

Multimodal Tx for Vulvar Vestibulitis Studied

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CHARLESTON, S.C. — A combination of intralesional steroids, antifungal therapy, and physical therapy may be effective for the treatment of vulvar vestibulitis syndrome, Carolyn Gardella, M.D., reported in a poster at the annual meeting of the Infectious Diseases Society for Obstetrics and Gynecology.

Of 21 women treated with intralesional steroids after failing treatment with topical steroids, 68% had complete resolution of symptoms, and all patients had at least 80% improvement.

Twelve of the 21 women also were treated with yeast suppressive therapy,

and 14 underwent physical therapy for levator muscle hypertonus, noted Dr. Gardella of the University of Washington, Seattle.

Of the 12 women who also received yeast suppressive therapy, 10 (83%) had complete resolution of symptoms, but only 4 of the 9 (44%) who did not receive yeast suppressive therapy had symptom resolution, Dr. Gardella noted.

All patients were seen by a single clinician at a vulvovaginal specialty clinic dur-

ing a 5-month period. A chart review showed that the women were symptomatic for a mean of 27 months before presenting at the clinic.

Eleven of the 21 had yeast by culture despite a lack of clinical evidence of yeast vaginitis, and all had failed treatment with 0.25% desoximetasone ointment applied twice daily for an average of 11 weeks.

The intralesional injections included 4-mg of betamethasone and 4 cc of 0.5% bupivacaine with epinephrine; the women

received a mean of nine injections.

A randomized controlled trial of a regimen using intralesional steroids, antifungal treatment, and physical therapy for vulvar vestibulitis syndrome is warranted, Dr. Gardella wrote.

Her poster also indicated that the high prevalence of yeast by culture in the study population supports the "biologic plausibility" of empiric yeast suppressive therapy for women with vulvar vestibulitis syndrome. ■

Smoking May Up Risk of Pelvic Organ Prolapse

ATLANTA — Tobacco smoking is an independent risk factor for pelvic organ prolapse, data from the Pelvic Organ Support Study suggest.

The findings from this multicenter, cross-sectional, observational study—known as POSST—contrast with those from the Women's Health Initiative, which suggested that smoking was protective against pelvic organ prolapse, Cecilia K. Wieslander, M.D., reported at the annual meeting of the American Urogynecologic Society.

Of 906 women included in the POSST analysis, 773 were nonsmokers (including 173 former smokers), and 133 were current smokers. On multivariate analysis, smoking was an independent, noninteractive risk factor for pelvic organ prolapse of stage II or greater (odds ratio 2.37), said Dr. Wieslander, a fellow in obstetrics and gynecology at the University of Texas Southwestern Medical Center at Dallas.

Even among nulliparous smokers, the prevalence of prolapse was significantly greater compared with nonsmokers (28% vs. 12%, adjusted odds ratio 1.95). In nonsmokers with one vaginal delivery, the prevalence of prolapse increased from 12% to 27%, so the risk associated with smoking in nulliparous women is greater than the risk associated with one vaginal delivery in nonsmokers.

The findings, which are consistent with laboratory data showing that smoking-induced activation of vaginal macrophage elastase may contribute to the pathogenesis of organ prolapse, suggest that smoking is a modifiable risk factor for pelvic organ prolapse. However, further study is needed to look at dose-response to evaluate the effects of secondhand smoke exposures, to determine if symptoms associated with smoking—such as chronic cough—are a cause of pelvic organ prolapse, and to determine if other illnesses with effects similar to those of smoking—such as inflammation—can contribute to pelvic organ prolapse, Dr. Wieslander said.

—Sharon Worcester

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