

Benign diseases of Vulva and Vagina

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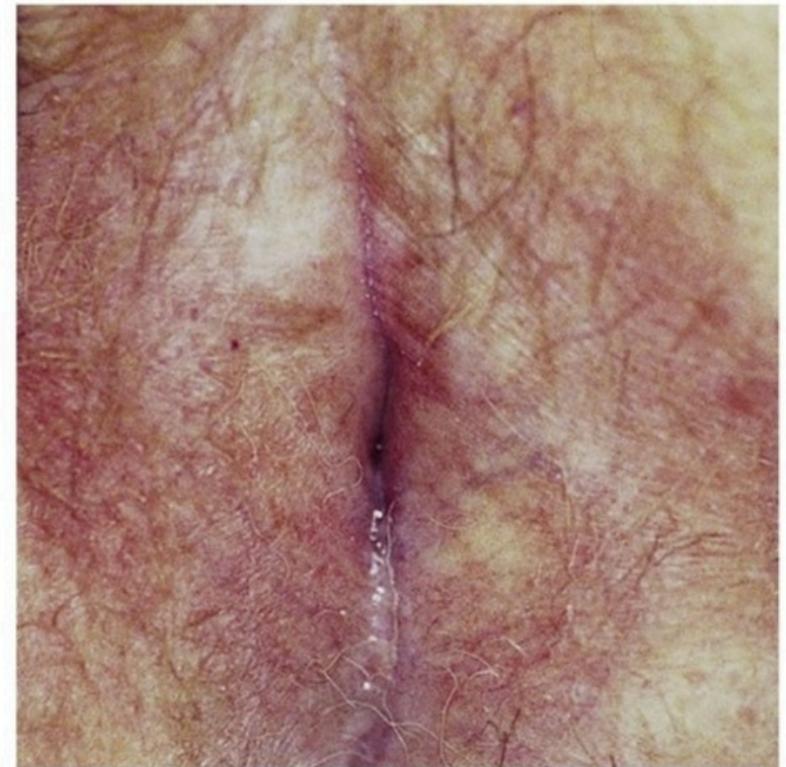
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Lichen Sclerosus

Definition

Lichen sclerosus is a chronic inflammatory mucocutaneous disorder that primarily targets the anogenital skin, encompassing the vulva, perianal region, and less commonly, the vagina. It manifests as distinct patchy areas of skin that appear white, thin, shiny, and often wrinkled or crinkled, akin to cigarette paper. While LS can affect individuals of any age and gender, it is most prevalent in postmenopausal women and, to a lesser extent, prepubertal girls and men. It is crucial to understand that LS is not contagious and can't be transmitted through sexual contact.

The precise mechanisms that trigger Lichen Sclerosus are still being actively researched, but current scientific understanding points towards a multifactorial origin. It is widely considered an immune-mediated disease, with several contributing factors.



Characteristic white patches of Lichen Sclerosus on the vulva.



Key Risk Factors

While the exact cause of Lichen Sclerosus remains elusive, several factors have been identified that increase an individual's susceptibility to the condition:

- **Age and Gender:** LS is most commonly diagnosed in postmenopausal women, suggesting a hormonal link, possibly related to decreased estrogen levels. However, it can also affect prepubertal girls and men, albeit less frequently
- **Autoimmune Conditions:** There is a strong association between LS and other autoimmune diseases. Individuals with conditions such as thyroid disorders (e.g., Hashimoto's thyroiditis), type 1 diabetes, vitiligo, or alopecia areata have a higher risk of developing LS, further supporting its autoimmune pathogenesis.
- **Genetic Predisposition and Family History**
- **Local Trauma or Irritation**
- **Obesity: BMI > 30**



Signs and Symptoms

Lichen Sclerosus can manifest with a variety of signs and symptoms, ranging from mild to severe, and in some early cases, it may even be asymptomatic.

The most common and distressing symptoms include:

- Chronic Itching and Discomfort
- Pain and Soreness
- Characteristic Skin Changes: Whitening, Thinning (Atrophy), Fragility, Blisters can also occur.
- Anatomical Changes and Scarring: Loss of Labia Minora, Clitoral Burial/Phimosis, Vaginal Narrowing (Stenosis), Perianal Involvement.
- Sexual Dysfunction
- Urinary Symptoms
- Increased Risk of Malignancy

Diagnosis: Clinical and Histological Approaches

The diagnosis of Lichen Sclerosus relies primarily on a thorough clinical examination, often supplemented by a skin biopsy, especially in ambiguous cases or when malignancy is suspected. Early diagnosis is crucial for effective management and to mitigate potential complications.

- **Clinical Examination:** A healthcare provider will visually inspect the affected anogenital area for characteristic signs for LS
- **Skin Biopsy:** (definitive diagnostic tool), histopathological features characteristic of LS include: thinning of the epidermis (epithelial atrophy), a band-like infiltrate of lymphocytes in the upper dermis, and sclerosis (hardening) of the underlying dermis.

Biopsy is essential to differentiate LS from other dermatological conditions that may present similarly and to rule out or detect any co-existing precancerous lesions.



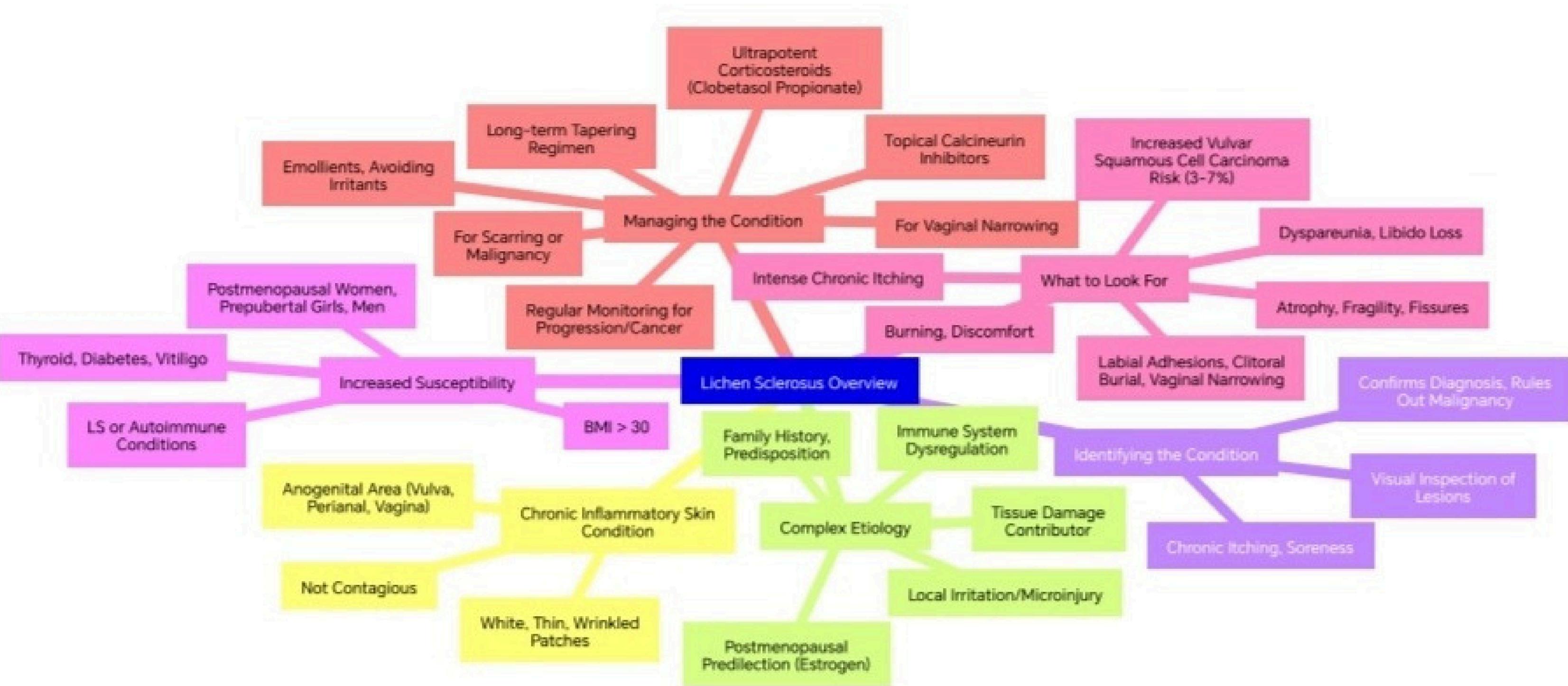
Treatment

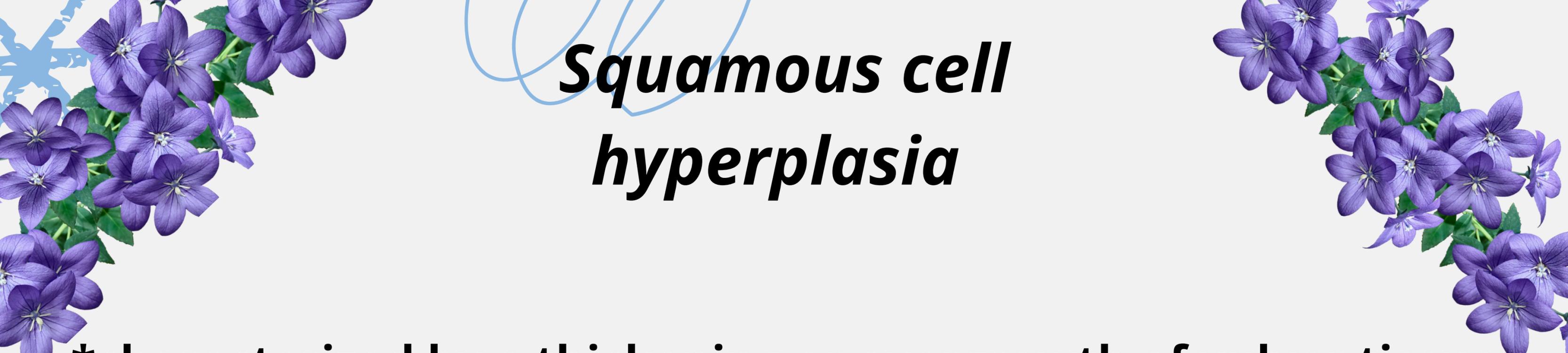
While there is currently no defocuses on symptom relief, preventing further skin damage and scarring, andansformation. Consistent, long-term reducing the risk of malignant trmanagement is essential for this chronic condition.

- Topical Corticosteroids: (the Gold Standard) particularly clobetasol propionate first - line and most effective treatment. helps to reduce itching, pain, and inflammation, and can often reverse early skin changes.
- Emollients and Skin Care
- Surgical Intervention
- Vaginal Dilators



Summary





Squamous cell hyperplasia

***characterized by a thickening or overgrowth of vulvar tissue due to an increase in squamous cells.**

“Associated with repetitive surface irritation and trauma from irritants that cause scratching and rubbing

*** Precursor of squamous cell carcinoma of the vulva**



Risk factors for squamous cell hyperplasia of the vulva

CHI CARS

- C** Chronic irritation 
- H** Hormonal changes (estrogen deficiency) 
- I** Inflammatory conditions (e.g., lichen sclerosus, eczema) 
- C** Chemical irritants 
- A** Allergic reactions 
- R** Recurrent infections 
- S** Smoking

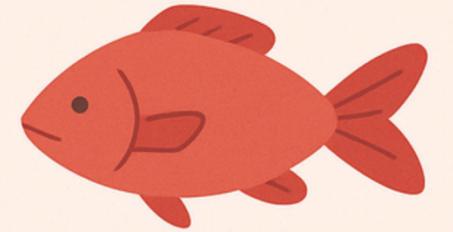
Symptoms

- Itching is a common
“Itch - scratch - itch cycle”**
- The clitoris , labia minora and the
inner aspects of labia majora
are more commonly affected**
- Extensive lesions may result in
stenosis of vaginal introitus**

Signs and Symptoms of Squamous Cell Hyperplasia

P-RED FISH

- P Pruritus
Itching**
- R Redness
Erythema**
- E Excoriations
Scratches from itching**
- D Dry skin
Thickened skin**
- F Fissures
Cracks in the skin**
- S Skin thickening
Lichenification**
- H Hypersensitivity
Pain or burning sensation**



Appearance

- ***Histology :***

hyperkeratosis, cellular epithelial proliferation with normal maturation & inflammatory response in the dermis (lymphatic & plasma cell infiltration)

- ***Gross:***

thickened skin with white hyperkeratotic patches



Diagnosis of Vulvar Squamous Hyperplasia

- 1. Physical Examination: A thorough inspection and palpation of the vulvar region is essential. The skin may appear thickened, white, and leathery (lichenified).***
- 2. Biopsy: A vulvar biopsy is often recommended to confirm the diagnosis, especially if there is doubt or concern for malignancy, and to exclude other dermatoses such as lichen sclerosus or vulvar intraepithelial neoplasia (VIN).***

TREATMENT

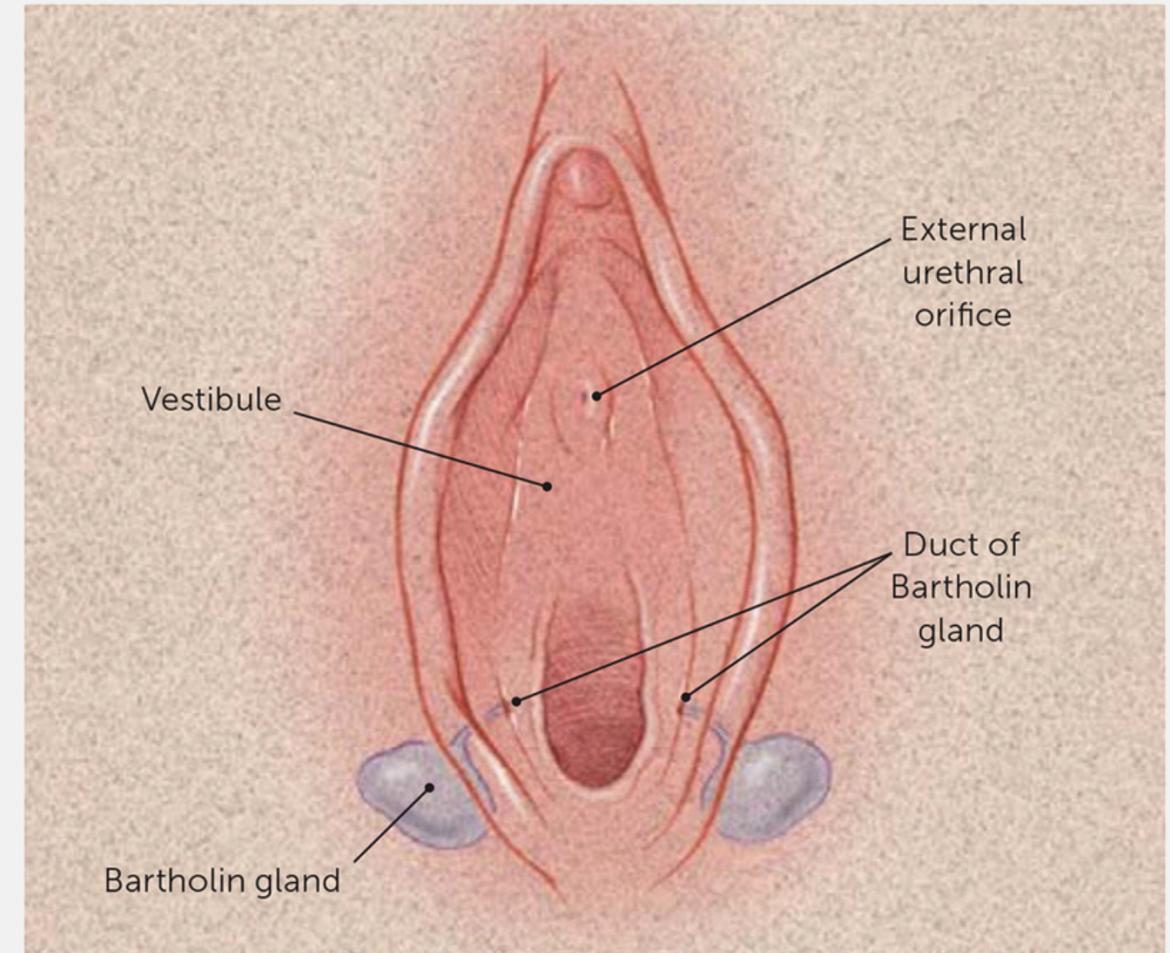
1. Topical Corticosteroids: These are commonly prescribed to reduce inflammation and alleviate itching associated with the condition.

2. Laser Therapy: This option is utilized to remove abnormal tissue helping to alleviate symptoms and prevent recurrence.

3. Surgical Excision: In cases where lesions are extensive or recurrent, surgical excision of the affected areas may be necessary to ensure complete removal and minimize the risk of complications.

Bartholin gland

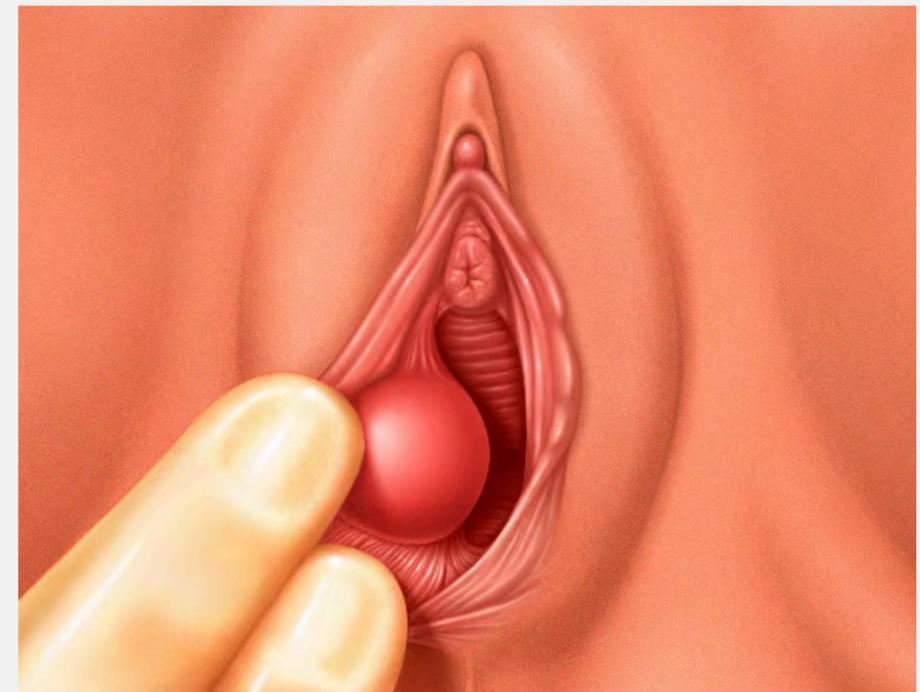
The Bartholin's glands are bilateral and about the size of a pea. They open via a 2 cm duct into the vestibule below the hymen and contribute to lubrication during intercourse.



Bartholin's cyst

A Bartholin's cyst is the most common type of cyst, The Bartholin's gland has a long duct which, when blocked, causes fluid to build up and eventually forms a cyst

Valvular cysts can affect the vulval area and cause a lump with or without vulval discomfort.



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Diagnosis

Bartholin gland cysts are typically diagnosed incidentally in individuals having pelvic exams for other purposes.

Bartholin gland abscesses are diagnosed clinically in patients with vulvar pain increased with walking, sitting, or standing and confirmed by pelvic exam with identification of a tender, fluctuant mass with swelling distorting the vulvar anatomy under the posterior part of labium majus extending inward to the base of labium minus.

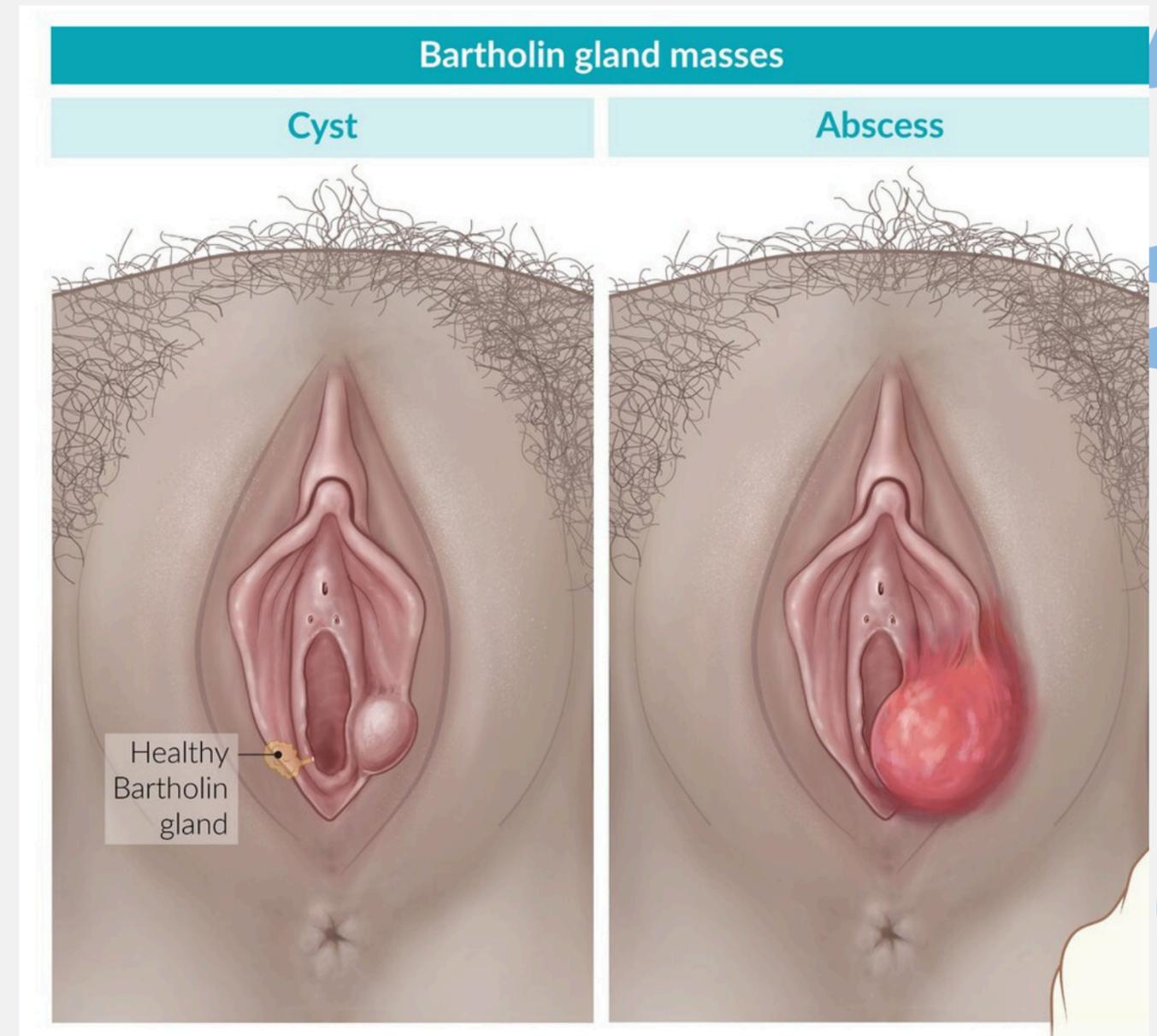
In postmenopausal patients with Bartholin gland cyst, consider biopsy of gland to rule out rare adenocarcinoma.

Management

Asymptomatic Bartholin gland cysts in patients < 40 years old may not require treatment.

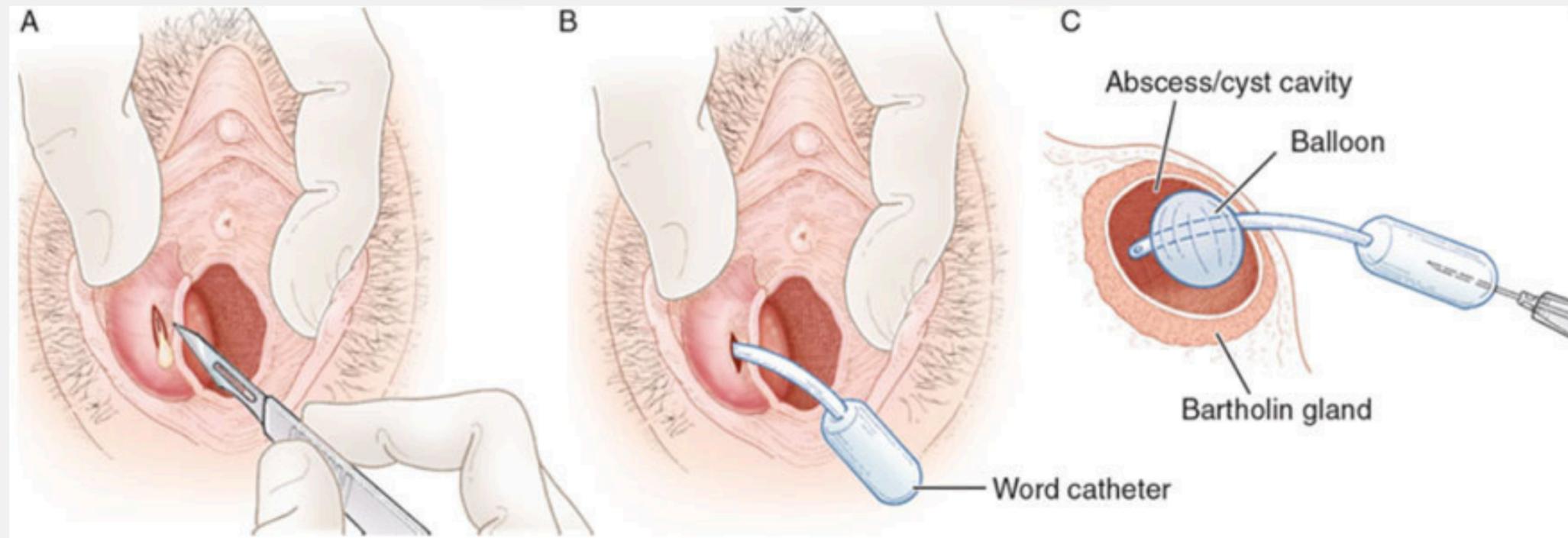
Bartholin gland cysts that is small and uncomplicated may be managed by sitz baths and analgesics.

. Bartholin gland abscesses or large, symptomatic Bartholin gland cysts require surgical treatment (typically in the office under local anesthesia) which can provide immediate symptom relief.



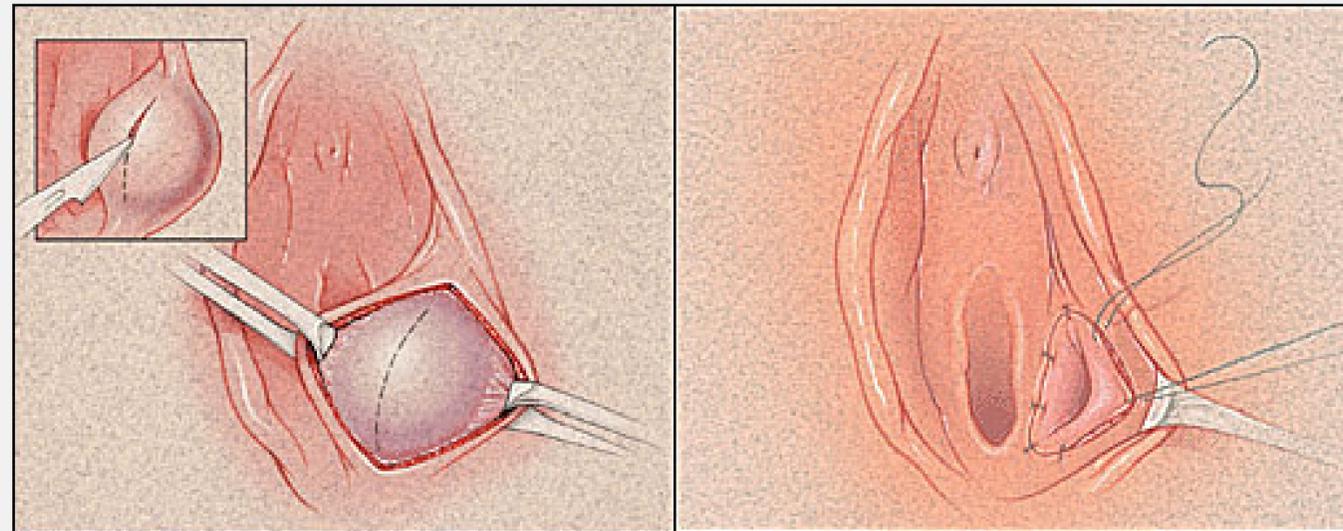
Management

Incision and drainage is considered the simplest surgical technique and quickly relieves pain, but typically is performed in addition to fistulization which involves placing a catheter through the gland incision to maintain opening and create a new, epithelialized outflow tract.



Management

Bartholin gland excision is reserved for recurrent Bartholin gland cysts or suspected Bartholin carcinoma and is not recommended if there are signs of active infection.



Broad-spectrum antibiotics are typically reserved for patients with cellulitis or a sexually transmitted infection.

SKENE'S gland

Other names for skene's glands

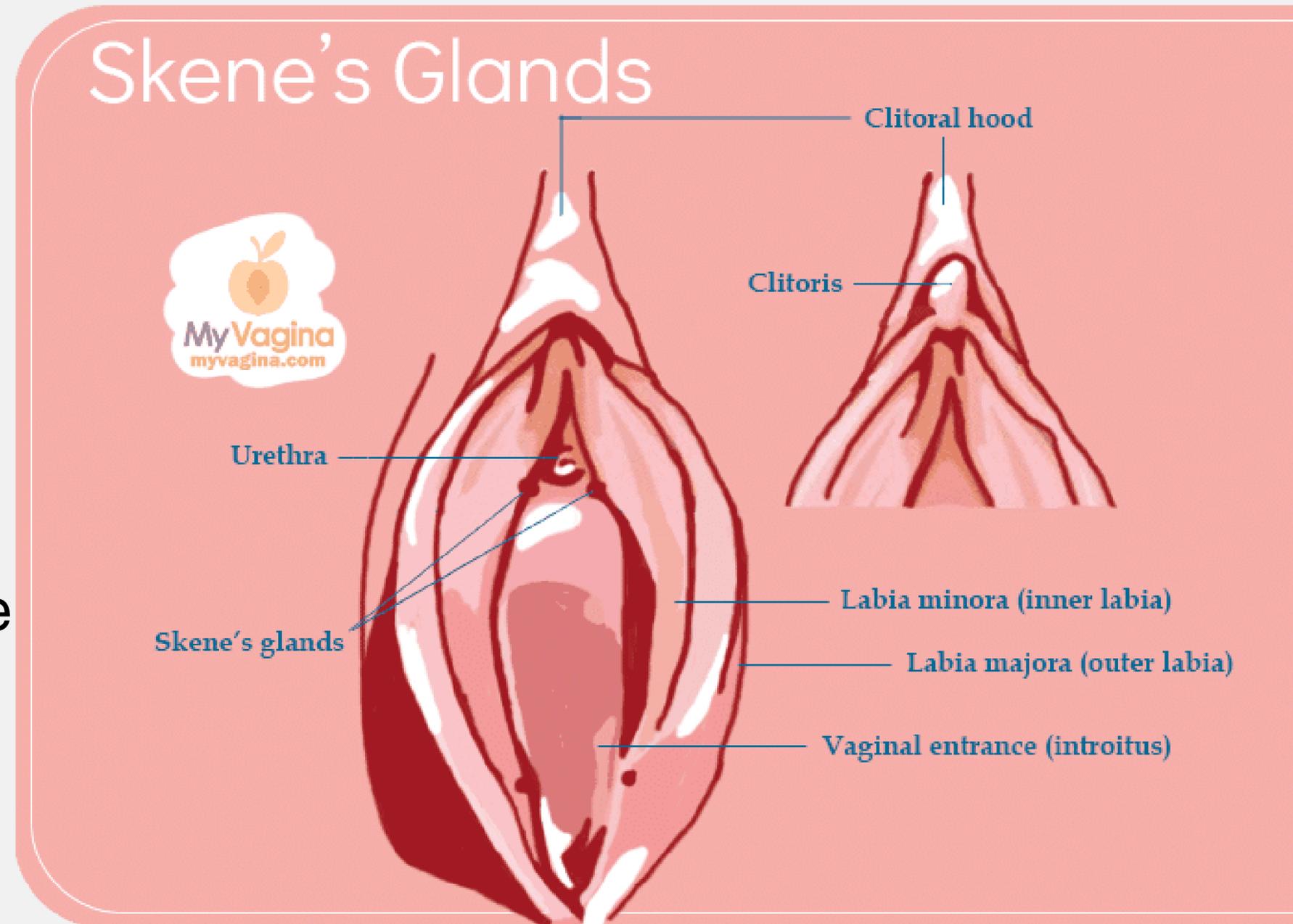
:include

Skene's ducts, lesser vestibular glands or
.Paraurethral glands

They are found on each side of the urethra

Normally neither seen nor felt

NOTE: These glands are believed to secrete
a
substance to lubricate the urethra opening



SIGNS AND SYMPTOMS SKENITIS/ SKENE'S-DUCT CYST

inflammation

blockage in normal drainage

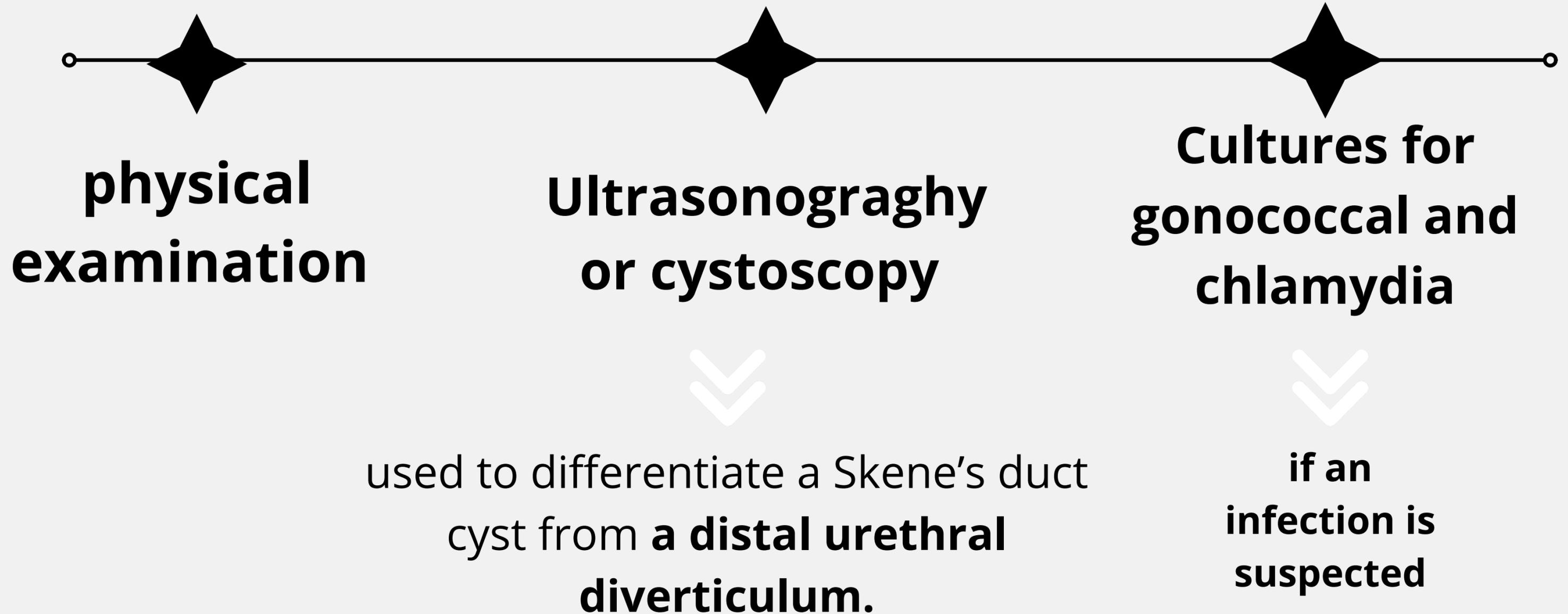
Gonorrhoea and chlamydia is the most common causes of this type of infection, though it may also result from a urinary tract infection (**UTI**) due to the urethra's proximity

These cysts are often **small, asymptomatic**, and **tender**, though larger cysts may cause **dyspareunia , dysuria** , obstruction of urethra making it **difficult to urinate** , the cyst may grow to diameter of 1 cm or larger .

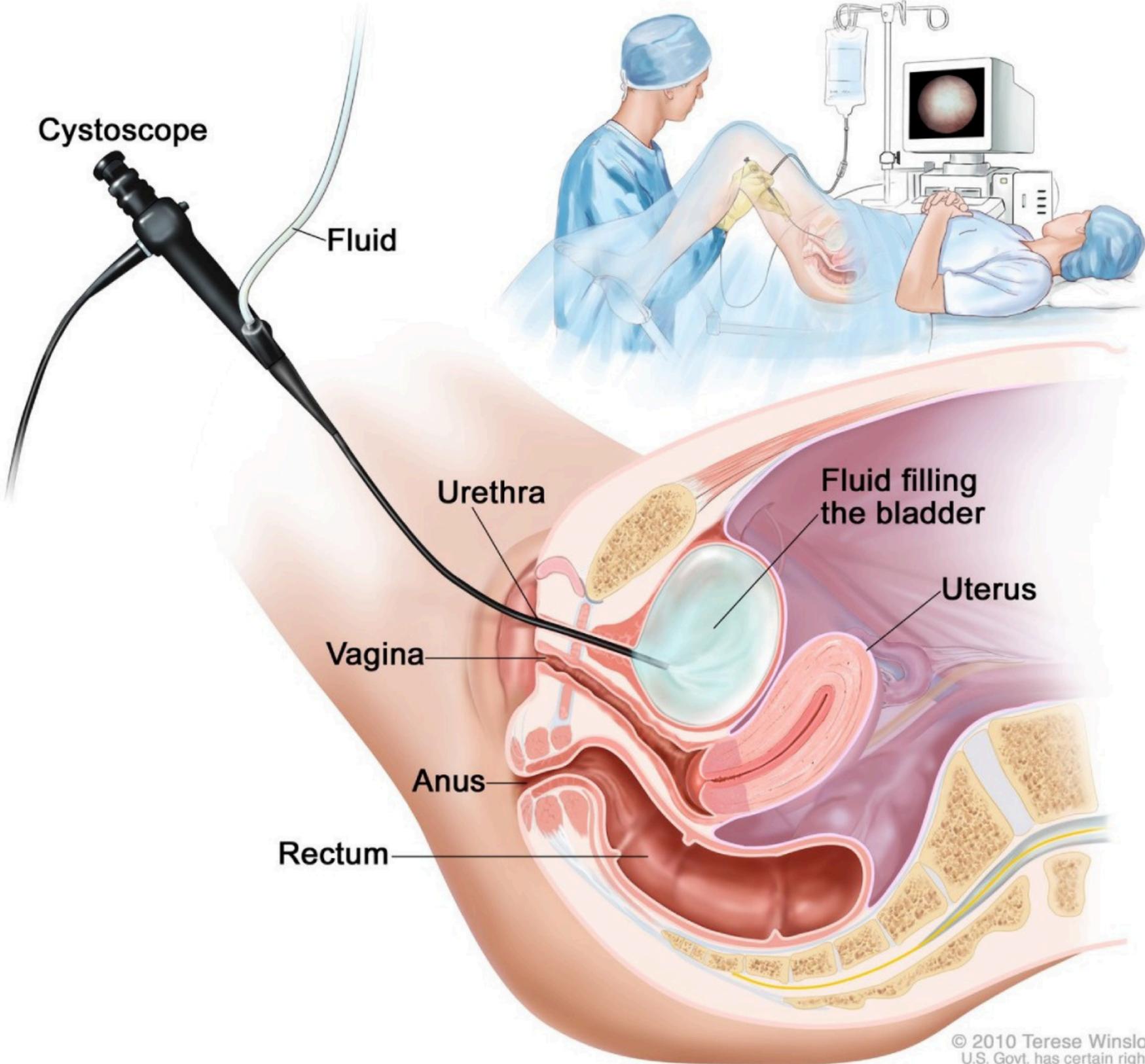
□ If an **abscess** develops, symptoms such as **pain, redness, swelling, ulceration**, become **pulstile**, and **fever** due to infection may be present.

Patients may also experience discomfort or pain while walking, sitting, or engaging in sexual activity

DIAGNOSIS



Cystoscopy



Indications for treating :Skene's Duct Cyst

Usually patients doesn't require treatment, but here are some indications for it:

1

The size of the cyst (>1cm)

2

discomfort to the women.

3

If the cyst is infected (resulting in a Skene's abscess)

NOTE:
obstruction the urethra
(Foley's catheter)

TREATMENT METHODS:



:Sitz bath

may cause the cyst to break and the fluid will drain on its own

Surgical :drainage

Surgical drainage of abscess is undertaken for larger cysts

:Antibiotics

If the cyst is infected with abscess formation

:Marsupialization

Recurring cysts may be treated with marsupialization, a procedure in which stitches are placed on each side of the drainage incision to create a permanent opening. A catheter may be temporarily placed through this opening to facilitate drainage for a few days and help prevent recurrence

Inclusion cysts of the vulva

It's the most common type of vulval cyst, typically appearing as round or oval, firm, and asymptomatic swellings near the introitus of the vulva. These cysts may also occasionally be found in the vagina.

They are benign and lined with stratified, non-keratinizing squamous epithelium, containing creamy, yellow debris.

The skin covering these cysts is very thin, often with visible blood vessels running across the surface specially if infected.





CAUSES

1- laceration following vaginal delivery.

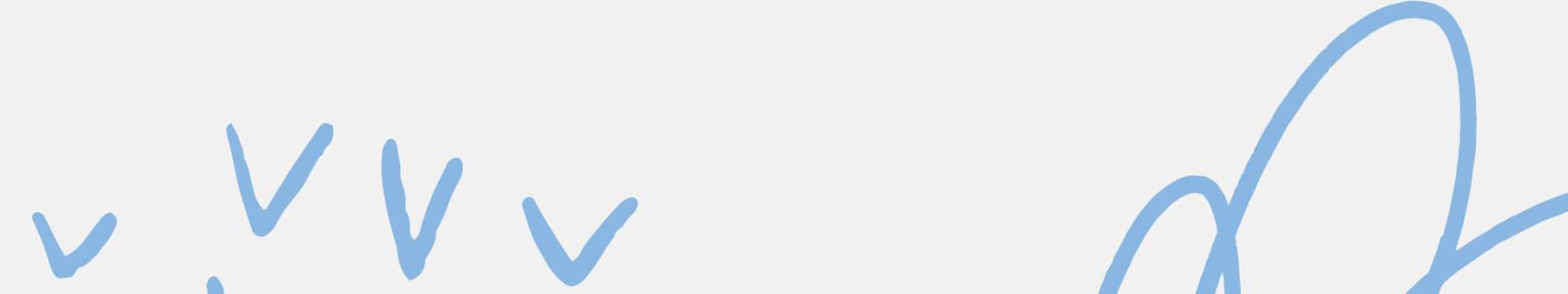
2- Healing of episiotomy.

3- Spontaneously : An epithelial gland beneath the skin, which

normally drain its' secretions to the surface of the skin, becomes trapped beneath the skin. Secretions

accumulate,

forming a small cyst



Treatment

Generally the treatment isn't necessary unless:

- The cyst get infected (painful cyst)
- Discomfort to the pateint.

Treatment of Inclusion cyst: is opened and drained with antibiotic.

In cases where the cyst is recurrent, very large, causing significant symptoms, or if there's concern about malignancy (though rare), surgical excision is recommended, this involves removing the entire cyst and its capsule to prevent recurrence