Clinician Reviews®

Lesions of a Sensitive Nature

These dermatologic disorders of the vulva and vagina may present considerable challenges. Can you distinguish one from another?

Match the diagnosis to the photo by letter

a. Lichen planus
b. Lichen sclerosus
c. Contact dermatitis
d. Human papillomavirus infection

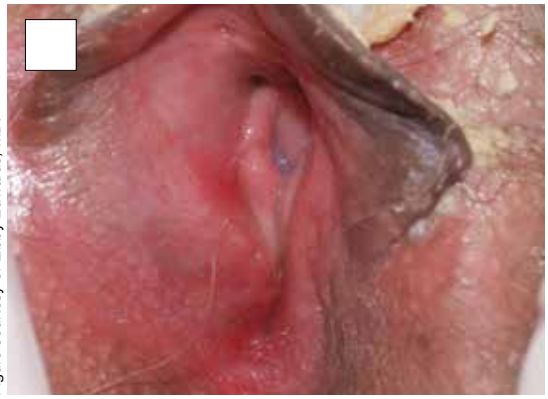
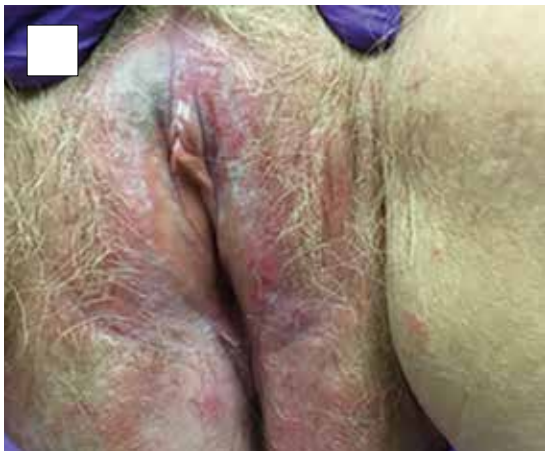


Figure courtesy of Libby Edwards, MD.

1. Three months ago, a 25-year-old woman developed a yeast infection and experienced severe burning, redness, and swelling immediately upon use of her prescribed terconazole. She was given clobetasol cream but discontinued use due to burning. Symptoms improved with application of topical benzocaine gel but returned after 2 weeks, requiring continual application of benzocaine for relief. Physical exam reveals generalized, poorly demarcated redness, edema, and superficial erosions of the vulva.



2. An 83-year-old postmenopausal woman presents with vulvar and perianal pruritus that have persisted for more than 6 months. The genital itching occurs throughout most of the day. The patient has previously treated her symptoms with an OTC antifungal cream, which minimally improved the itching.

3. A 73-year-old woman presents with dyspareunia and longstanding introital itching and rawness. She has tried topical estradiol cream and fluconazole, to no avail. Physical exam reveals deep red patches and erosions of the vestibule, with complete resorption of the labia minora. There is also patchy redness of the vagina. Examination of the patient's mouth reveals deep redness of the gingivae and erosions of the buccal mucosae, with surrounding white, lacy papules. Wet mount shows a marked increase in lymphocytes and parabasal cells (pH > 7).

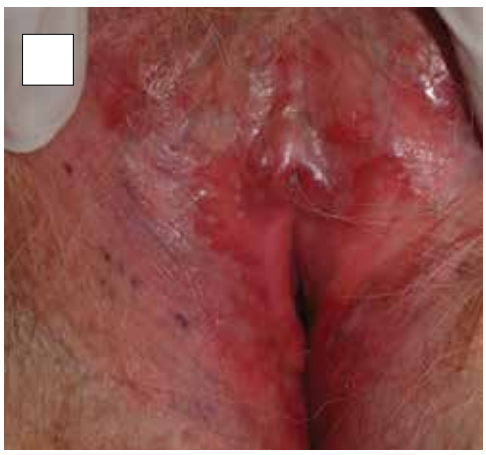


Figure courtesy of Libby Edwards, MD

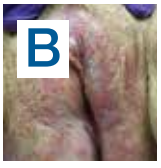
4. During an annual exam, a 40-year-old woman is found to have several flat, flesh-colored bumps on the labia minor and vaginal opening. History reveals that these are painless and rarely itchy but bleed with intercourse. The patient reports that her partner also has bumps in the genital area. A Pap test is performed.

Case presentations 1-3 and photographs 1-4, courtesy of *OBG Management.*

ANSWERS

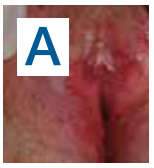
Diagnosis: The patient was diagnosed with **contact dermatitis,** both irritant (associated with use of terconazole and clobetasol) and allergic (caused by benzocaine). Irritant contact dermatitis, the most common form, occurs with exposure to an irritating substance in sufficient quantity or frequency. It is characterized mostly by sensations of rawness or burning. Allergic contact dermatitis is characterized by itching, although secondary pain and burning from scratching and blistering can occur as well. Allergic contact dermatitis occurs after 1 or 2 weeks of initial exposure or 1 or 2 days after re-exposure. Management of either type generally involves discontinuation of all panty liners and topical agents, except for water, with a topical steroid ointment used twice daily and pure petroleum jelly as needed for comfort.

For more information, see "Chronic vulvar irritation, itching, and pain. What is the diagnosis?" *OBG Manag.* 2014;26(6):30-37.
www.mdedge.com/obgyn/article/59204/menopause/chronic-vulvar-irritation-itching-and-pain-what-diagnosis/page/0/1



Diagnosis: **Lichen sclerosus** is an inflammatory skin disease that primarily affects the genital and perianal skin of postmenopausal women. The mean age of onset is the mid- to late 50s; fewer than 15% of cases manifest in children. The classic presentation is a well-defined white, atrophic plaque with a wrinkled surface located on the vulva, perineum, and perianal skin. Intense itching of the affected area is the most frequent symptom; others include dyspareunia, dysuria, sexual dysfunction, and bleeding. As in other autoimmune conditions, lichen sclerosus may persist indefinitely, which highlights the importance of effective treatment.

For more information, see "Two cases of genital pruritus: What is the one diagnosis?" *OBG Manag.* 2019;31(5).
www.mdedge.com/obgyn/article/201128/two-cases-genital-pruritus-what-one-diagnosis



Diagnosis: **Lichen planus** is a disease of cell-mediated immunity that overwhelmingly affects menopausal women. The most common surfaces involved are the mouth, vagina, rectal mucosa, and vulva; usually, at least 2 surfaces are affected. The esophagus, extra-auditory canals, nasal mucosa, and eyes also can be involved. Dry, extragenital skin usually is not affected in the setting of erosive vulvovaginal lichen planus.

For more information, see "Chronic vulvar symptoms and dermatologic disruptions: How to make the correct diagnosis." *OBG Manag.* 2014;26(5):37-49.
www.mdedge.com/obgyn/article/59205/menopause/chronic-vulvar-symptoms-and-dermatologic-disruptions-how-make-correct

Diagnosis: Based on the patient's sexual history and lab results, a diagnosis of **human papillomavirus (HPV)**-associated genital warts was made. Under normal conditions, a cell-mediated immune response eliminates HPV within 12 months, with lasting protection from reinfection. If cell-mediated immunity is compromised, the virus cannot be eliminated. Depending on the degree of immune compromise, this results in genital warts, variable degrees of dysplasia, or cancer. It is prudent to biopsy persistent warts to exclude carcinoma, especially in an immunocompromised patient. **CR**

For more information, see "Chronic genital skin disorders: 6 challenging conditions." *OBG Manag*. 2007;19(9):44-54.
www.mdedge.com/obgyn/article/62833/chronic-genital-skin-disorders-6-challenging-conditions

Related Article

DiSaia PJ. Noninvasive vulvar lesions: an illustrated guide to diagnosis and treatment. *OBG Manag.* 2006;18(12):62-79.

www.mdedge.com/obgyn/article/62470/noninvasive-vulvar-lesions-illustrated-guide-diagnosis-and-treatment