

Vulvar Skin Conditions— Hypopigmented



FAST FACTS

>1 in 900

prevalence of lichen
sclerosus

**‘figure of
eight’**

hypopigmentation is a classic
identifier for lichen sclerosus

**long-term
risk**

of scarring and malignancy
from lichen sclerosus, unless
treated

Hypopigmented vulvar skin conditions, including lichen sclerosus, can occur in early childhood and may present with vulvar itching or irritation. Vulvar skin conditions are often first identified by the primary care provider based on symptoms and clinical exam). Consult pediatric dermatology and pediatric gynecology specialists if diagnosis is unclear.

ASSESSMENT

Perform a standard health history and physical exam (HPE) with specific questions about symptoms (vulvar itching, vulvar burning, pain with urination or with bowel movements/constipation), skin changes (whitening of vulva or other parts of body, vulvar redness), and prior treatments. Assess for family history of lichen sclerosus.

HPE RED FLAGS

- Pre-pubertal patient
- Vulvar hypopigmentation (‘figure of eight’ distribution)
- Vulvar itch
- Pain with urination or defecation
- Loss of clitoral hood/labia minora
- Petechiae/bruising
- Skin splits (lichen sclerosus/yeast)
- Perianal fissuring/ulcers (vulvar Crohn’s, lichen sclerosus)

MANAGEMENT/TREATMENT

Lichen sclerosus or vitiligo variant of lichen sclerosus

- Topical steroid—begin clobetasol 0.05% ointment BID x 4 weeks, then daily x 4 weeks
- Apply protective barrier cream (Vaseline or Aquaphor) as needed for comfort
- Surveillance every 6 months once improvement achieved

Vitiligo

- If pre-pubertal, observe
- If post-pubertal, start topical tacrolimus ointment, Pimecrolimus BID
- Photodocumentation

Perineal hygiene recommendations

- Avoid using any soap on the vulva
- Apply protective barrier cream (Vaseline, 40% zinc oxide) as needed for comfort
- Plain warm water bath to help with perineal hygiene—avoid bath bombs and bubble baths
- Voiding with legs spread apart
- Cotton underwear, sleeping without underwear

WHEN TO REFER

Refer hypopigmented vulvar skin conditions to Cincinnati Children’s Combined Dermatology/Gynecology clinic.

If you would like additional copies of this tool, or would like more information, please contact the Physician Outreach and Engagement team at Cincinnati Children’s.

For clinical questions about
these conditions, contact:

Dermatology: 513-636-4215;
dermatology@cchmc.org

Gynecology: 513-636-9400;
gynecology@cchmc.org

Vulvar Skin Conditions—Hypopigmented

Patient Presents

Standard Workup

- History of Present Illness
- Family History
- Physical Exam

HPE RED FLAGS (when present, refer per chart below)

- Pre-pubertal patient
- Vulvar itch
- Pain with urination or defecation
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Symptoms/History

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> • Itch/irritation • +/- Burning with urination • GI complaints—constipation or pain with defecation • +/- Family history of lichen sclerosus | <ul style="list-style-type: none"> • Vulvar white patches • Excoriation • Itch/irritation • +/- Burning with urination • GI complaints—constipation or pain with defecation | <ul style="list-style-type: none"> • Vulvar white patches • +/- White patches elsewhere on body |
|---|--|---|

Diagnosis

- | | | |
|------------------|--------------------------------------|----------|
| Lichen sclerosus | Vitiligo/variant of lichen sclerosus | Vitiligo |
|------------------|--------------------------------------|----------|

Signs/Findings

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> • Hypopigmentation, symmetric • Petechiae/purpura • Fissuring • +/- Erythema • Atrophic/wrinkled patches • Clitoral hood involvement • Agglutination, scarring | <ul style="list-style-type: none"> • Symmetric hypopigmentation/depigmentation • Petechiae/purpura • Fissuring • +/- Erythema • Atrophic/wrinkled patches • Clitoral hood involvement • Agglutination, scarring | <ul style="list-style-type: none"> • Well-demarcated depigmented asymmetric patches |
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Recommendations

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> • Perineal hygiene (see box below) • Start thin layer clobetasol 0.05% ointment BID x 4 weeks and do not continue >6 weeks without consultation • Photodocumentation | <ul style="list-style-type: none"> • Perineal hygiene (see box below) • Start thin layer clobetasol 0.05% ointment BID x 4 weeks and do not continue >6 weeks without consultation • Photodocumentation | <ul style="list-style-type: none"> • Perineal hygiene (see box below) • If pre-pubertal, observe • If post-pubertal, start topical tacrolimus ointment, Pimecrolimus BID • Photodocumentation |
|---|---|---|

Referral

Refer to Cincinnati Children's Combined Gynecology/Dermatology Clinic

Recommend Perineal Hygiene

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> • Avoid using any soap on vulva • Apply protective barrier cream (e.g., Vaseline or 40% zinc oxide) as needed for comfort | <ul style="list-style-type: none"> • Use plain warm water bath to help with perineal hygiene; avoid bath bombs and bubble baths | <ul style="list-style-type: none"> • Voiding with legs spread apart • Cotton-only underwear; sleeping without underwear |
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For urgent issues, or to speak with the specialist on call 24/7, call the Physician Priority Link at 1-888-636-7997.