

Itch, scratch, ad infinitum

Benign vulvar disorders are a significant issue for women. It's important to look beyond yeast infection and other common causes to accurately identify the condition and select the optimal treatment.

Match the diagnosis to the photo by letter

a. Lichen planus c. Lichen simplex chronicus
 b. Vulvodynia d. Lichen sclerosis

Look for Part 2 in an upcoming issue.



1. A 62-year-old woman reports anogenital itching with pain on scratching and has developed introital dyspareunia. Physical exam reveals a well-demarcated white plaque of thickened, crinkled skin. A wet mount shows parabasal cells and no lactobacilli.

3. A 36-year-old woman has a history of chronic yeast infection with introital burning, discharge, and dyspareunia. She is otherwise healthy, except for irritable bowel syndrome and fibromyalgia. A mild patchy redness appears on the vestibule and surrounding modified mucous membranes. Gentle probing triggers exquisite pain in the vestibule, with slight extension to the labia minora. Lactobacilli are abundant.



2. A 34-year-old patient reports excruciating itching, with disruption of daily activities and sleep. She has been treated for candidiasis on multiple occasions, but her wet mount and confirmatory culture are negative. Physical exam reveals a pink, lichenified plaque with excoriation.



4. A 73-year-old patient has longstanding introital itching and rawness, with dyspareunia. Treatment with topical estradiol cream (intravaginally, 3x per week) plus fluconazole (weekly) has not helped. The physical reveals deep red patches and erosions of the vestibule and anterior mucosal membranes, with loss of the labia minora. An oral exam shows deep redness of the gingiva and erosions of the buccal mucosa, with surrounding white, lacy papules.

All figures courtesy of Libby Edwards, MD.

For the correct answers, go to www.clinicianreviews.com/articles/picture-this.html.