Thorough Skin Exam Often Misses Vulva

BY MICHELE G. SULLIVAN
Mid-Atlantic Bureau

NEW ORLEANS — A thorough skin exam should always include an examination of the vulva, because many skin conditions can affect the genitals and cause every-thing from transient discomfort to loss of anatomical structures, Lynette J. Margesson, M.D., said at the annual meeting of the American Academy of Dermatology.

Women have very little education about their vulvar health and thus, tend to ascribe every bout of itching to candidiasis. They usually will not offer information about genital discomfort. “As a result, women suf-fer with undiagnosed symptoms, waste genital discomfort.” As a result, women suf-fer with undiagnosed symptoms, waste geni-tal discomfort. “As a result, women suf-fer with undiagnosed symptoms, waste geni-tal discomfort. “As a result, women suf-fer with undiagnosed symptoms, waste geni-tal discomfort. “As a result, women suf-fer with undiagnosed symptoms, waste geni-tal discomfort. “As a result, women suf-fer with undiagnosed symptoms, waste geni-tal discomfort. “As a result, women suf-fer with undiagnosed symptoms, waste geni-tal discomfort. “As a result, women suf-fer with undiagnosed symptoms, waste geni-tal discomfort. “As a result, women suf-fer with undiagnosed symptoms, waste geni-tal discomfort. “As a result, women suf-fer with undiagnosed symptoms, waste geni-tal discomfort. “As a result, women suf-fer with undiagnosed symptoms, waste geni-tal discomfort. “As a result, women suf-fer with undiagnosed symptoms, waste geni-tal discomfort. “As a result, women suf-fer with undiagnosed symptoms, waste geni-tal discomfort. “As a result, women suf-fer with undiagnosed symptoms, waste geni-tal discomfort. “As a result, women suf-fer with undiagnosed symptoms, waste geni-tal discomfort. “As a result, women suf-fer with undiagnosed symptoms, waste geni-tal discomfort. “As a result, women suf-fer with undiagnosed symptoms, waste geni-tal discomfort. “As a result, women suf-fer with undiagnosed symptoms, waste geni-tal discomfort. “As a result, women suf-f "Imagine the rash somewhere else on the skin," she advised. This can help ease any discomfort either the patient or physi-cian might feel about a vulvar exam. She described 10 “vulvar traps” to avoid:

1. Missing the missing bits—check for what’s not there. Lichen sclerosis and lichen planus can both eventually cause scarring of the labia and clitoris, and marked introital stenosis. Dyspareunia is usual. “These poor women can completely lose their labia and clitoris,” Dr. Margesson said. “Don’t let that happen to your patient.”

2. Mistingaking the normal for abnormal. Dermatologists aren’t gynecologists and might not be familiar with benign variances in vulvar anatomy. Sebaceous hyperplasia can be confused with an unusu-al rash or neoplasm. Characterized by vari-ably sized yellow papules on the labia minora, sebaceous hyperplasia is a benign condition that doesn’t require treatment.

3. Not looking closely enough. It’s easy to miss signs of herpes simplex infec-tion (HSV), because women are often asymptomatic carriers. The typical sim-plex pustules may be hidden or missed in a confusing background of ulcers, ero-sions, and/or fissures. However, HSV is the most common cause of vulvar ulcers, so patients with unexplained symptoms or lesions should be tested.

4. Mistraining skin problems, such as candidiasis. Don’t diagnose can-didiasis over the phone, Dr. Margesson stressed. Candida infections comprise all vulva problems, not just specifically lichen planus, lichen sclerosus, and lichen simplex chronicus. Scratching further irritates the skin and some over-the-counter (OTC) antipruritics can cause contact dermatitis. “Persistent candida” may occur because the yeast is a resistant strain or because the symp-toms are actually from a contact der-matitis to the topicals being used. Culture on Sabouraud’s medium to identify resis-tant strains, and be prepared for an ex-tended course of treatment—perhaps as long as 6 months.

5. Missing contact dermatitis. Faced with vulvar pruritis of any etiology, women tend to slather on OTC medica-tions that can cause severe contact der-matitis. This frequent problem is another complication for vulvar dermatoses, Dr. Margesson said. “Women often consider their vulva ‘dirty’ and scrub it unneces-sarily with soap or cleansers.” Urinary in-continence can complicate this problem, so hygiene counseling is important. Topical benzocaine can cause a severe, ulcerated contact dermatitis.

6. Misusing or misunderstanding top-ical steroids. Adequate courses of super-topical steroids are usually neces-sary to control vulvar inflammation from lichen sclerosis and lichen planus. Less potent steroids will not be effective. “Patient education is criti-cal,” she said. The vulva is relatively steroid-resistant, whereas the perineal areas are steroid-sensitive. Women should be told exactly where to put the topicals, how much to apply, and for how long. All women on topical steroids should be seen at regular intervals.

7. “Everything white is lichen sclero-sis.” Several Vulva conditions mim-ic the white plaques of lichen sclerosus, in-cluding lichen planus, lichen simplex chronicus, mucus membrane pemphigoid, vulvar intraepithelial neoplasia, and vitiligo. “Biopsy is essential to confirm diag-nosis,” Dr. Margesson said.

8. Inadequate follow-up. Because women may be reluctant to share vulvar symptoms, and dermatologists may be reluctant to examine the area, problems may go untreated. Some serious vulvar disorders, such as lichen sclerosus, lichen planus, and even malignancy, may be asymptomatic.

9. Missing concomitant disease. “Look for more than one problem,” she said. One condition can predispose to another, and women may present with several at once. The most commonly missed concomitant vulvar disorders are candidiasis, contact dermatitis, HSV, atrophy, and cancer.

10. Not checking on compliance. This is another important reason to ex-amine the vulva. Noncompliance generally arises from ignorance or mis-comunication. Women may be afraid of using potent steroids and ignorant of ex-actly where to apply them. There may also be psychosocial issues. “Some women may be getting a secondary gain by using their condition as a way of avoiding sex,” Dr. Margesson said.

Confidentiality Is Critical for Gynecologic Care of Teenagers

BY DEEANNA FRANKLIN
Senior Writer

BOSTON — A few adjustments might be needed to make your practice ap-proachable and comfortable for adoles-cents. Patient education is critical to get them to want to return for that critical follow-up isn’t easy. Forty percent didn’t come back for their second smear, which is a very high rate of noncompliance, and this is one of the factors that puts this group at high risk for cervical dysplasia,” she said.

The tendency toward noncompliance, plus a proclivity for high-risk sexual behavior, makes early education about sexual health a must. “Early, aggressive education for these patients is critical to get them to understand the relationship between risky sexual behav-iour and sexually transmitted infections.” She also recommended routine screening for sexually transmitted disease among all adolescents who have abnormal cytol-ogy, as her study found a sig-nificant association between chlamydia in-fection and progressing abnormal cytol-ogy. But she found no association be-tween abnormal cytology and gon-or-rhea, trichomoniasis, genital warts, Can-dida, or bacterial vaginosis.