

16. Vulval conditions including vulval pruritus

Dear [Dr ____],

Advice and guidance response pertaining to [Patient name].

Suggested actions:

- Check for duration and pattern, efficacy of treatments to date, severity and impact and other symptoms e.g. discharge, urinary symptoms
- Examine the vulva, loss of architecture can occur with vulval lichen sclerosus, vulval lichen planus and urogenital menopause symptoms but not eczema, psoriasis or thrush
- If the patient is happy to do so, advise that a baseline self-photograph can be helpful for future management should onward referral be required. Photographs can be stored securely on a password protected app or phone
- Take a vulval/vaginal swab, particularly if there is a discharge
- Advise about general vulval care e.g. avoid over washing, soaps, gels, hair removing creams, waxing, wet wipes, tight synthetic clothing. A bland greasy emollient can help in most conditions
- Enquire about [urinary incontinence](#) and manage accordingly
- If signs/symptoms are suggestive of [recurrent thrush](#) (candida) take a vulval swab including sensitivities if there's a concern about resistance to treatment. Treat according to result (candida). The use of moderate/potent topical steroid for 5-7 days during an acute episode of candida can be helpful while the infection is being treated to settle associated inflammation
- Check for signs/symptoms of eczema or psoriasis. Genital/flexural psoriasis often looks red as no scale. Check for candida which often coexists. Treat with moderate/potent steroid or combination topical steroid +/- antibacterial/antifungal in addition to emollients and general care
- Treat signs/symptoms suggestive of urogenital atrophy/[genitourinary symptoms of menopause](#)
- See advice if signs/symptoms are suggestive of [vulval lichen sclerosus](#)
- Signs/symptoms of lichen planus likely to need referral, especially if erosive – check other mucosal sites

Consider referral to local vulval clinic, dermatology, gynaecology or GUM if:

- Diagnosis uncertain
- Symptoms persist despite treatment
- There is severe scarring/architectural change, erosive disease.
- Psychosexual impact
- Severe incontinence

Urgent referral

- Concern about VIN or malignancy
- If any new evolving lesion (papule, nodule, ulcer, erosion)

Relevant guidance:

British Association of Dermatology vulval care

<https://cdn.bad.org.uk/uploads/2021/11/19174105/Vulval-skincare-PIL-May-2023.pdf>

<https://www.lichensclerosusguide.org.uk/>

<https://thebms.org.uk/wp-content/uploads/2024/04/09-BMS-ConsensusStatement-Urogenital-atrophy-MARCH2024-A.pdf>

<https://www.issvd.org/resources>

Patient resources:

<https://www.lichensclerosusguide.org.uk/>

<https://hexi.ox.ac.uk/Recurrent-Vulvovaginal-Thrush/overview>

<https://www.bad.org.uk/pils/vulval-skincare/>

If referring back, please state that the referral has already been through Advice and Guidance and include previous correspondence so we don't duplicate advice.

With kind regards,

[Responding clinician name and role]