Some Vulvar Problems Nearly Unique to Girls

BY SHERRY BOSCHERT
San Francisco Bureau

SAN FRANCISCO — Girls may present with vulvovaginal skin problems that are seldom or never seen in women, Dr. Libby Edwards said at a meeting sponsored by Skin Disease Education Foundation.

Vulvovaginal aphthae, pseudowarts, and infantile labial agglutination are nearly unique to girls, she said.

Aphthae (canker sores) are extremely common painful lesions in the mouths of adults but seldom appear on adult genitalia. Vulvar aphthae are very common in girls aged 10-18 years, however, whether or not they have oral aphthae.

"This is something that once you recognize it, you see it quite often," said Dr. Edwards, a dermatologist in Charlotte, N.C., who has developed expertise in vulvovaginal disease.

Vulvar aphthae can be large or small, and typically are 5-20 mm in diameter, larger than oral aphthae that average 1-5 mm in diameter. Vulvar aphthae are well demarcated and red, usually with a white fibrin base. Typically, they are surrounded by significant inflammation, are very painful, and can scar. They usually appear on modified mucous membranes, and sometimes appear on keratinized skin.

Often vulvar aphthae are misdiagnosed as a sexually transmitted disease. They differ from herpes lesions by being deeper ulcerations rather than erosions, and usually are fewer in number than herpes lesions. Individual aphthae typically are much larger than the tiny round erosions of herpes. Aphthae differ from chancres (another sexually transmitted disease to consider) by the painful nature of aphthae and their lack of induration, Dr. Edwards said.

Aphthae seldom appear on adult genitalia, but vulvar aphthae are very common in girls aged 10-18 years, whether they have oral canker sores or not.

Aphthae often are preceded by fever, malaise, and sore throat, followed quickly by vulvar pain and ulcerations, suggesting that the aphthae are precipitated by a viral syndrome. Epstein-Barr virus may be one of many viral triggers of vulvar aphthae, she said.

The prodrome plus vulvar aphthae "doesn't make it Behçet's disease," which is a chronic, systemic disease, she added. "Only if they have clinically objective eye, joint, or neurologic disease is it a symptom of Behçet's."

Prescribe oral prednisone at a dose of 40 mg each morning for vulvar aphthae until pain ceases. If there are occasional, future episodes, parents can be ready to give a short burst of prednisone. Girls with frequent or ongoing vulvar aphthae will need suppressive anti-inflammatory therapy, starting with dapsone and moving to other agents if needed.

Pseudowarts—a unique nodular reaction to chronic irritation of anogenital skin—is also found by far more often in girls rather than women.

Usually caused by chronic incontinence (especially diarrhea), pseudowarts are bilaterally symmetrical, monomorphous, well-demarcated, flat-topped papules. They can be nearly skin colored or red with an eroded surface, Dr. Edwards said.

Also called Jacquet's diaper dermatitis or granuloma gluteale infantum, pseudowarts are diagnosed by appearance and setting. A biopsy in difficult cases will show squamous hyperplasia, spongiosis, hyperkeratosis, and sometimes erosion with associated acute and chronic inflammation.

Treat by removing the irritants, which can be challenging in a patient with chronic diarrhea or incontinence, she said. Don't use corticosteroids, which may cause irritation that contributes to formation of pseudowarts.

Infantile labial agglutination, not an uncommon finding in young girls, usually resolves before puberty as fragile, thin skin matures, Dr. Edwards said.

"It's not the labial minora agglutination we see with adults, where they're absorbed into the labia majora, but it's more midline," and often more like adhesions than agglutination, she said. Occasionally, this can interfere with urine flow and cause dribbling, which may be misdiagnosed as incontinence.

If the parent insists on treatment, minimize irritants and massage the area with topical estrogen. If that doesn't work, use clobetasol, she said.

The cause of infantile labial agglutination is unknown. "I think it can be from irritation from anything. It's very often from very mild, unrecognized lichen sclerosus," she said.

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Deodorant Ban in Radiotherapy Challenged

BY JANE SALODOF MACNEIL
Senior Editor

LOS ANGELES — A small pilot study at a community hospital in the Midwest challenges the common wisdom that breast cancer patients should shun aluminum-based deodorant when being treated with external radiation.

Radiation oncology nurses Juli Aistars and Kathleen Vehlow told 30 women to use their aluminum-based deodorants without regard to their scheduled treatments at Northwest Community Hospital in Arlington Heights, Ill.

'It's one of those things handed down through the years that really hasn't changed.'

MS. VEHLOW

The patients also applied a soothing 100% aloe vera gel from one to three times each day, with one application occurring within a half-hour of radiotherapy.

The researchers then used the Skin Toxicity Assessment Tool (Am. J. Clin. Oncol. 2004;27:626-31) to evaluate the patients' skin reactions twice each week during treatment and up to 6 weeks afterward.

Results were compared with those in 30 women who happened to be undergoing radiation treatments during the same time period and received the hospital's standard instruction: no aluminum-based deodorant on the treated side and no skin care products in the radiation field 4 hours before treatment.

The control group was younger—an average of 58 years vs. 64 years—but there was "no major clinical difference," Ms. Aistars and Ms. Vehlow reported at the annual meeting of the American Society for Therapeutic Radiation and Oncology.

In both groups, the average time to onset of erythema was about 13 days, with a median of 12 days in the control group and 13 days in the experimental cohort.

The only patient to have no erythema was a woman allowed to use her personal deodorant at will.

Whereas slightly more experimental arm patients had faint, transient grade I erythema (17 patients vs. 15 in the control group), bright grade 2 erythema occurred more often in women told to eschew skin-care products (15 patients vs. 12 in the experimental group).

Common symptoms were not measured in the control group, but these women's charts showed similar reactions to those in the deodorant of choice group, according to the investigators. Among women allowed free use of their deodorants, the leading symptoms were itching (63%), tenderness (47%), pulling (30%), and burning (20%).

Aluminum-based deodorants usually are banned during treatment and other skin care products are likewise discouraged for fear that the metal content will increase the dose of radiation delivered to the skin.

The consequence if that were to happen—an increase in skin toxicity—not only can cause discomfort but also lead to interruptions to treatment in severe cases.

This common practice and the reasoning behind it are not supported by scientific evidence, according to the two investigators.

"It's one of those things handed down through the years that really hasn't changed," Ms. Vehlow said in an interview at the poster session, where the data were presented.

Giving up the use of their customary personal deodorant temporarily can seem only a minor inconvenience for patients, she acknowledged, but it adds "one more burden in terms of body image" at a time when women are anxious and under "extreme stress."

Indeed, when the women in the experimental group were surveyed at the conclusion of the experiment, 77% said they felt using their own deodorant was important.

Among the reasons given were "can't go to work without deodorant," "social reasons," and "it's the only one that works for me."

Ms. Aistars and Ms. Vehlow urged further research with larger numbers of women and randomization at more than one site. ■

Metabolic Syndrome May Raise Insulin Resistance in PCOS

In women with polycystic ovary syndrome, insulin resistance may be more severe in those with metabolic syndrome than in those without it, according to the results of a cross-sectional study of 113 women with PCOS.

The findings suggest that even young women with PCOS should be screened for metabolic disturbances to more effectively prevent cardiovascular events later in life, wrote Dr. Hwi Ra Park of the Ewha Woman's University College of Medicine, Seoul, South Korea, and colleagues.

Women in the study had a mean age of 26 years and a 15% prevalence of metabolic syndrome (MS)—lower than in other studies of PCOS patients in the United States (43%-46%) and Germany (31%). In comparison, MS prevalence is about 4% in the general urban population of age-matched Korean women and about 6% in American women aged 20-29 years (Diabetes Res. Clin. Pract. 2007;77[suppl. 1]:S243-6).

Investigators measured the five components that make up the diagnosis of metabolic syndrome according to the National Cholesterol Education Program Adult Treatment Panel III,

Compared with women who didn't have MS, those with MS had a significantly higher body mass index, waist girth, systolic and diastolic blood pressures, fasting glucose, and triglycerides. Levels of HDL cholesterol, sex hormone-binding globulin, and luteinizing hormone were significantly lower in women with MS.

The results of a 75-g oral glucose tolerance test that was performed in the morning after an overnight fast showed that plasma glucose and insulin levels were significantly higher in women with MS than in those without it.

—Jeff Evans