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Vulvar Dermatosis

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Abstract: Introduction: Diseases of the skin are the mirror of the soul. Skin diseases of the vulva are usually associated with discomfort, loss of sleep, and psycho-sexual problems. Diseases of the vulva are difficult to diagnose because of its warm, moist, frictional environment, which hides the morphological appearance. Vulvar dermatosis has, for a long time, been considered an orphan disease. However, the study of the vulva is now emerging as a recognized branch of dermatology and there is growing interest in research in the context of a broad multidisciplinary approach in which dermatologists play a key role in the diagnosis and management of this group of disorders.^[1] Objective: The objective of our study was to determine the types of vulvardermatoses in women presenting at Shadan Institute of Medical Sciences and Research Centre, Hyderabad, India. Materials and methods: Prevalence of vulvar dermatosis in 80 women patients who presented to thedermatology outpatient department of Shadan Institute of Medical Sciences and Research Centre in Hyderabad, India was studied using descriptive analysis. <u>Results</u>: Among the 80 women who presented to the OPD of the dermatology department, the mean age of women with vulvar dermatoses presenting to OPD was 36.8 years and most of the women were married (62.5%). The mean duration of symptoms was 7.53 months. Among the women who presented to OPD, the most common symptom was a burning sensation, which was seen in 27.5% of women, followed by itching, which was seen in 18.75% of women. Among the spectrum of various vulvar dermatoses, the most commondermatoses were candidal Vulvovaginitis (12.5%) and Tinea Cruris (12.5%). The most common viral infection noted was genital warts (10%). <u>Conclusion</u>: Due to various reasons, there is always a delay in women seeking help when it comes to vulvar dermatoses. They use many OTC products before meeting a doctor and these may cause adverse events. A dermatologist can make a big difference by diagnosingvulvar dermatoses, providing the right treatment, and improving the DLQI of women. Our study places emphasis on the necessity of deep-rooted knowledge in thespectrum of cutaneous manifestations associated with vulvar dermatoses.

Keywords: Vulvar Dermatosis, itching, Candidal Vulvovaginitis, Genital warts, Tinea cruris

1. Introduction

Skin diseases of the vulva are usually associated with discomfort, loss of sleep, and psycho-sexual problems. Women hesitate to come forth with their problems because of embarrassment, despite the vulva being easily accessible for examination. Fear and cultural taboos discourage women from seeking medical advice for vulval diseases. Though vulval disorders should be managed by a multi-disciplinary approach, dermatologists play an essential part in identifying and managing them.^[2] Many times, women use over-thecounter (OTC) products which can cause more harm than good. Some of these over-the-counter products can cause adverse effects like allergic contact dermatitis, and irritant contact dermatitis. Diseases of the vulva are difficult to diagnose because of its warm, moist, frictional environment, which hides the morphological appearance.^[3] This can lead to an atypical presentation of common dermatoses.^[4] Many dermatoses of the vulva have common symptoms like burning, itching, and stinging. This along with an atypical presentation of common conditions can pose a great challenge in arriving at a diagnosis. Failure to diagnose conditions like squamous cell carcinoma can even lead to death.^[5]

2. Objective

To determine the clinical epidemiology of vulvar dermatosis in patients presenting to Shadan hospital, Hyderabad, India.

3. Methodology

This is an observational (cross-sectional), random single centered prospective study done on patients of Shadan Institute of Medical Sciences and Research Centre, Hyderabad, India from December 2021 to May 2022.

Source of Data

Patients presenting to the dermatology outpatient department of Shadan hospital, Hyderabad, India.

Inclusion Criteria

- Women presenting with signs and symptoms of vulvar dermatosis and age ranging from 15 to 50 years.
- Pregnant women with vulvar dermatosis.

Exclusion Criteria:

- Patients not willing to participate in the study.
- Patients not willing to give informed consent.
- Women with major venereal diseases.
- Patients having a history of malignancies (cervical, vaginal)

Method of Collection of Data

Patients for the study were taken from the Dermatology outpatient department of Shadan hospital in Hyderabad. Informed consent was taken from the patients. A detailed history was taken from the patients, which included demographics, symptoms, duration of symptoms, and any usage of vulval irritants or any other products was taken. A clinical examination was done to confirm the diagnosis and appropriate treatment was given to the patients. Screening

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for HBsAg, HIV, and VDRL was done as a protocol which was normal in all the patients.

Statistical Analysis

Descriptive statistics were used. The results were calculated in terms of frequency and proportions using SPSS 20.

4. Results

80 patients were included in the study.

The patient's ages ranged from 15 to 50 years. The mean age was 36.8 years and the standard deviation was 7.608.

The duration of symptoms ranged from 15 days to 1 year. 17 patients had recurrent symptoms. The mean duration of symptoms was 7.5 months.

Marital status – Married 62.5 % Unmarried 37.5% Menstrual cycles and menopause - Attained menopause 33.75%. Menstruation presented 66.25

Prevalence of itching of the vulva - Present 18.75%; Absent 81.25%

Prevalence of burning- Present 27.5%; Absent72.5%.

White discharge per vaginum- Present 18.75%; Absent 81.25%.

Serous discharge Present 68.75%; Absent 31.25%. Discoloration of the vulva- Hypopigmentation 25%; Hyperpigmentation 75%. Skin soreness – Present 12.5%; Absent 87.5%.

S	pectrum	of	Vulvar	Diseases
	peculum	UI.	v ui vai	Discuses

Spectrum of vulvar Diseases						
Disease	Frequency	Percentage				
Angiokeratomas	1	1.25				
FDE	1	1.25				
Hidradenitis suppurativa	1	1.25				
Pemphigus Vulgaris	1	1.25				
Target like bullous	1	1.25				
Atrophic vaginitis	2	2.5				
Bartholin abscess	2	2.5				
Flexural psoriasis	2	2.5				
Furuncle	2	2.5				
Lichen planus	2	2.5				
Giant acrochordon	3	3.75				
Scabies	3	3.75				
Acute contact dermatitis (ACD)	4	5				
Irritant contact dermatitis (ICD)	4	5				
LSA	4	5				
Herpes Genitalis secondary	6	7.5				
LSC	6	7.5				
Genital molluscum contagiosum	7	8.75				
Genital warts	8	10				
Candidal vulvovaginitis	10	12.5				



Spectrum of Vulvar Diseases

5. Discussion

It is well known that "the skin is the mirror to the soul". Though it is easily accessible to observation, women hesitate to come forth with their problems because ofembarrassment. Diseases of the vulva are difficult to diagnose because of its warm, moist, frictional environment, which hides the morphological appearance.^[3] The patient is subjected to years of inadequate treatment in the absence of a correct diagnosis. Women with vulvar complaints self-

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medicate with over-the-counter drugs, which can delay the diagnosis and duration of treatment. Secondary problems like irritant contact dermatitis can also occur due to over-the-counter drugs.

Most vulvar problems are a challenge to diagnose because of their unique embryological and immunological aspects. ^[6] The warm, moist environment of the vulva, alters the appearance of common skin conditions.^[3] Excessive washing of the vulva with soap and the use of irritating products can also cause problems.^[7] It has also been proven that women with dyspareunia suffer from anxiety, depression, and relationship adjustment problems.^[8]

This study was undertaken to assess the spectrum of Vulvar Dermatoses in women who present to the dermatology OPD.

6. Conclusion

At the end of our study of 80 patients with vulvar Dermatoses, many observations were made, which can be summarized as follows:

- 1) The mean age of women with vulvar Dermatoses, presenting to the OPD was 36.8 years.
- 2) Most of the women were married (62.5%).
- 3) The mean duration of symptoms was 7.5 months.
- 4) Among the women who presented to the OPD, the most common symptom was a burning sensation, which was seen in 27.5% of women, followed by itching, which was seen in 18.75% of women.
- 5) Around 7.5% of women used soap to clean their vulva, while 92.5% of women used only water to clean their vulva.
- 6) Among the women in our study, 81.25% used pads during their menstrual cycles, while 6.25 % of them used cloth
- The most common method of birth control was the natural method (7.5%) followed by OCP (6.25%).
 3.75% of female's male partners used condoms, while 3.75% of women used copper T.
- 8) Among the spectrum of various vulvar dermatoses, the most common dermatoses were candidal Vulvovaginitis (12.5%) and tinea cruris (12.5%).
- 9) The most common viral infection noted was genital warts (10%).
- 10) The itching was higher in women who used soap compared to women who used only water to clean their vulva.
- 11) No significant variation/alteration in the population and their habits with onset and withdrawal COVID 19 with respect to health awareness and changes in mind set!

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