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Research Article

Variety of Benign Vulval Diseases in Outpatient Clinic of Shebin Elkom Teaching Hospital

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1. Abstract

1.1. Aim: The vulva is affected in all ages by a wide variety of conditions. The research was performed to outline the various categories of benign vulvar diseases within cases that present to Shebin Elkom teaching hospital obstetrics and gynecology clinic.

1.2. Methods: An observational research study, performed on cases suffering from various types of vulval diseases, attending outpatient clinic over a 2 years period of time.

1.3. Results: The research conducted on 108 recruited cases diagnosed clinically to vulval disease in 24 months duration of the research. Vast majority of cases had an age range of 45-60 years. Vulval pruritis was the most common clinical presentation (61.11%). Whitish patchy discoloration on the vulval region clinically presented in 56 (51.85%) patients. Lichen sclerosis was the most commonly presented vulval pathology (29.62%) and the next common vulval disease presented was Bartholin gland cyst (14.81%).

1.4. Conclusion: While the benign vulval diseases are not widely spread, the presenting symptoms are irritating for the case suffering the condition. Fine personal hygienic for the vulva are corner stone adjuvant to medical management. It is crucial to obtain a tissue biopsy and strictly follow the suspicious pathological vulval lesions.

2. Introduction

The origin of the word "vulva" is from the Latin word " volva" meaning the "female sexual organ. The chief disorders affecting the vulval region are dermatologic. The vulva is vulnerable to the impact of friction force and maceration. Itching is a chief presenting symptom in various vulval diseases; consequently causing by scratching action secondary pathological impact obscuring the original vulval disease [1-5]. Additionally, the local vulval atmosphere, augments growth of microbes, causing vulval disorders to be multifactorial in origin .The most valuable clinical approach to diagnose vulval lesions is by morphology of presenting lesions .Vulval disorders involve vulval atrophic changes, benign tumors, and cysts, infectious diseases [6-10]. Tissue biopsy has to be considered in clinical scenarios where a clinical diagnosis is not conclusive by inspection alone and if the observed clinical vulval lesion does not show resolution after regular mode of treatment. It is crucial to confirm the clinical diagnosis by tissue biopsy early, since the clinical presentation and characteristics could change by time. The range of vulval benign pathologies, requires a multidisciplinary approach [11-15].

The vulva pathologically could be affected, as a part of genitalia, by HPV multifocal lesions of various degrees of severity or vulval presentation of an underlying vaginal infectious disorder. Vulva could express clinically

Particularly specific skin disorders in which clinical signs could be expressed elsewhere e.g lichen sclerosus, psoriasis. On the other hand, vulva could express clinically a large selection of disorders, such as GIT, blood, immune, and endocrinological diseases. The goal of this research is to outline the various categories of benign vulval diseases among all outpatient clinics including their clinical presentation, responsiveness to the management protocols and follow up [16-18].

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3. Methodology

It was a research observational in manner performed over 24 month time period (fromt 2015 to 2017) within recruited subjects presenting with benign vulvar disease, at Shebin Elkom teaching hospital obstetrics and gynecology clinic. Cases have undergone full clinical evaluation by clinical history, general, and local clinical examination and investigative testing involving tissue biopsy to reach a definite diagnosis. Multidisciplinary management was conducted with dermatologists, physicians, pathologists and microbiologists when required. Only cases with a clinical diagnosis of benign vulval disease were recruited in the research study. Cases having malignant pathological lesions were expelled from the research. Cases in which no final clinical or vague diagnosis were excluded. Research data concerning, patient age, clinical symptoms, definite clinical diagnosis, mode of management performed and surgical intervention performed were gathered and statistically analysed.

4. Results

A cohort of 108 study subjects were clinically diagnosed with benign vulval diseases. As displayed in **Table 1**,

Table 1: Age groups of the research study.

Age Group(years)	Number of cases	Percentage (%)
< 30	18	16.66
30 - 45	23	21.29
45-60	51	47.22
>60	16	14.81

the vast majority of cases,51(47.22%) had an age range of 45-60 years study group, another 23(21.29%) had an age range of 30-45 years. 18(16.66%) cases were in young age group of less than 30 years. 16(14.81%) Study subjects were > 60 years of age, one case of them was more than 70 years of age **(Table 1)**.

Table no. 2 displays that pruritus vulva was the chief Clinical presentation in 66(61.11%) patients. The second common clinical presenting symptom was white vulval patch. Vulval pruritis was chiefly presented in cases with lichen sclerosus, lichen simplex chronicus, atrophic vulval disease and vulval psoriasis. 29 cases had vulval pain and among them 20 suffered from lichen simplex chronicus and 7 were suffering from infected bartholin cyst. Fifteen patients complained of dyspareunia, most commonly present in women with Lichen sclerosus. Clinical presentation of swelling or nodular lesions existed in 27 cases. 76 cases showed discolouration of vulval skin, white patch was the dominant type of discolouration (51.85%), two cases had dark colored patches due to Acanthosis Nigricans. Seven patients of ulcerative vulval conditions six of of them were due to infectious causes andone patient was of hidradenitis suppurativa **(Table 2)**.

Table 2: Symptoms of vulval diseases.

Symptoms	No. of cases(%) n=108
Pruritus vulva	66(61.11)
Vulval pain/soreness	29(26.85)
Dyspareunia	15(13.88)
Swelling/Mass/nodule	27(25.00)
White discoloration	56(51.85)
Red patch /nodule	18(16.66)
Dark coloured lesion	2(1.85)
Ulcer	7(6.48)

Table 3: Spectrum of vulval diseases.

Vulval diseases	No. of patients	Percentage
Skin diseases	32	29.62
Lichen sceleroses	20	18.51
Lichen simplex 3 chronicus		2.77
Lichen planus	3	2.77
Psoriasis vulva	6	5.55
Dermatitis	1	0.92
Hidradenitis suppurative Vitiligo	4	3.7
Acanthosis nigricans	2	1.85
INFECTIVE		
Folliculosis	6	5.55
Infective ulcers	6	5.55
Bartholin cyst /abcess	16	14.81
Genital warts	2	1.85
Other Vulval atrophy	5	4.62
Endometriosis	1	0.92
Lipoma	1	0.92

5. Discussion

The vulvovaginal anatomical zone originates from the all three embryonic layers (endoderm, mesoderm, and ectoderm each one of the embryologic derived anatomic structures varies in epithelial and glandular composition, hormonal response, neural innervation, immune reaction pattern, and correlation to diseases of various body systems [19,20]. Consequently these aspects regarding the vulva form clinical diagnostic and management challenges that requires a multidisciplinary manner of management to involve a gynecologist, dermatologist, clinician and a dermatopathologist to efficiently manage vulval diseases. A research bpreviously performed displayed that 20% of females have 8 vulvar symptoms that last for more than 3 months. In the current research the chief presenting clinical symptom was vulval pruritis. The commonest zone of vulval lesions presented in the labia majora (52 cases,48.14 %) followed by the labia minora (48 cases,40.74 %). In only one patient the site of lesion was an episiotomy scar [3,5,9]. Vulval dermatological diseases usually clinically present with symptoms e.g pruritus, soreness and change in skin color and texture which are non specific. Detailed history taking regarding past medication used and exposure to allergens, is crucial to explore the underlying etiology. In the cur-

rent research lichen sclerosis was the most common dermatologic Disease (29.62%) which is in harmony with other research studies. In which most researchers in those studies Observed that patients had severe itching which particularly at night. Skin was featured to be wrinkly paper like in appearance.

Dyspareunia usually occurs due to fisuring or due to Narrowed intoitus in longstanding conditions [10,15,17]. Tissue biopsy inclinical scienarios of lichen sclerosis are used to confirm clinical diagnosis and to exclude early invasive neoplasm. Local personal hygienic measures maintained, by cotton underwear and prevention of cosmetic usage could relief symptoms [1,4,7]. Cases are managed with a potent topical corticosteroid, applied twice daily for 1-3 months providing short-term relief and long-term control

in most clinical scienarios. Using a local moisturizer aids in symptomatic relief once reached by steroid treatment [5,9,20]. In a previous research study a very high rate of cure was observed in 81 symptomatic cases with tissue biopsy confirmed pathology for conditions like Lichen simplex chronicus of the vulva characterized chronic eczematous disease in which the patient suffers intense itching sensation, causing scratching and lichenification to develop. A tissue biopsy is usually crucial for exclusion of lichen sclerosus, lichen planus, or vulvar intraepithelial 14 neoplasia. Management is aimed to stop the itch scratch- itch pathological cycle [10]. All the irritant and allergens should be recognized and avoided. Highly potent corticosteroids at the night time and oral anti-histaminics for sedative action in order to break the itch viscous cycle .Our research group found a total of 16 patients having bartholin gland diseases. e.g bartholin cysts, which are considered painless enlargements of the gland, and abscesses, which are infectious disorders of the gland. Bartholin cysts are liable to exist in females of child-bearing age, in our research 8 patients each from below 30 and between 30-40 age group were found. Excision of the cyst was performed in 9 patients having bartholin cysts and surgical marsupialisation was performed in 7 patients having bartholin abscess [13,15,17,20].

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