

Lichen Sclerosis, Lichen Planus and Lichen Simplex Chronicus: Diagnosis Of Skin Disorders And Vulvodynia

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VULVAR CARE INSTRUCTIONS:

1. Purchase a Sitz Bath (\$10-15) at your pharmacy or medical supply store. You do NOT need one with a bag and tubing.
2. Take several Sitz baths a day. Always take a Sitz bath before bed and after sexual intercourse.
 - Fill Sitz bath with warm (not hot!) water.
 - Sit in bath for 1-10 minutes depending on your schedule
 - Gently pat yourself dry
 - Apply Vaseline to sore or itchy area after each Sitz bath
3. Avoid all contactants, things that might cause an allergic reaction when they come in contact with your skin or mucous membranes:
 - Do not use soap or other products on the vulva
 - Double rinse underwear when doing laundry
 - Avoid all fabric softeners
 - Use white, unscented toilet paper
 - Use cotton menstrual pads if needed (Glad Rags available online or some natural food stores)
4. Sex:
 - If lubrication is needed, use unscented Albolene (moisturizing cleanser available at Walmart and online. However this will cause a condom to break down, use an alternative lubricant with condoms.
 - If lidocaine ointment has been prescribed, apply 1/2 inch of ointment to the sore area 30 minutes before intercourse. This may cause some numbness for your partner.
5. Other instructions: Fluconazole dosing for treatment and suppression: 200mg twice weekly for one week then once weekly for 6 weeks. (Alternatively boric acid suppositories can be used twice weekly for suppression)

LICHEN SIMPLEX CHRONICUS

Vulvar care, bleach baths (1 tsp in 1 gallon of water). If inflammation is present: cefadroxil 500mg BID x 7 days

TOPICAL STEROIDS:

- clobetasol ointment night for 2-3 weeks, then every other day for 2 weeks then switch to triamcinolone or hydrocortisone 2.5mg and only use when itching.

NO IMPROVEMENT:

- Biopsy
- Oral steroids: prednisone 40mg x 5 d, 20mg x 10d)
- Intralesional or intramuscular triamcinolone (not more than 40mg)
- Tacrolimus or pimecrolimus
- Sedation
- Nighttime: Doxepin, Hydroxyzine, Amytriptyline, Mirtazipine
- Daytime: SSRIs (Fluoxetine, Citalopram)
- Gabapentin start at 300 Qday x 3d, 300mg BID x 3 day, 300mg TID x 3 days; can increase to 1200mg TID if tolerated. Must wean off again!

LICHEN SCLEROSIS

VULVAR CARE

- Clobetasol ointment twice daily x 4 weeks, then once daily x 4 weeks, then 2-3 times weekly. Maintain on 1-2x weekly indefinitely
- Mupirocin to fissures/painful areas BID x 5-7 dasy
- Consider vaginal estrogen

NO IMPROVEMENT:

- Compliance?
- Urinary incontinence?
- Sexual health counseling
- Vaginal estrogen
- If clobetasol is too irritating, consider desoximetasone ointment 0.25%
- Tacrolimus
- Intralesional triamcinolone
- Laser

LICHEN PLANUS

VULVAR CARE

- Clobetasol twice daily for 4 weeks, weekly for 4 weeks then twice weekly (or mid potency steroid nightly)
- Mupirocin for fissures
- Fluconazole?

NO IMPROVEMENT:

- Oral prednisone taper for intense flares: 1mg/kg or 60/40/20 over 4-6 weeks
- IM or intralesional triamcinolone
- Tacrolimus (better for maintenance in LP)
- Derm referral for methotrexate, cyclophosphamide, etanercept, azathioprine

PSORIASIS

VULVAR CARE

- Triamcinolone once daily for 6 weeks then decrease to lower potency steroid for maintenance (or tacrolimus)
- Tar shampoo for hair bearing areas
- Derm consult for extragenital lesions

HYDRADENITIS SUPERTIVA

MILD:

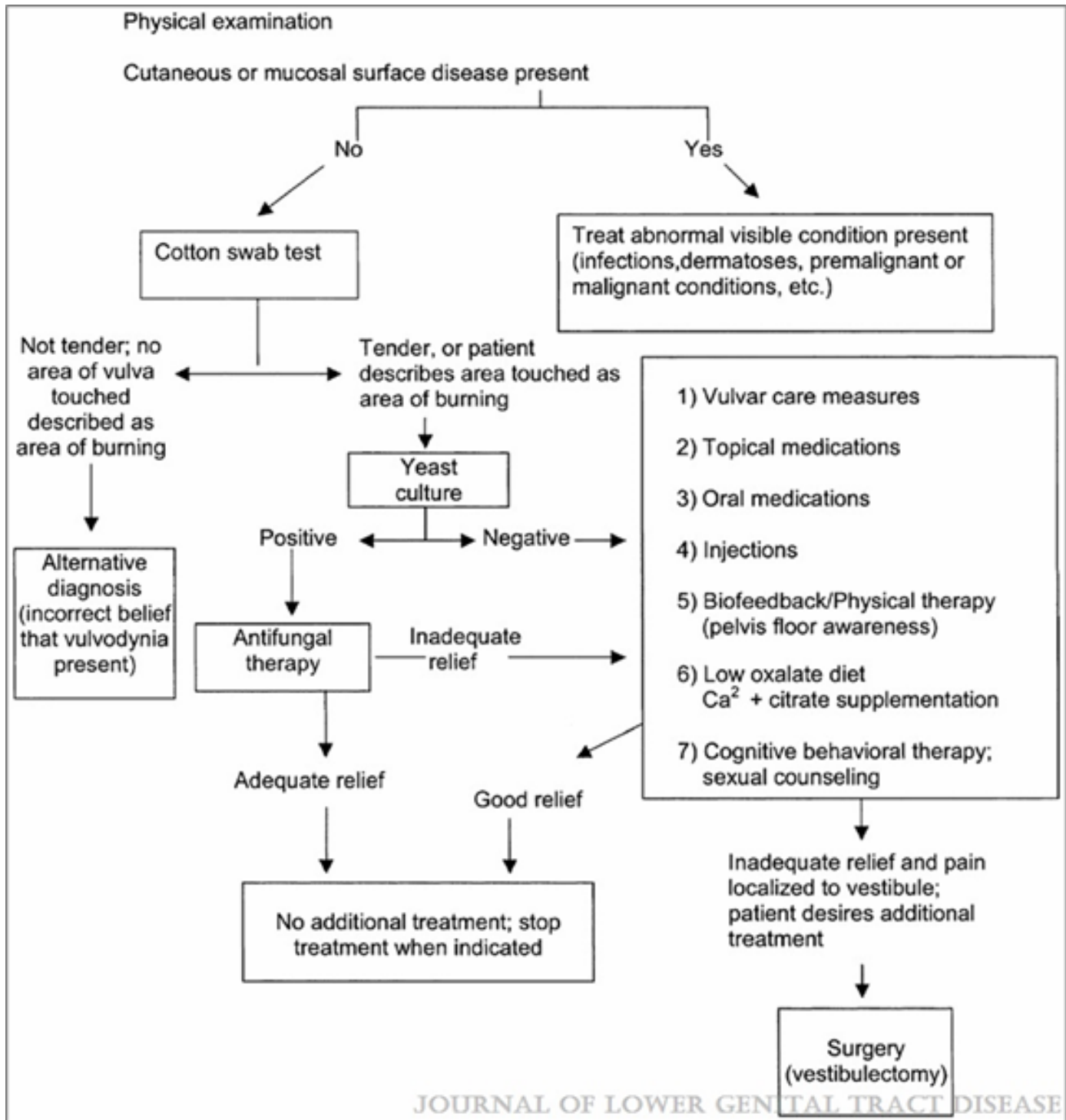
- Hibiclens shampoo to hair bearing areas
- And/or head and shoulders (can alternate the two each day)
- Bleach baths (1/4 cup in 1/2 tub water) 3-4 times a week
- Topical clindamycin ointment applied after shower/bath daily
- Laser hair therapy
- Weight loss
- Smoking cessation

MODERATE:

- Oral clindamycin 300mg Qday + rifampicin 600mg Q day for 10 weeks
- Doxycycline 100mg daily
- Intralesional steroids
- Unroofing (local or extensive)
- Adalimumab

3 MONTHS OF VULVAR PAIN WITHOUT IDENTIFIABLE CAUSE OR VISIBLE EXAM FINDING

Diagnosis with q tip test to inner thigh, labia majora, vestibule. Assess pelvic floor last. Collect fungal culture



TOPICAL TREATMENTS:

- Vulvar care, avoid irritants and suppress yeast
- 5% lidocaine ointment or jelly 2% apply prior to intercourse and/or soaked in cotton ball nightly for 6 weeks for desensitization.
- Compounded creams: amitriptyline 2%, baclofen 2%, gabapentin 6% in a water washable base, apply ½ ml 1-3 times daily. Can also try as a single or double agent.
- Estrogen

ORAL

- Amitriptyline 10-25mg QHS, increase by 10-25mg weekly up to 150mg QHS. Takes 4+ weeks to see effect. Titrate off if not working, use caution in the elderly, limit alcohol consumption. Side effects: fatigue, weight gain, constipation, dry mouth.
- Gabapentin, see regimen above. Can cause mental fog, drowsiness
- SNRIs: Duloxetine 20-30mg qday, max 60mg BID. Can decrease libido, don't combine with SSRIs.

OTHER TREATMENTS

- Pelvic floor PT/Biofeedback
- Cognitive behavioral therapy
- Sex therapy
- Journaling
- Dietary changes (Low oxalate)
- Trigger point injects: 0.25-5% bupivacaine + triamcinolone 40mg/ml—inject 1cc in a specific area or as a pudendal block monthly for 3-4 months.
- Botox 100 units
- Vestibulectomy

Reference: Haefner, H et al, The vulvodynia Guideline, Journal of Lower Genital Tract Disease: January 2005, Volume 9, issue 1 p 40-51.