DERMA-COLOGY:

EVERY DAY GYNECOLOGY FOR THE DERMATOLOGIST

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Olansky Dermatology and Aesthetics

Atlanta, GA

Disclosures

- Financial
- Educational
  - Volunteer faculty at Emory University
  - Volunteer attending at Mercy Care

Olansky
DERMATOLOGY&
AESTHETICS

Objectives

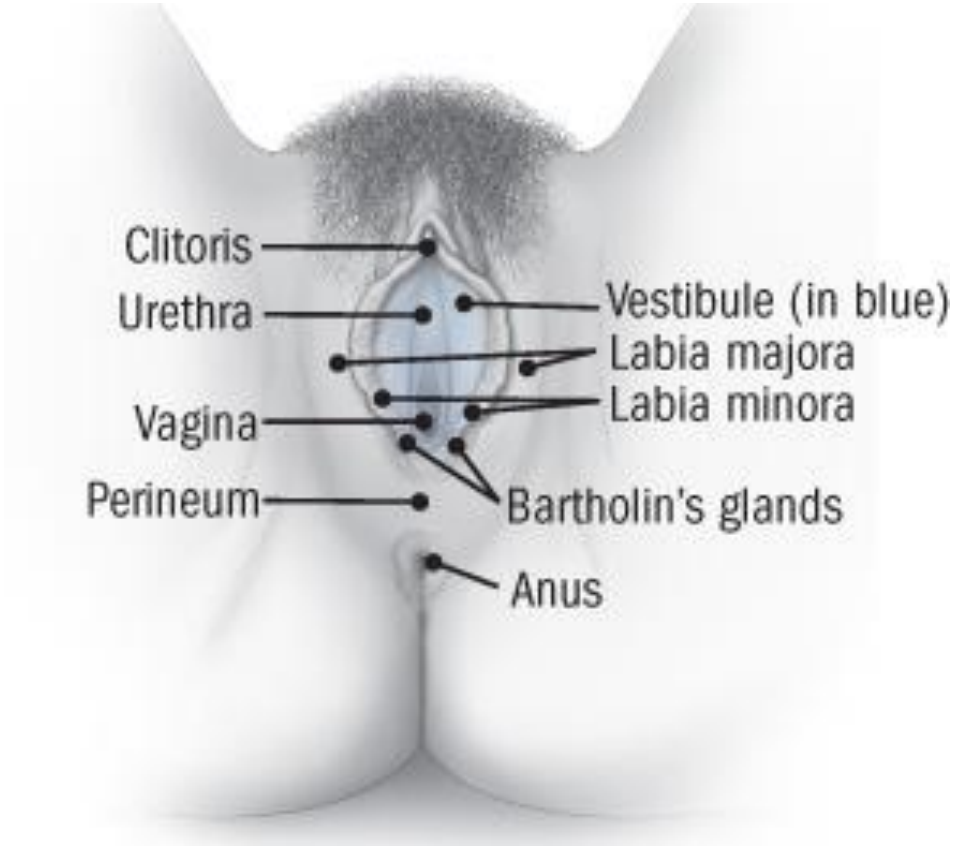
- Develop a systematic approach to the female genital examination
- Recognize common genital dermatoses
  - The "Lichens"
- Distinguish critical diagnoses
- Look at some real-world case studies
- Make sure every dermatologist can feel comfortable with a genital issue

Why Focus on Vulvar Dermatology?

- Unique anatomy
- Diagnostic challenge
- Clinical impact
  - Unmet need/practice gap

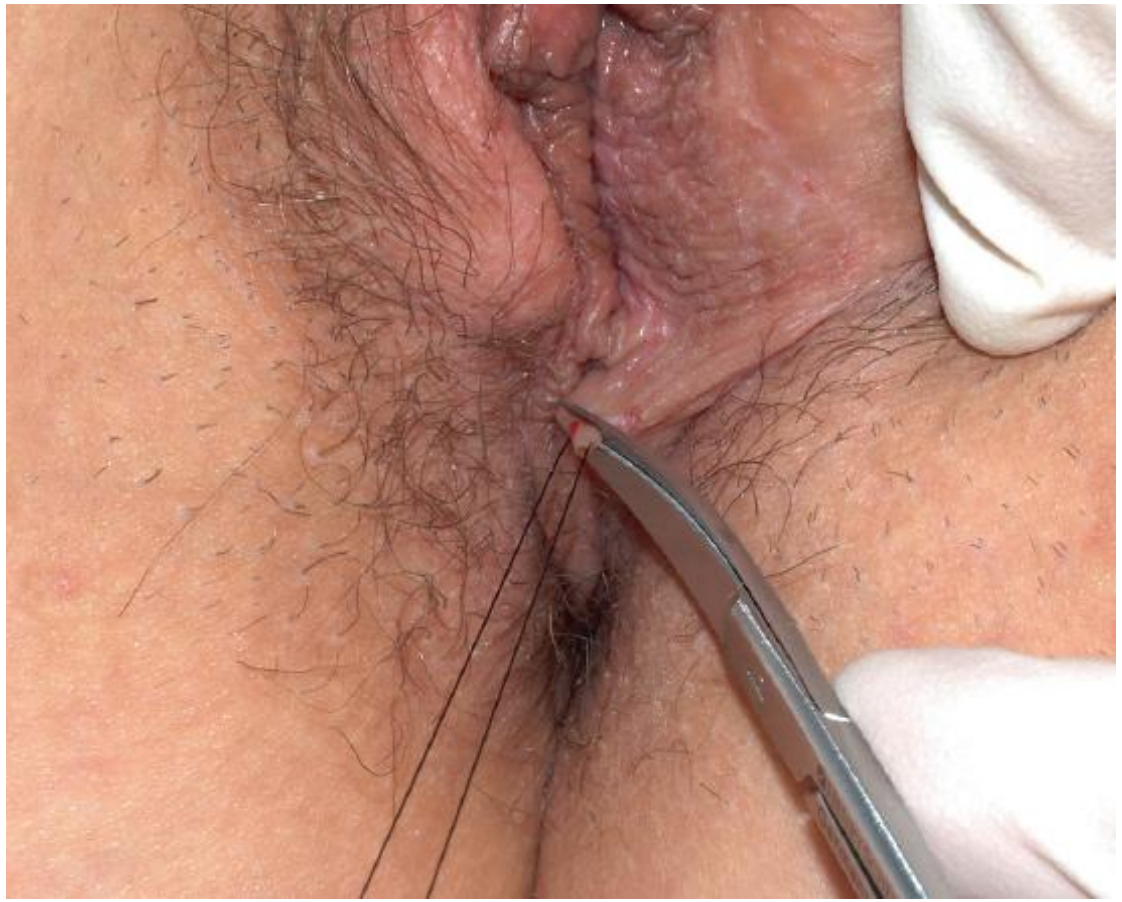
Genital Examination

- Start with the general skin exam
  - Including the mouth
- Have proper stirrups
- Get good lighting
- Hand held mirror
- Chaperone
- Take pictures
  - Diagnostic and therapeutic

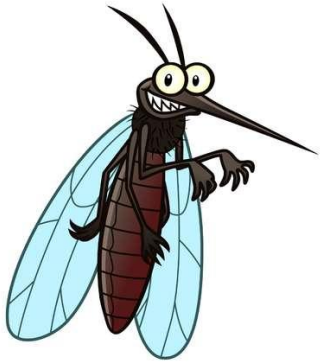

Clitoris
Urethra
Vestibule (in blue)
Labia majora
Labia minora
Vagina
Perineum
Bartholin's glands
Anus

UVA: Go'Hoos

Genital Biopsy



Garbage in = Garbage out!



(Electronic signature)

CLINICAL INFORMATION — — —
Comment: Vaginal lesion, 'laceration'
SURGICAL PATHOLOGY REPORT CLINICAL HISTORY — Not Reported —
SPECIMEN TYPE/SOURCE/VOLUME — Q —
Comment: A: Skin, vaginal
SURGICAL PATHOLOGY REPORT PATHOLOGIST COMMENT — Not Reported —
DIAGNOSIS — — —
Comment:
DERMAL CHRONIC INFLAMMATION WITH NUMEROUS EOSINOPHILS.

Note: The histologic differential diagnosis includes a hypersensitivity reaction such as an arthropod bite reaction. Clinical correlation is recommended.

SURGICAL PATHOLOGY REPORT COLLECTION PROCEDURE — A: Biopsy/ies —
PATH REPORT, GROSS DESCRIPTION — — —
Comment:
The specimen is received in formalin, labeled with the patient's name, QT no. and labeled as 'vaginal lesion' is a light tan tissue measuring 0.3 x 0.2 x 0.1 cm. The specimen is totally

[redacted]

MR#_____

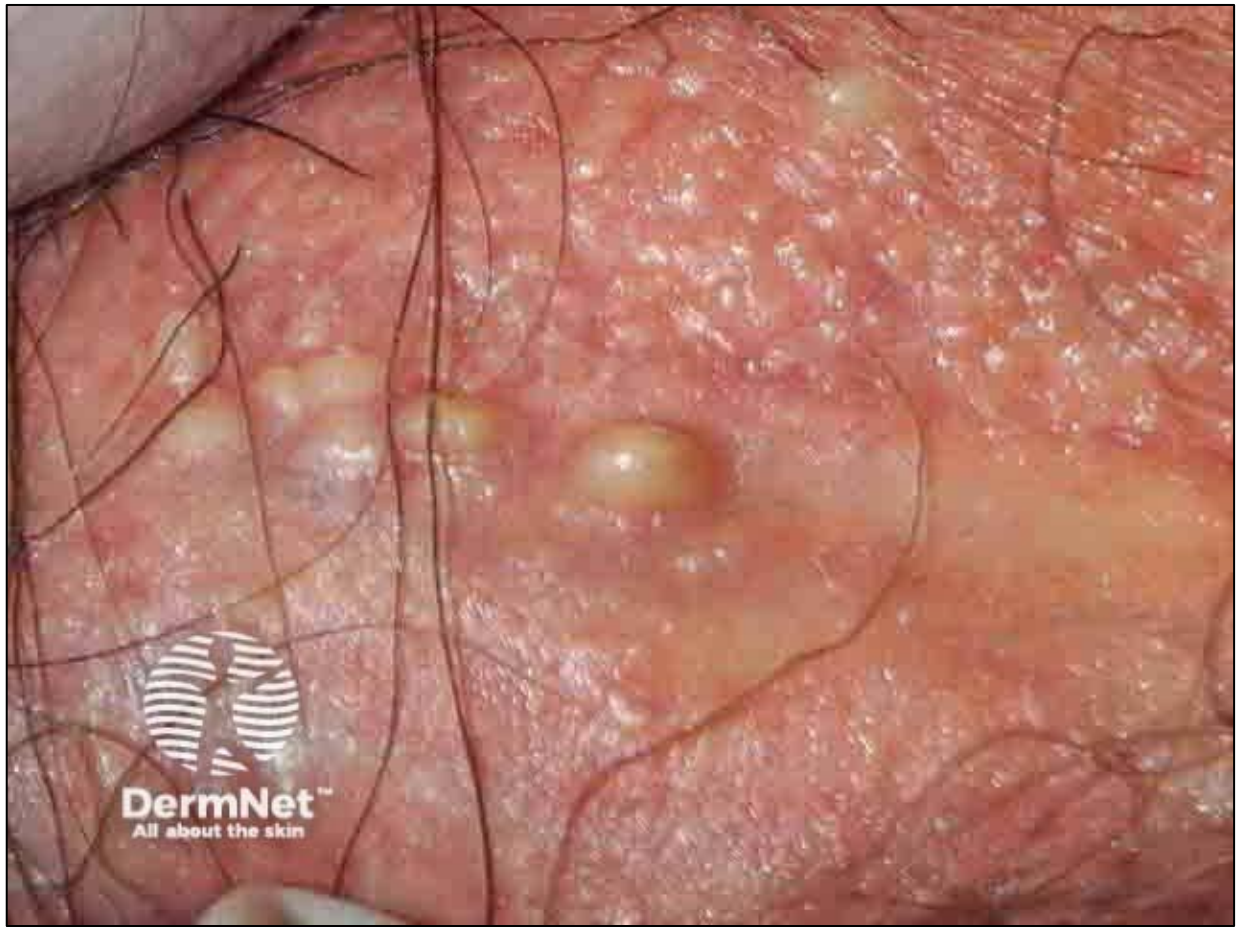
PROVIDER

MICROSCOPIC RESULT — —
Comment:
There is mild epithelial hyperplasia. Beneath this, there is abundant chronic inflammation with numerous eosinophils. The inflammatory infiltrate extends to the base of the biopsy.

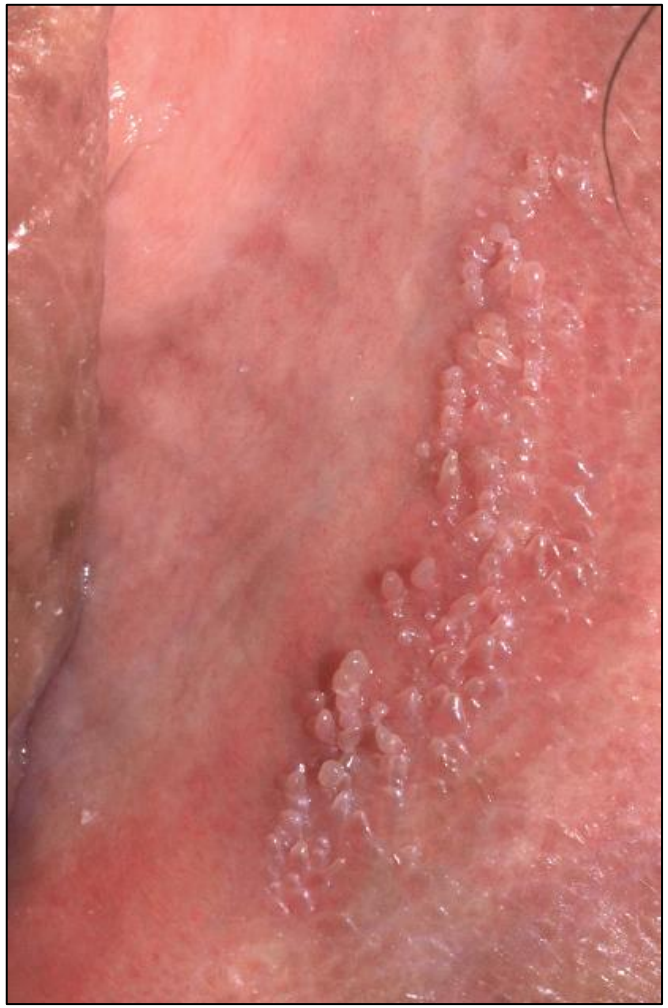
Last Visit _

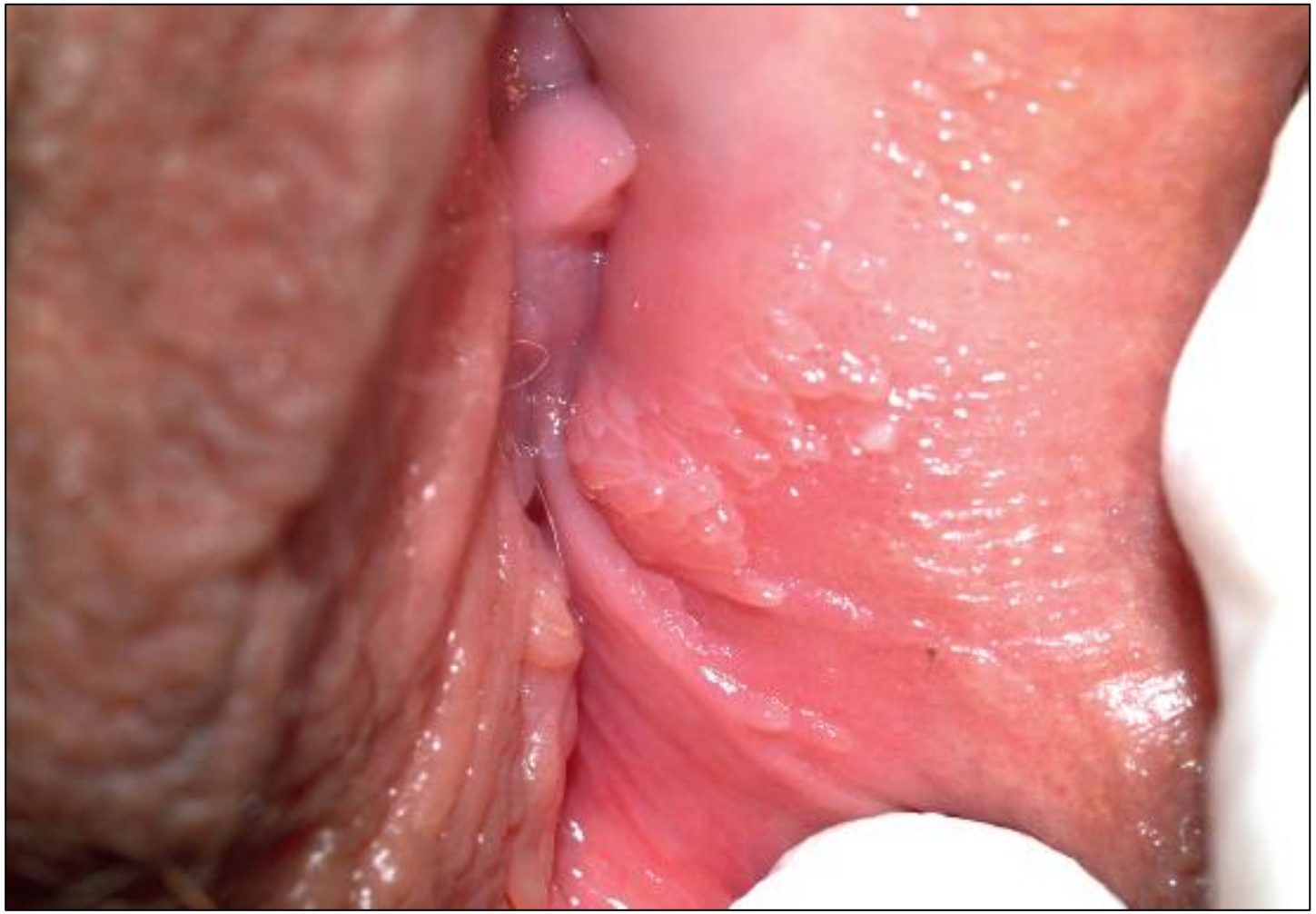
Next Visit _

Common Things

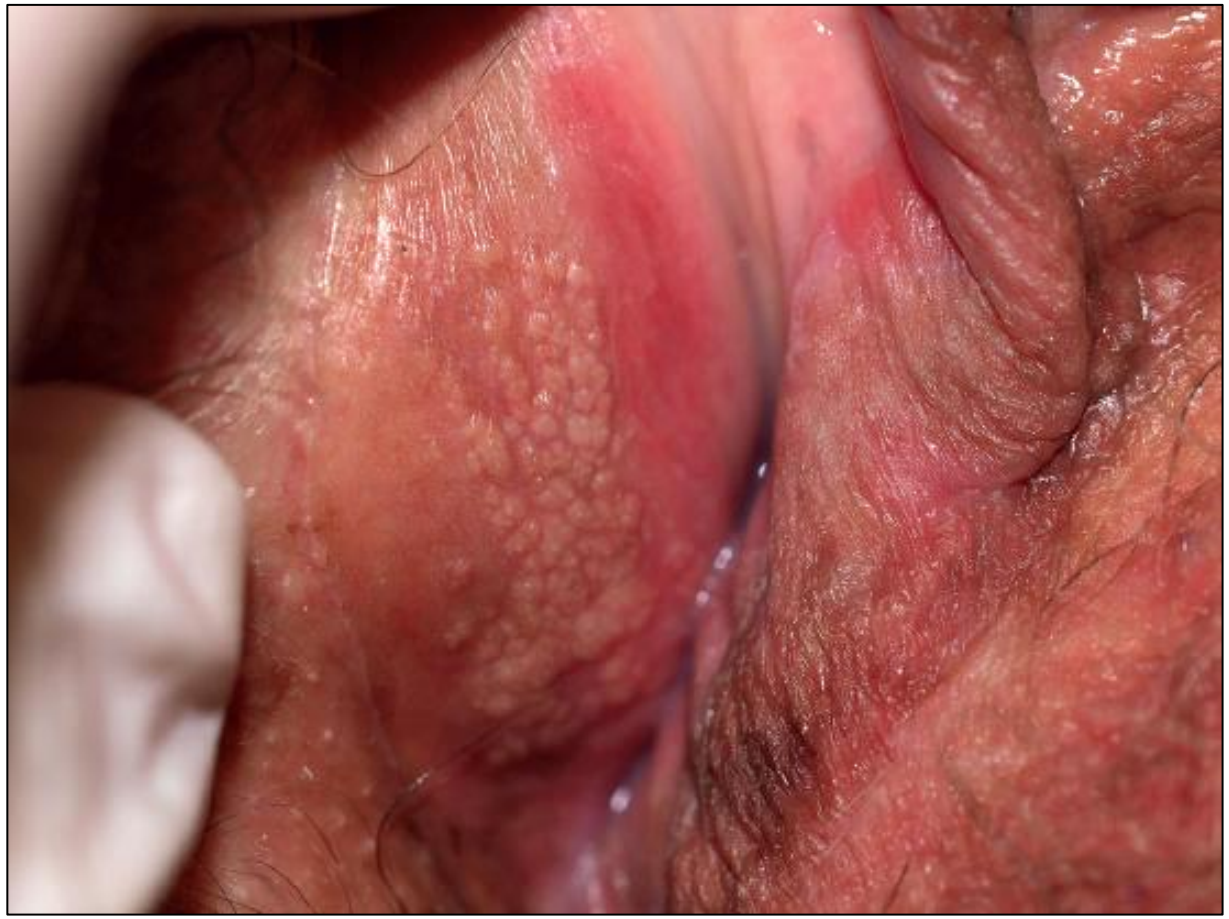


Vulvar Cysts

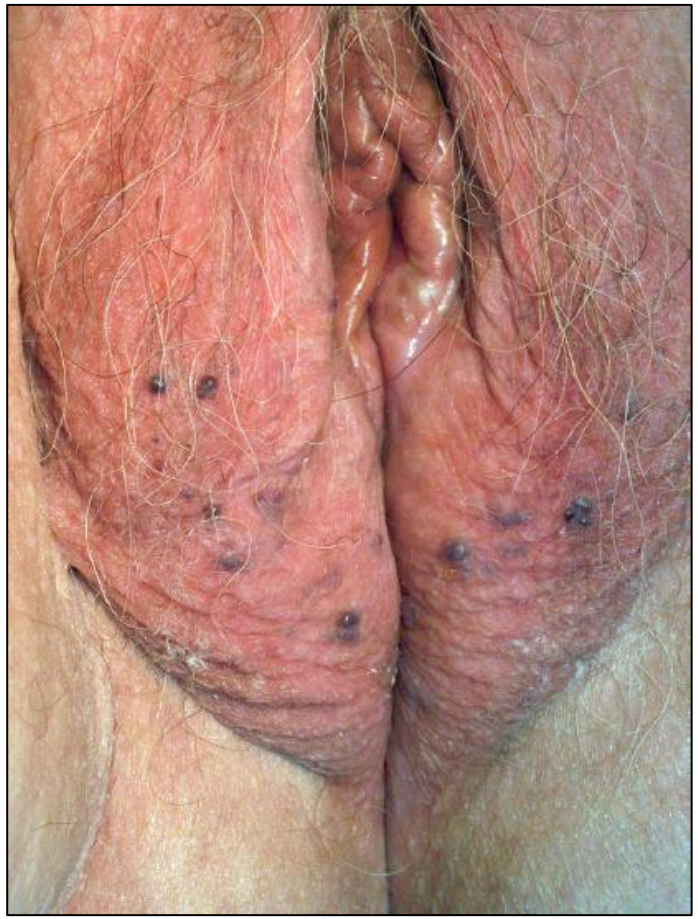




Vestibular papillae



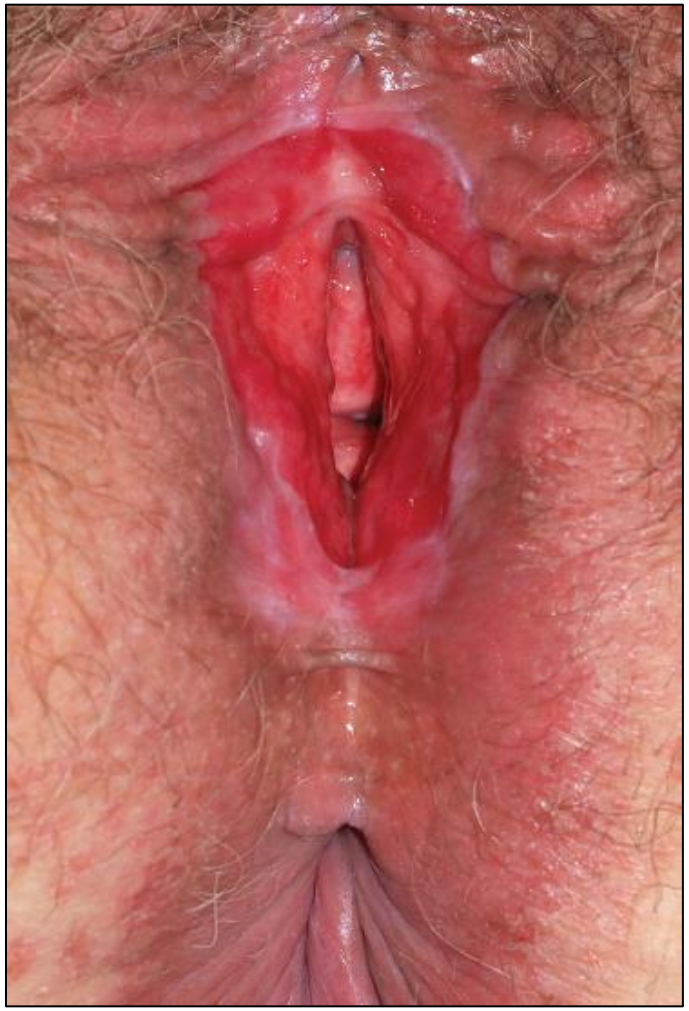
Fordyce spots: ectopic sebaceous glands



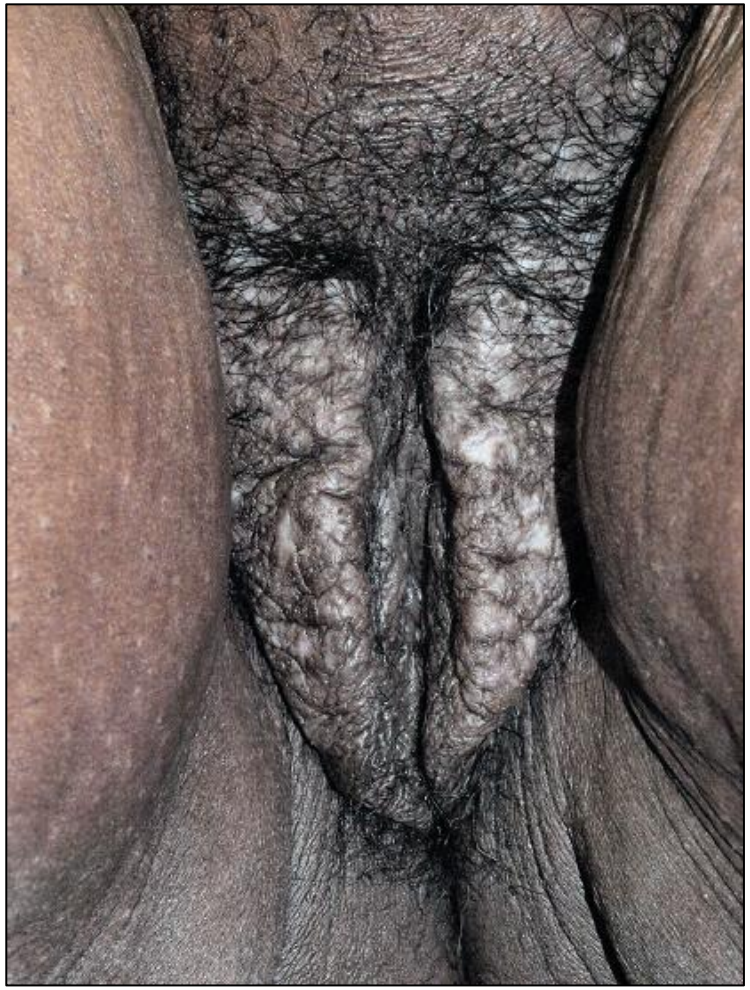
Angiokeratomas

Less Common Things: "Lichen"

Lichen Sclerosus



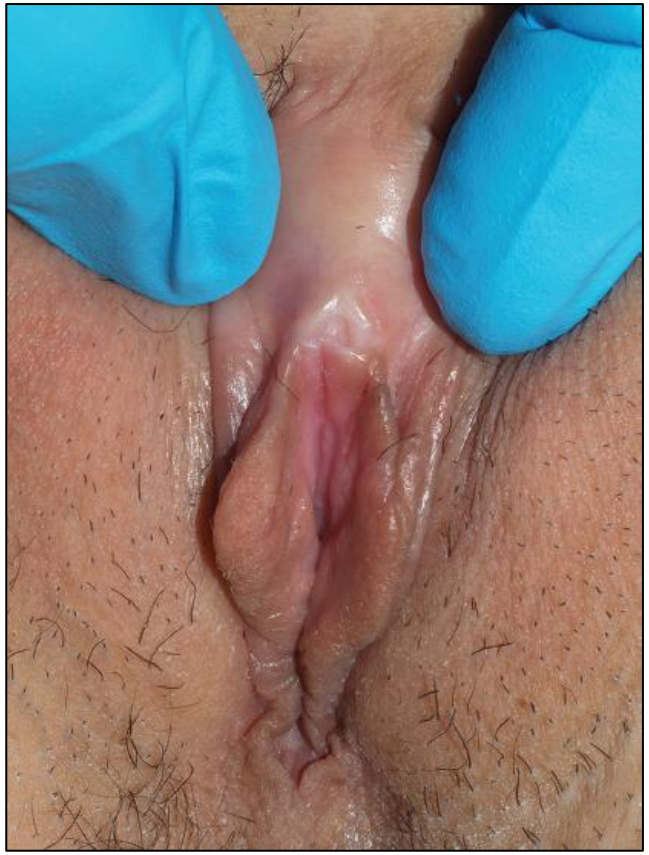
Lichen Planus

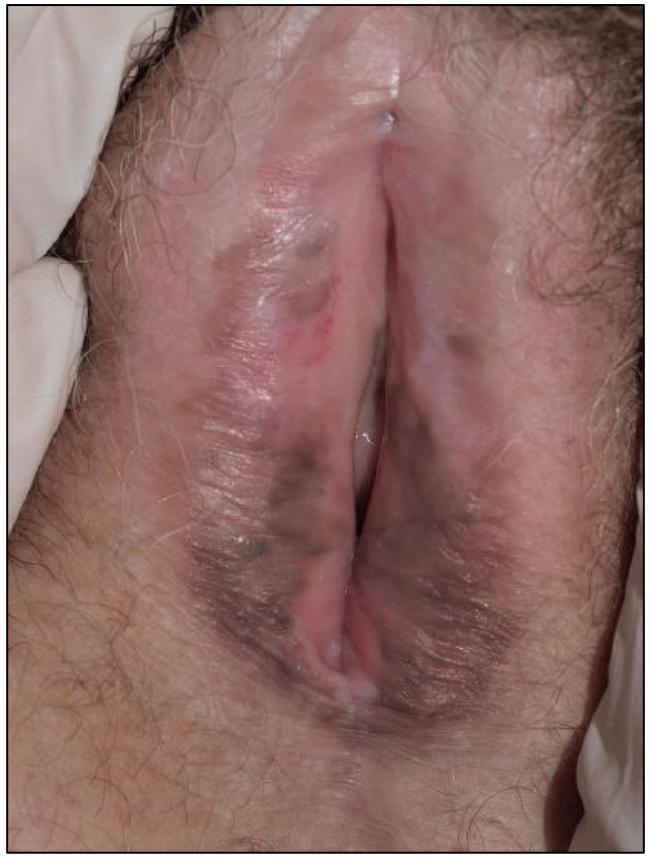


Lichen Simplex Chronicus

Lichen Sclerosus

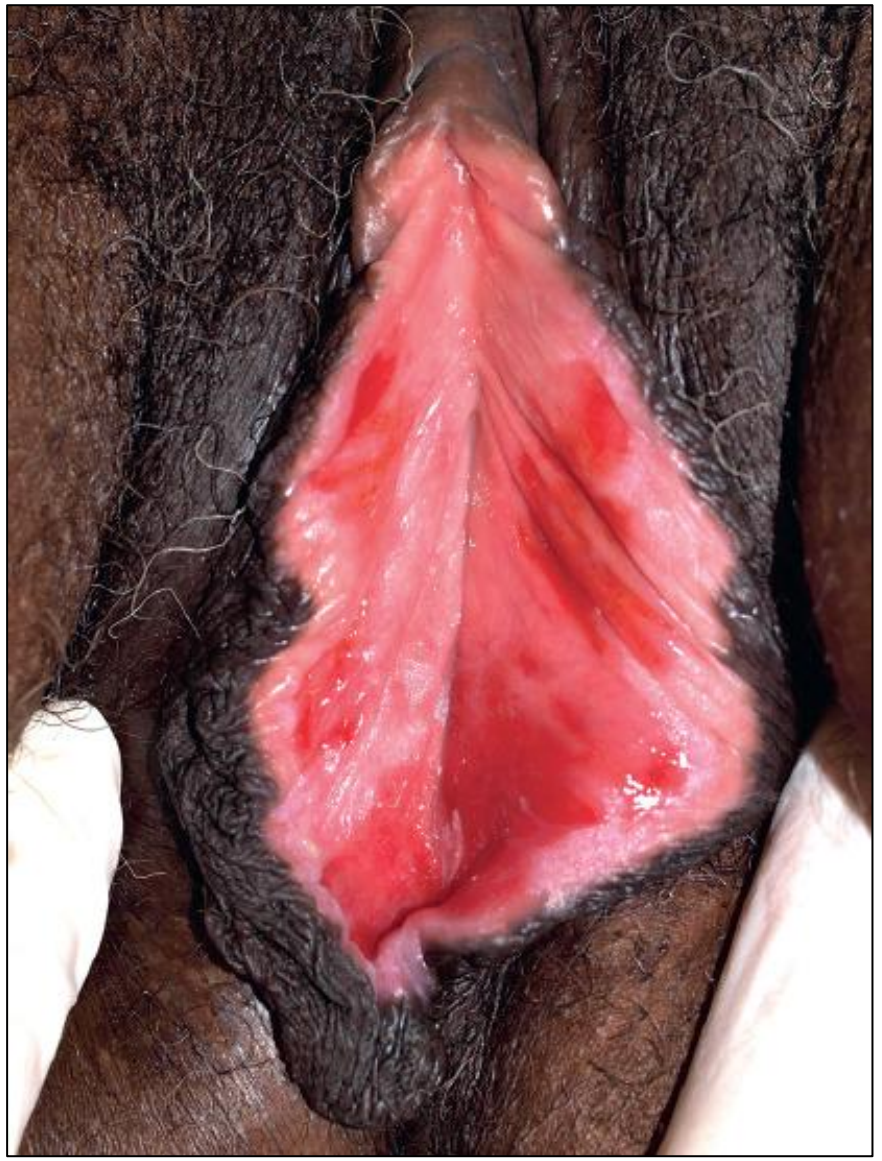
- Key Features
  - Clinical
    - Itch
    - Texture
    - Scarring
  - Age
  - Risk
  - Treatments





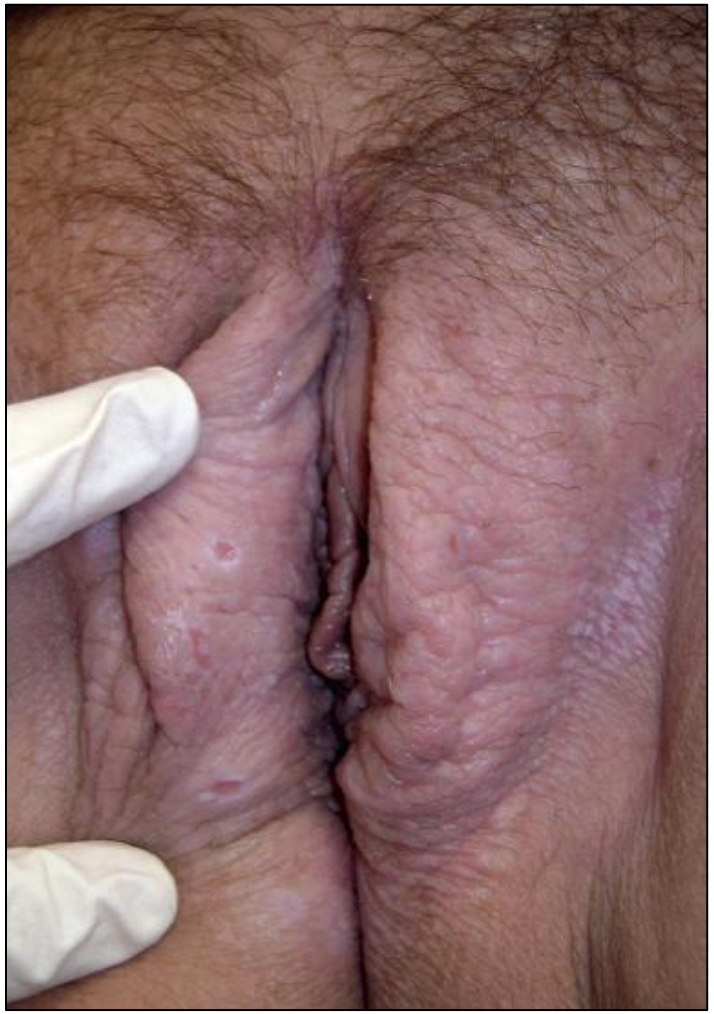
Lichen Planus

- Key Features
  - Clinical
    - Pain
    - Scarring
  - Age
  - Risk
  - Treatments



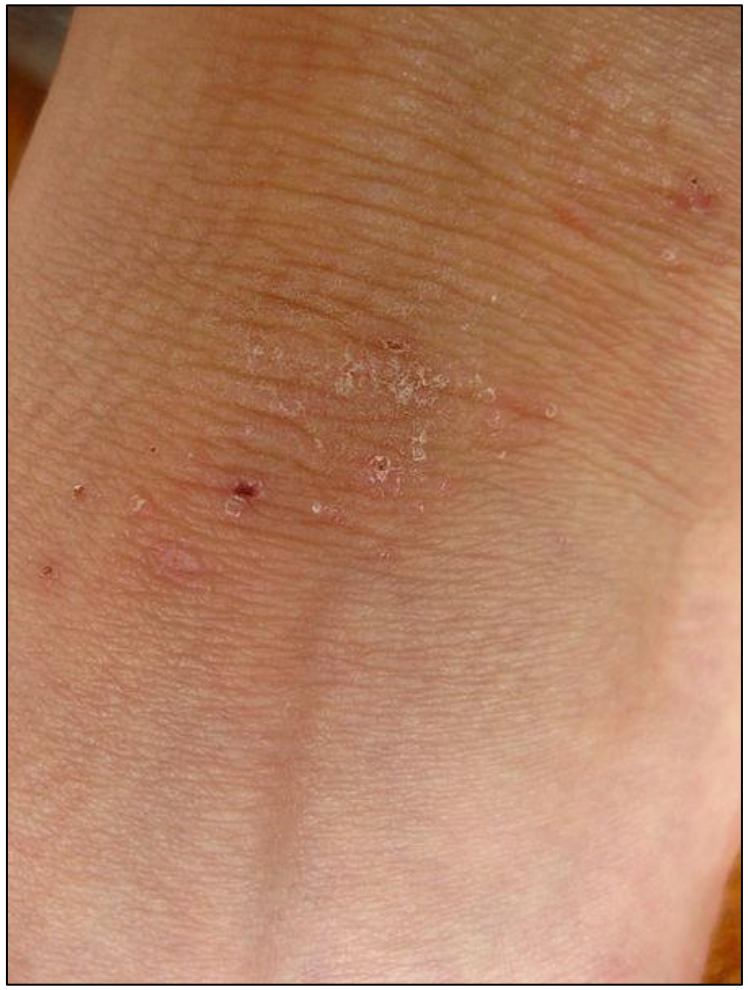
Lichen Simplex Chronicus

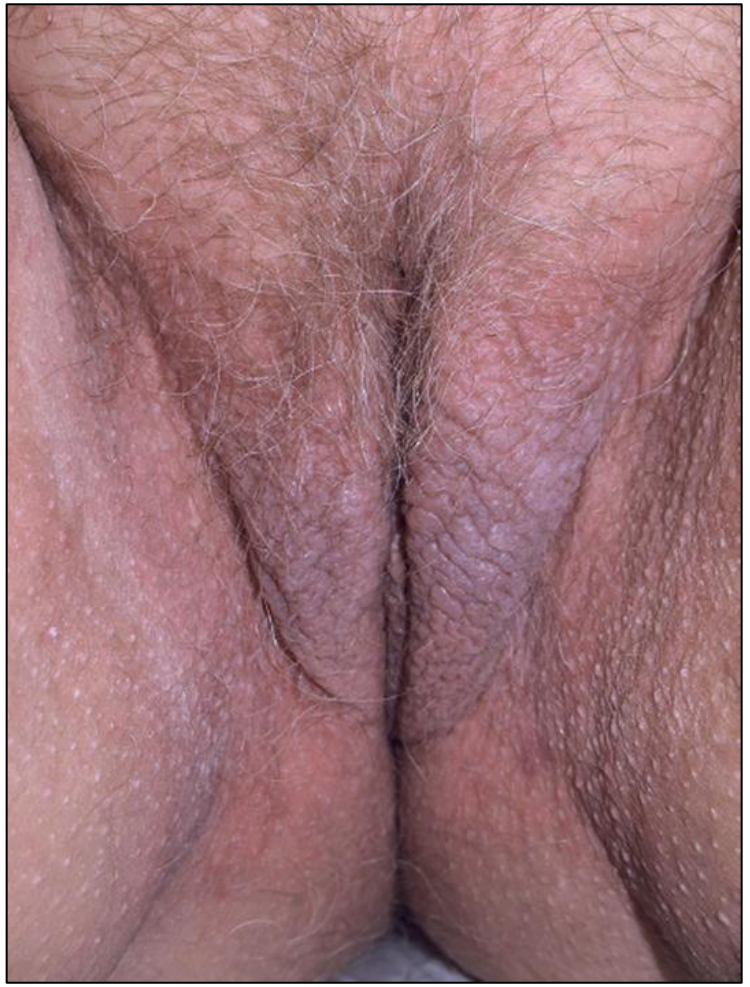
- Key Features
  - Clinical
    - Itch
    - Texture
    - No scarring
  - Age
  - Risk
  - Treatments



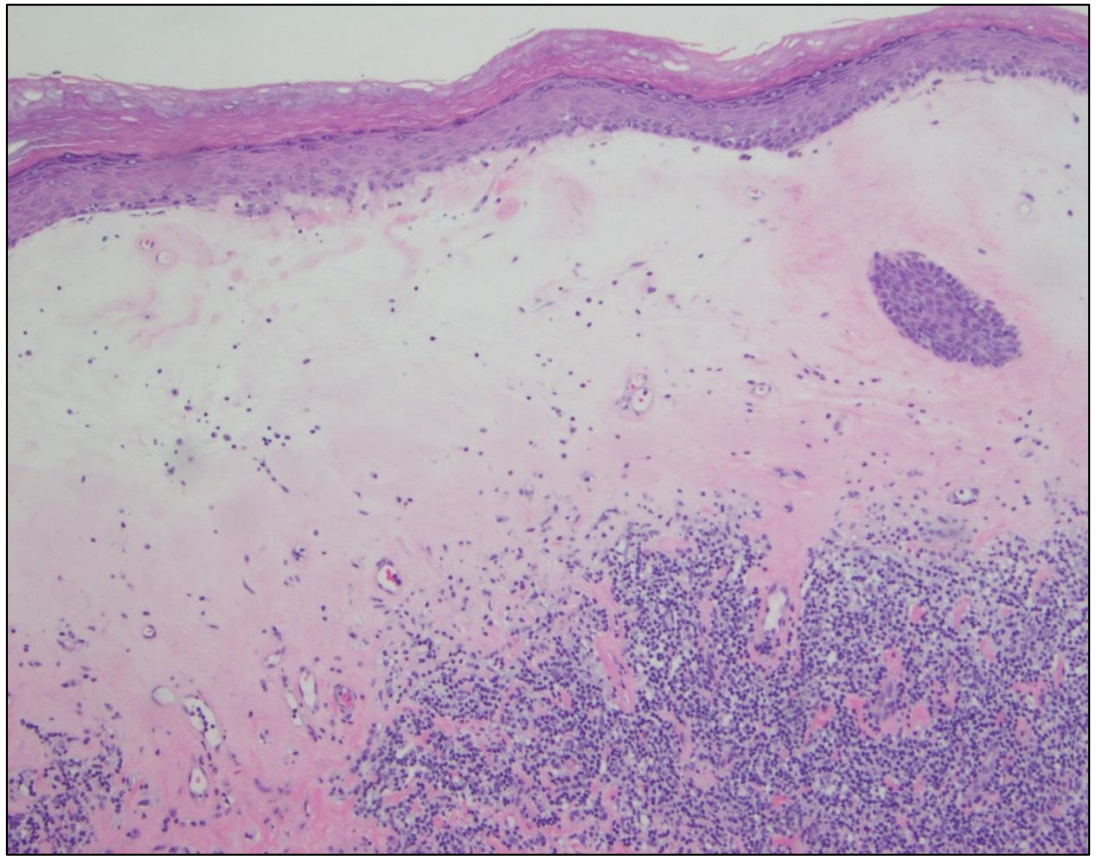
Lichen Simplex Chronicus

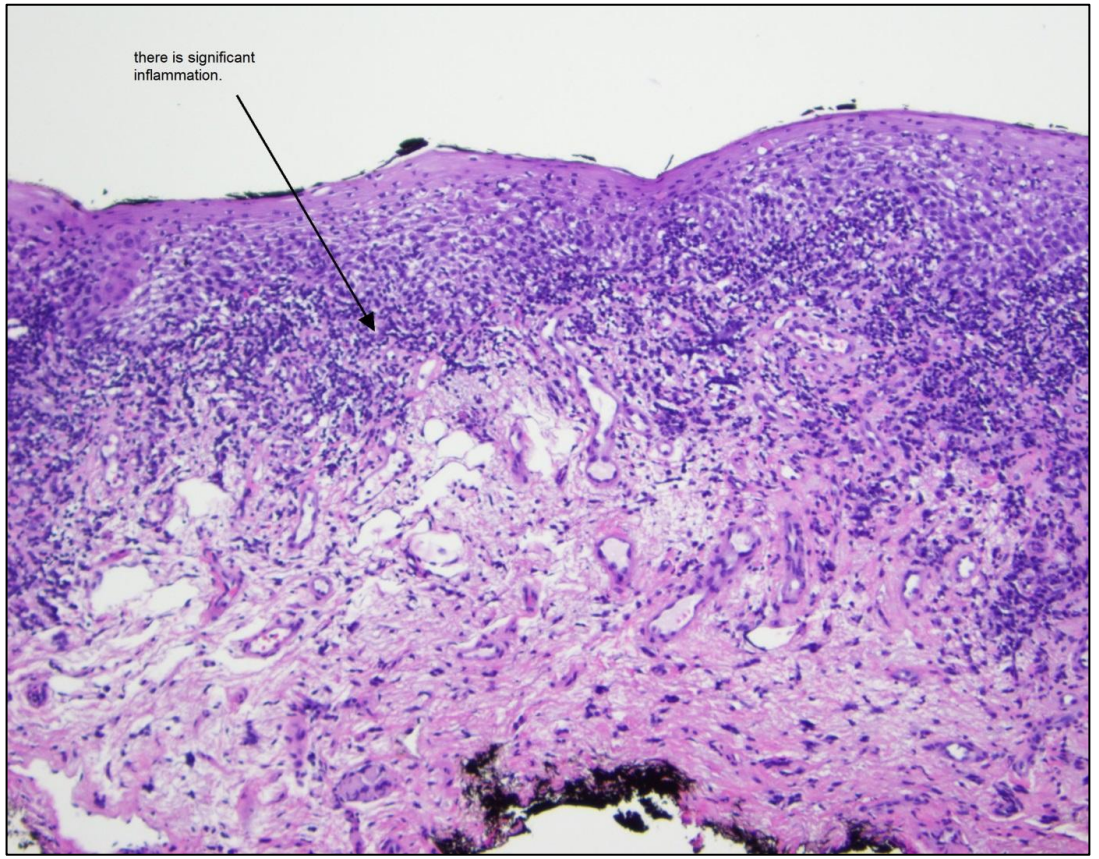
- Diagnosis
  - Clinical!





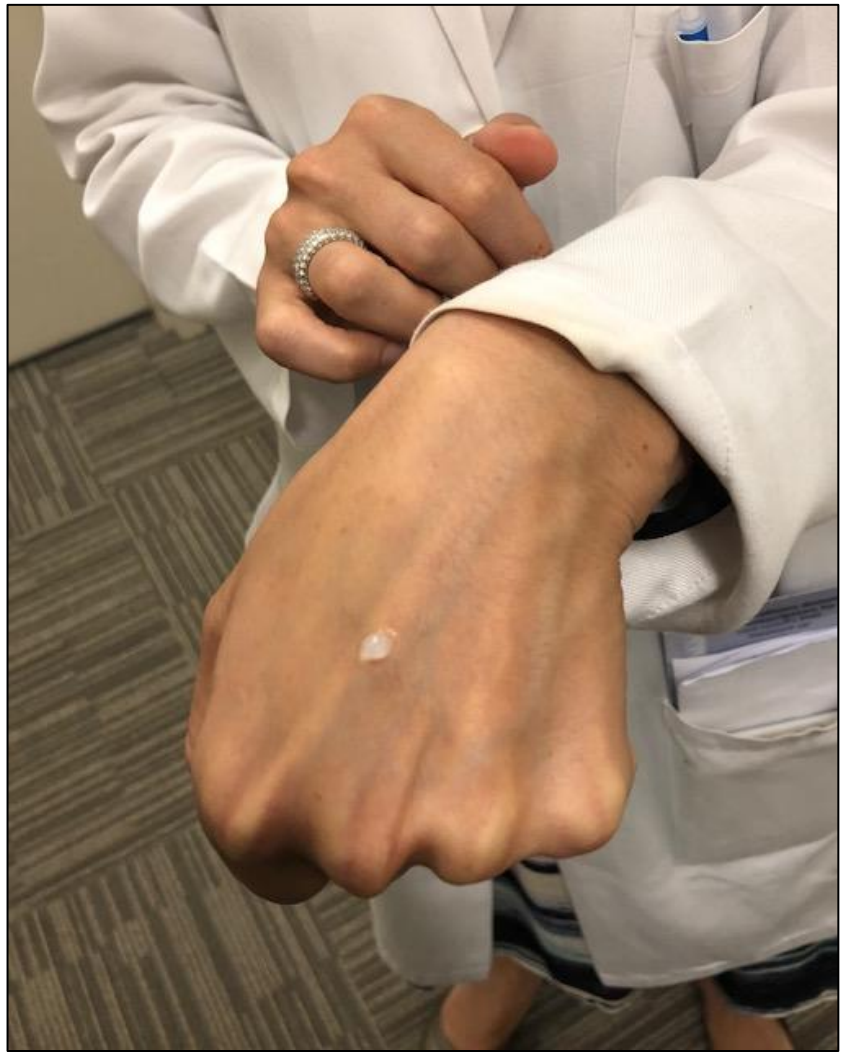
“Lichen” overlap?





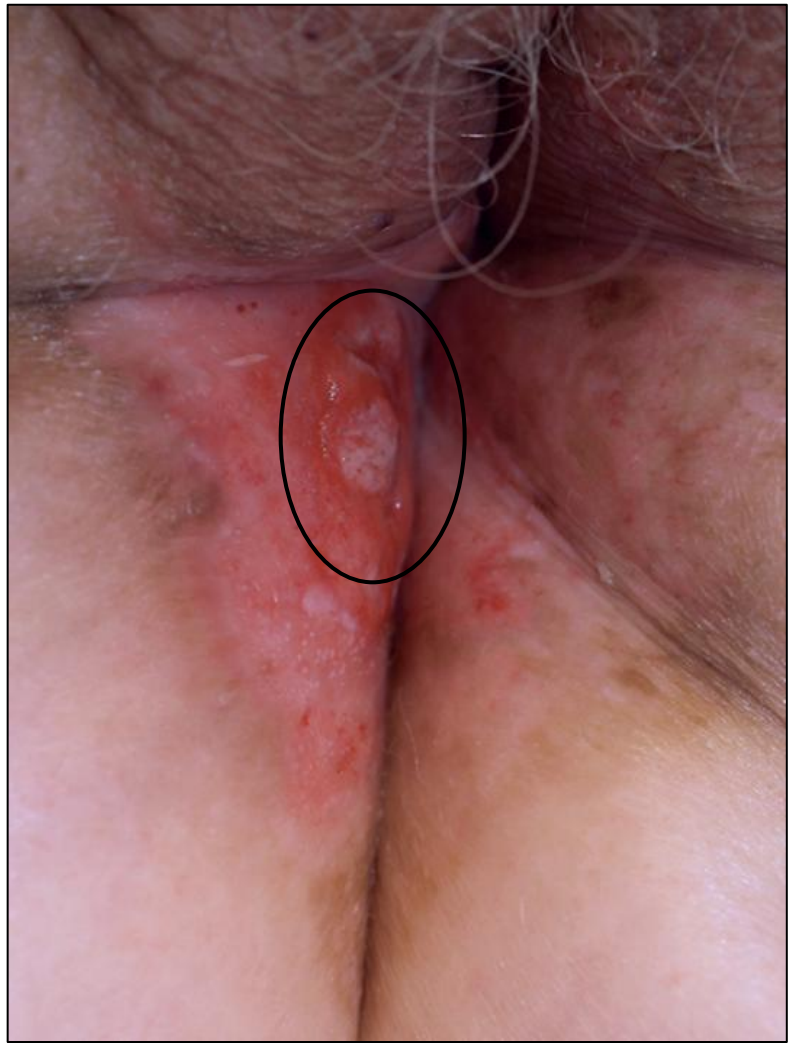
Topical Steroid

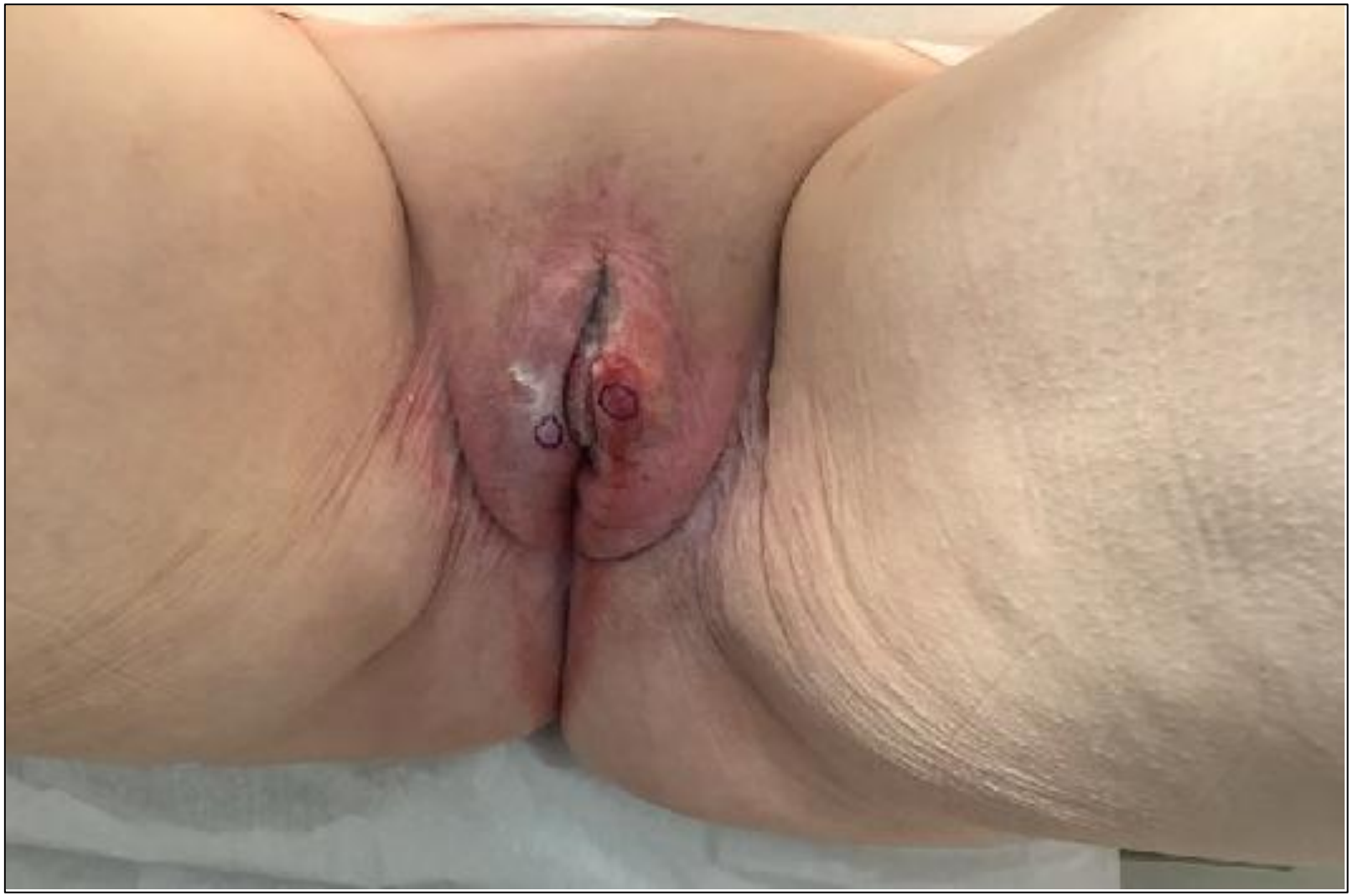
- How much is too much?
- How much is *enough*?
- Steroid atrophy and topical steroid withdrawal syndrome
  - "steroid phobia"

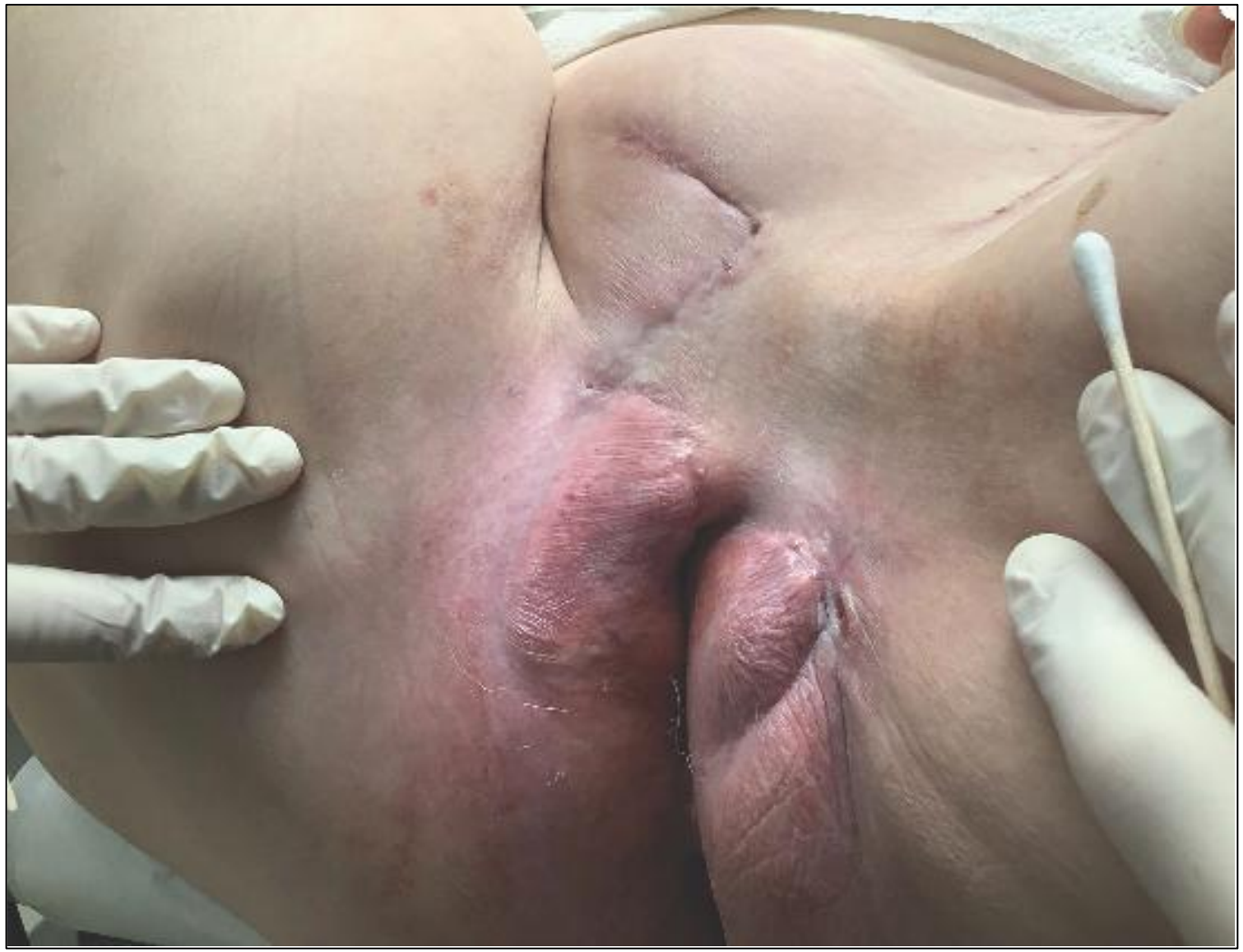


NOT to miss!

- Squamous Cell Carcinoma in LS
  - 3-5% lifetime risk
  - <1% in users of clobetasol
  - Often a field effect
    - VIN I-III
  - Treatment
    - Standard of care is still radical vulvectomy
    - Mohs?

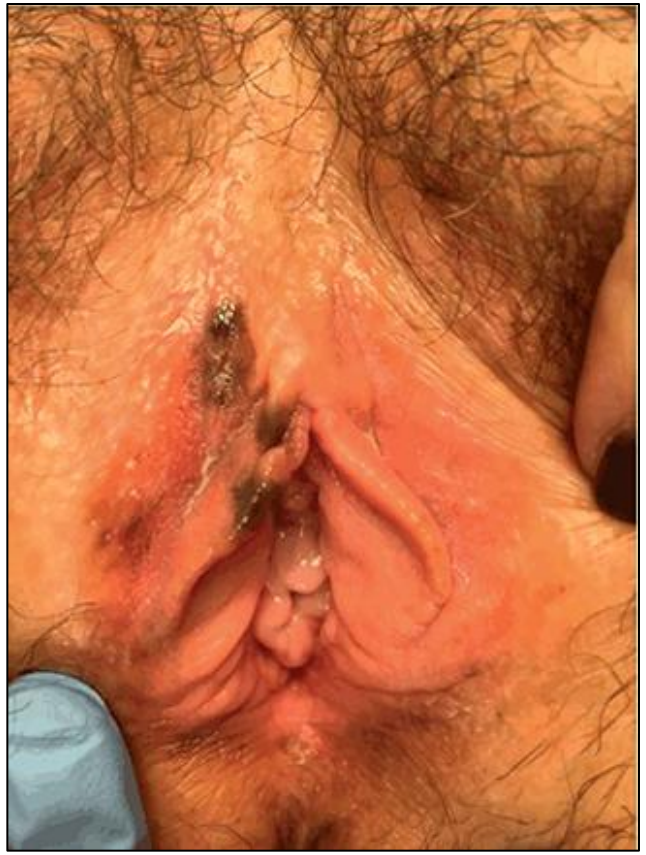






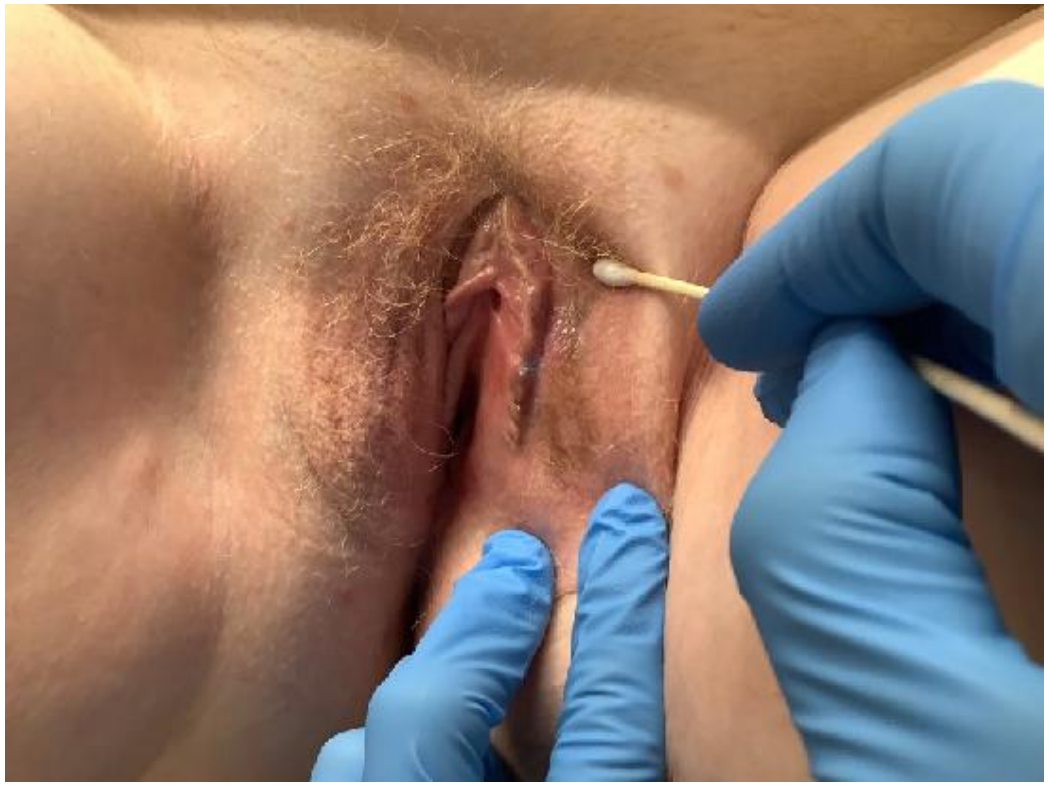
NOT to miss!

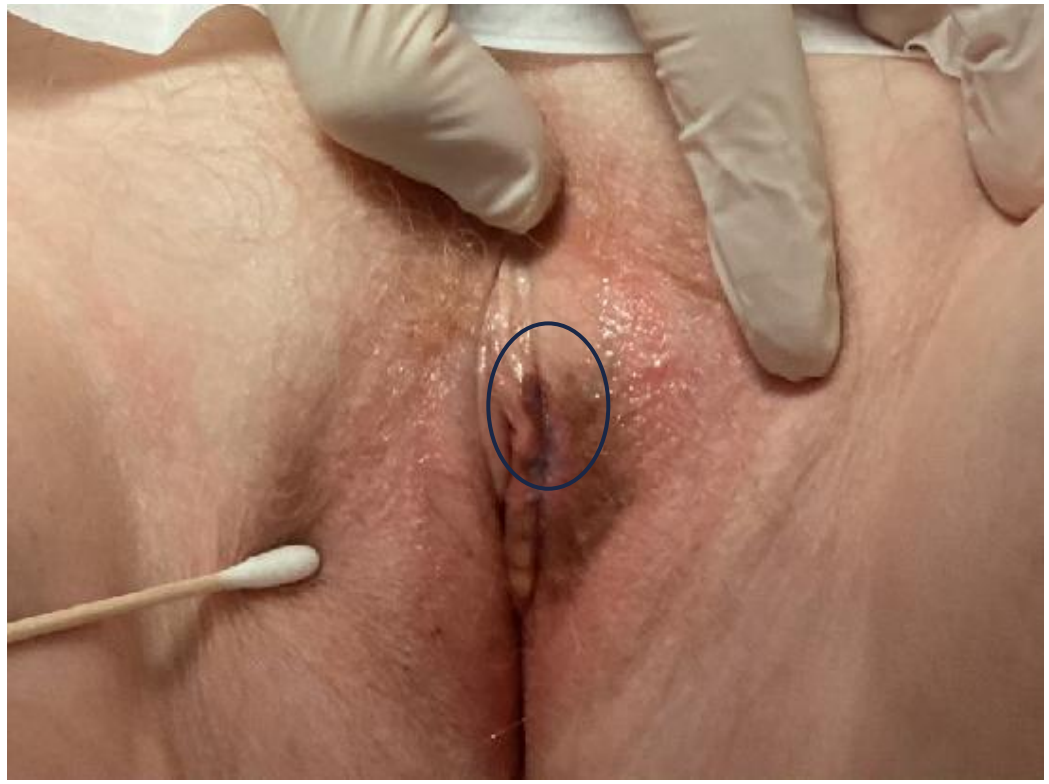
- Vulvar melanoma
  - Second most common malignancy
  - Appearance ABCDE
    - 20% multifocal
  - Older women
  - Treatment by staging protocols
    - Improved prognosis with immunotherapy

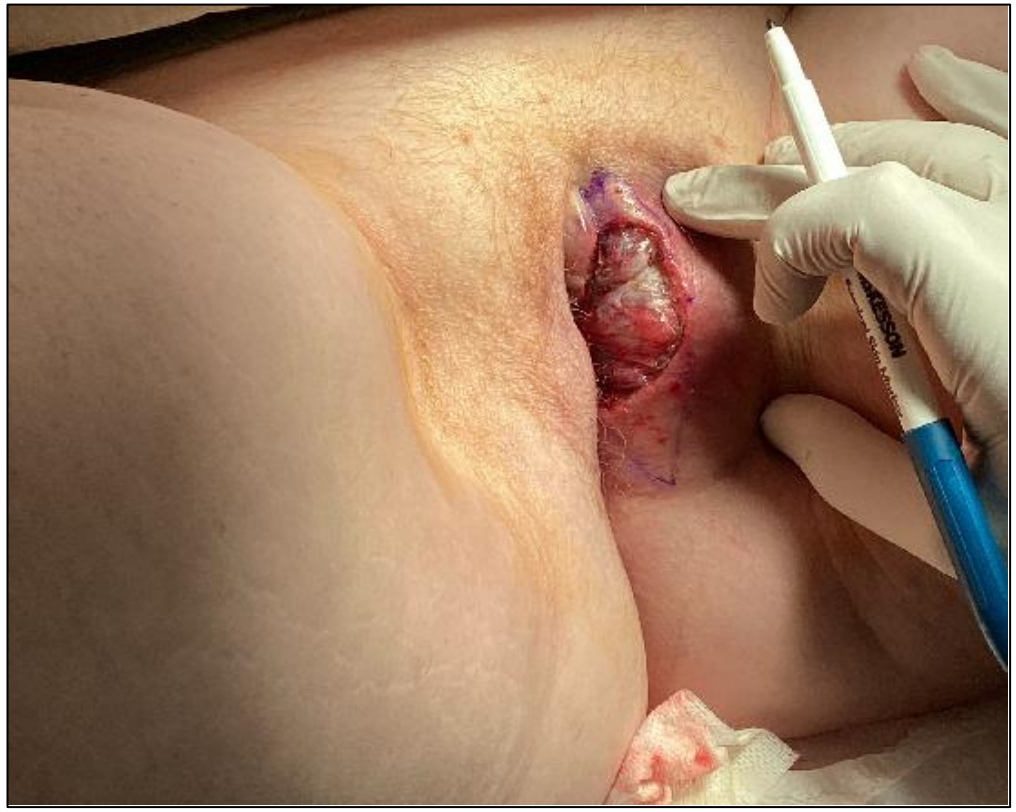


NOT to miss!

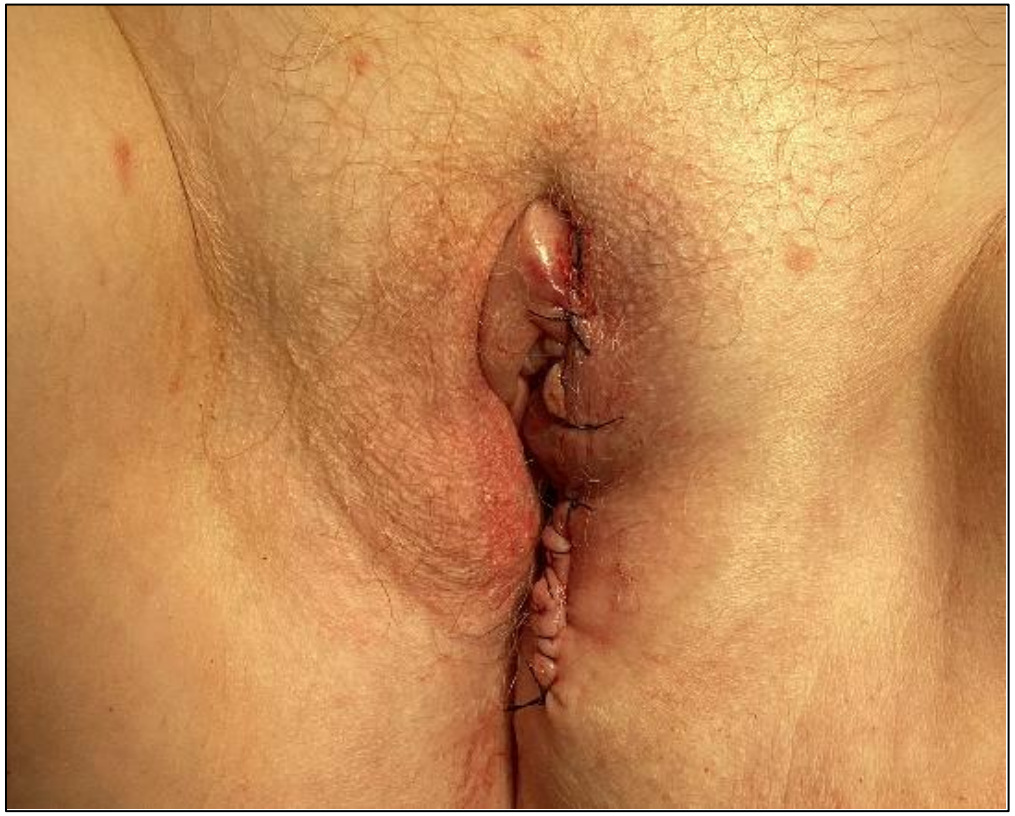
- Vulvar Melanoma



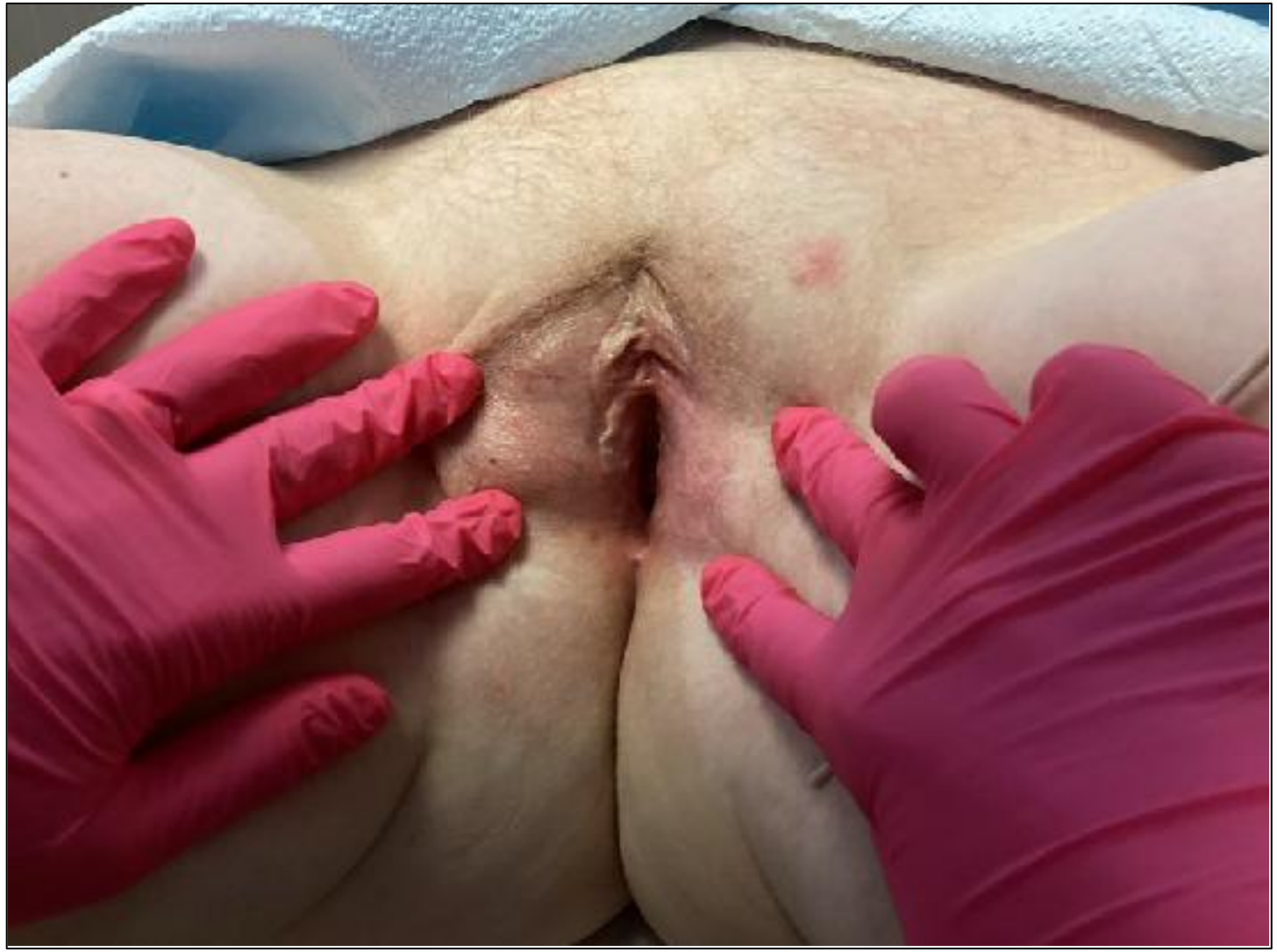




Staged excision



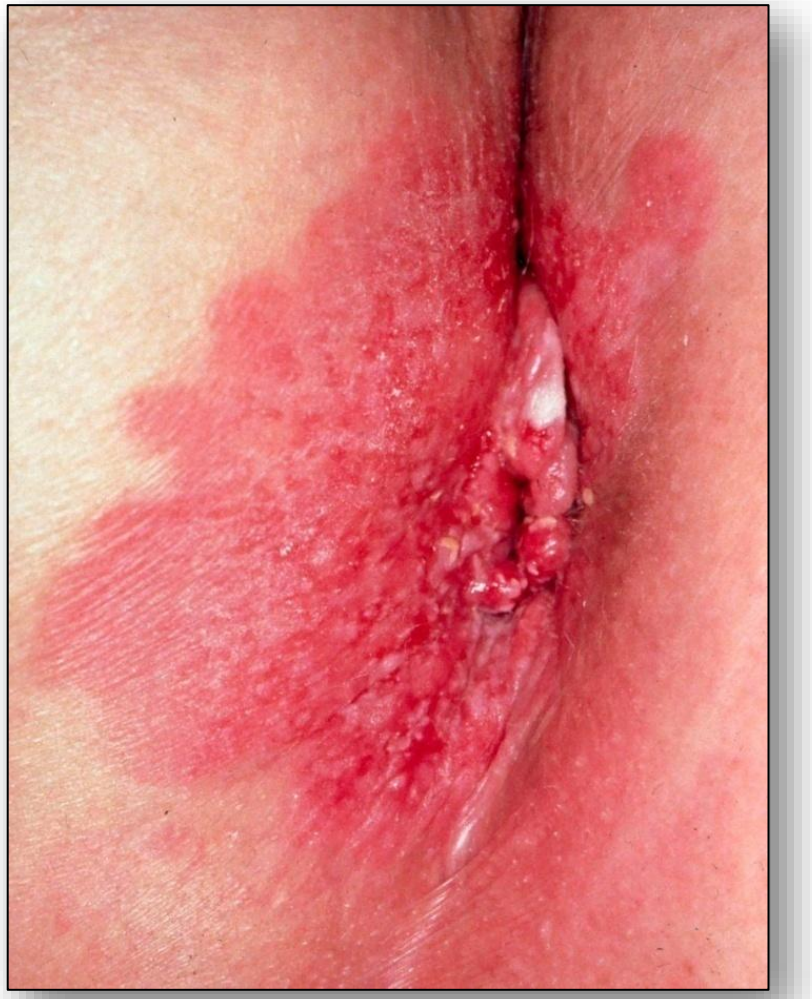
Simple repair and secondary intention

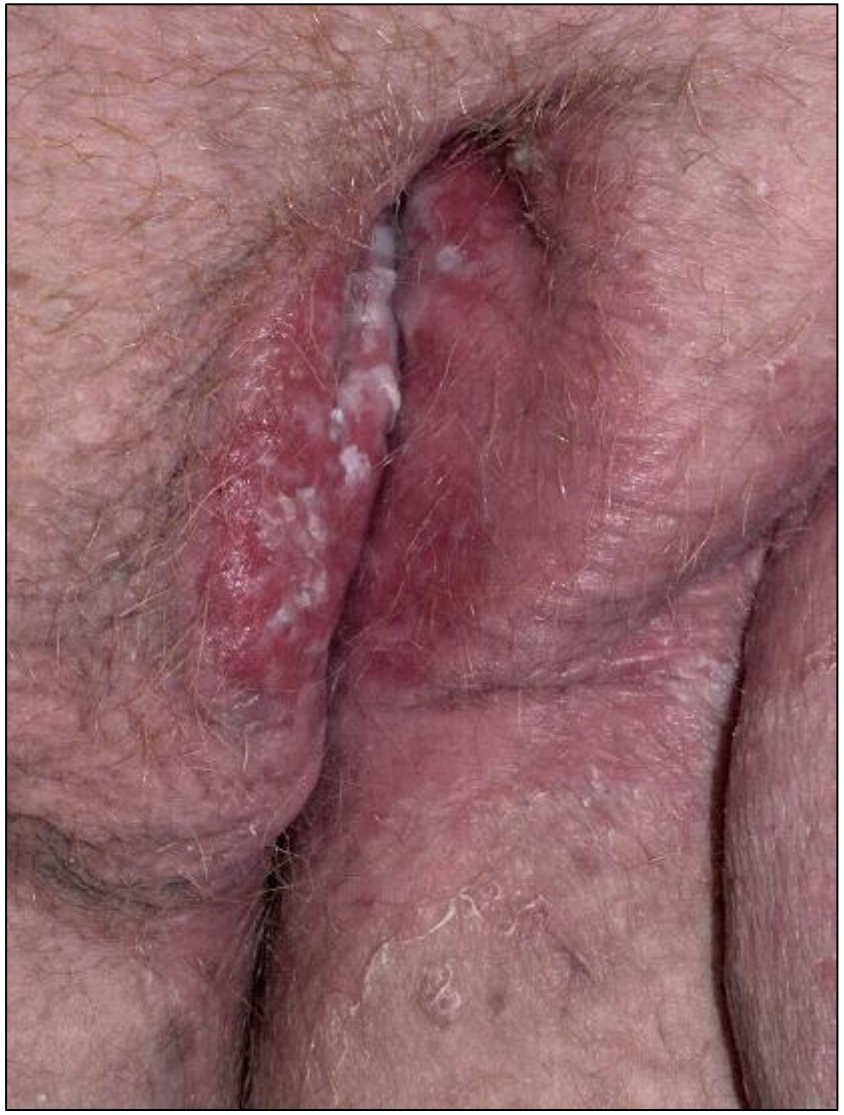


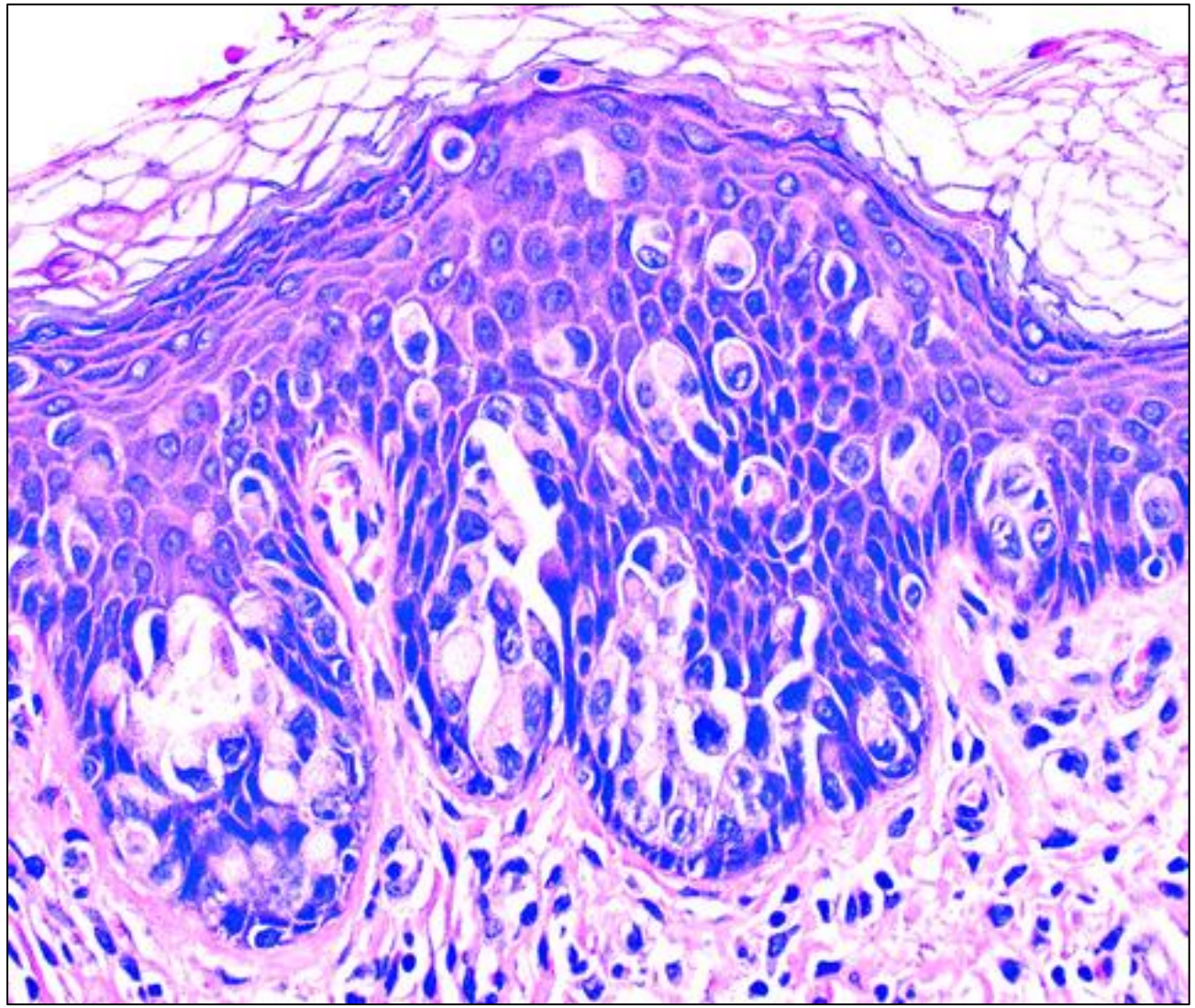
6 months later

NOT to miss!

- Extramammary Paget's
  - Uncommon malignancy
  - Adenocarcinoma
  - Primary v Secondary
    - Urogenital or Gastrointestinal
  - Slow-growing
  - Itch, with POOR response to steroid
  - Treatment
    - Surgical, MOHS, topical





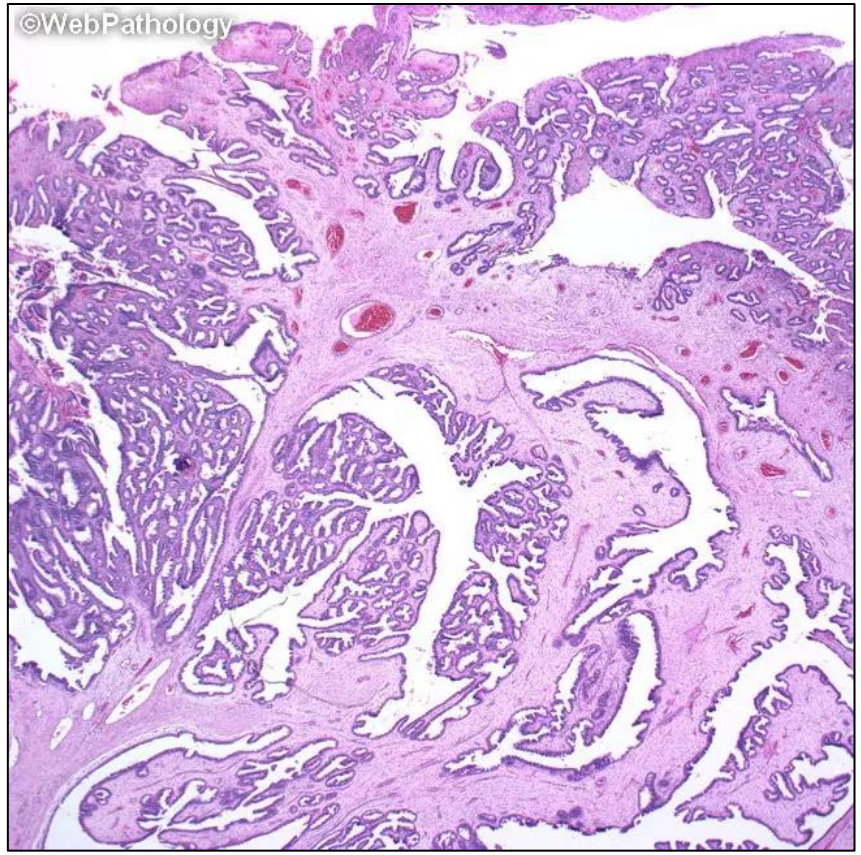


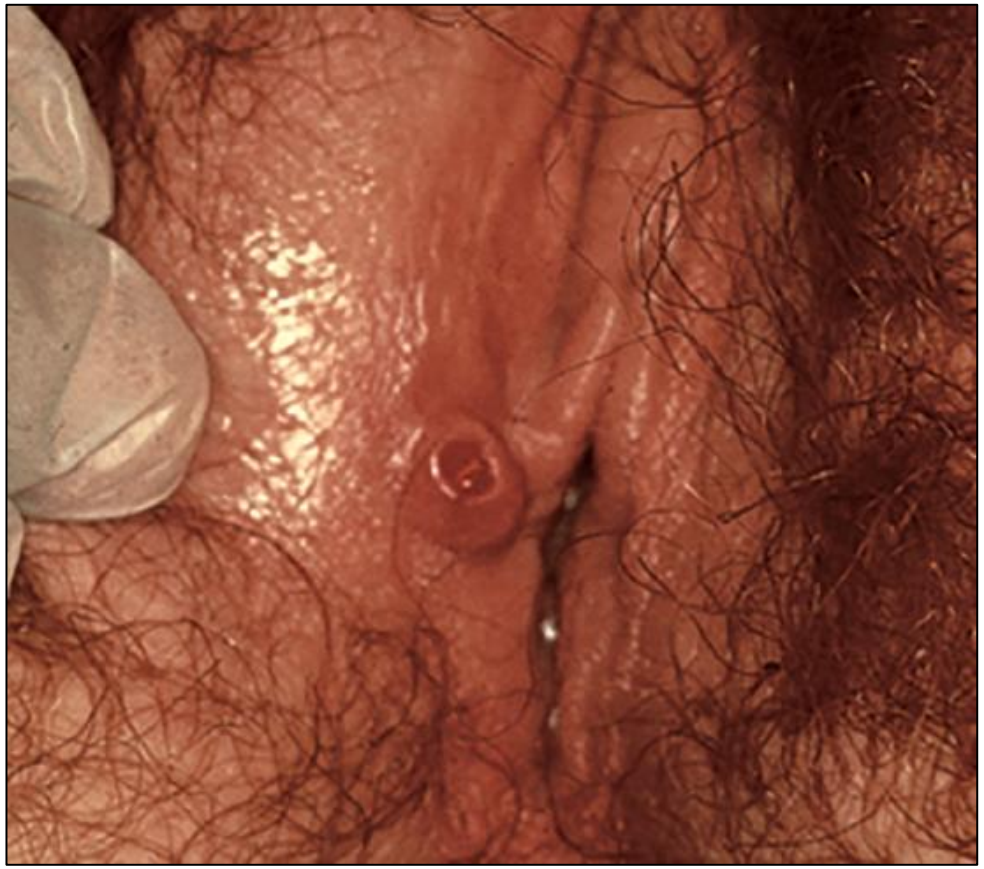
Case 1

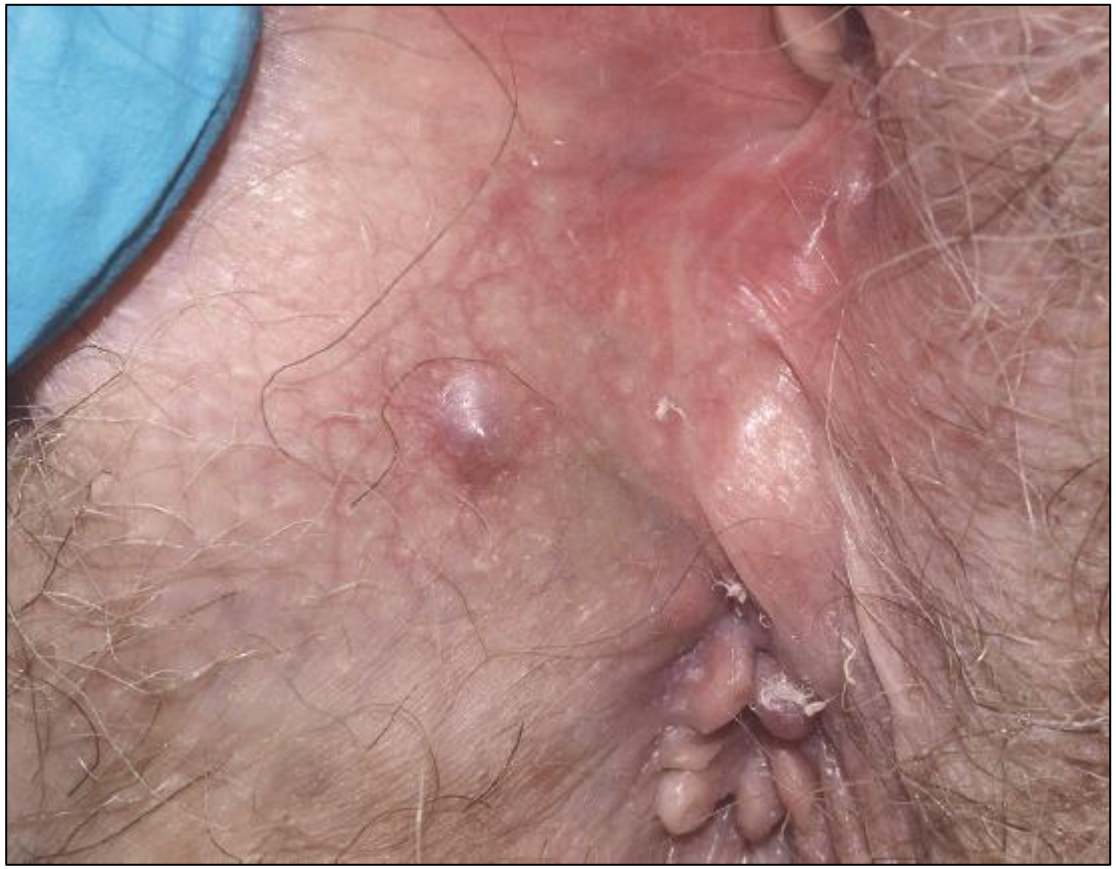
- 30 yo female with bump on the labia for 3 months. Thought it was an in-grown hair.
- Bleeds with sexual activity
- STI work up negative

Hidradenoma Papilliferum

- Benign glandular growth
  - Mammary-like glands
- Labia minora and labia majora
- Solitary lesions of.5-2cm
- Asymptomatic or painful when bleeding
- Rare reported cases of DCIS
- Treatment is surgical

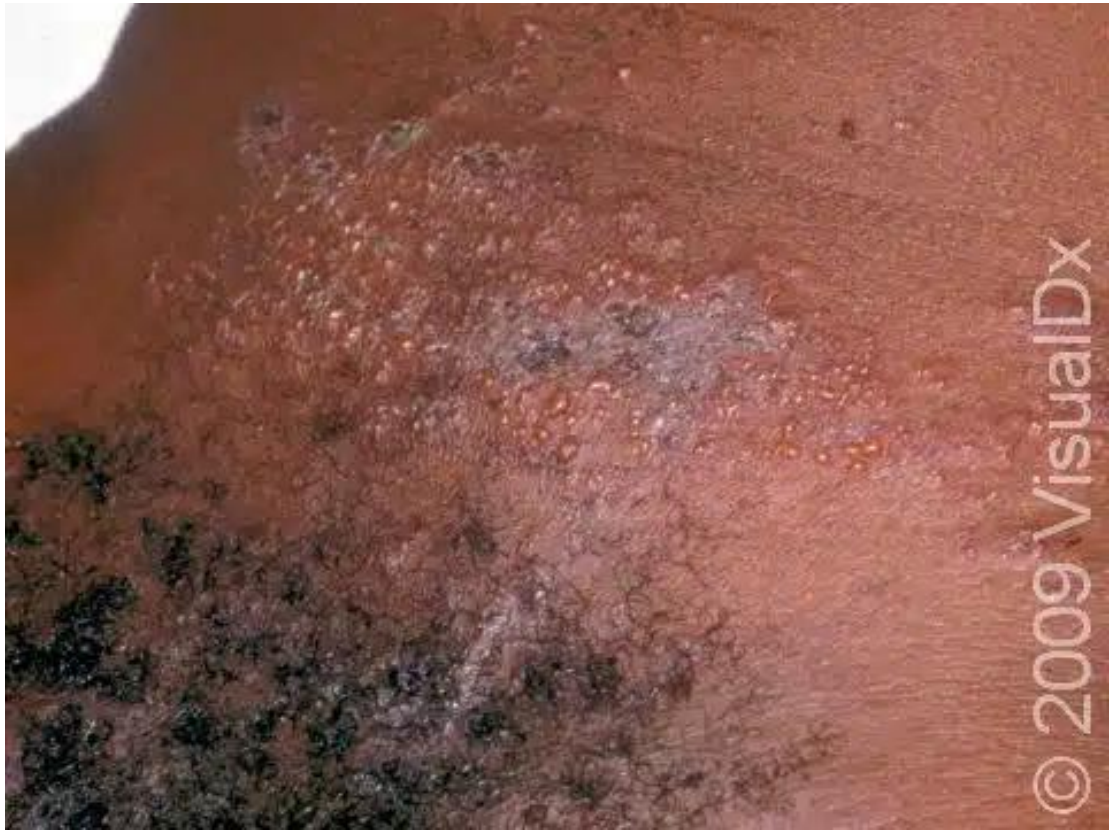






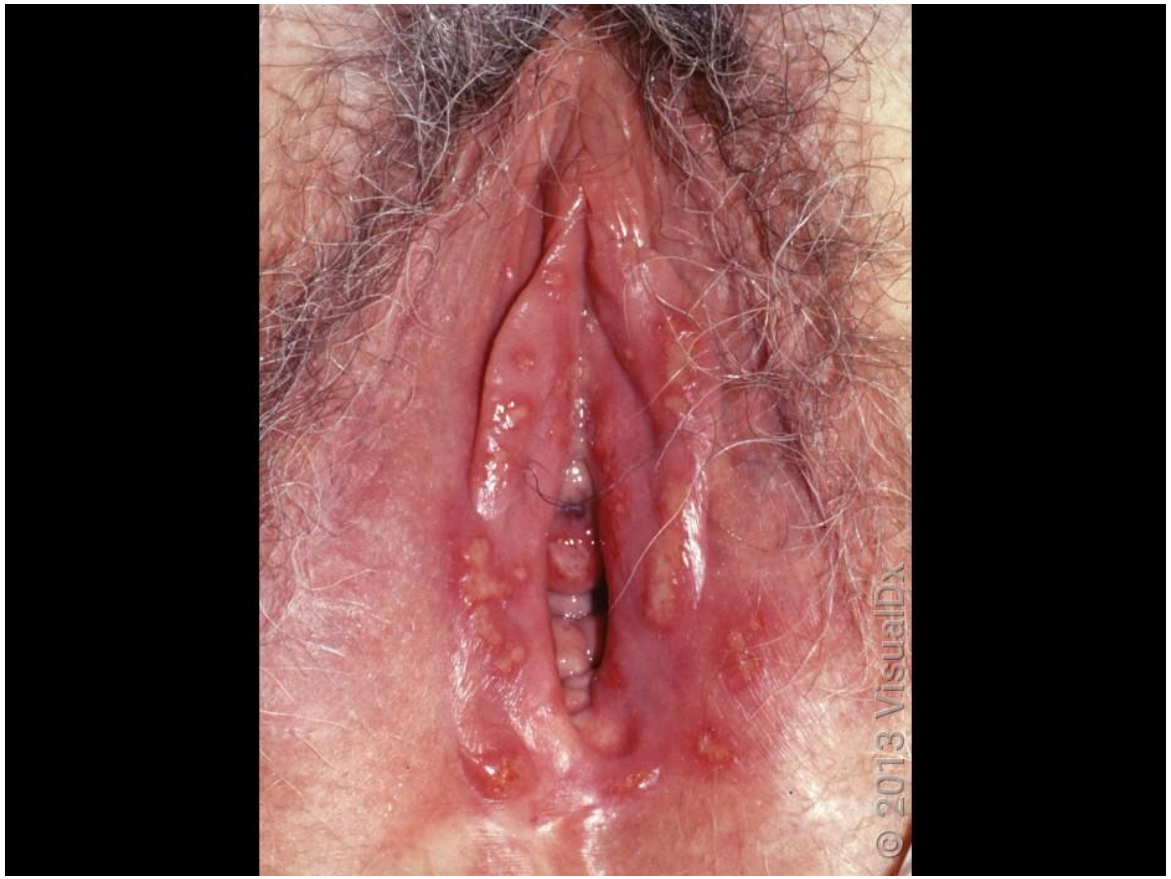
Case 2

- 18yo female with acute severe pain upon urination; significant swelling of the vulva
- Bilateral lymphadenopathy and low-grade fever; stiff neck and myalgias
  - Can not attend school
- Not sexually active
- STI workup pending
- Pediatrician concerned for staph and sepsis



(Primary) Herpes Simplex

- Herpes Simplex Virus
  - Age
  - Primary v Secondary
    - Primary
    - Secondary
    - 90% of primary do *not* recognize!
  - Detection and diagnosis
    - PCR
    - Blood tests?
  - Treatment



Case 3

- 60 yo female with itching and pain for 6 months. GYN saw her and suspected "lichen." Started clobetasol for 2 weeks, then use as needed.
- PMH significant for DM II

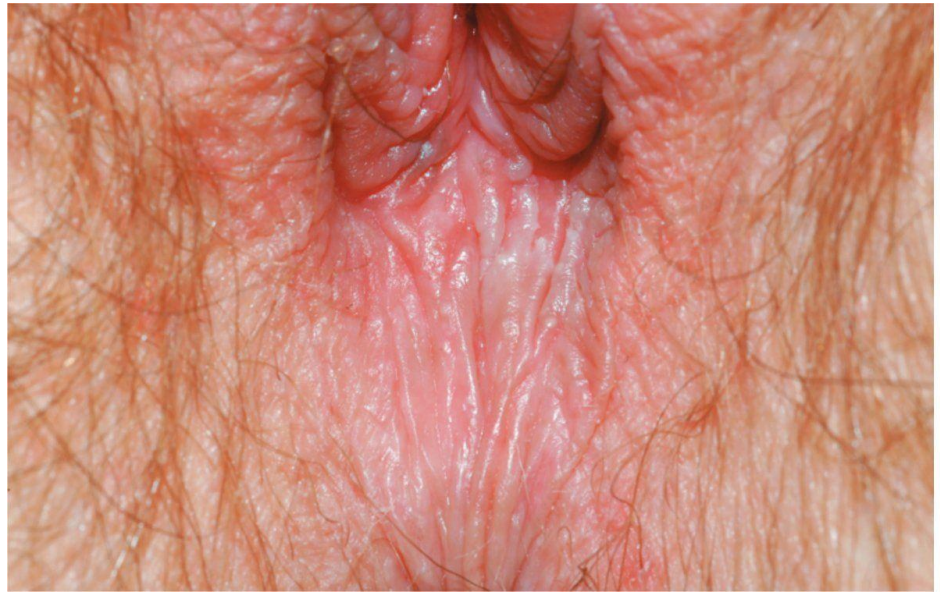
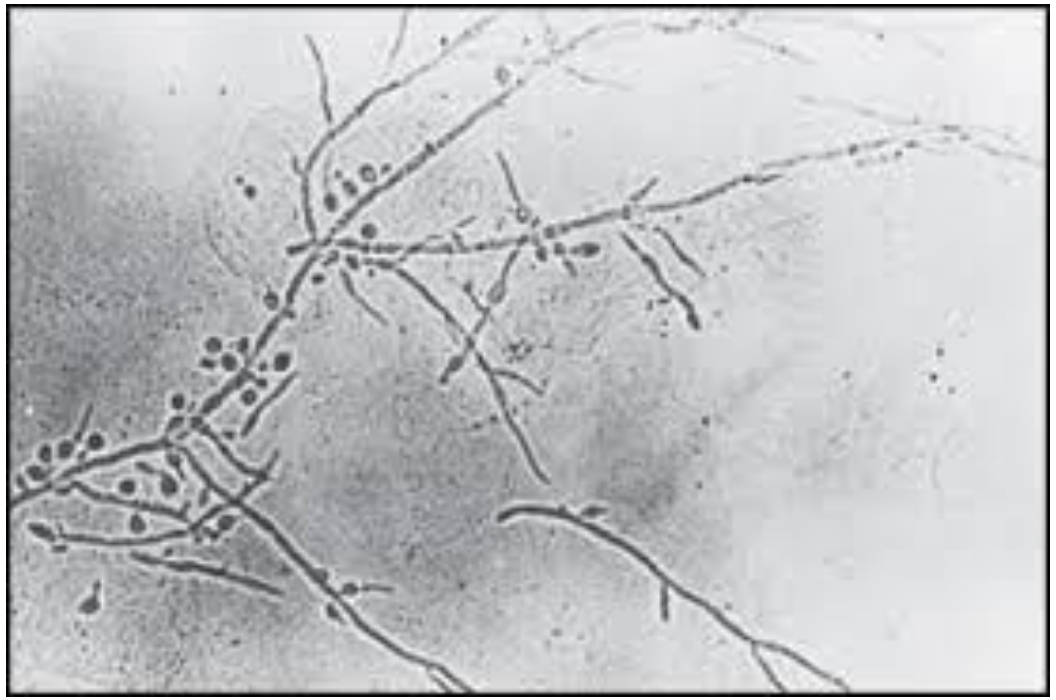


FIGURE 1.
Appearance of the vulva in this case

Candidiasis Post Menopause

- Low estrogen is considered a "protective" state
- Clinical presentation: DIAPER RASH
- Consider:
  - HRT
  - Obesity
  - Incontinence
  - Diabetes
  - Immunosuppression



CLINICAL SCIENCE - VULVA AND VAGINA

Severe Vulvovaginal Candidiasis Associated With Sodium-Glucose Cotransporter 2 Inhibitor Use in Postmenopausal Women

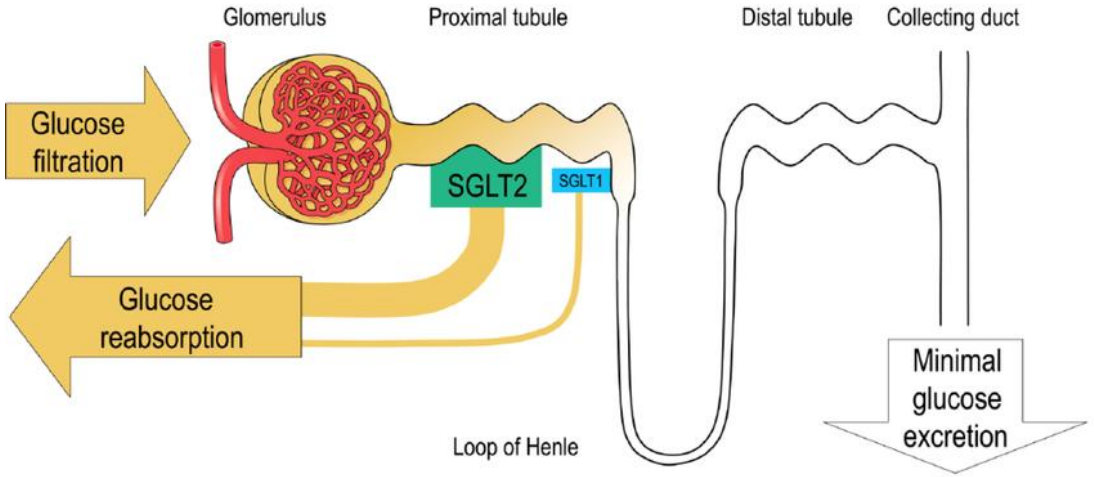
Vera Y. Miao, BSci, MD,[1] Marlene Wijaya, BMed, MPhil, MD,[2] Gayle Fischer, OAM, MBBS, MD, FACD,[1,2] and Rebecca B. Saunderson, BMedSci, MBBS, MPhil, FACD[1,2]

ORIGINAL RESEARCH ARTICLE: VULVA AND VAGINA

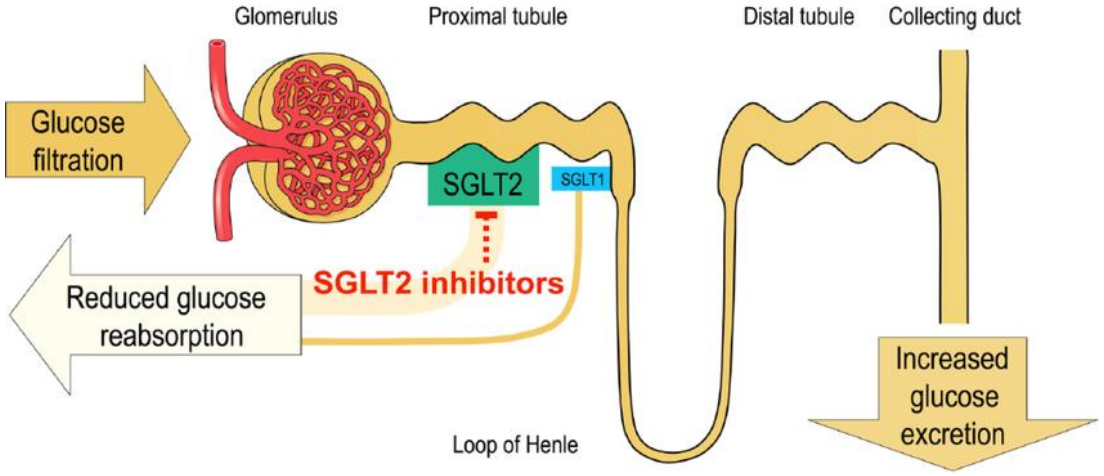
Vulvar Pruritus in Postmenopausal Diabetic Women With Candidiasis Secondary to Sodium-Glucose Cotransporter Receptor-2 Inhibitors

Jessica L. Forman, MA and Mary Gail Mercurio, MD

Normal physiology of renal glucose reabsorption



SGLT2 inhibitors reduce renal glucose reabsorption

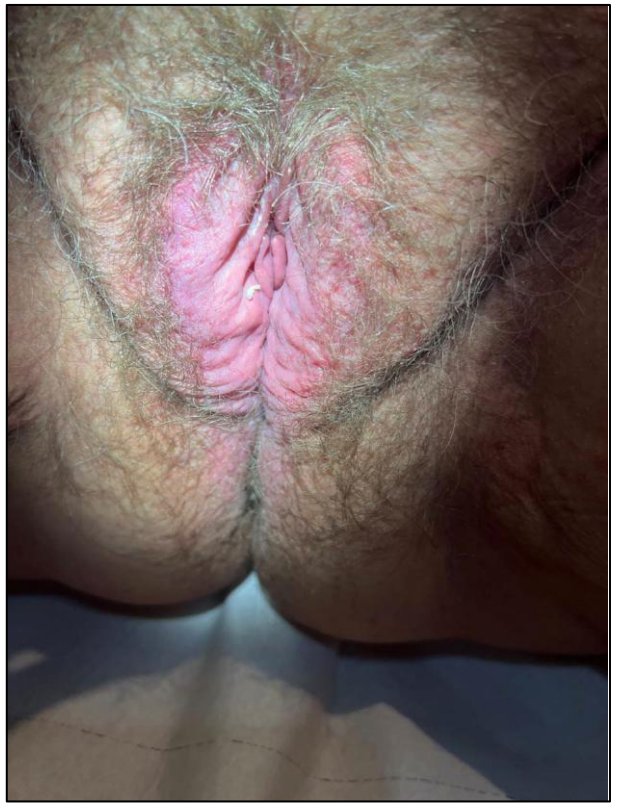


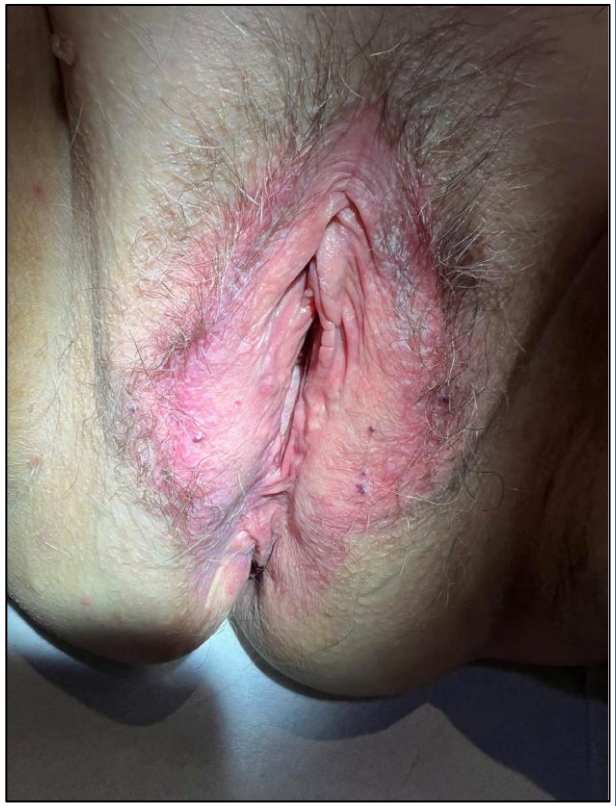
"gliflozin" drugs

(i.e. emplagliflozin, dapagliflozin)

Candidiasis in SGLT2 Inhibitors

- 2024 case series of out Australia
  - N= 24
  - Psoriasis, contact dermatitis, "lichen"
    - 15/24 on steroid
  - Duration = 18 months
  - Treatment = prolonged oral antifungal, +/- discontinue SGLT2i



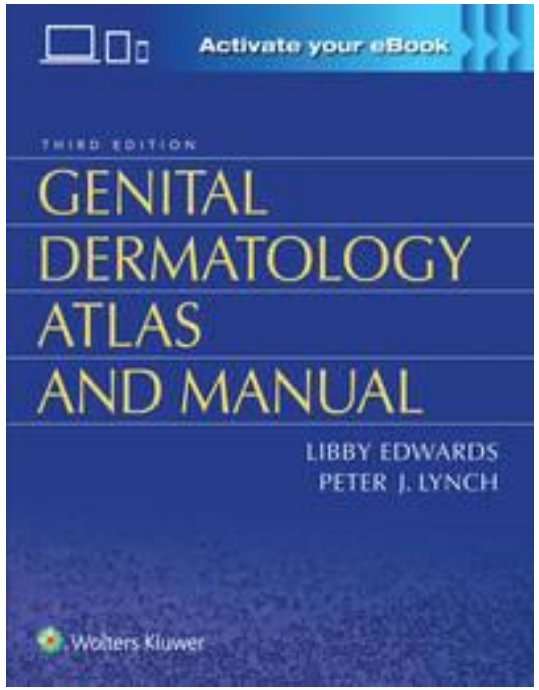


Key Takeaways

- You are the expert
- You are confident in doing a clinical exam, biopsy, and evaluation
- There are common thing, less common things, and things that keep changing!
  - Stay curious
  - Keep reading
  - Your patients will thank you for it!

References

- Upon request



Thank you