Education, Support Help Ease Genital Dermatoses

BY JANE SALODOF MACNEIL
Contributing Writer

HOUSTON — Patient education and support are critical to effective treatment of women with recalcitrant nonneoplastic genital dermatoses, Elizabeth "Libby" Edwards, M.D., said at a conference on vulvovaginal diseases sponsored by Baylor College of Medicine.

Often women will go to a series of physicians before the get a diagnosis. And since many skin conditions are incurable, identifying the problem can also bring the unwelcome news that it will require lifelong care, according to Dr. Edwards, chief of dermatology at the Southeast Vulvar Clinic in Charlotte, N.C.

Explaining the nature of the disease is important, as effective treatment often will control a dermatologic condition without curing it, she said. "If they think they are going to be cured, they are not going to be happy when you tell them, 'Take this three times a week for the rest of your life.'"

Dr. Edwards outlined a patient management strategy that begins with a lengthy 5- to 6-page intake questionnaire she requests new patients to complete before their first visit. The questionnaire "is more for their therapy than my evaluation," Dr. Edwards said. Without taking up office time, the questionnaire allows the patient to tell the physician everything she has gone through in trying to figure out what is wrong.

'These women almost all have psychosexual issues,' which typically are a result rather than the actual cause of their medical condition.

Once she makes her diagnosis, Dr. Edwards gives the women preprinted handouts (samples available at www.libbyedwardsmd.com) about the condition and preprinted prescriptions with detailed instructions. These handouts are appreciated because they tend to make the patient feel less isolated. "Women think they are the only ones" to have these conditions, she said.

Dr. Edwards said she also uses Polaroid photographs taken on the examining table. She sends one home with the patient as a guide to where to place medication and staples the other in the patient's chart for future reference. "They walk out much less confused," she said.

Dr. Edwards' patients also are encouraged to go for individual and couples counseling because genital skin conditions often lead to avoidance of sexual activity. "These women almost all have psychosexual issues," she said, emphasizing that these issues are typically a result rather than a cause of the medical condition.

Other recommendations include stopping irritants such as overwashing, cream medications, and panty liners. Dr. Edwards suggested that petrolatum (petroleum jelly) could be used to soothe irritation without causing contact dermatitis.

Ointments and oral medications are preferred because creams often can sting, Dr. Edwards explained. If the patient complains about feeling itchy at night, she recommended nighttime sedation to prevent scratching. "There are no intrinsic anti-itching medications," Dr. Edwards said. The alternatives are treating the cause of the itch, applying a topical anesthetic, or making the patient too sleepy to itch.

As treatment with corticosteroids will often bring quick relief, Dr. Edwards said patients should be forewarned against stopping treatment and tapering off too soon. Tiny amounts were recommended, and she said patients taking an ultrapotent steroid every day should be reevaluated on a monthly basis.

Once the disease has stabilized, Dr. Edwards said most patients can tolerate medication 3 days per week as a long-term treatment. If the patient is doing well, switching from ointment to a less greasy cream is also an option.

However, if the patient does not respond positively, Dr. Edwards said the physician should revaluate for possible infection. ■

Recurring Complex Aphthosis Can Be Easily Mistaken for Fatal Behçet's Disease

BY JANE SALODOF MACNEIL
Contributing Writer

HOUSTON — Strict adherence to diagnostic criteria for Behçet's disease can lead physicians to misdiagnose patients who actually have complex aphthosis, Peter J. Lynch, M.D., warned at a conference on vulvovaginal diseases sponsored by Baylor College of Medicine.

Oral and genital ulcers characterize both conditions, but classic Behçet's disease typically leads to blindness and death, said Dr. Lynch, a professor emeritus at the University of California, Davis.

'In the United States and Western Europe, complex aphthosis is usually not associated with systemic symptoms and signs.'

Though recurring and troublesome, complex aphthosis is a far more benign disorder.

"In the United States and Western Europe, complex aphthosis is usually not associated with systemic symptoms and signs. That's important, because I don't want these women labeled with Behçet's disease that they don't really have," Dr. Lynch said.

"If they tell their primary care doctors that they have Behçet's disease or if they go online and look up Behçet's disease," he warned, "they're going to be overwhelmed with the fact that they are going to be dead in a couple of years, and they are going to have terrible brain disease, and they are going to go blind. This is very frightening."

Dr. Lynch traced the overlap to diagnostic criteria developed in 1990 by the International Study Group for Behçet's Disease (Lancet 1990;335:1078-80). Although other criteria have since been written to avert confusion, he said, the original ISGBD guidelines are still widely used.

If patients with complex aphthosis are to be included in the Behçet's disease spectrum, Dr. Lynch suggested the "Western" form of the disease be distinguished from the "Eastern" form, which he characterized as classic Behçet's disease.

He contrasted the two forms as follows:

- The Eastern form occurs along the "Silk Road" from Asia to Eastern Europe; the Western form presents in Western Europe and North America.
- Men outnumber women among patients with the Eastern form; women are more likely to be affected in the West.
- Central nervous system involvement occurs only in the Eastern form.
- Posterior eye inflammation often leads to blindness with the Eastern form of the condition. Anterior eye disease sometimes occurs with the Western form, but is less severe and rarely, if ever, leads to vision loss.
- The HLA-B51 haplotype is almost always positive with the Eastern form. People with this haplotype are much more likely to develop Behçet's disease if they live along the Silk Road (relative risk about 6.0) than in Western countries (relative risk about 1.5).
- Prognosis is poor in the East, good in the West.

Complex aphthosis has a nonspecific histology and is usually diagnosed by ruling out other conditions, according to Dr. Lynch. These ulcers can appear simultaneously in oral and genital locations, but are often independent of each other. "Almost always you will get a history of oral ulcers in the past, but they don't come out exactly at the same time," he said.

Comparing aphthosis major ulcers to ordinary canker sores, Dr. Lynch said the former are larger, longer lasting, and more painful. The aphthosis ulcers also heal with some scarring and are more likely to appear on mucosa in women and on skin in men.

"There are no good age data, but in my own practice over the years I am impressed with number of very young women from age 13 to about 20 who develop this," he said.

Dr. Lynch said most lesions respond within a few days to topical application of high potency steroids such as fluocinonide and clobetasol. He also recommended lidocaine or sucralfate for pain relief, and suggested 5 mg/cc of triamcinolone acetonide for larger ulcers and ulcers that do not respond to topical steroids.

For systemic therapy, Dr. Lynch proposed 7-10 days of treatment with systemic steroids. Dapsone, colchicine, pentoxifylline, and thalidomide can be effective for episodic treatment and prophylaxis, he said, warning against the use of thalidomide and other tumor necrosis factors in women who are of childbearing age. ■

Posthysterectomy Prolapse Prevented With Culdoplasty

BY SHARON WORCESTER
Tallahassee Bureau

FORT LAUDERDALE, FLA. — Prevention is the best medicine when it comes to enterocele formation, so consider performing a McCall's culdoplasty in all patients undergoing vaginal hysterectomy, G. Willy Davila, M.D., advised.

"I almost always do McCall's culdoplasty when I do a vaginal hysterectomy, and so should you," Dr. Davila said at a symposium on pelvic floor disorders, sponsored by the Cleveland Clinic Florida.

The procedure—which involves opening the vaginal cuff and suturing the full thickness of the vaginal mucosa, peritoneum, and uterosacral ligaments—results in elevation of the vaginal apex. It has been shown to help prevent posthysterectomy prolapse and recurrent prolapse, according to Dr. Davila, chair of the clinic's department of gynecology and head of the section of urogynecology and reconstructive pelvic surgery.

In patients with an existing enterocele, this culdoplasty technique can also be used for repair, although additional sutures may be needed. Permanent sutures are recommended.

If a discrete tear of the endopelvic fascia from the vaginal apex is noted in relationship to the enterocele, the fascia should also be reattached to the apex to correct the enterocele.

Cystoscopy should be performed to ensure that the ureters are not compromised. In addition, tagging the uterosacral ligaments so you know exactly where they are can help you to avoid ureteral injury in the vast majority of cases, he said. ■