Chronic Idiopathic Vulvitis

Chronic idiopathic vulvitis is a common skin condition affecting the vulva (entrance to the vagina). The skin is sore and occasionally cracks.

The cause

Lotions, potions, soaps or perfumes are rarely to blame. Occasionally a virus or allergy may cause the condition but usually there is no known causative agent. The condition is not caused by any germ or sexual activity. A skin allergy test is valuable because it can highlight substances that cause further (but separate) irritation and these should be avoided. Intercourse can irritate the skin for several days but it does not cause damage and it is not the cause of the condition.

The nerves from the skin are easily stimulated and this is perceived as pain or itching, especially at night. The natural impulse is to scratch because this stimulates nerve fibres carrying pain messages and this swamps the irritation sensation by replacing it with pain. Unfortunately relief from scratching is temporary and scratching causes inflammation and further irritation. Although it can make the discomfort worse, scratching does not cause long-term damage.

Treatment

Symptoms are variable and there may be long periods of remission. The severity of discomfort is also variable and depends on the degree of inflammation. Treatment is to prevent unnecessary inflammation and sooth the symptoms more bearable.

Avoiding irritants

Because the cause of chronic idiopathic vulvitis is unknown there is no specific agent to avoid. The irritation occasionally caused by the acidity of semen can be minimised by collecting it in a condom or female condom.The effects of friction due to intercourse can be minimised by prior use of emollients (moisturisers) or barrier creams. Many women, especially after childbirth, leak a few drops of urine when they cough. If this further irritates the vulva it is worth investigating methods of improving bladder control.

Steroid Creams

Cortico-steroids are not very effective for idiopathic vulvitis. This is in contrast to the effect they have when there is associated inflammation. Therefore steroids are reserved for associated inflammatory change.

There are many types of steroids. The steroid in creams is different from the illegal anabolic steroids used by athletes and should not be confused with steroid tablets that have side-effects. There are four different strengths of steroid creams. Generally, we recommend using the weakest cream that reduces coincidental inflammation. We often start with the weakest (Hydrocortisone) and change to Locoid, Eumovate or Betnovate if symptoms persist. In severe cases we use a more powerful ointment called Dermovate. The ointment should be used twice a day, morning and night. It is not known if long-term use of steroid cream is safe in this condition. There is a small chance that persistent use could cause further thinning of vulval skin. For this reason we do not recommend long-term use of steroids unless there is active inflammation. It should only be used when there are symptoms and it should not be used regularly like testosterone. It is probably better to use short courses of potent cortico steroid ointments rather than long courses of weaker ones. The ointment should be used for a maximum of three months followed by a break of a month. If there is active inflammation the beneficial effects outweigh the hypothetical risks and it can still be used.

Testosterone Ointment

Testosterone ointment helps the vulval skin grow normally and it can be used to stimulate the formation of new sixnd healthy skin. Unfortunately, the effects take at least 6 weeks to work. Regular use of Testosterone will not be rewarded by immediate relief and only causes a mild improvement in the long-term. It needs to be used regularly twice a day. Testosterone does not always help but it is safe and rarely has side-effects unless it is used for more than a year. The only disadvantage is that it has to be applied to the vulva and you may be already using steroid creams. If it is used for several years it can alter the pattern of vulval hair growth and can cause the clitoris to enlarge. Use for more than a year without a break is not recommended.

Soothing Agents

Soothing Agents include:-

- *Emollient,*
- *Local Anaesthetic Agent,*
- *Antihistamine Ointments*
- *Anti-Itch Ointments.*

They help itching but have no effect on the underlying condition. Some work for some people and the only way to find out if the cream suits you is to try it.

Emollients

Emollients soothe, smooth and hydrate (moisturise) the skin. Their effects are short-lived but they are safe and can be used as often as necessary.There are hundreds of different emollients on the market and there is no evidence that one is any better than another. It is best to avoid hydrous wool fats (e.g. Lanolin) or ointments containing antiseptics, antibiotics or perfumes, as long-term use can sensitise the skin.

Popular emollients include Aqueous cream, Emulsiform, paraffin (Vaseline), Nivia or E45. Emollients can also be added to bath water (e.g. Bath E45, Emulsiderm or Oilatum). Nappy rash ointments (e.g. Zinc, with or without castor oil) may also help form a barrier and

protect the skin from the irritant effects of intercourse or spilt urine.

Local Anaesthetic Agents
Local anaesthetic gels sometimes have a small numbing effect and can be useful at night and help you get to sleep. Unfortunately, the skin can become sensitive after prolonged use and this can make irritation worse.

Antihistamine Ointments
Topical antihistamines are not very effective in chronic inflammatory idiopathic vulvitis. This is because they are designed to work to reduce the inflammation associated with allergies or skin bites, not the inflammation caused by chronic inflammatory idiopathic vulvitis. Anthisan or Caladryl may be worth trying, but long-term use is not recommended as they can cause skin sensitisation.

Anti-Itch Ointments
Calamine cools the skin and this can relieve irritation for a short while. It can be used as frequently as required but has no effect on the disease process. However, it is worth using if it provides some relief from the sensation of itching.

Compounds containing Crotamiton (e.g. Eurax) also reduce irritation but like calamine, have no effect on the underlying disease.

Neurotransmitter tablets
Recent scientific work has shown that tablets that affect the way signals are sent in nerves can help the discomfort from chronic inflammatory idiopathic vulvitis. Doctors found that women with vulval symptoms are helped by an antidepressant called amitriptyline (75mg at night). This fortuitous side effect may also be associated with another antidepressant called Prosaic. Many women use this side effect to help their vulval symptoms even though they are not depressed. They are worth trying if other remedies fail but they may have other side effects or interact with other tablets.

Gabapentin
In theory, this should be very effective but there is no scientific research on the value of gabapentin for this condition. One option is to try it and see if it works and see if the side effects are tolerable.

Anti-Itch tablets
Anti-histamine tablets have a general anti-itch effect. One disadvantage is that they can make you drowsy. This means they cannot be used if you need to operate machinery, drive or concentrate during the day but they can be used at night. They are only of limited use and their effectiveness is variable.

Disinfectants, Alcohol and Cleansants
These have no effect on chronic inflammatory idiopathic vulvitis. They can exacerbate the condition and are unnecessary. Douching can also cause further irritation.

Surgery
The affected area of skin can be removed and replaced with new skin. Unfortunately the vulvitis invariably returns to the vulva. Surgery cannot remove the underlying condition and rarely produces a cure.

Injections
Injections of interferon have been tried in the past but the results are disappointing. Steroids mixed with local anaesthetic are probably more effective but not superior to creams. For these reasons we rarely recommend injections

Ultraviolet and x-ray treatment
There is some evidence that controlled use of superficial X-Rays or ultraviolet light can bring relief from discomfort caused by chronic inflammatory idiopathic vulvitis. It can stimulate the skin to thicken and reduce symptoms temporarily. This does not mean that the vulva should be exposed to the sun. The vulva is rarely exposed and this combined with the thinness of the skin and lack of protective pigment means that there is a significant risk of sun burn even with moderate exposure. The dose of ultraviolet light has to be measured and controlled and should be given in hospital.

Homeopathy, acupuncture, herbal medicine
There is no evidence that homeopathy, acupuncture or herbal medicine make any difference to the condition. Homeopathy and acupuncture are safe and many people try them. Herbal medicines are promoted for many unremitting conditions. Provided unrealistic exceptions are not raised, little harm is likely to result from trying one of the variety of preparations. Techniques relying on the elimination of mythical toxins from the body are also popular. As chronic inflammatory idiopathic vulvitis is not due to any known toxin this method of alternative medicine has no scientific merit. However, Medicine is not omnipotent, does not have all the answers, and dietary changes do work for a limited number of conditions. It is not logical to believe that dietary changes affect chronic inflammatory idiopathic vulvitis but it does little harm to try.

Psychology
In some cases, the pain follows a traumatic experience. This needs exploring and neurotransmitter agents become particularly attractive choices.

Other Conditions
Unlike several other vulval diseases, chronic inflammatory idiopathic vulvitis is an isolated and local condition, usually limited to the vulva but it can involve the anus. It is not associated with other diseases or skin cancer. There is no evidence that chronic inflammatory idiopathic vulvitis turns to vulval cancer.

More Information
Informal support is available from the Vulval pain society (PO Box 20, Worsley, M28 7AN) and literature can be obtained from the National Vulvaodynia Association (USA), PO Box 19288, Sarasota, Florida, USA 34276-2288.

Nick Johnson, Consultant Gynaecologist

Date of publication: 15 January 2013
Ref: RUH GYN/004
© Royal United Hospital Bath NHS Trust