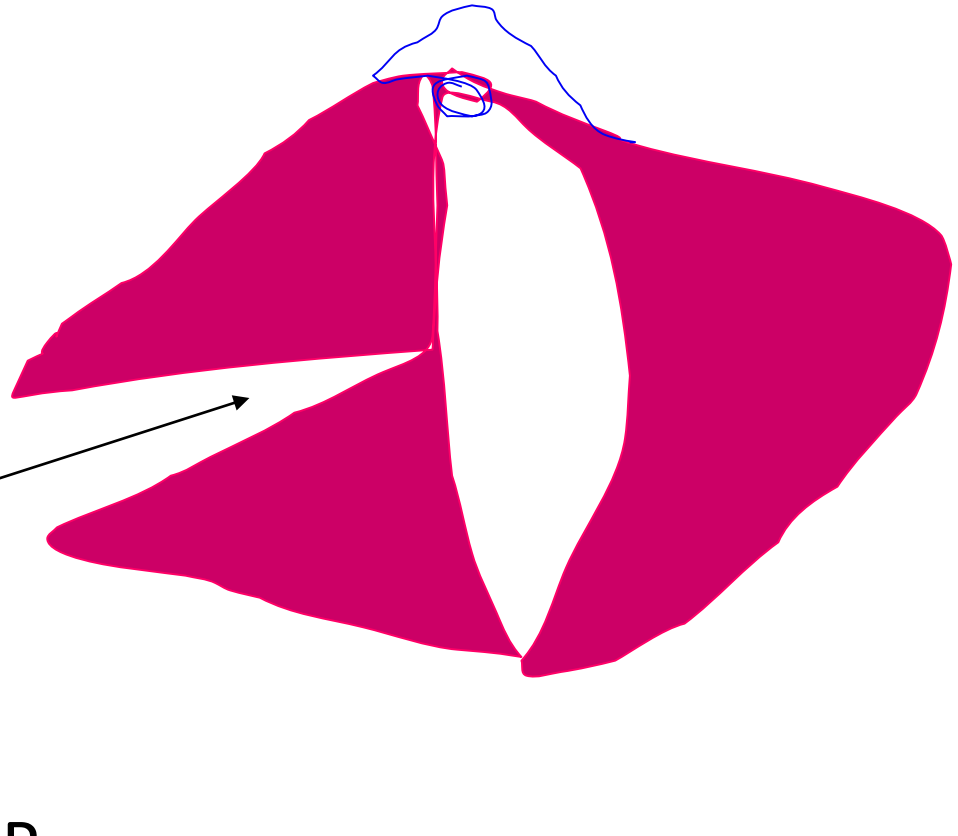
Look



Bridge of skin



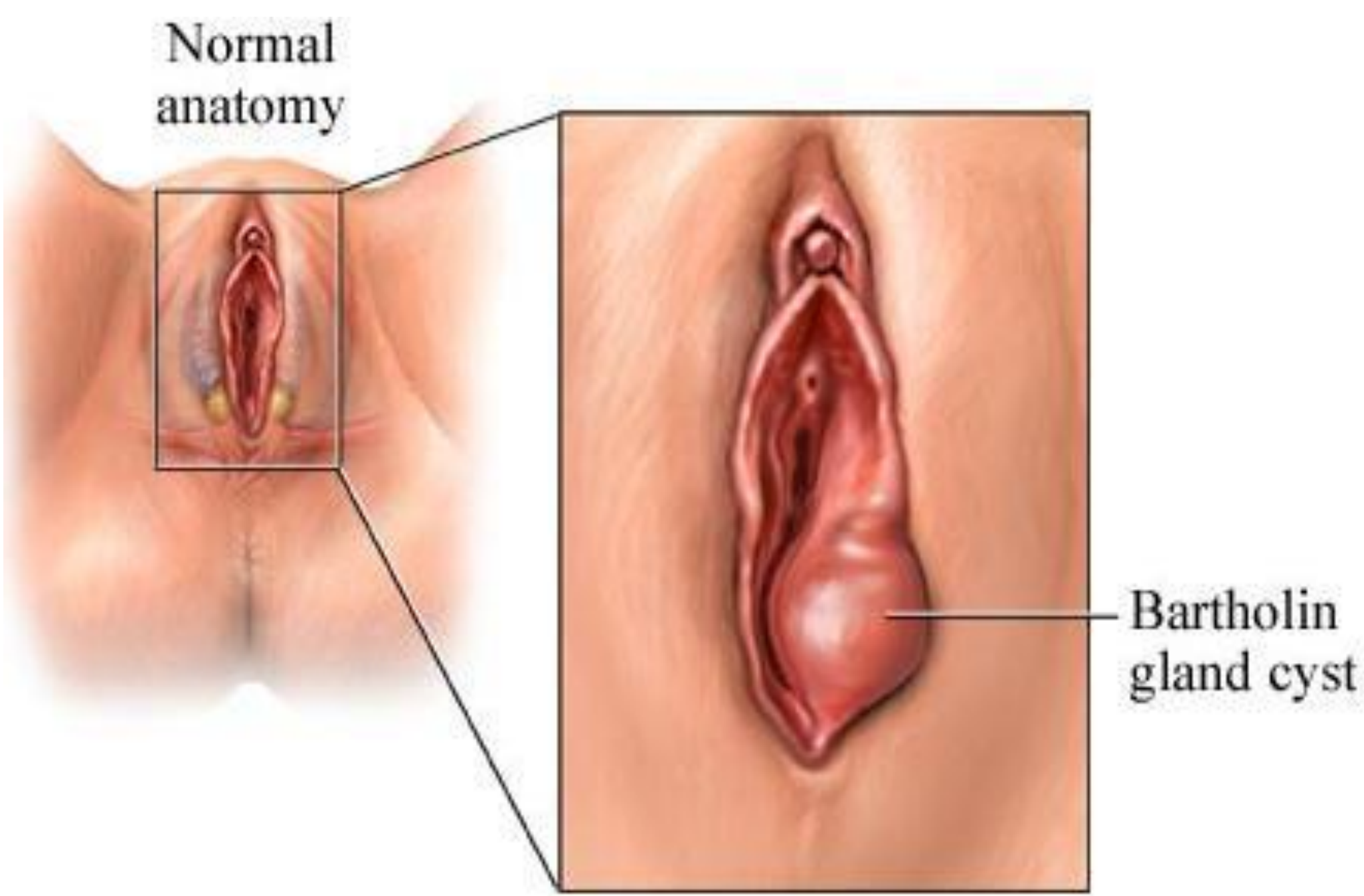
Labial Tear - 1



- GAP

Management

- **Scar tissue**
  - Devices / lubricant / Injection
- **Bridge of Skin**
  - Fenton’s opr / LA
- **Look**
  - ? Perineorraphy (Outcome)
  - Labial reduction / Labioplasty


Normal
anatomy
Bartholin
gland cyst

Presentation – *Uncomplicated cyst*

- ***Painless lump*** on the vulva near the vaginal orifice
- Swelling and redness in the area
- Cyst – size vary (025 to .5 cms) The cyst usually enlarges during sexual intercourse as a result of more fluid accumulating on the area.
- Dyspareunia (***painful sexual intercourse***) / irritation / dryness

Infected Cyst - *Complicated*

- *Pain*. Severe pain on the cysts may be experienced and may result in difficulty walking and sitting.
- *Abscess formation*.
- Tenderness.
- Vaginal Discharge
- Swelling
- Fever - rare

Treatment

- Uncomplicated – conservative
- Complicated
  - Antibiotics
  - Surgery Marsupialisation / Emergency
  - tube

- Recurrent – Excision of gland / high complication ***/ not popular***

Vaginal Atrophy - Presentation

- Dyspareunia
- Burning sensation
- Pain
- Bleeding

Present Issues

- Population will live beyond 70 years
- No hormone for 20 years
- Outlook & lifestyle – different now
- Sexual life & expectation – change
- Hence a GP visits

Atrophy


Atrophy: The Clinical Picture
• 2 years since natural menopause
• Loss of labial and vulvar fullness
• Pallor of urethral and vaginal epithelium
• Narrow introitus
• Minimal vaginal moisture
• Loss of urethral mental turgor
Medscape

CLOSER survey

- **British women are 50% less likely to receive treatment**
- two thirds of British post-menopausal women (67%) and their partners (65%) agree they are having less sex because of vaginal atrophy[2]
- 75% do not seek help

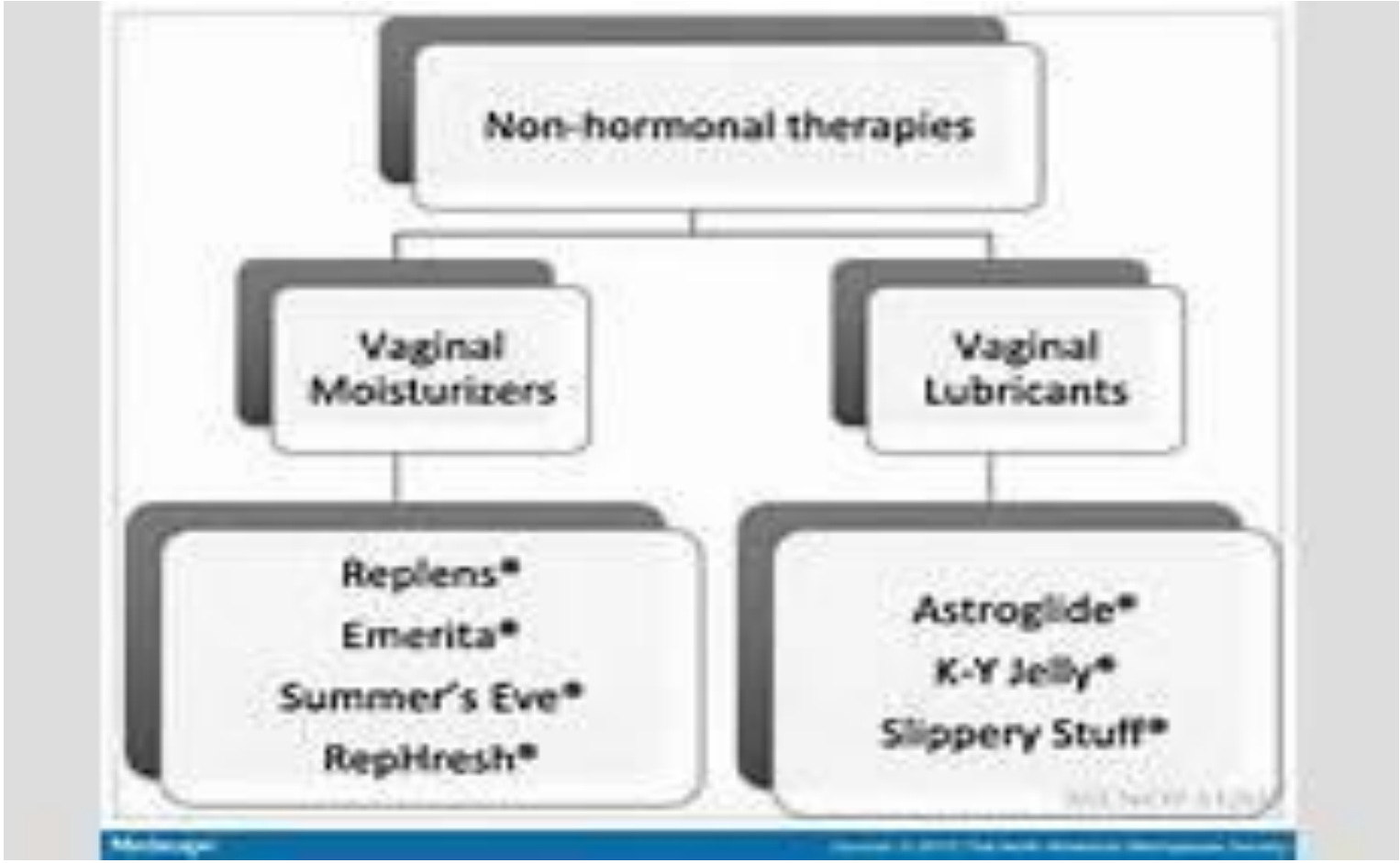
Assessment

- Bleeding – 2 week pathway
- Dyspareunia – local lubricant / + - Estrogen locally
- Pain – rule out scarring
  - Dilators / devices
- Burning – MSU / local cream – lubricant
- Persevere

Local Application

- Replens
- Relactogel
- Vagifem - <12 months
- Oestring -< 6 months

Non-hormonal



Dyspareunia

*60 year lady presents with dyspareunia – 4 months duration –What are the things you need to know from history

- infection (discharge or Bleeding)
- Any associated vulval symptoms (LS)
- any previous vaginal operation (scarring)

- First line of treatment
  - Rule out infection
  - Local aqueous cream
  - Local oestrogen

Young Women

- Perineal Trauma history
- Infection

Thank You

- QUESTIONS ?