



WHICH SPECIALTY SHOULD MANAGE WOMEN WITH VULVAL DISEASE?

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One fifth of women have experienced vulval symptoms for over 3 months, which can have a significant impact on their wellbeing, relationships, and productivity¹. The frequency is often under-estimated, and patients can go untreated, due to anxiety around discussing genital issues². It is important for patients to see the correct specialist early. Vulval disease can vary greatly from dermatological issues and STIs to cancer¹. This makes it difficult to discern which speciality should be responsible for these patients: dermatology, genitourinary medicine (GUM), or gynaecology?

GPs are often the first point of contact for patients with vulval disease, with 67.3% of those in the UK seeing more than 5 patients per month with vulvar symptoms³. Despite this, the Royal College of General Practitioners only requires knowledge of pruritus vulvae in their curriculum⁴. GPs can treat uncomplicated vulval disease, like candidiasis, but need more training in the knowledge of vulval conditions and who best to refer patients to. Without this, patients can be repeatedly misdiagnosed and receive unnecessary or incorrect treatment¹.

Many vulval issues present on the skin, so it may make logical sense to approach these conditions from a dermatological perspective. Studies have shown that between 33.5% and 47.5% of vulval conditions are dermatological, such as dermatitis, psoriasis, lichen sclerosus and lichen planus². Dermatologists certainly have a large role to play in the treatment of vulval disease but are less experienced in the diagnosis and treatment STIs and vulval pain syndromes than other specialities, so cannot work alone in this field.

Gynaecologists treat vaginismus and vulvodynia, with input from psychologists, psychosexual therapists, and specialist physiotherapists. Gynaecology is also responsible for the care of patients with vulval cancers, over 90% of which are squamous cell carcinomas (SCC). SCCs are regularly removed by dermatologists elsewhere on the body but removing these on the vulva requires more specialist knowledge, due to nearby complex structures³.

Many vulval symptoms or signs, such as pruritus or growths on the vulva, could be due to an STI. GUM specialists are best placed to recognise these and avoid misdiagnosis. STI's can be overlooked by other specialities and many patients find themselves at vulva clinics without prior screening. One study of patients with genitourinary symptoms at a specialised vulva clinic found that less than half of them had previously been tested for an STI, but 34% were eventually diagnosed with one⁵. The potential stigma of having an STI causes anxiety and embarrassment in some patients. These individuals may seek help from GUM physicians, who are more familiar with such conditions and appear more discrete.

Due to the variety and complexity of vulval conditions, it is impossible to give the responsibility to one speciality alone. Specialised multidisciplinary vulval clinics, with facilities for microscopy and biopsy and led by senior healthcare professionals, are the way forward⁴. Instead of asking which speciality should manage women with vulval disease, we

should be asking how we can better facilitate multiple specialities working together to help all people experiencing vulval symptoms.

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