

Chronic viral vulvitis is a common skin condition affecting the vulva (entrance to the vagina). The skin can be sore and itchy.

The cause

A virus known as the human papilloma virus may cause the condition. The virus can also cause warts and affect the skin in the vagina or cervix. Lotions, potions, soaps or perfumes are not to blame. A skin allergy test is valuable because it can highlight substances that cause further (but separate) irritation and these can be avoided. Intercourse can irritate the skin for several days but it does not cause further damage.

The inflammation can cause 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 more inflammation and further irritation. Although it can make the discomfort worse, scratching does not cause long-term damage.

Treatment

Established chronic viral vulvitis often resolves spontaneously for no apparent reason but it is not easily curable. 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 reduce the inflammation and make the symptoms more bearable.

Avoiding irritants

Because the cause of viral vulvitis is due to a previous infection that may have occurred many years ago 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 used to treat all sorts of inflammatory diseases. They work by reducing the biological reaction between antibodies and the skin. It is not known if long-term use of steroid cream is safe in this condition and there is a theoretical risk that indiscriminate steroid cream use can stop the body's natural defence mechanism against the virus. For these reasons we recommend using steroids sparingly and we try to avoid long-term use of steroids unless there is active inflammation.

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. Giving steroids in a cream means that the treatment only affects the area it is applied too and has no other effects.

Steroids reduce inflammation and itching. They are usually very effective and should be used if the skin is inflamed.

There are four different strengths of steroid creams. Generally, we recommend using the weakest cream that reduces symptoms. In the vulval clinic we often start with the weakest (Hydrocortisone) and change to Locoid, Eumovate or Betnovate if symptoms persist. In severe cases we use the strongest steroid, Dermovate. The ointment should be used twice a day, morning and night. It may take 48 hours to work and should not be used for more than three months without 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 and healthy skin. Unfortunately, the effects take at least six 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:-

- Emollients,
- Local Anaesthetic Agents,
- 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 viral vulvitis. This is because they are designed to work to reduce the inflammation associated with allergies or skin bites, not the inflammation caused by viral inflammation. 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.

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 inflammatory 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.

Experimental treatments

Studies are starting with a new antiviral cream (Aldera). The consequences and side effects are unknown.

Homeopathy, acupuncture, herbal medicine and diet

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 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.

Other conditions

Unlike several other vulval diseases viral vulvitis is an isolated and local condition, usually limited to the vulva but it can involve the anus, vagina and cervix. It is not associated with ill health but abnormalities in cervix smears are more common. There is no evidence that viral vulvitis turns to vulval cancer but most experts recommend annual cervix smears and examination of the vulva to be safe. The GP or practice nurse is usually able to do both examinations at the same time.

Nick Johnson, Consultant Gynaecologist

2013