Striking vulva findings: How to detect, how to treat?

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Cologne
Symptoms of vulva diseases

- Itching
- Burning
- Pain
„Itching“
soorcolpitis after 3 attempts of local treatment
Caution!

A fungal infection can be treated very successfully. Everything which is not gone after three attempts needs to be examined histologically !!!
Lichen sclerosus of the Vulva
Lichen sclerosus:

- Therapy: Clobetasol creme locally
Therapy of Lichen sclerosus:

- Important: right dosage of the local therapy
- two weeks 3x daily, then one week 2x daily, then maintenance treatment 1x daily
Lichen sclerosus:

- if itching is not getting better during local therapy punch biopsy is urgently indicated
Lichen sclerosus:

- Risk of vulvar carcinoma 4-5% within 10 years
- All patients need a lifelong control

Chronic Itching, only minor improvements under Clobetasol: always punch biopsy
Vulvar intraepithelial Neoplasia (VIN)
Altersstandardisierte Erkrankungs- und Sterberaten, ICD-10 C51, Deutschland 1999 – 2010 je 100.000 (Europastandard)

Absolute Zahl der Neuerkrankungs- und Sterbefälle, ICD-10 C51, Deutschland 1999 – 2010
**uVIN**

most common (90% of all VIN), young premenopausal women, HPV associated

**dVIN**

mostly postmenopausal, rarely (2-10%), often in combination with Lichen
Oncologic risks

uVIN

progression in 5.7% of all patients

dVIN

progression in 32.8% of all patients
Therapy of HSIL VIN (VIN II/III)

Laservaporisation or excision

No therapy of LSIL (VIN1) necessary
Symptom: itching and burning
Itching and burning: M. Paget
Morbus Paget:

- It itches and stings/burns
- It weeps
- It bleeds
- Red and white lesions
Therapy of Morbus Paget:

- No effective local therapy
- Only option: Excision wide and deep
Morbus Paget: First step before operation
Mapping
Morbus Paget: 6 weeks postoperatively
Morbus Paget: local wide excision
Symptom „it hurts“
Lichen ruber of the Vulva
Lichen ruber

- Diagnosis: pain + redness
- Always punch biopsy
Lichen ruber

- Therapy: local cortison creme
„There is something to see“
Malignant melanoma
Caution

Never punch biopsy, always complete excision in sano
Vulvar Carcinoma
Type I carcinoma: HPV-associated, 40% of all carcinoma

Type II carcinoma: not HPV-associated, 60% of all carcinoma

By using a prophylactic HPV-vaccination approx. 25% of all vulva carcinoma could be prevented
Type 1 vulvar carcinoma

Young women, smoker, localisation nearby the clitoris
Type 2 vulvar carcinoma

Older women, very common: lichen
First step: punch biopsy !!, nothing else (no cytology)
Therapy of vulvar carcinoma

- Wide excision, resection >3mm in sano
- If tumor <4cm sentinel node biopsy, >4cm inguinal lymphnode dissection
Take home message

- Everything which looks strange,
- Everything which does not disappear after 3 attempts of lokal treatment