Which Speciality Should Manage Women with Vulval Disease?

Since the first published recognition of vulval disease as a specific entity in 1923, it was recognised that the vulva "*occupies a borderland between specialities*"[1]. Today, women with vulval disease continue to present to many different healthcare professionals. This is because of the wide spectrum of vulval conditions, ranging from the innocuous and common to the rare and debilitating. It is important to understand how best to care for these women to ensure outcomes that are clinically effective, safe, and optimal for patients.

First, not all women with vulval disease require access to a specialist service. The primary care commission estimates that 75% of women with vulval conditions receive treatment from their general practitioners[2]. This is an accessible and appropriate option for most patients and reduces the burden on specialist services. Diagnostic uncertainty affects women with complex or rare vulval diseases and they should be referred for specialist assessment. In the UK, there 95 dedicated vulval clinics to manage such referrals and, as shown in figure 1, a heterogenous combination of different specialities make up these services[3]. Currently, there is limited understanding of the standards of vulval service delivered across different specialities and disagreement over which speciality is best-placed to deliver care.

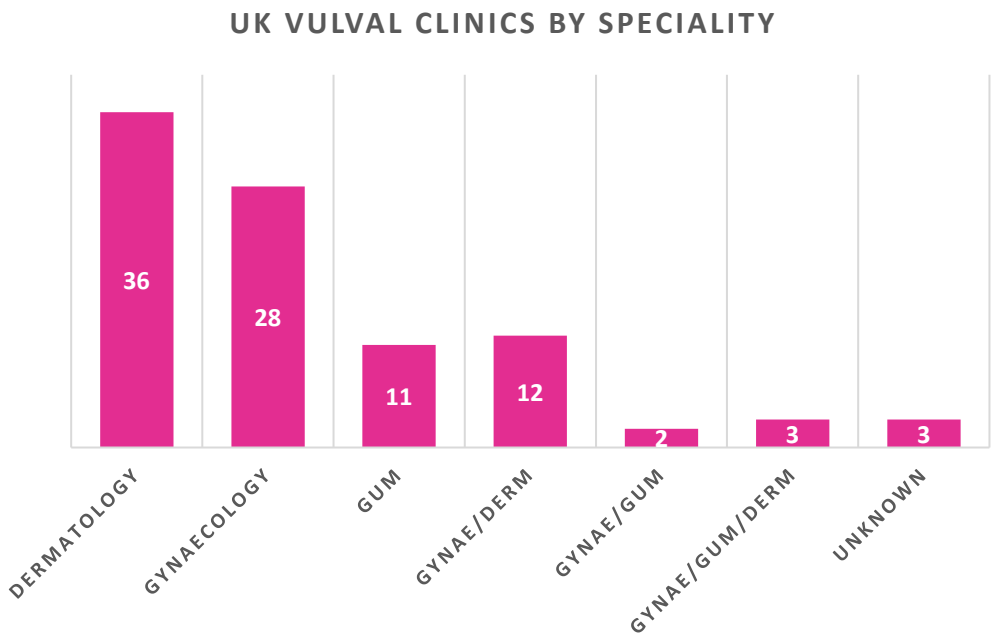

Figure 1. UK vulval clinics stratified by speciality as reported by the British Society for Vulvo-vaginal Disease[3].

In reality, complex vulval disease cases are often of a cross-disciplinary nature. For example, a patient with vulval intraepithelial neoplasia may need access to dermatology, plastic surgery and gynae-oncology specialists. A retrospective review of vulval clinics has shown that at least 38% of women need to be seen by more than one specialist[4]. Further, even cases that could be managed by a single speciality will benefit from a multidisciplinary service[5]. The introduction of a 'vulvology' subspeciality has previously been proposed. However, this is contentious as the resulting small number of individual practitioners would be unable to match service demand[1]. For this reason, an effective vulval service must be based on an integrated cross-speciality approach. This offers patients access to a wider variety of treatments and an increased level of appropriate care.

We must also recognise the importance of wider members of the integrated care team (figure 2), whose role is often overlooked. This includes pathologists who role is fundamental to interpreting biopsies, the gold standard in diagnosing many vulval diseases[4]. Also, psychosexual therapists who specifically address the under-appreciated psychological burden of vulval disease on sexual dysfunction and daily functioning. Of note, 20% of women with vulval disease have either self-harmed or contemplated suicide as a result of their condition[2]. The importance of these integrated team members and many more demonstrates the complexity of managing vulval disease.

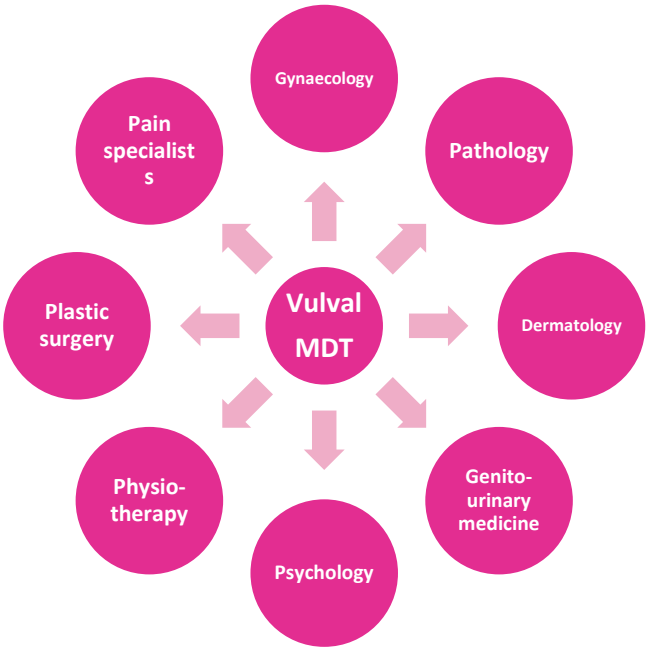

Figure 2. Infographic of vulval disease multidisciplinary team members.

There is a wide spectrum of vulval disease, most of which is managed in primary care. There is no single speciality to handle complex and rare cases. Rather, these are best managed by an integrated approach, which necessitates access to a multidisciplinary vulval service.

Word count: 498/500

References

1. Micheletti L, Preti M, Bogliatto F, Lynch P. Vulvology. A proposal for a new multidisciplinary subspeciality. *J Reprod Med*. 2002 Sep;47(9):715-7.
2. Primary Care Commissioning. *The British Vulval Health Survey 2015.* See https://www.bad.org.uk/shared/get-file.ashx?id=3452&itemtype=document [last accessed 2nd April 2021]
3. Database of vulval clinics www.bssvd.org [last accessed 7th April 2021]
4. Sullivan A, Straughair G, Marwood R, Staughton S, Barton S. A multidisciplinary clinic: the role of genitourinary medicine. *J Eur acad Dermatol venereal* 1999; 13:36-40.
5. Van der Meijden, Boffa M, Ter Hamsel W et al. 2016 European guideline for the management of vulval conditions. *J Eur acad Dermatol venereal*. 2017 Jun;31(6):925-41.