

# Vulvar Skin Conditions— Infections and Benign Neoplasms



## FAST FACTS

### In patient <5 years old

condyloma is usually a result of vertical transmission

### Lipschutz ulcers

are often diagnosed in females  $\leq 20$  year, and are most often present in 10–13 year olds

Vulvar skin conditions, including infections and benign neoplasms, can occur in early childhood and may present with redness, pain, itching, irritation, ulceration or raised lesions of the vulva. Vulvar skin conditions are often first identified by the primary care provider, based on symptoms, clinical exam and occasionally lab assessment (culture). Consult pediatric dermatology, pediatric gynecology and/or child abuse specialists when diagnosis is unclear.

## ASSESSMENT

Perform a standard health history and physical exam (HPE) with specific questions about symptoms or skin changes, concomitant lesions, and prior treatments. Assess for safety and recent exposures/affected family members.

## HPE RED FLAGS

- History of sexual abuse
- Age less than 5 years
- Presentation of new or changing lesion
- Pain, bleeding, redness, pruritus
- Moth-eaten alopecia, pityriasis rosea-like rash, lesions on palms/soles, oral ulcers or erosions
- Patient or family members with or exposure to herpes simplex virus (HSV) (e.g., cold sores)
- History of immunosuppression
- Lesions (papules/pustules/erosions) of interdigital web space, axillary involvement
- History of pubic hair removal
- Red-brown crusted papules on scalp, neck, axillary and inguinal fold

## MANAGEMENT/TREATMENT and WHEN TO REFER

Refer to chart on reverse for details.

## WHEN TO REFER

Refer the following to Cincinnati Children's Dermatology (D) or Gynecology (G) or combined Dermatology-Gynecology (C) clinic:

- Nevi (D)
- Scabies (D)
- Molluscum (D)
- Folliculitis (G)
- Lipschutz (Apthous) ulcers (G)
- Candidiasis (G)
- HPV (D or G)
- Skin tag, epidermal inclusion cyst (G)
- Langerhans cell histiocytosis (C)

Refer the following to both Cincinnati Children's Combined Dermatology/Gynecology clinic and Cincinnati Children's Mayerson Center:

- HSV (child <12 years)
- Syphilis (child <12 years)
- HPV (child age 5–12, or non-sexually active)

For clinical questions about these conditions, contact:

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

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

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.

# Vulvar Skin Conditions— Infections and Benign Neoplasms

Ulcerative/Erosions			
HSV—Primary	HSV—Recurrent (Episodic)	HSV—Frequent Recurrences (Suppressive)	
<p><b>Adolescent</b></p> <ul style="list-style-type: none"> <li>Acyclovir: 20 mg/kg (max 400 mg/dose) TID for 7–10 days</li> <li>Valacyclovir is approved for immune-competent adolescents with first-episode mucocutaneous HSV at a dose of 1 g PO BID for 7–10 days</li> </ul> <p><b>Neonatal</b></p> <ul style="list-style-type: none"> <li>Continue initial Acyclovir 20 mg/kg TID therapy for a minimum of 14 days (limited to skin/mucous membranes); recommend consultation with Infectious Disease</li> </ul>	<p><b>Adolescent</b></p> <ul style="list-style-type: none"> <li>Oral acyclovir: (max 400 mg) per dose TID for 5 days</li> <li>Oral valacyclovir 500 mg BID for 3 days</li> </ul> <p><b>Older Infants/Children</b></p> <ul style="list-style-type: none"> <li>Oral acyclovir: 10–15 mg/kg/dose 4–5x/day for 10–14 days</li> </ul> <p><b>Neonatal</b></p> <ul style="list-style-type: none"> <li>Oral acyclovir: 20 mg/kg/dose TID, duration per consultation with Infectious Disease</li> </ul>	<ul style="list-style-type: none"> <li>Long-term oral suppression with acyclovir 10–20 mg/kg/dose BID</li> <li>Oral valacyclovir 500mg PO daily</li> </ul>	
Lipschutz (Apthous) Ulcers			
<ul style="list-style-type: none"> <li>Topical clobetasol 0.05% ointment, Medrol dose pack, topical lidocaine 2–4% (gel or LMX), Tylenol/ibuprofen, sitz bath</li> </ul>			
Syphilis			
<ul style="list-style-type: none"> <li>Consult with Infectious Disease, Mayerson Center (if age &lt;12 years or concern for abuse)</li> <li>Single dose penicillin G benzathine (2.4 million units intramuscularly [IM]) is standard therapy for primary, secondary, and early latent syphilis</li> </ul>			
Candidiasis			
<ul style="list-style-type: none"> <li>Fluconazole 150 mg PO (or weight-appropriate dosing) every 72 hours until symptoms resolve (1–2 doses)</li> </ul>			
Exophytic			
HPV			
<ul style="list-style-type: none"> <li>Observation (recommended)</li> <li>Podofilox (Condylox®) 0.5% gel: Apply thin layer to affected area (let dry) twice a day for three consecutive days and then hold for 4 days for 1–4 weeks</li> <li>Imiquimod (ALDARA®) 5% cream: Apply thin layer of cream to affected area and rub in until cream is no longer visible 3 times per week (Monday—Wednesday—Friday) at bedtime until total clearance or max duration of 16 weeks</li> </ul>			
Molluscum	Syphilis	Skin Tag	
<ul style="list-style-type: none"> <li>Observation</li> </ul>	<ul style="list-style-type: none"> <li>See above</li> </ul>	<ul style="list-style-type: none"> <li>No treatment indicated; consider referral to Gynecology if symptomatic (pain/irritation)</li> </ul>	
Papules			
Scabies/Pubic Lice	Folliculitis		
<ul style="list-style-type: none"> <li>Scabies: permethrin 5% cream neck down <b>for all household members</b> left on for 8–12 hours then rinsed off. Repeat in 7–10 days.</li> <li>Pubic lice: permethrin 5% cream, left on x 8–12 hours then rinsed off and repeated on day 8 or Ivermectin 250mcg/kg x2 doses on day 1 and day 8</li> </ul>	<ul style="list-style-type: none"> <li>Stop shaving</li> <li>If non-tender, topical hydrocortisone 1% (OTC).</li> <li>If inflamed, can use benzoyl peroxide wash 5% once daily or three times per week (only to hair-bearing areas) and clindamycin 1% lotion BID</li> </ul>		
Neoplastic			
Nevi	Epidermal Inclusion Cyst	Hemangiomas	Langerhans Cell Histiocytosis
<ul style="list-style-type: none"> <li>Surveillance, refer to Dermatology</li> </ul>	<ul style="list-style-type: none"> <li>Reassurance</li> <li>If inflamed: warm compresses, consider oral antibiotic if cellulitis present, and refer to Gynecology</li> </ul>	<ul style="list-style-type: none"> <li>Refer to Dermatology; consider starting timolol 0.5% solution 1 drop BID while awaiting appointment</li> </ul>	<ul style="list-style-type: none"> <li>Refer to Dermatology for biopsy and further workup</li> </ul>

For urgent issues, or to speak with the specialist on call 24/7, call the Physician Priority Link at 1-888-636-7997.