Avoid Empiric Treatment for Vulvar Skin Disorders

BY NANCY WALSH
New York Bureau

LAKE BUENA VISTA, FLA. — Empiric treatment with corticosteroids should be avoided in patients who present with vulvar symptoms such as burning, itching, pain, and dyspareunia, according to Dr. Andrew T. Goldstein.

These patients should have a careful examination of the vulva using a colposcope, and if a lesion is present, a 4-mm punch biopsy is warranted.

When the biopsy specimen is sent to the dermatopathologist, it's important to provide clinical correlates and a differential diagnosis or the result is likely to be simply descriptive rather than diagnostic, said Dr. Goldstein, who is in group practice in Washington.

Patients should know the full name of their disorder, whether lichen sclerosus, lichen simplex chronicus, or erosive lichen planus, Dr. Goldstein said at the annual meeting of the International Pelvic Pain Society.

Lichen sclerosus presents with itching, burning, dyspareunia, and skin texture changes often described as "cigarette paper" skin, with crinkling and fissures around the vulva and anus. Hypopigmentation also is characteristic, with scarring and architectural changes including phimosis of the clitoris, resorption of the labia minora, and narrowing of the introitus causing recurrent tearing. It probably is autoimmune, because patients have a high incidence of other autoimmune diseases, especially thyroid disease.

Lichen sclerosus can develop at any age, including childhood, and is more common than generally appreciated, with a prevalence of 1 in 70 women. But "you have to look for it. The vulva is not just something to separate with a speculum when you do a Pap smear. It has been termed the forgotten pelvic organ."

Punch biopsy performed before initiating treatment may show hyperkeratosis of the epidermis, epidermal atrophy with loss of rete ridges, homogenization of the collagen in the upper dermis, and a lichenoid inflammatory infiltrate in the dermis. Identifying this condition is critical, as patients with lichen sclerosus have a relative risk of 300 for developing squamous cell carcinoma of the vulva, said Dr. Goldstein, also of George Washington University Hospital, Washington.

Treatment of lichen sclerosus is clobetasol 0.05% ointment once daily after soaking. "I believe the Temovate brand is much better than the generic, probably because of the vehicle," he said. The corticosteroid should be continued until active disease has resolved, not just for the 2 weeks specified in the package insert.

A second vulvar condition, lichen simplex chronicus, is characterized by thick, lichenified skin of the labia majora and interlabial sulcus, accompanied by erosions, fissuring, and tears in the skin that result from the patient's scratching in her sleep, said Dr. Goldstein. This condition represents the end stage of mast-cell and histamine-mediated itch-scratch-itch cycle in predisposed patients that can be initiated by irritants, allergens, or infections.

All irritants must be stopped, including soaps, detergents, and douches, and underwear must be washed by hand in plain hot water. Daily warm-water sitz baths should be followed by the application of a high-potency topical corticosteroid, which must be rubbed into the skin for 3-4 minutes. Breaking the nocturnal itch-scratch cycle can be accomplished by bedtime amitriptyline, 10-50 mg, and the application of a bag of frozen peas to the vulvar area during the night. ■

As Menarche Starts Earlier, Expert Reviews 'Normal' Cycles in Teens

BY SHERRY BOSCHERT
San Francisco Bureau

STANFORD, CALIF. — A teenage patient complains of "heavy" menstrual periods. Her mother mentions that her daughter never gets periods during soccer season.

Should you evaluate the girl for abnormal uterine bleeding?

Test your knowledge of what's normal or abnormal for teenage menstruation by taking the true or false quiz (see box) before reading commentary provided by Dr. Paula J. Hillard at a pediatric update sponsored by Stanford University.

Puberty and menarche generally arrive several months earlier for African American girls than for white girls, studies in the past decade have shown. While only 7% of white girls had "early" breast development or pubic hair by age 7 years, this occurred in 27% of African American girls, one study found (Pediatrics 1997;99:505-12).

Guidelines suggest not evaluating for precocious puberty unless breast development or pubic hair occurs before age 7 years in white girls or before age 6 years in African American girls. If there are other signs or symptoms such as severe headache or neurologic symptoms, however, an evaluation is in order, said Dr. Hillard, professor of obstetrics and gynecology at the university.

The age at which girls start their periods has been declining since 1800. Declines in the age of menarche up until the 1960s resulted from positive changes such as better nutrition and less infectious disease. Since then, however, declines in the age of menarche seem to be related to negative changes such as overeating and limited physical activity.

Over the past 20 years, the age of menarche declined by 2 months in white girls and by more than 9 months in African American girls. Federal data in 1999-2002 showed the average age of menarche to be 12.5 years in whites and 12.1 years in non-Hispanic blacks and Mexican Americans (J. Pediatr. 2005;147:753-60). The duration of menstrual bleeding has held steady, lasting 2-7 days per period in 92% of teen girls. "Early" or "late" menarche can be defined as 2.5 standard deviations from the mean (ages 9 or 15 years for white girls), said Dr. Hillard, who did not have similar data for African American girls.

An evaluation would be appropriate if a girl has no menses by age 15 years. An evaluation also is warranted if there's no breast development by age 13 years, if menses haven't started 2.5-3 years after breast development, if there are signs or symptoms of pregnancy, or if the patient is 14 years old with obesity, acne, and hirsutism.

Consider polycystic ovarian syndrome (PCOS), anorexia nervosa, or other eating disorders as possible causes. If the mother says her daughter never gets periods during soccer season, "this may be cause for concern," Dr. Hillard said.

Early menstrual cycles in a girl's life may be anovulatory and shorter or longer than some others; they should not be chaotically irregular.

Most cycles average 21-45 days in the first gynecologic year and trend toward shorter, more regular cycles with age. A 90-day cycle still falls within the 95th percentile during the first year of menarche. Beyond 90 days, evaluate for PCOS, eating disorders, thyroid disease, hyperprolactinemia, gonadal dysgenesis, or premature ovarian failure. ■

The True or False Menstruation Quiz

1. The age of puberty has been declining.
2. Pubertal development at about age 8 years constitutes precocious puberty.
3. Girls begin menstruating at an average age of 13 years.
4. The age of menarche has been declining.
5. Normal menstrual periods last 2-7 days.
6. A girl who has not started menstruating by age 15 years should be evaluated.
7. In the first year of menses, it's normal to have chaotically irregular cycles.
8. Menstruation typically cycles every 21-45 days, but a 90-day cycle also is normal.

Quiz Answers: 1. True 2. False 3. False 4. True 5. True 6. True 7. False 8. True

Think Behçet's When Aphthous Ulcers Recur

BY NANCY WALSH
New York Bureau

LAKE BUENA VISTA, FLA. — The diagnosis of Behçet's disease must be considered in any patient with recurrent oral and vulvar aphthous ulcers, even if the deep, full-thickness ulcers in the mouth and vulva develop at different times.

Behçet's disease is a chronic inflammatory vasculitis most commonly seen along the ancient silk route from Japan and across Korea, Turkey, and Greece, according to Dr. Andrew T. Goldstein. In the west it occurs most often among young women of Asian or Mediterranean descent.

"This is a bad vasculitis, with complications including dissection of the aorta, blindness, and stroke," he said.

Aside from the aphthous ulcers, patients with Behçet's disease may have acnelike skin lesions or erythema nodosum as well as ocular, central nervous system, and bowel involvement. The ocular manifestations can be varied and severe, and include iritis, uveitis, and retinal vasculitis. Behçet's disease also can be associated with arthritis and meningitis, and any evidence of this disorder should prompt consultations with ophthalmologists, rheumatologists, and gastroenterologists as symptoms dictate.

"One of the easiest ways of diagnosing Behçet's is the pathergy test," said Dr. Goldstein.

The pathergy test, in which a 5- to 7-gauge needle is inserted into the forearm, has a very high predictive value, although its negative predictive value is less. If induration develops 24-48 hours later at the site of needle insertion, the test is positive, he said at the annual meeting of the International Pelvic Pain Society.

Although a positive pathergy test is helpful in the diagnosis of Behçet's disease, only a minority of Behçet's patients demonstrate the pathergy phenomenon, according to the Vasculitis Foundation. Patients from the Mediterranean region are more likely to show a positive response, with only 50% of patients in Middle Eastern countries and Japan showing the reaction. A positive reaction is even less common in the United States, and other conditions can occasionally mimic the results (www.vasculitisfoundation.org/pathergytest).

Treatments that have been tried for Behçet's disease include conventional immunosuppressives such as azathioprine and corticosteroids; and anti–tumor necrosis factor therapy, particularly with infliximab, according to Dr. Goldstein, who also practices at George Washington University Hospital, Washington. A recent international expert panel suggested that anti-TNF therapy might be suitable for patients with severe, organ-threatening disease—patients with two or more relapses of posterior uveitis per year—low visual acuity resulting from chronic cystoid macular edema, or active central nervous system disease (Rheumatology 2007; 46:736-41). ■