Clinical Pearls for Vulvar Conditions

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Disclosures

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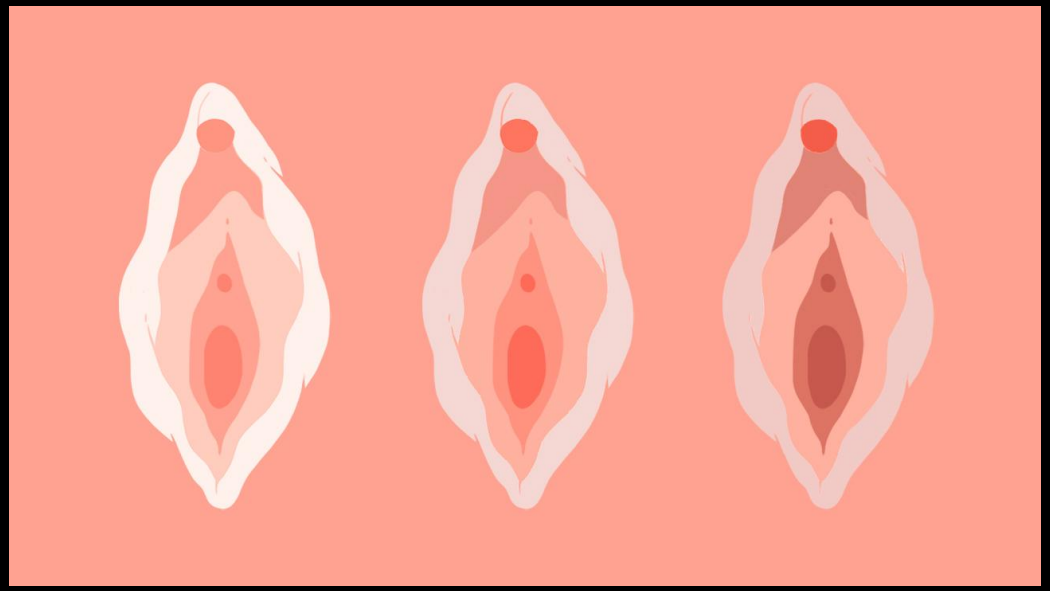


https://www.healthline.com/health/womens-health/vagina-vulva-facts

Learning Objectives

- Work towards building your differential diagnosis by morphology
- Highlight vulvar dermatoses through case examples
- Discuss evaluation and management considerations for selected conditions

Principals

- Clinical signs and symptoms help develop your working diagnosis
- A morphological approach helps build your differential
  - Organizing based on morphology helps aid in diagnosis of more rare conditions
- Formulating a differential diagnosis directs office-based testing and indications for biopsy

Considering Lesions by Morphology

White patches/plaques	Vitiligo, lichen sclerosus, lichen planus, lichen simplex chronicus, HPV-independent or HPV-dependent pre-invasion (HPVi/HPV-a)(HSIL/dVIN), Vulvar cancer (vSCC)
Red Patches/plaques	Atopic dermatitis, lichen simplex chronicus (LSC), psoriasis, lichen planus, candidiasis, plasma cell vulvitis, Extramammary Paget's disease (EMPD)
Red papules/nodules	Folliculitis, hidradenitis suppurativa (HS), Crohn disease (CD), HPV-independent or HPV-dependent pre-invasion (HSIL/dVIN), Vulvar cancer

Considering Lesions by Morphology

Blistering (Vesicles/Bullae/ Erosions/Ulcers)	Herpes simplex virus, shingles, lichen planus, pemphigus/pemphigoid, aphthous ulcers, etc
Skin colored	HPV-independent or HPV-dependent pre-invasion (HPVi/HPV-a)(HSIL/dVIN), condyloma (LSIL), vulvar cancer (vSCC), papillomatosis, molluscum contagiosum, skin tags
Dark-colored	Melanocytic, acanthosis nigricans, HPV-independent or HPV-dependent pre-invasion (HPVi/HPV-a)(HSIL/dVIN), , condyloma (LSIL), vulvar cancer
Edema	Allergic reaction, Crohn disease, HS, LC, secondary cause
Non-Lesional	(itching and pain) Vulvodynia and LSC

Case #1

A 45 yo female presents with complaints of vulvar pruritus. It awakens her at night and she endorses scratching.

A wet mount was negative. She has been intermittently treated without success with topical steroids for over a year. The following slide is her clinical exam.

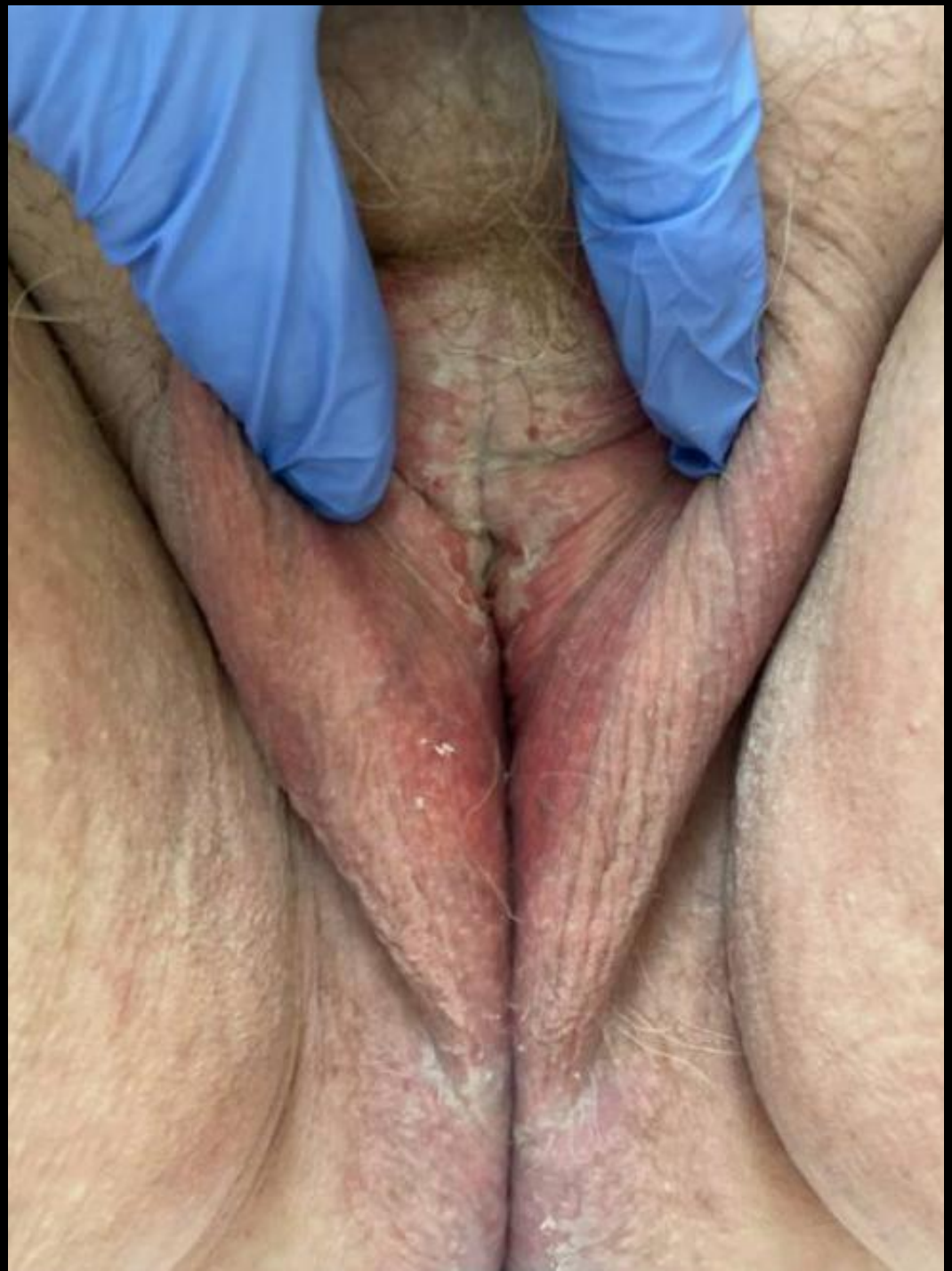
What is one of your suspected diagnoses?

A. Vulvar squamous cell carcinoma

B. Yeast infection

C. Herpes outbreak

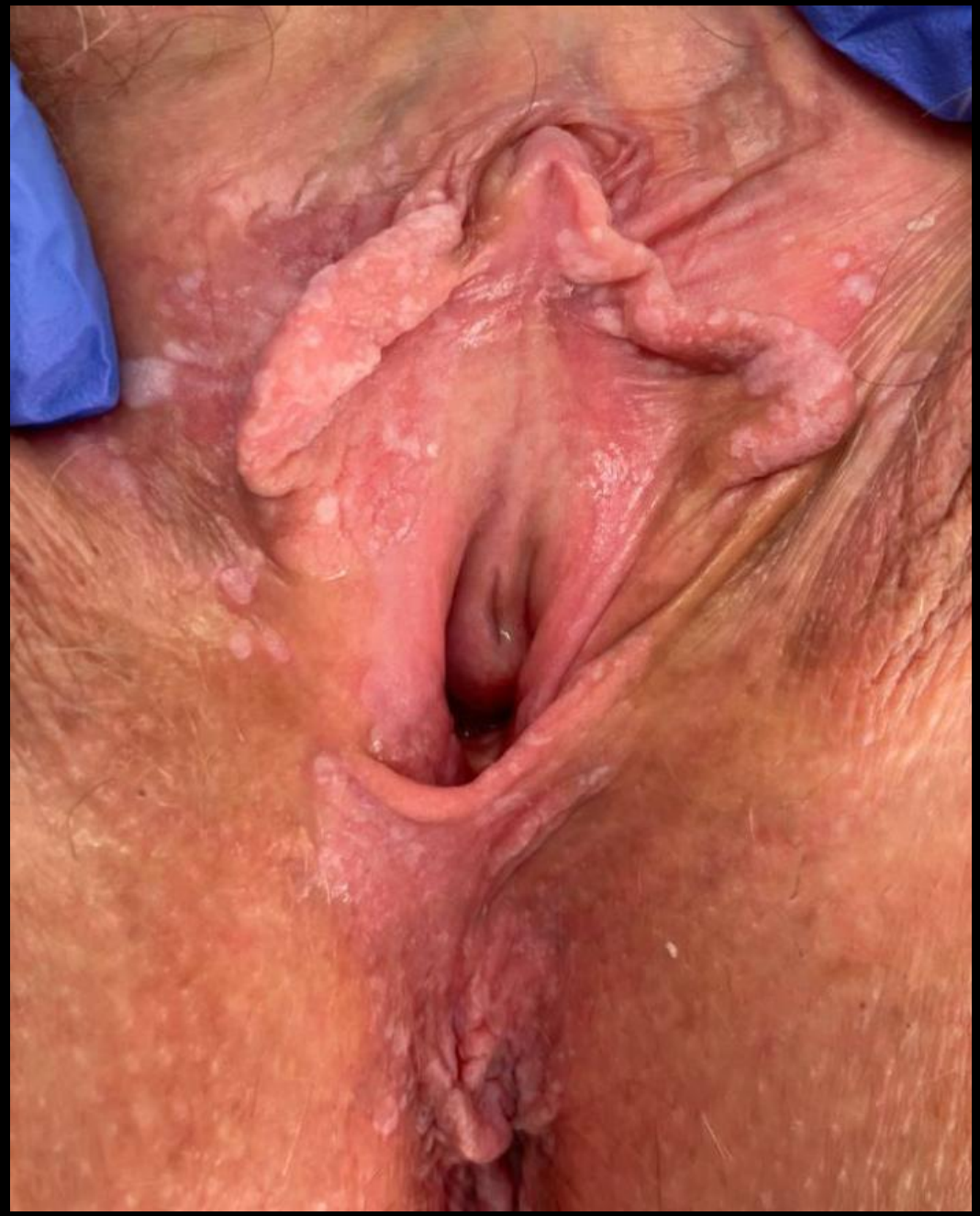
D. Lichen simplex chronicus



Case #2

55 year-old female presents with itching and irritation not relieved by over-the-counter yeast medications. She notes a distant history of tobacco use.

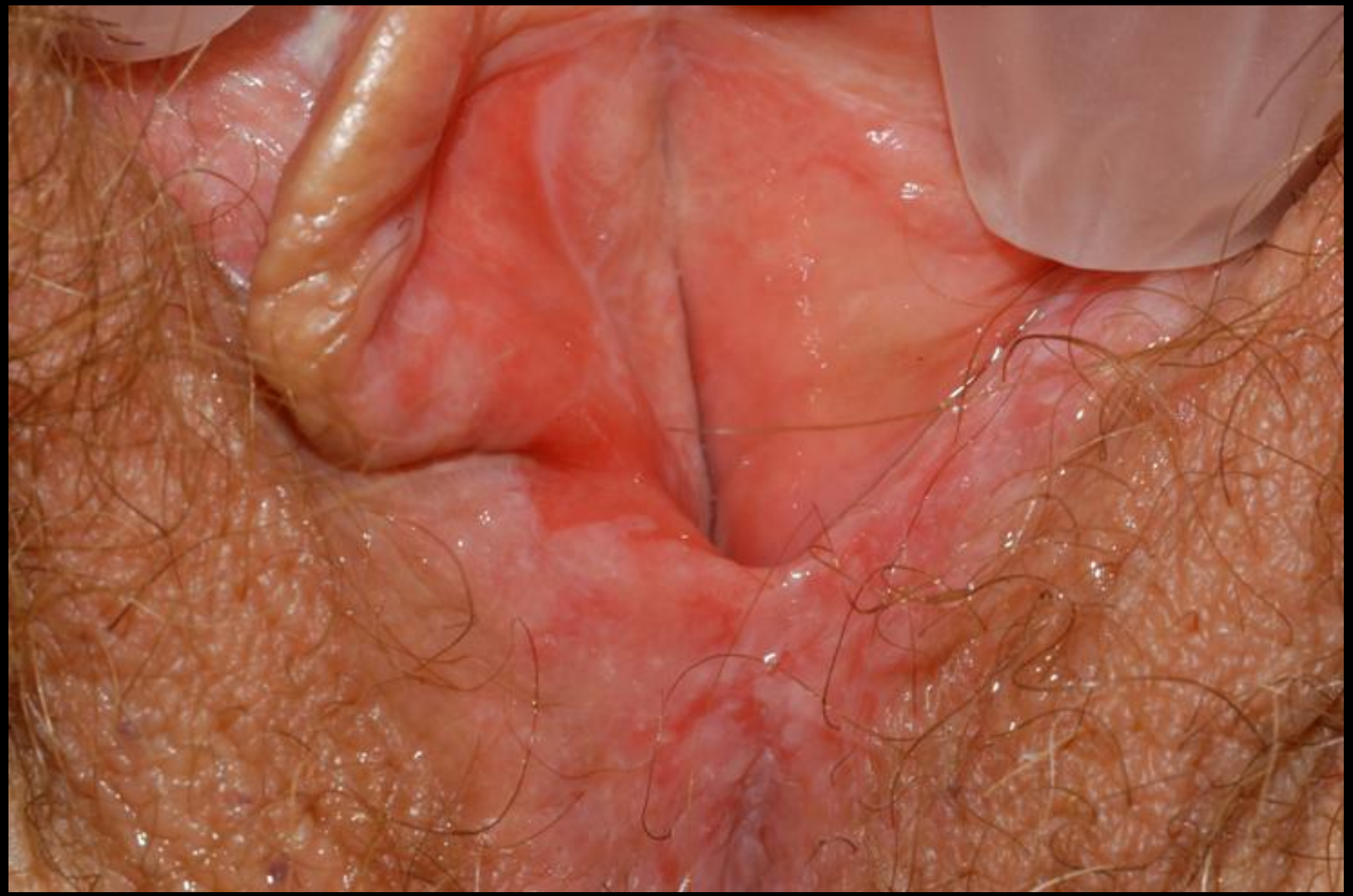
Her vulvar exam is on the next slide, what is your next step?



Case #3

55 year-old female presents with burning pain at the entrance of the vagina, she is unable to tolerate penetrative intercourse. Her exam is on the next slide. What is your diagnosis?

A. Vulvodynia
B. Vulvovaginal candidiasis
C. Lichen planus
D. HPV-associated lesion



Case # 4

- 65 yo Female presents with itching and irritation not relieved by OTC yeast medications, seen in urgent care and given fluconazole without relief. Her vulvar exam is on the next slide, what is your diagnosis?
- A. Resistant candidiasis
- B. Extramammary Paget's
- C. Vulvodynia
- D. Lichen planus