

PLASMA CELL VULVITIS: A systematic review of interventions

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Objective

Plasma cell vulvitis (PCV) is a rare chronic inflammatory disorder, where the symptoms can be severe and may affect patient's quality of life (QOL). Yet, there are currently no evidence-based treatment guidelines. The aim of this systematic review is to evaluate efficacy of individual treatments and to inform future research.

Methodology

A systematic search was conducted of publication between 1952 and August 2020 via Medline, Embase and Emcare. All publications that evaluated the efficacy of treatments for patients with PCV were included. Forty-seven publications comprising forty-five case reports and case series and two cohort studies were included.



Figure 1: Plasma cell vulvitis (1)

References

1. DermNet NZ. Available from: <https://dermnetnz.org/topics/plasma-cell-balanitisvulvitis-images/>

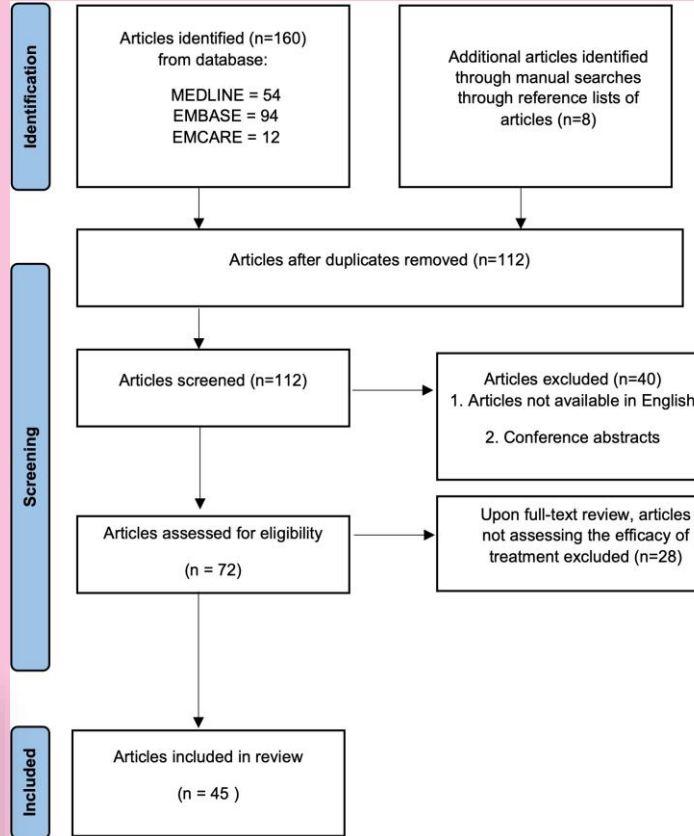


Figure 2: Preferred Reporting Items for Systematic Reviews and Meta-Analyses

Conclusion

To date, there are no randomised controlled trials (RCT) evaluating the efficacy of different treatment options. There are also no studies that assess the impact of treatment on QOL. Topical corticosteroids (TCS) are the most frequently used first line therapy, with limited evidence to support their efficacy, followed by topical imiquimod and surgical excision. The least supported intervention is cryotherapy. This review highlights the need for standardized outcome measures and randomised clinical trials for more definitive therapeutic recommendations for women with PCV.

Table 2: Summary of treatment outcomes

Treatment	Outcome (number of articles in the literature)						Recurrence	
	Clinician assessment			Patient assessment				
	W	N	I	W	N	I	Y	N
TCS	1	5	14	1	2	10	1	17
TCS+ saline cleanse			1					
TCS + antiviral								1
TCS+ antibiotic		1	1			2		2
TCS+ nystatin						1	1	
TCS + topical oestrogen		1						
TCS + systemic corticosteroid			2			2		2
Systemic corticosteroid			1			1		1
Intralesional corticosteroid injections		1	1			1		
Intravaginal corticosteroid suppository						1		
Topical antibiotics			1			1	1	
Antimicrobials + Oestrogen			1					
Oestrogen						1	1	
TCI			2			2		2
TCI + systemic antibiotics			1			1		1
Topical cyclosporine			1					1
Topical Imiquimod			5			2		5
Misoprostol			1			1	1	1
Misoprostol + TCS			1			1	1	
Misoprostol + TCI						1		
Misoprostol + intralesional corticosteroid injections			1			1		
Cyclosporin			1					1
Platelet-rich plasma			1			1		1
Retinoids		1	1		1	1		2
Intralesional interferon-alpha injections		1	1					1
Cryotherapy		1					1	
Carbon dioxide laser ablation			1			1	1	1
Surgical excision			2			3		3

W= Worsened, N = No change, I = Improved, Y = Yes, N= No, TCS = topical corticosteroids

Disclosure: Nil to disclose