Common Vulvovaginal Complaints:

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Outline

- Normal anatomy
- Cysts
- Papules
- Vesicles/Ulcers
- Verrucae

Inspiration

From ghoulies and ghosties
And long-leggedy beasties
And things that go bump in the night,
Good Lord, deliver us!

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Normal Anatomy

Google Images

Normal Anatomy

Google Images
Normal Anatomy

CLITORIS

URETHRA

SKENE’S GLAND

BARTHOLIN’S GLAND

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Cysts

- Cavity lined by epithelium containing a liquid or semisolid material

Epidermal inclusion cyst/keratinous cyst

- May be seen after trauma, female circumcision
- Cheesy, grumous, and or oily discharge
- Excision rather than drainage recommended if symptomatic, large, inflamed
- Warm soaks, antibiotics may be needed
**Bartholin’s Gland Cyst**

- The Bartholin’s glands exit near the hymenal ring near the vestibule.
- Usually asymptomatic until several centimeters
- Sx include pain or pressure, especially while sitting.

**Bartholin’s Gland Abscess**

- No treatment needed unless symptomatic
- Sitz baths, warm packs
- Marsupialization, word catheter preferred over I&D to decrease risk of recurrence. Excision procedure rare
- Consider biopsy in postmenopausal women
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Papules

- Elevated, solid lesion up to 5mm diameter

Angiokeratomas

- Benign vascular popular lesion
- Etiology unknown
- Asymptomatic
- 2-5 mm round papule
- Dark red to purple to black in color
- Variant of hemangiomas
- Association with Fabry disease (alpha-galactosidase A deficiency, X-linked recessive condition)
- No intervention needed unless symptomatic

Molluscum

- DNA pox virus
- Papules, centrally umbilicated skin lesions
- Incubation time 14-50 days
- More severe infections in immunosuppressed patients
- May be asymptomatic
- Sexual transmission, autoinoculation from other sites
- Small, smooth popular lesions 3-6mm in size, central umbilication or punctum
- Usually multiple lesions variant from each other
- May get enlarged, pedunculated
- May be clustered, plaque like
- May be confused for warts
- No bx needed
- Consider other STD testing
- No intervention in children.
- May curette + silver nitrate (tattoing), TCA, cryotherapy with liquid nitrogen, aldra, trichloroacetic acid, laser therapy, excision
Skin Tags

- A.k.a. Acrochordon, fibroepithelial polyp
- Associated with insulin & lipid abnormalities
- Always benign
- Treat if irritated or infarcted
  - Scissors
  - Cryotherapy
  - Electrosurgery

Skin Tags

http://www.dermnetnz.org/viral/molluscum-contagiosum.html

Skin Tags

http://www.dermnetnz.org/lesions/skin-tags.html

Folliculitis

http://faculty.washington.edu/alexbert/MEDEX/Fall/Folliculitis.gif

Folliculitis

http://quoteimg.com/folliculitis-genital-area/
**Keratosis pilaris**

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**Vesicles**

- Circumscribed, elevated, fluid-filled lesion <5mm diameter

**Ulcers**

- Focal loss of epidermis and dermis, heals with scarring

**HSV**

- dsDNA virus
- HSV1 and HSV2
- 3 disease states: initial primary infection, initial nonprimary infection, recurrent infection.
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Verrucae

• A lobulated, hyperplastic lesion with a horny surface

Genital Warts (Condyloma Acuminata)

• Types 6 and 11 HPV
• Verrucous, papillary, or sessile appearance
• 1% frequency
• Vulva, vagina, cervix, urethra, anus
• Worse in immunosuppressed (HIV, organ transplants, DM, autoimmune diseases)
• If uncertain dx, bx ok or if fails to improve
• Molecular HPV typing not recommended
• Observe for dysplasia/neoplasia
• May light up with acetic acid
• Tx: TCA, cryotherapy, altara, podofilox, laser, excision, 5-FU, interferon

Genital Warts

http://www.dermnetnz.org/viral/genital-warts-imgs.html
References

- Wilkinson and Stone, Atlas of Vulvar Disease 3rd edition
- Mayeaux and Cox. Modern Colposcopy, 3rd edition
- Google images

Thank You!

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