

GYNAECOLOGY & OBSTETRICS UPDATE

Issue 71

September, 2008

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**AWARD
2005**

*The Author has the
pleasure to an-
nounce that he has
been elected to
present Britain
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Committee of the
International
Urogynaecological
Association*

Assessment and Management of Pruritus Vulvae: Part I

Definition

Pruritus vulvae is itching of the vulva; it is a symptom and not a diagnosis.. Most cases of vulval itching have an identifiable cause. Its assessment is discussed in Part I in this issue and the management will be discussed in Part II in the next issue

How do I assess a woman presenting with pruritus vulvae?

- * A careful history and examination of the vulval area will often find an underlying cause for the vulval itch. Confirm that the woman is complaining of vulval itch, not vulval pain.
- * Assess the severity of symptoms and the impact this is having on the woman (in particular enquire into psychosexual problems, low mood, or feelings of anxiety).
- * Examination findings may indicate the diagnosis (e.g. signs of candidiasis, dermatitis, psoriasis, atrophic vaginitis, lichen sclerosis).

What questions are helpful when taking a history?

- * Duration of the symptoms: Acute itch is generally due to infection or acute contact dermatitis.
- * Hygiene practices: use of creams, perfumes and deodorants, douches, or soaps; or simply excessive washing, may result in vulval irritation or even contact dermatitis.
- * Self-administered treatments: e.g. antifungal creams for presumed candidiasis.
- * Itch elsewhere may indicate a more generalized problem: e.g. dermatitis, psoriasis or scabies.
- * Vaginal discharge may indicate infection: candidiasis, bacterial vaginosis, or trichomoniasis.
- * Itch which is worse at night may indicate threadworm infestation, particularly if there is also perianal itch.
- * Diabetes mellitus can increase the risk of candidal infection.
- * Systemic illness could cause itch, such as renal or hepatic impairment, or anaemia
- * Menopausal: Atrophic vaginitis may be the cause of the symptoms.
- * Breastfeeding can result in lowered oestrogen levels and consequent vulval symptoms.
- * Contraception: e.g. allergy to spermicides, or to the latex in condoms and diaphragms.

What investigations might be helpful?

- * Blood glucose level if diabetes mellitus is suspected.
- * Vaginal swabs for Candida should be considered in all women, as there may be little or no discharge with chronic vulvovaginal candidiasis.
- * Vaginal swabs for other infections, if suspected, such as bacterial vaginosis or trichomoniasis.
- * If a sexually transmitted infection is suspected, consider referral to a genito-urinary medicine clinic for screening.

When should I refer a woman with pruritus vulvae?

- * If a premalignant condition (vulval intraepithelial neoplasia: VIN), lichen sclerosis or lichen planus, are suspected.
- * If vulval carcinoma is suspected (e.g. an unexplained vulval lump or ulcer) — refer urgently.
- * If the cause is known, but symptoms persist despite primary care management.
- * If the cause of the pruritus vulvae is unclear and symptoms persist.

Reference: CKS, National Library of Health, NHS (<http://www.cks.library.nhs.uk>)