
Vulvar conditions

Summary

- Common symptoms of vulvar conditions include sensations of itching, burning, stinging or irritation.
 - Vulvar conditions include skin complaints such as eczema or dermatitis, infections, chronic pain and cancerous conditions.
 - Recovery from vulvar conditions may take weeks, months or longer.
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The external female genitals are called the vulva. Symptoms of vulvar conditions commonly include a burning sensation, stinging or itching. In some cases, the vulva appears red and swollen.

Without treatment, or with recurrent symptoms, vulvar conditions can lead to depression, anxiety, sexual problems and body image concerns. Recovery from vulvar conditions may take weeks, months or longer.

Generally, treatment for vulvar conditions 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 one after another.

The 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 and the urethra
- **perineum** – area between the vagina and anus.

A range of vulvar conditions

Vulvar conditions can be loosely categorised in the following ways:

- skin complaints
- infections (including sexually transmitted and non-sexually transmitted)
- chronic pain
- cancerous conditions.

Vulvar skin complaints

Skin complaints of the vulva include:

- **dermatitis** – symptoms include chronic itching with a rash. 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 itching with reddened, scaly patches on the skin. Treatment includes topical steroid creams alternated with tar preparations. Careful diagnosis is needed, as psoriasis is easily confused with dermatitis
- **lichen sclerosus** – symptoms include itching, tenderness and painful sex. The vulvar skin becomes thin, wrinkled and can split or fissure. Postmenopausal women are most susceptible. The cause is thought to be

an autoimmune response of some kind, as the condition may be 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 vulvar cancer if not treated effectively

- **lichen planus** – symptoms include pain, bleeding, a burning sensation and painful sex. Other areas of the body may be affected by lichen planus, such as the hands, mouth and shins. Lichen planus is usually treated with steroid creams. This condition is also linked to an increased risk of vulvar cancer
- **ulceration of the vulva** – some of the rare diseases that can lead to ulceration include erosive lichen planus, cicatricial pemphigoid and lichenoid vaginitis. Ulceration may be due to infections, non-sexually or sexually transmitted, and inflammation, which includes erosive lichen planus, dermatitis and other auto-immune conditions. Rarely, ulcers may be due to cancers.

Vulvar infections

Vulvar infections include:

- **thrush** – symptoms include chronic itching, redness and vaginal discharge. Thrush is caused by an overgrowth of yeast, mainly *Candida* (a normal inhabitant of our bowel), 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, capsules or pessaries
- **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 10 women are thought to suffer from recurrent vulvovaginal candidiasis
- **genital herpes** – this sexually transmitted infection (STI) causes blistering and ulceration 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) of the human papillomavirus (HPV) 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. Since the introduction of the HPV immunisation program, the incidence has reduced significantly.

Chronic pain of the vulva

Conditions include:

- **vulvodynia** – this is vulvar pain of at least three months' duration without an obvious cause found. It is not an inflammation or infection
- **vestibular pain** is now called **vestibulodynia**. It may be provoked by sexual intercourse, insertion of tampons, or wearing tight clothing. Other pain syndromes may be involved, such as fibromyalgia, irritable or painful bladder syndrome, and pelvic floor overactivity (very tight pelvic floor muscles).

Vulvar pain and discomfort may have a major effect on a woman's quality of life. There are a number of other conditions that may play a role, including neurological conditions and psychosocial factors. The cause is unknown.

Management and treatment for chronic vulvar pain includes medications, pelvic floor physiotherapy, pain management therapy and, at times, simple measures such as local anaesthetic creams.

Cancerous conditions of the vulva

Vulvar 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. Vulvar 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 very rare
- **lymphoma** – originating from the immune cells. This type is very rare

- **basal cell carcinoma** – a form of skin cancer. This type is very rare.

Diagnosis of vulvar conditions

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

- medical history
- physical examination
- swab tests to check for infections
- biopsy.

Although it can feel awkward, it is important that you ask your health professional to examine your vulva if you have vulvar irritation, so that they can be sure to diagnose and treat your condition correctly.

Self-help suggestions for vulvar conditions

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

- **avoid irritants** – common irritants include soaps, bubble baths, bath oils and douches. Choose soft, plain white toilet paper and pat dry (rather than wipe) after urinating, always from front to back
- **wash regularly** – perspiration, vaginal secretions, urine and semen easily irritate the vulva. Bathe every day, using a soap substitute or water alone, and pat dry with a soft towel. Avoid talcum powder. It may help to bathe the vulva after every urination, using plain water or water with salt or bicarbonate of soda
- **use tampons** – sanitary pads and menstrual blood can irritate the vulva. Consider switching to 100 per cent cotton tampons
- **avoid dryness** – moisturise the skin regularly with sorbolene or other non-perfumed ointment for the vulva, such as Dermeze. Use lubricants such as Pjur, olive oil or sweet almond oil when having sex
- **dress appropriately** – avoid tight clothing, pantyhose, synthetic underwear and G-strings
- **use cool compresses** – a cool compress held against the vulva can soothe burning and itching (wrap it in a towel before applying to skin)
- **perform regular self-examinations** – it may help to use a hand mirror. Report any symptoms promptly to your GP.

Where to get help

- **Your GP**
- Gynaecologist
- Women's health clinic
- Vulva clinic
- **Jean Hailes for Women's Health Vulval Clinic** Tel. (03) 9562 7555

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