MAKING A DIAGNOSIS
Symptoms: itch, splitting, pain, dysuria and dyspareunia

Are clinical signs present?
- Porcelain white papules and plaques
- Ecchymoses (subcutaneous purpura)
- Erosions (loss of epidermis)
- Fissures (late signs - fusion, adhesions, loss of anatomy)

ALWAYS REFER IF NOT CONFIDENT
Esp diagnostic uncertainty, symptoms despite optimal topical treatments

INITIAL TREATMENT
Clobetasol propionate (Dermovate ointment - tapering regime)
1) A finger tip unit (0.5gm) once a night for 4 weeks
2) Alternate night for 4 weeks
3) Twice/week for 4 weeks
(30g tube should last 12 weeks)
+ soap substitute/emollients
+ treat incontinence
+ irritant avoidance/lubricants with intercourse
+ patient information leaflets see www.bad.org.uk

TREATMENT EVALUATION
At 3& 9 months:
Assess response and steroid use (aim 30-60g Clobetasol propionate annually, encourage patients to vary frequency of use according to symptoms)
A twice weekly maintenance should be considered

UNCOMPROMISED PATIENTS
Treatment success with improvement of:
1) Symptoms: itch and dyspareunia
2) Signs: Hyperkeratosis, ecchymosis, fissuring, erosions
But anatomical loss and colour change will remain

ANNUAL REVIEW with patient if using steroid (aim 30-60g Clobetasol propionate annually)

SYMPTOMATIC SCARRING
Pseudocyst of clitoris
Dysaesthesia
Psychosexual problem

Symptom review
Steroid use review
Clinical examination
Encourage self examination and emollient usage

Patient complains about:
- itch/soreness
- splitting
- dyspareunia

Optimise use of steroids, emollients, irritant avoidance.
Exclude infection – take an HVS if discharge (eg candida)
Refer if no better

New lesions present

EROSIONS (LOSS OF EPIDERMIS)

New non-suspicious lesion – refer if not confident

Optimise use of steroids, emollients, irritant avoidance.
Exclude infection – take an HVS if discharge (eg candida)
Refer if no better

New non-suspicious lesion – refer if not confident

2ww gynae referral if cancer suspected, (eg persistent ie more than 4 weeks) sore, ulceration, induration, lump

REFER TO SECONDARY CARE OR VULVAL SERVICE
(depending on local arrangements)
-gynae
-derm
-GUM
-sexual therapy

COMPLICATED PATIENTS
Suspicious lesion (see orange box)
Symptomatic scarring
Pseudocyst of clitoris
Dysaesthesia
Psychosexual problem
Symptoms despite initial treatment

See www.bssvd.org