

Vulval conditions

The external female genitals are called the vulva. Symptoms of vulval conditions commonly include a burning sensation, stinging or itching. In some cases, the vulva appears red and swollen.

Without treatment, vulval conditions can lead to depression, anxiety, sexual problems and body image concerns. Recovery from vulval conditions may take weeks or even months. Generally, treatment aims to ease the symptoms while healing takes place. It may speed recovery to use a number of treatments at the same time, rather than consecutively.

Vulva explained

Vulva is an umbrella term for the various parts of the external female genitals. These parts include:

- **Mons pubis** – the fatty ‘pad’ that’s covered in pubic hair
- **Labia majora** – outer lips
- **Labia minora** – inner lips
- **Clitoris** – small organ that’s packed with nerve endings
- **Urethral opening** – which allows the passage of urine
- **Vestibule** – area around the opening of the vagina
- **Perineum** – area between the vagina and anus.

A range of vulval conditions

Vulval conditions can be loosely categorised in the following ways:

- Skin complaints
- Infections
- Chronic pain
- Cancerous conditions.

Skin complaints

Skin complaints of the vulva include:

- **Dermatitis** – symptoms include chronic itching. Causes include direct contact with irritants such as strong soaps, spermicidal creams and feminine hygiene products, or an allergic reaction to a particular substance such as the latex used in condoms. Treatment includes topical corticosteroid creams, antihistamines, and the identification and avoidance of known triggers.
- **Psoriasis** – symptoms include reddened, scaly patches. Treatment includes topical steroid creams alternated with tar preparations. Careful diagnosis is needed, since psoriasis is easily confused with dermatitis.
- **Lichen sclerosus** – symptoms include itching and tenderness. The vulva is wrinkled and covered in white patches. Postmenopausal women are most susceptible. The cause is thought to be an autoimmune response of some kind, since the condition is associated with autoimmune disorders such as Graves’ disease and vitiligo. Treatment includes topical steroid creams and regular medical monitoring. Lichen sclerosus is linked to an increased risk of vulval cancer.
- **Lichen planus** – symptoms include pain, bleeding and painful sex. Other areas of the body may be affected by lichen planus, such as the hands, mouth and shins. Treatment includes steroid creams or oral tablets. This condition is linked to an increased risk of vulval cancer.

- **Erosive vulvovaginitis** – ulceration of the vulva and vagina. Some of the rare diseases that can lead to erosive vulvovaginitis include erosive lichen planus, cicatricial pemphigoid and lichenoid vaginitis.

Infections

Infections include:

- **Thrush** – symptoms include chronic itching, redness and vaginal discharge. Thrush is caused by an overgrowth of the fungi *Candida albicans*, which may occur after a course of antibiotics. Thrush isn't considered to be a sexually transmitted disease, although it can be passed on during sex. Treatment includes antifungal creams.
- **Recurrent vulvovaginal candidiasis** – thrush is called 'recurrent' if the woman experiences at least four separate infections in one year. Flare-ups seem to be more common in the premenstrual phase. About one in 12 women are thought to suffer from recurrent vulvovaginal candidiasis.
- **Genital herpes** – this sexually transmitted infection (STI) causes blistering of the infected skin. The blisters ulcerate after around five to 14 days. There is no cure, but antiviral medications can reduce the frequency and severity of attacks.
- **Genital warts** – this sexually transmitted infection (STI) causes warts to appear on the affected areas. The warts can vary in size, shape and colour, and are usually painless. Treatment includes removing the warts by freezing, burning or using topical chemicals. Some forms of genital warts (Types 16 and 18) are linked to an increased risk of cervical cancer.

Chronic pain

Conditions include:

- **Vulvodynia** – the vulva is painful and raw for reasons unknown. Older women are at increased risk. Theories on the cause of vulvodynia include allergies, candidiasis (chronic thrush), nerve damage, muscle spasms and sexual problems. There is no cure. Treatment aims to ease the symptoms and can include topical anaesthetic creams, biofeedback therapy and instruction in pain management. Tricyclic antidepressants are known to offer pain relief.
- **Vulval vestibulitis** – a sharp, knifing pain is experienced when pressure is applied to the vestibule: for example, when sitting on a bicycle seat, inserting a tampon or attempting sexual intercourse.

Cancerous conditions

Vulval intraepithelial neoplasia (VIN) is a pre-cancerous condition of the vulva. The affected cells divide quickly and erratically, but could stay benign (non-cancerous) for many years. Vulval cancer is classified according to its cell of origin. This can include:

- **Squamous cell carcinoma** – originating in the skin cells. This type accounts for about 90 per cent of cases.
- **Melanoma** – originating in the pigment cells deeper in the skin. This type accounts for about five per cent of cases.
- **Adenocarcinoma** – originating from the Bartholin's glands, the structures that supply lubricant. This type accounts for less than one per cent of cases.
- **Sarcoma** – originating from fat cells. This type is quite rare.
- **Lymphoma** – originating from the immune cells. This type is quite rare.
- **Basal cell carcinoma** – a form of skin cancer. This type is quite rare.

Diagnosis of vulval conditions

Vulval conditions can be diagnosed using a number of tests including:

- Medical history
- Physical examination
- Swab tests to check for infections
- Biopsy.

Self-help suggestions for vulval conditions

Be guided by your doctor, but general self-care suggestions include:

- **Avoid irritants** – common irritants include soaps, bubble baths, bath oils and douches. Choose soft toilet paper and pat dry (rather than wipe) after urinating.
- **Wash regularly** – perspiration, vaginal secretions, urine and semen easily irritate the vulva. Bathe every day, using sorbolene cream instead of soap, and pat dry with a soft towel. Avoid using talcum powder. It may help to bathe the vulva after every urination.
- **Use tampons** – sanitary pads and menstrual blood can irritate the vulva. Consider switching to tampons.
- **Avoid dryness** – moisturise the skin regularly with sorbolene or other non-perfumed water-based cream. Use lubricants such as KY jelly when having sex.
- **Dress appropriately** – avoid tight clothing, pantyhose and synthetic underwear.
- **Use cool compresses** – a cool compress held against the vulva can soothe burning and itching.
- **Perform regular self-examinations** – it may help to use a hand mirror. Report any symptoms promptly to your doctor.

Where to get help

- Your doctor
- Gynaecologist

Things to remember

- Common symptoms of vulval conditions include sensations of burning, itching or stinging.
- Vulval conditions include skin complaints, infections, chronic pain and cancerous conditions.
- Recovery from vulval conditions may take weeks or even months.

This page has been produced in consultation with, and approved by:

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