General approach to the evaluation and management of vulvar disorders

- History
- Physical
- Testing
- Treating


General Approach to the evaluation and management of vulvar disorders: Vulvar Morphology

- Terminology
- What’s normal?
**Vulvar Morphology: terminology**

- **Vulva**: female external genitalia
- **Anterior border**: pubic symphysis/ mons pubis
- **Posterior border**: transverse perineal muscles/ anus
- **Lateral borders**: pubic rami/genitocrural folds


**Labia Majora (Labium Majus)**
- **Lateral borders of vulva**
- **Anteriorly fuse to form mons pubis**
- **Posteriorly form posterior commissure (fourchette) and into perineal skin**


**Labia Majora (Labium Majus)**
- **Made of fat and fibrous tissue**
- **Laterally**: hair, sebaceous, sweat and apocrine glands
- **Medially**: sebaceous glands


**Labia Minora (Labium Minus)**
- **Medial to labia majora**
- **Interlabial sulcus separates**
- **Anteriorly fused to form prepuce (hood) of clitoris and frenulum**


**Labia Minora (Labium Minus)**
- **Posteriorly**: posterior commissure/fourchette vs fuse into labia majora
- **Medial border = Hart’s line**: junction of labia: squamous epithelium and vestibule: transitional epithelium


**Labia Minora (Labium Minus)**
- **Medial aspect, outer third with sebaceous glands**
- **Vary in size, color with age**


**Vulvar Morphology: terminology**

- **Labia Minora (Labium Minus)**
  - Made of connective tissue and vessels
  - No fat

**Vulvar Morphology: terminology**

- **Clitoris**
  - Erectile tissue – similar to penis except no urethra
  - Made of “body” and “glans”

**Vulvar Morphology: terminology**

- **Vestibule**
  - Ant. Border is clitoral frenulum
  - Post. Border is posterior commissure
  - Lat. Border is Hart’s lines
  - Deep border is hymen

**Vulvar Morphology: terminology**

- **In Vestibule**
  - Urethral meatus
  - Skene’s paraurethral glands
  - Minor vestibular glands (around hymen)
  - Bartholin gland duct opening (5 & 7 o’clock)
  - Vagina opens into

**Vulvar Morphology: terminology**

- **Urethra**
  - Anterior to vaginal introitus
  - Skene’s glands on either side
  - Star or slit opening
  - Can have 2-3 overhanging lips

**Vulvar Morphology: terminology**

- **Childhood:**
  - Labia majora: no hair; less fat (small)
  - Labia minora: tiny
  - Interlabial secretions can collect = smegma


Vulvar Morphology: variation with age

• Menstruating Adult
  • Labia majora: hair; fat
  • Labia minora: larger, pigment, can be “notched”

Vulvar Morphology: post-menopausal

• Post-menopausal:
  • Labia majora: less fat and hair; gray
  • Labia minora – smaller to absent
  • Introitus (vestibule) – pale, shiny, dry
  • +/- petechiae; fissures of post. forchette
  • Urethral caruncle (PG-like);
    urethral prolapse

The Vulva: Normal and Not “normal” variations

• Labia majora:
  • Epidermoid Cysts
    (common like scrotal cysts)
  (Labia minora rarely has epidermoid cysts)

The Vulva: Normal and Not “normal” variations

• Labia minora:
  • Sebaceous hyperplasia

The Vulva: Normal and Not “normal” variations

• Vulvar Papillomatosis
  • Initial: “pseudocondylomata of the vulva”
  • Not associated with HPV (1/15+ with PCR); rare koilocytes
  • Prevalence ~75%

The Vulva: Normal and Not “normal” variations

• Vulvar Papillomatosis
  • Soft, finger-like projections; each with own insertion
    (warts more firm)
  • Symmetric (warts asymmetric)
  • On labia minora or in vestibule
  • 2nd type – rough, granular;
    on labia minora


The Vulva: Normal and Not
“normal” variations

- Vestibular gland cyst (vestibular cyst; mucinous cyst)

General approach to the evaluation and management of vulvar disorders

- Testing
  - cotton swab – touch for vulvodynia
  - wet mount – assess for infections; also atrophy
  - cultures – yeast; bacterial
  - commercial tests available – DNA probe (BV, trichomonas, candida, GC/Chlamydia)
  - biopsy – punch or shave or “snip” (tent with suture and use curved iris)
  - patch testing

- Treatment
  - Stop allergens/irritants
  - I prefer to prescribe ointments
  - For yeast, I prefer fluconazole when possible to topicals
  - May need to treat multiple problems – contact dermatitis +/− infection +/− underlying skin disease +/− atrophy


