The Vulvar Exam; Ya Gotta Respect It!

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The Vulva

“The Forgotten Pelvic Organ”  
(Burrows, Shaw, & Goldstein, 2008)

“The Elusive Vulva”  
(Faught, 2016)

“Like a Small Town in the Midwest, You Drive Through, but Never Stop to Look”
Objectives

* Valuing: - Appreciate importance of sensitive/dedicated/comprehensive exam
  - Understand risks inherent w/failure to do so

* Knowledge: - Use proper medical terminology
  - Describe different elements of vulvar anatomy and their locations
  - Characterize various vulvar lesions

* Adaptation: - Assimilate new information
  - Adapt pelvic exam to include thorough evaluation of vulva
Female external genitalia

- mons pubis
- prepuce of clitoris
- glans of clitoris
- urethral opening (meatus)
- openings of paraurethral (Skene) ducts
- vestibule of vagina
- labium minus
- vaginal opening
- labium majus
- hymenal caruncle
- opening of greater vestibular (Bartholin) gland
- vestibular (navicular) fossa
- frenulum of labium
- posterior labial commissure
- perineal raphe
- anus

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The Vestibule

Hart’s Line
Proximal to introitus: endoderm
Distal to introitus: ectoderm
History

- Cleaning practices (bath soap, laundry detergent, moistened wipes)
- Hygiene/grooming habits
- Personal (menstrual, OB, sexual, past, surgical)
- Family hx (autoimmune, atopy, genetic dermatoses)

(Ferensowicz, 2013)
History

- Chief Complaint (itching, burning, pain, growth, rash, etc.)
- HPI (onset, duration, exacerbating factors, previous txs)
- ROS (other systems may be affected/play a role)

(Ferensowicz, 2013)
Exam

- Wash hands! Two gloves! Chaperone!
- Warn your patient!
- Good lighting/magnifying glass/readers! 😊
- Hand mirror and Q-tip!
Exam

- Palpate groin, mons, and labia majora
- Note general color, texture, and turgor of skin
- Check the labial sulci; for retraction of clitoral hood
- Look for labial resorption/loss of architecture, atrophy
Exam

- Erythema, leukoplakia, ecchymosis, hyperpigmentation?
- Papules, pustules, lichenification, ulcers, fissures, patches, plaques?
- Location? Cutaneous or mucosal tissue?
- Don’t forget the perineum, perianal tissue, gluteal fold!
Common Lesions

- **Macules**: Flat, nonpalpable lesions < 10 mm; color change; not raised/depressed. E.g.: freckles, flat moles
- **Patch**: Large macule; E.g.: flat moles, drug eruptions
- **Papules**: Elevated lesions < 10 mm; can be felt/palpated; E.g.: nevi, warts, lichen planus, insect bites, keratoses, skin cancer
- **Plaques**: Palpable lesions > 10 mm; elevated/depressed; flat topped/rounded. E.g.: psoriasis, granuloma annular

Benedetti (2019); Lynch, Moyal-Barracho, Scurry, & Stockdale (2011)
Common Lesions

- **Nodules**: Firm papules/lesions that extend into dermis/sub-q tissue. E.g.: cysts, lipomas

- **Vesicles**: Small, clear, fluid-filled blisters < 10 mm in dia. E.g.: herpes infections, acute allergic contact dermatitis

- **Bullae**: Clear fluid-filled blisters > 10 mm in diameter. E.g.: bites, irritant, allergic contact dermatitis, drug reactions, autoimmune bullous diseases

- **Pustules**: Vesicles containing pus. E.g.: bacterial infections, folliculitis

Benedetti (2019); Lynch, Moyal-Barracho, Scurry, & Stockdale (2011)
Common Lesions

- **Erosions**: Open areas of skin resulting from loss of part/all of epidermis. Causes: trauma, inflammatory/infectious diseases

- **Atrophy**: Thinning of skin; may appear dry/wrinkled, resembling cigarette paper; Causes: aging

- **Excoriation**: Linear erosion. Causes: scratching/rubbing/picking

- **Induration**: Deep thickening of the skin. Causes: edema, inflammation, infiltration, cancer.

Benedetti (2019); Lynch, Moyal-Barracho, Scurry, & Stockdale (2011)
Common Lesions

- **Fissure**: a thin, linear erosion of the skin surface
- **Ulcer**: Deeper defect affecting epidermis & some/all of dermis
- **Scale**: Hyperproliferative response of epidermis; grey/white or silver in color, resembles fine dust; palpable roughness
- **Crust**: Irregular residue of dried exudates; disruption of underlying epithelial barrier layer; thin or thick. Color yellow if dried serum, yellow/yellow-green if purulent; brown/dark red/brown if old blood

Benedetti (2019); Lynch, Moyal-Barracho, Scurry, & Stockdale (2011)
Examples

Image courtesy of Dr. Libby Edwards

Image courtesy of Dr. Libby Edwards

Courtesy of ISSVD
Examples

All images courtesy of ISSVD
Examples
2016 ISSVD Classifications

1) SKIN-COLORED LESIONS

A. Skin-colored papules and nodules
   1. Papillomatosis of the vestibule and medial labia minora (a normal finding; not a disease)
   2. Molluscum contagiosum
   3. Warts (HPV infection)
   4. Scar
   5. Vulvar intraepithelial neoplasia
   6. Skin tag (acrochordon, fibroepithelial polyp)
   7. Nevus (intradermal type)
   8. Mucinous cysts of the vestibule and medial labia minora (may have a yellow hue)
   9. Epidermal cyst (epidermoid cyst; epithelial cyst)
   10. Mammary-like gland tumor (hidradenoma papilliferum)
   11. Bartholin gland cyst and tumor
   12. Syringoma
   13. Basal cell carcinoma

B. Skin-colored plaques
   1. Lichen simplex chronicus (LSC) and other lichenified disease
   2. Vulvar intraepithelial neoplasia
2016 ISSVD Classifications

2) RED LESIONS: PATCHES AND PLAQUES

A. Eczematous & lichenified diseases
   1. Allergic contact dermatitis
   2. Irritant contact dermatitis
   3. Atopic dermatitis (rarely seen as a vulvar presentation)
   4. Eczematous changes superimposed on other vulvar disorders
   5. Diseases clinically mimicking eczematous disease (candidiasis, Hailey-Hailey disease and extramammary Paget’s disease)
   6. Lichen simplex chronicus (lichenification with no preceding skin lesions)
   7. Lichenification superimposed on an underlying preceding pruritic disease

B. Red patches & plaques (no epithelial disruption)
   1. Candidiasis
   2. Psoriasis
   3. Vulvar intraepithelial neoplasia
   4. Lichen planus
   5. Plasma cell (Zoon’s) vulvitis
   6. Bacterial soft-tissue infection (cellulitis and early necrotizing fasciitis)
   7. Extramammary Paget’s disease
2016 ISSVD Classifications

3) RED LESIONS: PAPULES AND NODULES
   A. Red papules
      1. Folliculitis
      2. Wart (HPV infection)
      3. Angiokeratoma
      4. Molluscum contagiosum (inflamed)
      5. Hidradenitis suppurativa (early lesions)
      6. Hailey-Hailey disease
   B. Red nodules
      1. Furuncles (“boils”)
      2. Wart (HPV infection)
      3. Prurigo nodularis
      4. Vulvar intraepithelial neoplasia
      5. Molluscum contagiosum (inflamed)
      6. Urethral caruncle and prolapse
      7. Hidradenitis suppurativa
      8. Mammary-like gland adenoma (hidradenoma papilliferum)
      9. Inflamed epidermal cyst
2016 ISSVD Classifications

- 10. Bartholin duct abscess
- 11. Squamous cell carcinoma
- 12. Melanoma (amelanotic type)

4) WHITE LESIONS

A. White papules and nodules
- 1. Fordyce spots (a normal finding; may sometimes have a yellow hue)
- 2. Molluscum contagiosum
- 3. Wart
- 4. Scar
- 5. Vulvar intraepithelial neoplasia
- 6. Squamous cell carcinoma
- 7. Milium (pl. milia)
- 8. Epidermal cyst
- 9. Hailey-Hailey Disease

B. White patches and plaques
- 1. Vitiligo
- 2. Lichen sclerosus
- 3. Post-inflammatory hypopigmentation
- 4. Lichenified diseases (when the surface is moist)
2016 ISSVD Classifications

• 5. Lichen planus
• 6. Vulvar intraepithelial neoplasia
• 7. Squamous cell carcinoma
• 5) DARK COLORED (BROWN, BLUE, GRAY OR BLACK) LESIONS

• A. Dark colored patches
  • 1. Melanocytic nevus
  • 2. Vulvar melanosis (vulvar lentiginosis)
  • 3. Post-inflammatory hyperpigmentation
  • 4. Lichen planus
  • 5. Acanthosis nigricans
  • 6. Melanoma-in-situ

• B. Dark colored papules and nodules
  • 1. Melanocytic nevus (includes those with clinical and/or histologic atypia)
  • 2. Warts (HPV infection)
  • 3. Vulvar intraepithelial neoplasia
  • 4. Seborrheic keratosis
•  5. Angiokeratoma (capillary angioma, cherry angioma)
•  6. Mammary-like gland adenoma (hidradenoma papilliferum)
•  7. Melanoma

6) BLISTERS

A. Vesicles and bullae
•  1. Herpesvirus infections (herpes simplex, herpes zoster)
•  2. Acute eczema (see definitions in Part IV above)
•  3. Bullous lichen sclerosus
•  4. Lymphangioma circumscriptum (lymphangiectasia)
•  5. Immune blistering disorders cicatricial pemphigoid, fixed drug eruption, Steven-Johnson syndrome, pemphigus

B. Pustules
•  1. Candidiasis (candidosis)
•  2. Folliculitis

7) EROSIONS AND ULCERS

A. Erosions
•  1. Excoriations
•  2. Erosive lichen planus
2016 ISSVD Classifications

• 3. Fissures arising on normal tissue (idiopathic, intercourse related)
• 4. Fissures arising on abnormal tissue (candidiasis, lichen simplex chronicus, psoriasis, Crohn’s disease, etc.)
• 5. Vulvar intraepithelial neoplasia, eroded variant
• 6. Ruptured vesicles, bullae and pustules
• 7. Extramammary Paget’s disease

• B. Ulcers
• 1. Excoriations (related to eczema, lichen simplex chronicus)
• 2. Aphthous ulcers; syn. Aphthous minor, aphthous major, Lipschütz ulcer (occurring either as an idiopathic process or secondary to other diseases such as Crohn’s, Behçet’s, various viral infections)
• 3. Crohn’s disease
• 4. Herpesvirus infection (particularly in immunosuppressed patients)
• 5. Ulcerated squamous cell carcinoma
• 6. Primary syphilis (chancre)

• 8) EDEMA (DIFFUSE GENITAL SWELLING)
• A. Skin-colored edema
  • Crohn’s disease
  • 2. Idiopathic lymphatic abnormality (congenital Milroy’s disease)
2016 ISSVD Classifications

- 3. Post-radiation and post-surgical lymphatic obstruction
- 4. Post-infectious edema (esp. staphylococcal and streptococcal cellulitis)
- 5. Post-inflammatory edema (esp. hidradenitis suppurativa)

B. Pink or red edema
- 1. Venous obstruction (e.g., pregnancy, parturition)
- 2. Cellulitis (primary or superimposed on already existing edema)
- 3. Inflamed Bartholin duct cyst/abscess
- 4. Crohn’s disease
- 5. Mild vulvar edema may occur with any inflammatory vulvar disease

YIKES!
The End (Phew!)

The Vulva!


