

GYNAECOLOGY & OBSTETRICS UPDATE

Issue 72

October, 2008

Author

T.M.Malak

MB, BCh., M.Sc.,
Ph.D., DFFP,
MRCOG, FRCOG

Consultant
Obstetrician
Gynaecologist &
Urogynaecologist

Address

Esperance Private
Hospital
Eastbourne
Tel: 01323 414816/
410717/ 410929
Fax: 01323 730313

Web address

For Professionals
MarkMalak.com

For Patients
MrMalak.com

Finalist

**HOSPITAL
DOCTOR**

**AWARD
2005**

Assessment and Management of Pruritus Vulvae: Part II

Definition

Pruritus vulvae is itchiness of the vulva; it is a symptom and not a diagnosis.. Most cases of vulval itching have an identifiable cause. Its assessment and referral indications were discussed in Part I (Issue 71) and the management is discussed in Part II in this issue

Reassure

The majority of cases a cause for pruritus vulvae is normally found and there is a very good chance that the symptoms will improve if not disappear altogether with treatment

Advise to avoid

- * Contact of the vulval skin with: Soap (an emollient can be used as a soap substitute e.g. aqueous cream)- Shampoo- Bubble bath- Over the counter preparations- Wet wipes- Perfumed sanitary towels and panty liners
- * Shaving pubic hair.
- * Tight fitting garments or man made clothes e.g. nylon underwear as these may irritate the vulva
- * Fabric conditioner for underwear.
- * Use of spermicidally-lubricated condoms.

Treatment of the underlying cause

- * Infection: Bacterial vaginosis, Candida, Herpes simplex, Threadworm, and Trichomoniasis.
- * Contact dermatitis: Emollients
Identify and remove exposure to irritants (e.g. soaps and deodorants)
Mild topical corticosteroids if necessary.
- * Seborrhoeic dermatitis and psoriasis: Emollients
Intermittent courses of Mild topical corticosteroids (sometimes combined with an antibacterial or anti-fungal topical preparation).
- * Lichen simplex: Emollients
Potent topical corticosteroids.
- * Atrophic vaginitis: Local oestrogen
- * Medical conditions causing generalized pruritus (such as renal or hepatic disease, diabetes, iron deficiency, thyroid dysfunction)
- * Incontinence (Faecal and/or Urinary): Please see "Update Issue 3"

Symptomatic treatment if the cause is not identified

- * Emollients: applied directly to the vulval area, but also used as a soap substitute.
- * Sedating oral antihistamines: given at night to reduce nocturnal itch and scratching.
- * If symptoms persist, despite treatment with emollients and sedating oral antihistamines, consider the use of short-term (1–2 weeks), **mild** potency topical corticosteroids (hydrocortisone 1%).
- * Refer for further investigation by a specialist, if symptoms persist despite treatment with emollients, sedating oral antihistamines, and **mild** topical corticosteroids.

Referral to a specialist

- * If a premalignant or malignant conditions are suspected (Please see "Update Issue 71")
- * If symptoms persist in spite of above management.

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