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VULVAR LESIONS IN RURAL INDIA: A PROSPECTIVE OBSERVATIONAL STUDY.

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ABSTRACT

Interest in vulvar disorder increased in last few years and needs multidisciplinary approach.

Aim and objective: To study the clinical presentation, evaluate the spectrum of factors influencing the pathology and outline its prevention.

Methods : A prospective observational study was conducted on 40 patients presenting with vulvar lesions from February 2016 to August 2016 on Wednesday out patients department . Cases were selected after taking proper history, clinical examinations and necessary investigations with histopathological examination and treated with regular follow up. Patients from 12 years onwards with vulvar lesions were included in this study. We excluded known cases of vulvar carcinoma, diabetes mellitus, immuno-compromised; post radiation vulvo-vaginitis, carcinoma cervix and paediatric age group patients from our study. The technique and protocol of this study design were approved by the ethical committee of the institution

Result: Out of 3686 OPD attendee 40 (1.09%0 patients were in the study group, the incidence of vulvar lesions was 1.09%. Majority were aged between 20-30 years and 40-50 years (12/40 or 30%). The mean age of the patients was 40.4 years. Seventy percent of the women were of lower socio-economic status and 30% of patients were belong to middle socio-economic status and no woman of upper socio-economic status were reported. Vulvar abscess (25%), Bartholin's Cyst (15%), Lichen Sclerosis atrophicus (15%), Squamous cell carcinoma (10%), Squamous papilloma (10%) and Squamous cell hyperplasia (10%) were the frequent presenting vulvar lesions.

Discussion: The spectrum of vulvar lesions is a wide ranging .Infection was the main stay of aetiology. Poor hygiene and overall lack of awareness about sexually transmitted diseases are frequently seen among the patients. So, our health care providers need to educate women regarding vulvar hygiene in the form of health awareness programme by all sectors. and motivate them to maintain proper hygiene and seek early help from physicians.

KEYWORDS : Vulva , Abscess , Hygiene, Awareness

INTRODUCTION:

Vulva is the most visible female genital structure. Considering anatomy and patient's own view point, this part of genitalia is not easily self-observable, often quite unknown and mysterious for cultural and emotional reasons [1]. So it has received the least attention in medical literature and has been described as" the forgotten pelvic organ" [2] . The vulvovaginal tract contains foreign proteins, antigens necessary for reproductive and various microbial flora, so has a unique immunological response [3,5] . Lastly, the subcutaneous tissues of labia majora is looser, allowing oedema to form and infection to occur [4,5] . So patients often present with vulvar lesions in clinical practice.

Vulvar lesions may present in a variety of ways, ranging from asymptomatic to chronic disabling conditions, which are often treatment resistant and severely impair a woman's quality of life. Sexual well-being including sexual function is hampered because of discomfort, dyspareunia, itching, fissuring, and bleeding after intercourse. Patients may be embarrassed by the disfiguring changes that may occur and avoid sexual intimacy. Additionally many clinicians feel challenged with respect to diagnosis and management of vulvar diseases. These factors may result in woman having delay in seeking help, receiving suboptimal treatment resulting in persistent symptoms and/or disharmony in sexual relationship[5].

So, the aim of our study was firstly, to determine the spectrum of factors influencing vulvar lesions, secondly, to outline its prevention and management and lastly, to enhance awareness of vulvar hygiene among the general population.

MATERIALS AND METHODS :

A prospective observational study was conducted at Burdwan Medical College and Hospital, Burdwan , a tertiary care hospital of rural India . Gynaecology OPD attendees presenting with vulvar lesions from February 2013 to August 2013 were selected after taking proper history. Clinical examinations and necessary investigations and were done and treated with regular follow up. Only cases attending Gynaecology OPD on Wednesday were included in our study. All the patients above 12 years onwards with vulvar lesions were included in this study. We excluded known cases of vulvar carcinoma, diabetes mellitus, immuno-compromised; post radiation vulvo-vaginitis, carcinoma cervix and paediatric age group patients from our study.

The technique and protocol of this study design were approved by the ethical committee of the institution and informed consent was obtained from the patients and her responsible relatives.

RESULTS

Forty new cases of vulvar lesions attended Gynaecology OPD during the study period. Among 3686 Gynaecology OPD attendees, the incidence of vulvar lesions was 1.09% and malignant vulvar lesions (squmous cell carcinoma) was .1%. Majority of the women were aged between 20-30 years and 40-50 years (12/40 or 30% each) (Table 1). The mean age of the patients was 40.4 years. The youngest one was 18 years and the oldest one 62 years.

Table-1: Age wise distribution of vulvar lesions.

Age in Years	N=40	Incidence (%)
12-20	6	15%
21-30	12	30%
31-40	6	15%
41-50	12	30%
51-60	0	0%
>61	4	10%

Most of the women were of lower socio-economic status (28/40 or 70%). Twelve out of 40 (30%) of patients were of middle socio-economic status and no woman of upper socio-economic status (Table 2). Kuppuswami scale was used in our study.

Table2: Socioeconomic distribution of vulvar lesions.

Socioeconomic status	N=40	Incidence (%)
Upper	0	0%
Middle	12	30%
Lower	28	70%

Different lesions were seen in the following frequency such as vulvar abscess (25%), Bartholin's Cyst (15%), Lichen Sclerosis atrophicus (15%), Squamous cell carcinoma (10%), Squamous papilloma (10%) and Squamous cell hyperplasia (10%) were the frequent presenting vulvar lesions.(Table3) All the patients were ICTC negative.

Vulvar lesions	N=40	Incidence (%)
Nonneoplastic		
Vulver abscess	10	25%
Lichen selerosus	6	15%
Squamous cell hyperplasia	4	10%
Vulver varices	2	5%
Neoplastic – Benign cyst		
Bartholin's cyst	6	15%
Neoplastic – Tumor		
Squamous papilloma	4	10%
Squamous cell carcinoma	4	10%
Infections		
Herpes genitalis	2	5%
Primary chancre (syphilis)	2	5%

DISCUSSION:

Most women do not realise that vulvovaginal symptoms are common and feel isolated and embarrassed due to their condition. They have a false perception that their symptoms represent cancer or a sexually transmitted disease[6]. Vulvovaginal disease can significantly affect sexual well-being, including sexual function and intimacy. Frustration and depression are common in most chronic pain conditions and should be taken into consideration as well[5]. In the last few years, interest in vulvar diseases has greatly increased, however, the relevant material has been scattered throughout the literature of various specialities, including Dermatology, Genitourinary Medicine, Gynaecology, General Medicine and Pathology. The spectrum of involved specialities reflects the complexity of vulvar diseases and the necessity of a multidisciplinary approach to the study of the vulva[7].

Benign vulvar disorders are a significant concern for the patients. These disorders include vulvar atrophy, benign tumours, hamartomas and cysts, infectious disorders and non-neoplastic epithelial disorders[8]. Infectious disorders include diseases caused by known transmissible agents such as viruses, bacteria, fungi and protozoa. Benign tumours of the vulva are relatively uncommon and may show nonspecific clinical features. Vascular neoplasm may also occur in the vulva and are similar to such lesions found elsewhere. Neoplastic epithelial disorders include several inflammatory, ulcerative and blistering disorders as well as pigmentary changes involving the vulvar region. In our study, vulvar lesions were mostly infective in origin (vulvar abscess 25%) occurring among younger women of lower socio-economic status (70%). Our study reflects poor hygiene among the patients. From history, we discovered that the patients practised pond bathing, used unsterile vulvar pads, old used clothes, allergens and irritants (soap, perfumes etc) and improper washing after defecation and micturation.

So, we instructed on routine vulvar care measures including use of unscented undyed disposable menstrual pads and tampons of natural cotton or hypoallergenic products, all cotton underwear washed in hypoallergenic soaps, avoidance of allergens, irritants and repeated use of over the counter anti-fungal preparations for thrush, washing with water after urination and avoidance of pond bathing. Regular self examination of vulva is also recommended.

The mainstay for diagnosis is vulvar biopsy. Furthermore, all patients with a non neoplastic vulvar epithelial disorder should be checked at regular intervals. Areas of ulceration or foci of granulation or nodularity should be biopsied to exclude extra mammary Paget's disease, VIN and frank carcinoma. The formation of hyperkeratotic plaques or erosions that do not respond to treatment should arouse suspicion of malignancy for which multiple biopsies may be necessary.

Biopsy is also indicated when the diagnosis is in doubt or if management strategies would be influenced by more information. An outpatient procedure with local anaesthesia is almost always feasible without delay. Mixed diagnosis account for 20% of nonneoplastic epithelial disorders. The likelihood that a superimposed vulvar carcinoma will develop from non-neoplastic epithelial lesions has been estimated to be 1-5% and is considered to be greater with Lichen sclerosis or a lesion with atypia on initial biopsy. Women with long standing erosive Lichen Planus may also be at greater risk[9, 10]. Therefore, long-term surveillance of these lesions is recommended.

When a physician is unfamiliar with the office surgical technique required for an excision biopsy or related diagnostic procedure, referral to a Dermatologist or Gynaecologist is warranted.

CONCLUSIONS

The spectrum of vulvar ;'lesions is wide ranging from the common conditions seen every day to isolated case reports of extremely rare conditions. With an analytical approach and knowledge of the potential disorders that can cause this problem, an accurate diagnosis should be attempted and appropriate management instituted. Poor hygiene and overall lack of awareness about sexually transmitted diseases are frequently seen among the patients. So, our health care providers need to educate women regarding vulvar hygiene in the form of health awareness programmes through government and non-governmental organisation and motivate them to maintain proper hygiene and seek early help from physicians.

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