Vulvar Dermatoses

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Vulvar Dermatoses

- Vulvar dermatoses are common.

- There are over 2000 known skin diseases and many of them can involve vulvar skin.

- Vulvar dermatoses can cause discomfort and embarrassment and may impact on a woman’s sexual well-being as well as her quality of life.
“Does it itch or hurt?”

- A comprehensive history and physical examination is essential in the management of vulvar dermatoses
- Most Vulvar dermatoses are pruritic
- If erosions are present, patients may experience PAIN
Spongiotic dermatitis

- MC type of dermatosis, comprising 1/3 – 1/2 of vulvar dermatoses.

- Subtypes include eczematous dermatitis and contact dermatitis.

- Contact dermatitis may be further classified as irritant or allergic contact.

- Sx: chronic irritation and/or pruritus

- Causes include: soaps & detergents, menstrual pads, nickel (from piercings), rubber and spermicides.
Spongiotic Dermatitis

- Clinical findings include erythema ± focal erosions

- Chronic lesions become lichenified, presenting as lichen simplex chronicus.
Lichen Simplex Chronicus (LSC)

- Pruritus → Chronic rubbing & scratching → LSC changes.

- Histology: Hyperkeratosis, hypergranulosis, acanthosis
LSC-Look for the underlying cause

- Atopic dermatitis
- Contact dermatitis
- Seborrheic dermatitis
- Pubic lice
- Scabies
Seb Derm

- common in adults
- soft greasy scale and erythema
- predilection for the scalp, eyebrows, nasolabial, retroauricular skin folds and upper trunk. Less commonly may involve inguinal skin folds

- Histologic findings include mild spongiosis and shoulder parakeratosis
- association with malassezia yeast.