Vulval Dermatitis and Lichen Simplex Chronicus - Adults - Summary Clinical Guideline

Reference no.: CG-DERM/2023

Treatment action	Topical / Behavioural	Oral Meds	Testing/Notes
Comfort measures/ general care	Gentle cleansing, soap substitute (Dermol 500 lotion) or topical emollient ointment (e.g Cetraben, Diprobase, Hydromol etc) avoidance of irritants/tight/synthetic clothing. Application of cool gel packs, crushed ice, or frozen peas or corn in a protective bag applied to the irritated skin may be very soothing (caution as risk of cold burn) Advice to keep finger nails short to avoid trauma and risk of infection. If Atopic eczema (AD) - teach patient that this condition needs to be controlled, rather than cured AD PIL http://www.bad.org.uk/shared/getfile.ashx?id=69&itemtype=document) Further educational material can be found in Appendix 2		Give BAD patient information leaflets (PIL) Vulval skin care PIL http://www.bad.org.uk/shared/getfile.ashx?id=74&itemtype=document) Lichen simplex PIL http://www.bad.org.uk/shared/getfile.ashx?id=3731&itemtype=document If secondary infection suspected consider bacterial culture (MC&S swab) or viral (Swab) or candidiasis(swab) or tinea cruris (skin scrapings) If urinary incontinence is present, consider irritant contact dermatitis. This should be addressed and referral to uro-gynaecology is helpful If suspecting Contact Dermatitis, refer to Dermatology for Patch testing and avoid positive allergens Routine blood tests to rule out iron deficiency or autoimmune conditions like, thyroid disorder or diabetes e.g- Ferritin, TFTs,HbA1c or Random Blood sugar and ANA Punch biopsy only if unsure of diagnosis or non-responsive to initial treatment- with clear indication and site (LEFT/RIGHT; Labia Majora/ Minora/ Skin or Mucosal). The site should be ideally marked with sticker representation in clinical notes. (see Appendix 4) Clinical photos via Medical Photography are helpful

Anti-inflammatory action	A topical steroid such as 1% hydrocortisone ointment can be used for mild cases. Moderate potency steroids like Eumovate Ointment or Betnovate RD ointment could be used to step up treatment. Occasionally potent steroids like Betnovate or Elocon or Dermovate may be initiated for more severe disease. This can be applied once daily for 7–10 days until the symptoms and signs settle and can then be used as needed for any recurrent symptoms. Treat any co-existing infection with a combination steroid/ antifungal or steroid/antibacterial (e.g. trimovate		Give BAD patient information regarding topical steroid use Topical steroid PIL http://www.bad.org.uk/shared/getfile.ashx?id=183&itemtype=document) Topical steroids in ointment form can be more effective than cream form (though consider patient preference). The ointment form also has fewer preservatives to avoid risk of contact dermatitis.
Reduction of itching	A sedating antihistamine given at night should reduce the damage inflicted by scratching.	**Hydroxyzine (Atarax)** 10 to 25 mg orally 1-2 hrs prior to bedtime; (may start at 10 mg and increase nightly to a maximum of 75 mg)	The newer non-sedating anhihistamines, loratidine (Claritin®), fexofenadine (Allegra®), and Zyrtec have had limited success in the treatment of pruritus

Reduction of the habit of scratching	Counsel patient regarding the importance of breaking the itch scratch cycle		Consider recommending a referral for CBT by the G.P.
Reduction of pain / discomfort during sex	Rule out fissuring in the vulval and perianal area and treat appropriately. If no fissuring/erosions noted then consider advising 5% Lidocaine ointment (not EMLA or instillagel) applied to the vestibule up to 3 times daily and/or on a cotton ball in the vestibule overnight. Lubricants during sex.		Vigilance for secondary vulvodynia Lidocaine might burn after application Vulvodynia PIL http://www.bad.org.uk/shared/getfile.ashx?id=186&itemtype=document