**Contact Dermatitis May Accompany Incontinence**

Inadequate pads or liners may leave the vulva wet, chafing; some patients are overzealous in washing.

*BY PATRICE WENDLING  Chicago Bureau*

CHICAGO — Chronic use of sanitary pads and panty liners for urinary incontinence may put patients at risk for vulvar contact dermatitis, Dr. Lynette J. Margesson said at a conference on vulvovaginal diseases sponsored by the American Society for Colposcopy and Cervical Pathology.

Some women with urinary or fecal incontinence don’t want to acknowledge they have the condition or are too embarrassed to wear incontinence pads, and instead opt to wear sanitary pads or panty liners to address their incontinence. The problem is that these are inadequate for urine volume, leaving the vulva wet throughout the day.

“Women don’t use appropriate pads to stay dry, and we do have a real epidemic of incontinence,” said Dr. Margesson of Dartmouth Medical School, Hanover, N.H. “These patients are desperate with itch, burn, and pain.”

Elderly patients often have problems with contact dermatitis from incontinence that is complicated by obesity and reduced mobility.

Age-related loss of estrogen also increases susceptibility to irritant contact dermatitis by causing the epidermal barrier to be weakened and thinned, and less moist and viable.

The epidermal barrier also can be lost because of overzealous washing with a washcloth, sponge, or wipes. Dr. Margesson warned the audience to be wary of patients who are convinced the vulva is “dirty,” and needs to be scrubbed. “You can get a reaction including redness and swelling from the use of baby wipes,” Dr. Margesson said.

“We are seeing a lot of patients using these.” A strong show of hands confirmed this. The first step in managing contact dermatitis is to cool an itchy, burning vulva.

**Viral Illness, Not STD, May Be Cause of Vulvar Ulcers**

*BY DIANA MAHONEY  New England Bureau*

ATLANTA — Vulvar ulcers were associated with a viral illness rather than a sexually transmitted disease, said Dr. Kyle.

Of the 46 charts identified, “31 were excluded for diagnoses inconsistent with vulvar ulcer or for having positive lab results consistent with a sexually transmitted disease,” said Dr. Kyle.

Of the remaining 15 patients, 14 reported an antecedent history of viral symptoms. “One of the 14 patients with a viral history was eventually diagnosed with Crohn’s disease and another patient, who experienced recurrent ulcers, was referred to rheumatology for suspicion of Behcet’s disease,” she said.

All of the patients with non-sexually transmitted ulcers were treated symptomatically with complete resolution of the presenting ulcer, said Dr. Kyle.

Additionally, “although they are diagnoses of exclusion, Crohn’s disease and Behcet’s syndrome must be considered in patients with non-sexually transmitted genital ulcers, particularly when the ulcers are recurrent and occur in conjunction with or following other viral symptoms,” Dr. Kyle stressed.

In particular, she noted, vulvar ulcers that occur in combination with oral ulcers and eye complaints should raise suspicion of Behcet’s and those that occur in association with gastrointestinal symptoms potentially point to Crohn’s, although genital ulcers are not a gastrointestinal manifestation of Crohn’s can precede intestinal symptoms as well.