

Vulval Vestibulitis

The tissue in the inner aspect of the vulva is called the vestibule. This area has become sensitive to touch and friction. It may have been originally irritated by minor infection such as thrush. It is not due to an infection and will therefore not affect your partner.

There is no one cure and treatment consists of the following measures which will help relieve the symptoms.

1. A soap substitute – emulsifying ointment or aqueous cream, which you can buy over the counter at a chemist's shop. Do not use bubble baths or shampoo your hair in the bath. Avoid soap, disinfectants and deodorants in this area.
2. An anti-thrush, anti-inflammatory cream – Ketoconazole cream – is applied twice daily to the vestibule for several months.
3. A local anaesthetic to numb the area such as 5% Lignocaine ointment or EMLA cream. This may be used at any time and may be used several times a day. Do not use in the first 3 months of pregnancy and discuss using it in later pregnancy with your specialist.
4. An antihistamine may reduce the irritating chemicals that are released into the skin and may prove helpful e.g. Hydroxyzine in a dose of 25 – 50mg at night.

Finally, if all these measures fail or if you start to get pain or burning without touching the area (dysaesthetic vulvodinia), then

5. A tricyclic antidepressant is used. This is normally used for depression but it also has an effect on neuropathic pain (neuralgia) and it is therefore used for many chronic pain syndromes in medicine. Small doses are used initially and gradually increased until pain relief is achieved. Amitriptyline is the one most commonly used and the starting dose is 10mg nightly and each week the dose is increased by an extra 10mg. Each person responds differently and the effective dose can be anywhere from 30mg to 150mg a night.

Useful measures if you have vulval pain.

- Avoidance of soaps, bubble baths, deodorants and vaginal wipes from coming into contact with the vulval area.
- Clean the vulval area with water only, preferably using showers not baths.
- If passing urine makes your symptoms worse, then wash the urine away from the vulval area using a jug of warm water whilst on the toilet.
- Clean the vulval area only once a day, avoiding scrubbing with flannels and brushes.
- Avoidance of creams that have not been prescribed e.g. topical Clotrimazole.
- Avoidance of antiseptics in the bath.
- Wear loose fitting cotton underwear.
- Try washing under garments with baking soda soap only. Fabric conditioners and washing powders contain potential irritants to the skin.
- Only use white or unbleached toilet tissue.
- When washing your hair, avoid allowing shampoo from coming into contact with the vulval area. Try washing your hair in the sink.

How is it treated?

As there is no obvious cause for symptoms, it is difficult for many women (and some doctors) to understand the condition. There are many conditions that it is not! It is not infective, it is not related to cancer, it will not spread to other parts of your body and you will not pass it on to your partner.

The main way that the condition is managed is with creams in the first instance. There are many topical treatments available for use and you have probably tried many of them, however, many of them can be inappropriate as they are often prescribed for use to treat infections e.g. thrush. Some doctors will use different first line treatments. Here are a few suggested treatments;

Treatments available from your doctor.

Steroid creams are used for other inflamed painful skin conditions e.g. eczema. They vary in their strength with some being very strong (potent) and some less weak. Applying the cream must be to the vestibule area usually twice a day usually with a pea-sized amount. (You may want to use a mirror). They can only be used for a certain length of time particularly the more potent steroids as with long term use they can cause the skin to become thinner and more susceptible to secondary infections e.g. thrush. Many women notice an instant irritation on application. This can resolve with time, however, if it continues it is best to stop and use one of the other creams. Steroid creams are best prescribed by your doctor.

Zinc oxide cream has been used with variable success among women with vulval vestibulitis. Zinc application has been shown to reduce inflammation and increase healing in wounds and burns and it can be used to ease and treat the inflammation associated with vulval vestibulitis.

Ketoconazole cream (Nizoral) has been shown to help women who suffer from vulval vestibulitis. Although it is an anti-yeast treatment, many women have benefitted.

Treatments you can buy without prescription.

Aveeno (oatmeal) sitz baths are an alternative treatment available from most health shops without prescription. Place one sachet in the bath and bathe for 20 minutes. This can be repeated up to four times a day.

Calendula and hypercal creams are alternative, homeopathic treatments useful for treating sore and painful skin.

Indian teabags have been used to calm the burning sensation that can accompany vulval vestibulitis. They contain tannic acid which is a local anaesthetic. The teabags can be placed in the bath or warm teabags can be placed on the vestibule at night.

Aqueous cream is a very bland plain ambulant (soothing cream) that is usually used for treating cracked skin. It is perfume-free and is therefore less likely to irritate than the steroid creams. Many women gain benefit from use of this cream though as it soothes and rehydrates the skin. Some women keep the cream in the fridge as this helps even further. It can be used indefinitely and as frequently as you like. It is available without a prescription.

How common is it?

Like any under-recognised condition, it is difficult to determine exactly how common it really is. Some work performed in America by a gynaecologist called Martha Goetsch, suggested that the condition is present in up to 15% of women who attend outpatient departments with other conditions. In a recent survey of GP's in the north of England, chronic vulval pain and soreness was extremely common with nearly 50% of GP's seeing one woman a month and 13% of GP's seeing one patient a week. This number of women is likely to be even greater as many women who have vulval vestibulitis will have been given an incorrect diagnosis (usually thrush) and therefore will be excluded from these figures. All evidence points to vulval vestibulitis (and vulval pain from other causes) being an extremely common under-diagnosed problem.

What causes it?

It is likely that a number of factors cause vulval vestibulitis, but often no identifiable cause can be found. Some women have sudden onset of symptoms following a specific event and this is commonly recognised as a severe attack of thrush followed by anti-thrush treatment e.g. Canesten. Once the attack of thrush settles following treatment, soreness and burning may persist as vestibulitis. Some women complain of vestibulitis following childbirth, or the use of certain bubble baths and soaps or with the use of antiseptic in the bath e.g. Dettol. Where symptoms have gradually occurred over some time, even years, then it's difficult to identify a cause. Some women with interstitial cystitis also suffer from the condition. The reasons why the two conditions are connected remains unknown.