

Ask an expert: Dr Tanja Bohl, vulval conditions

The answers provided in this document are for your knowledge and education only, they are not intended to provide specific medical advice. You will need to take into consideration each patient and their own presentation when providing medical management.

Question	answer
Treatment options for vulvodynia	<p>The most important thing is to be certain that the problem is vulvodynia. Look for minimal disease and an assessment by a pelvic floor physiotherapist is both diagnostic and therapeutic.</p> <p>The therapy will then be guided by the type of vulvodynia present. See full handouts send after the presentation and the suggested reading in the below webinar.</p> <p>This webinar may also be of interest on the topic: Managing sexual pain: a multidisciplinary approach https://www.jeanhailes.org.au/health-professionals/webinars/managing-sexual-pain-a-multidisciplinary-approach</p>
Do you get a loss of architecture in Lichen planus (LP)?	Yes
Best place to biopsy for hypertrophic LP	There isn't erosion so a very affected area is fine. Edges are always good to get with any pathology.
What is your preferred anaesthetic for taking a biopsy? Do you tend to use diathermy or silver nitrate for haemostasis?	Xylocaine 1% with adrenaline. Usually 1.5ml is ample. Silver nitrate.
Does using low dose oestrogen 10mcg Vagifem low pessaries increase risk of vulvar cancers?	<p>No- we have no evidence suggesting Vagifem low or any other oestrogen supplement increase the risk of vulvar cancer.</p> <p>The commonest cancers are HPV associated squamous cell (following usual VIN/HSIL) or squamous cell carcinoma as progression of differentiated VIN which is LS associated. There are the two pathways to cancer of vulvar. LAST terminology is for HPV associated lesions and we should be using LSIL/HSIL. VIN is okay in LS related disease as it isn't HPV associated.</p>

	Other rarer cancers such as Pagets, melanoma and BCC are also not hormonally sensitive.
Advice for regional health professionals with almost no access to dermatologist. What is your advice for managing these patients?	<p>“watch this space”</p> <p>In the interim telehealth consultations while you are in the room with your patient is a good option. You can forward photographs before the consultation. This way the patient is in a better position.</p>
Reference books especially for LS.	The suggested references in the presentation handouts are recommended for you to consider. The Handbook is full of useful images and information. The vulva is an up to date comprehensive overview of the current state of vulva disorders and probably the textbook to get if you want one. The gynaedermatology textbook is well illustrated and comprehensive but not medically as thorough.
Key take home messages	<p>Manage your vulval patients as you would any other patient.</p> <ul style="list-style-type: none"> - take a good and comprehensive history - look with good lighting - talk to your patient in language they understand, be prepared to repeat what you say at multiple times - be prepared to translate ‘medispeak’ - the vulva is an area that women can’t self-examine easily - asking for help is something we all do, be prepared to pick up the phone. Jean Hailes Vulva Clinic clinicians are happy to help.