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 everything 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 suffer with undiagnosed symptoms, waste millions on antifungals, and endure vulvar pain and dyspareunia. Instead of seeking help, they hide and scratch," said Dr. Margesson, a dermatologist from Manchester, N.H.

"Imagine the rash somewhere else on the skin," she advised. This can help ease any discomfort either the patient or physician 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 Mistaking 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 unusual rash or neoplasm. Characterized by variably sized yellow papules on the labia minora, sebaceous hyperplasia is a benign condition that doesn't require treatment.

In vulvar papillomatosis, papillae can cover the entire mucosal surface of the labia minora. Labial hypertrophy is a normal size variant and doesn't require treatment, unless the affected labia interfere with sexual function or other activities, or are irritated by clothing.

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

4 Mistreating simple problems, such as candidiasis. Don't diagnose candidiasis over the phone, Dr. Margesson stressed. *Candida* infections complicate all vulvar skin problems, especially lichen planus, lichen sclerosis, 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 symptoms are actually from a contact dermatitis to the topicals being used. Culture on Sabouraud's medium to identify resistant strains, and be prepared for an extended course of treatment—perhaps as long as 6 months.

5 Missing contact dermatitis. Faced with vulvar pruritus of any etiology, women tend to slather on OTC medications that can cause severe contact dermatitis. This frequent problem is another complication for vulvar dermatoses, Dr. Margesson said. "Women often consider their vulva 'dirty' and scrub it unnecessarily with soap or cleansers." Urinary incontinence can complicate the problem, so hygiene counseling is important. Topical benzocaine can cause a severe, ulcerated contact dermatitis.

6 Misusing or misunderstanding topical steroids. Adequate courses of superpotent topical steroids are usually necessary to control vulvar inflammation from lichen sclerosis and lichen planus. Less potent steroids will not be effective. "Patient education is critical," 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.

The most commonly missed concomitant vulvar disorders are candidiasis, contact dermatitis, HSV, atrophy, and cancer.

7 "Everything white is lichen sclerosis." Several vulvar conditions mimic the white plaques of lichen sclerosis, including lichen planus, lichen simplex chronicus, mucus membrane pemphigoid, vulvar intraepithelial neoplasia, and vitiligo. "Biopsy is essential to confirm diagnosis," 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 sclerosis, 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 examine the vulva. Noncompliance generally arises from ignorance or miscommunication. Women may be afraid of using potent steroids and ignorant of exactly 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 approachable and comfortable for adolescent patients, but the long-term payoffs can be worth it.

"Why is it some people aren't so comfortable taking care of adolescents? They think they take more time in the office. They have varied issues. It's sometimes challenging, and a lot of ob.gyn. residency programs didn't address pediatric or adolescent gynecology specifically," Marc Laufer, M.D., said at an ob.gyn. meeting sponsored by Harvard Medical School.

"We're aware of that, and we're trying to address it through the American College of Obstetricians and Gynecologists and the North American Society for Pediatric and Adolescent Gynecology [NASPAG]," said Dr. Laufer of Harvard and chief of gynecology at Children's Hospital Boston.

Confidentiality is "one of the key issues" in making a practice more friendly for adolescents. One critical move is to make sure sound doesn't carry. If office walls aren't soundproof, Dr. Laufer suggested using sound machines, such as white noise machines or sound conditioners, which can help mask sounds between offices.

When it comes to certain diseases, "if we treat and diagnose them when people are younger, we may improve their long-term health care," Dr. Laufer said at the meeting cosponsored by Brigham and Women's Hospital.

For example, if polycystic ovary syndrome were diagnosed and treated during adolescence, there would be a greater chance of decreasing rates of obesity and diabetes, said Dr. Laufer. The same holds for endometriosis. An early diagnosis likely would result in less pelvic pain over the patient's lifetime and lead to improved long-term fertility.

Since most adolescents are "Internet savvy," Dr. Laufer encouraged physicians to direct young patients to online resources such as the Center for Young Women's Health at Children's Hospital Boston (www.youngwomenshealth.org). The site offers education information in English and Spanish and an online chat room where teens can ask questions and get answers from health professionals.

The NASPAG's Web site (www.naspag.org) also offers information for teens and physicians and includes links to other adolescent care Web sites. ■

Most Abnormal Cervical Cytology Regresses in Adolescents

BY MICHELE G. SULLIVAN
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WHITE SULPHUR SPRINGS, W. VA. — Most abnormal cervical cytology in adolescent women will be low-grade squamous intraepithelial lesions, and will regress to normal by the follow-up exam, Andrea Wininger, M.D., said at the annual meeting of the South Atlantic Association of Obstetricians and Gynecologists.

Her retrospective chart review included 217 abnormal Pap smears among women aged 13-17 years. Low-grade squamous intraepithelial lesions (LSIL) were seen in 57%, atypical squamous cells of undetermined significance (ASCUS) in 30%, high-grade squamous intraepithelial lesions (HSIL) in 7%, and atypical squamous cells in which HSIL cannot be excluded (ASC-H) in 5.5%.

Regression was high among all abnormal smears. By the follow-up exam, (mean 11 months later) 65% of LSIL, 67% of ASCUS, 57% of ASC-H, and 55% of HSIL had regressed. Of the 129 women (60%) who returned for their follow-up exam, 64% had normal cytology.

Rates of progression were low, said Dr. Wininger of the University of South Carolina, Columbia. Only 2.4% of ASCUS progressed to HSIL and 7% of LSIL progressed to HSIL.

That's good news for these young women, many of whom can be managed conservatively. But getting them 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 behavior and sexually transmitted infections."

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DR. WININGER

She also recommended routine screening for sexually transmitted disease among all adolescents who have abnormal cytology, as her study found a significant association between chlamydia infection and progressing abnormal cytology. But she found no association between abnormal cytology and gonorrhea, trichomoniasis, genital warts, *Candida*, or bacterial vaginosis. ■