Diagnostic keys in the evaluation of granulomatous vulvitis

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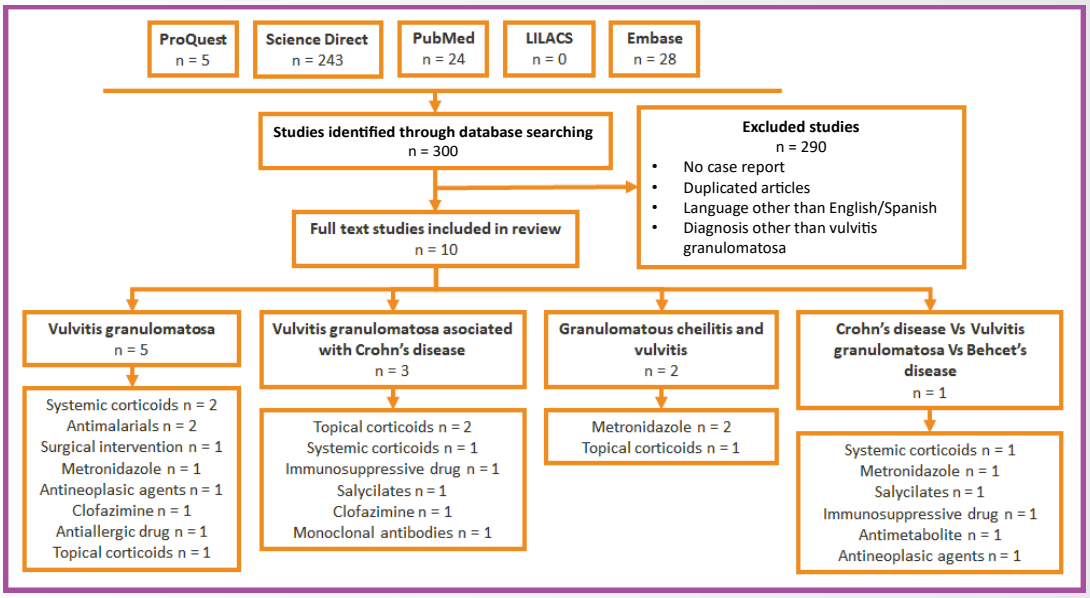
INTRODUCTION

Vulvitis granulomatosa is considered a rare idiopathic condition, first described in 1979. It is clinically characterized by chronic painless, circumscribed, firm edema in the vulvar region. Histological examination usually shows a diffuse or focal accumulation of tuberculoid or lymphoid-plasma cell infiltrate, and small epithelioid cell granulomas. However, diverse authors associate vulvitis granulomatosa with Crohn's disease and granulomatous cheilitis due to the histologic similarities between those entities, as well with Melkersson-Rosenthal syndrome, identifying the clinical aspects of vulvitis granulomatosa as a rare variant of expression of this affection.



RESULTS

After excluding repeat studies, 10 relevant articles, reporting 11 patient's cases with granulomatous vulvitis were selected and reviewed. Range of the start of symptoms was from 8 to 64 years. Three cases have the diagnosis of vulvitis granulomatosa associated with Crohn's disease in the same patient. Also, two cases presented granulomatous cheilitis and vulvitis. One case was finally diagnosed as Behçet's disease after further evaluation despite having initial findings consistent with Crohn's disease and granulomatous vulvitis. Only five cases concluded the diagnosis as vulvitis granulomatosa. All the cases included histological reports of findings in biopsies of the vulvar lesions.

CONCLUSION

The importance of establishing a chronology in the appearance of symptoms, considering the pathological antecedents and the knowledge of the differential diagnoses in conjunction with their histological characteristics, are part of a timely diagnosis and effective treatment. The common treatment in all identified cases was the use of corticosteroids (oral or topical). However, not all cases received the same treatment. We found patients who were treated with metronidazole, salicylates, antimalarials, immunosuppressive drugs and even surgical intervention. This is striking since there is no clear treatment established to treat this pathology. Therefore, it is essential to rule out other possible causes of granulomatous disorders, in the context of a patient with chronic and persistent inflammation in the vulvar region, as well as to define and receive an adequate treatment.

METHODOLOGY

A structured search for indexed scientific information was carried out in the ProQuest, ScienceDirect, PubMed, LILACS and Embase databases until March 2021. Keywords were used in order to carry out a standardized search for information and articles.

KEY WORDS

Vulva
Granulomatous
Vulvitis
Diagnosis

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