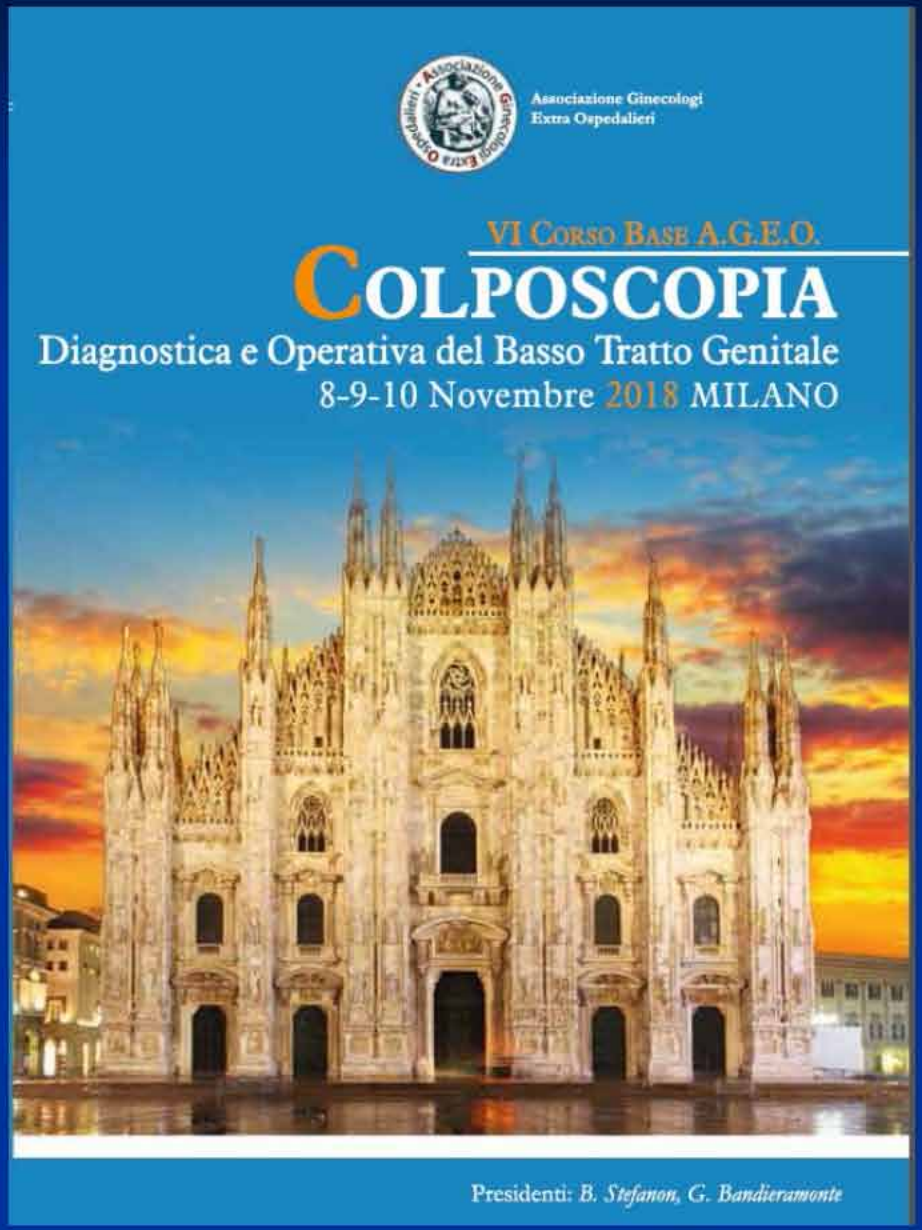


APPROCCIO DIAGNOSTICO ALLA PATOLOGIA VULVARE: SINTOMI E SEGNI

Dr. Roberto Senatori,
Pietro Lippa,
Franco Anglana,
Paolo Inghirami

"...in occasione
dell'esame colposcopico
è *opportuna* l'osservazione
della vagina e della vulva..."

Linee Guida SIGO 11/2000

La patologia vulvare è rara

FALSO

Epidemiologia

- Circa il 20% delle donne accusano significativi disturbi vulvari di durata superiore ai 3 mesi nel corso della vita.

- 1/3 di queste riporta disturbi tipo bruciore o dolore acuto al contatto con l'area genitale.

- 1/3 delle donne soffre di bruciori e/o prurito vulvare, che interferiscono con la sessualità e qualità della vita.

Istat 2016 : 31.209.230 ♀

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La patologia vulvare è complessa

VERO

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Patologie suddivise per gruppi

- Malformazioni
- Varianti anatomiche
- Neoplasie/tumefazioni benigne
- Neoplasie maligne
  - Carcinomi squamosi
  - Adenocarcinomi (gh. Bartolino / Paget)
  - Melanomi
  - Sarcomi
- Infezioni
  - Micotiche
  - Batteriche
  - Virali
  - Protozoarie
- Dermatiti
  - Irritative da contatto
  - Allergiche da contatto

- Dermatosi
  - Lichen Sclerosus
  - Lichen Planus
  - Lichen Simplex Chronicus
  - Psoriasi
  - Dermatite seborroica
  - Pemfigo
  - Pemfigoidi
- Malattie sistemiche
  - Morbo di Chron
  - Sindrome di Beçhet
  - Lupus eritematosus
- Vulvodinie
  - Spontanee
  - Provocate
- Disturbi psico-sessuologici
- Disturbi neurologici

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Table. 2.8 - 2011 ISSVD CLINICAL CLASSIFICATION OF VULVAR DERMATOLOGICAL DISORDERS

1) SKIN-COLORED LESIONS

A. Skin-colored papules and nodules

1. Papillomatosis of the vestibule and medial labia minora (a normal finding; not a disease)
2. Molluscum contagiosum
3. Warts (HPV infection)
4. Scar
5. Vulvar intraepithelial neoplasia
6. Skin tag (acrochordon, fibroepithelial polyp)
7. Nevus (intradermal type)
8. Mucinous cysts of the vestibule and medial labia minora (may have yellow hue)
9. Epidermal cyst (Syn, epidermoid cyst; epithelial cyst)
10. Mammary-like gland tumor (hidradenoma papilliferum)
11. Bartholin gland cyst and tumor
12. Syringoma
13. Basal cell carcinoma

B. Skin-colored plaques

1. Lichen simplex chronicus (LSC) and other lichenified disease (see definitions in Part IV above)
2. Vulvar intraepithelial neoplasia

2) RED LESIONS: PATCHES AND PLAQUES

A. Eczematous & lichenified diseases (see definitions in Part IV above)

1. Allergic contact dermatitis
2. Irritant contact dermatitis
3. Atopic dermatitis (rarely seen as a vulvar presentation)
4. Eczematous changes superimposed on other vulvar disorders
5. Diseases clinically mimicking eczematous disease (candidiasis, Hailey-Hailey disease and extramammary Paget's disease)
6. Lichen simplex chronicus (lichenification with no preceding skin lesions)
7. Lichenification superimposed on an underlying preceding pruritic disease

B. Red patches & plaques (no epithelial disruption)

1. Candidiasis
2. Psoriasis
3. Vulvar intraepithelial neoplasia
4. Lichen planus
5. Plasma cell (Zoon's) vulvitis
6. Bacterial soft-tissue infection (cellulitis and early necrotizing fasciitis)
7. Extramammary Paget's disease

3) RED LESIONS: PAPULES AND NODULES

A. Red papules

1. Folliculitis
2. Wart (HPV infection)
3. Angiokeratoma
4. Molluscum contagiosum (inflamed)
5. Hidradenitis suppurativa (early lesions)
6. Hailey-Hailey disease

B. Red nodules

1. Furuncles ("boils")
2. Wart (HPV infection)
3. Prurigo nodularis
4. Vulvar intraepithelial neoplasia
5. Molluscum contagiosum (inflamed)
6. Urethral caruncle and prolapse
7. Hidradenitis suppurativa
8. Mammary-like gland adenoma (hidradenoma papilliferum)
9. Inflamed epidermal cyst
10. Bartholin duct abscess
11. Squamous cell carcinoma
12. Melanoma (amelanotic type)

4) WHITE LESIONS

A. White papules and nodules

1. Fordyce spots (a normal finding; may sometimes have a yellow hue)
2. Molluscum contagiosum
3. Wart
4. Scar
5. Vulvar intraepithelial neoplasia
6. Squamous cell carcinoma
7. Milium (pl. milia)
8. Epidermal cyst
9. Hailey-Hailey disease

B. White patches and plaques

8) EDEMA (DIFFUSE GENITAL SWELLING)

A. Skin-colored edema

1. Crohn's disease
2. Idiopathic lymphatic abnormality (congenital Milroy's disease)
3. Post-radiation and post-surgical lymphatic obstruction
4. Post-infectious edema (esp. staphylococcal and streptococcal cellulitis)
5. Post-inflammatory edema (esp. hidradenitis suppurativa)

B. Pink or red edema

1. Venous obstruction (e.g., pregnancy, parturition)
2. Cellulitis (primary or superimposed on already existing edema)
3. Inflamed Bartholin duct cyst/abscess
4. Crohn's disease
5. Mild vulvar edema may occur with any inflammatory vulvar disease

5) DARK COLORED (BROWN, BLUE, GRAY OR BLACK) LESIONS

A. Dark colored patches

1. Melanocytic nevus
2. Vulvar melanosis (vulvar lentiginosis)
3. Post-inflammatory hyperpigmentation
4. Lichen planus
5. Acanthosis nigricans
6. Melanoma-in-situ

B. Dark colored papules and nodules

1. Melanocytic nevus (includes those with clinical and/or histologic atypia)
2. Warts (HPV infection)
3. Vulvar intraepithelial neoplasia
4. Seborrheic keratosis
5. Angiokeratoma (capillary angioma, cherry angioma)
6. Mammary-like gland adenoma (hidradenoma papilliferum)
7. Melanoma

6) BLISTERS

A. Vesicles and bullae

1. Herpesvirus infections (herpes simplex, herpes zoster)
2. Acute eczema (see definitions in Part IV above)
3. Bullous lichen sclerosus
4. Lymphangioma circumscriptum (lymphangiectasia)
5. Immune blistering disorders cicatricial pemphigoid,fixed drug eruption, Steven-Johnson syndrome, pemphigus)

7) EROSIONS AND ULCERS

A. Erosions

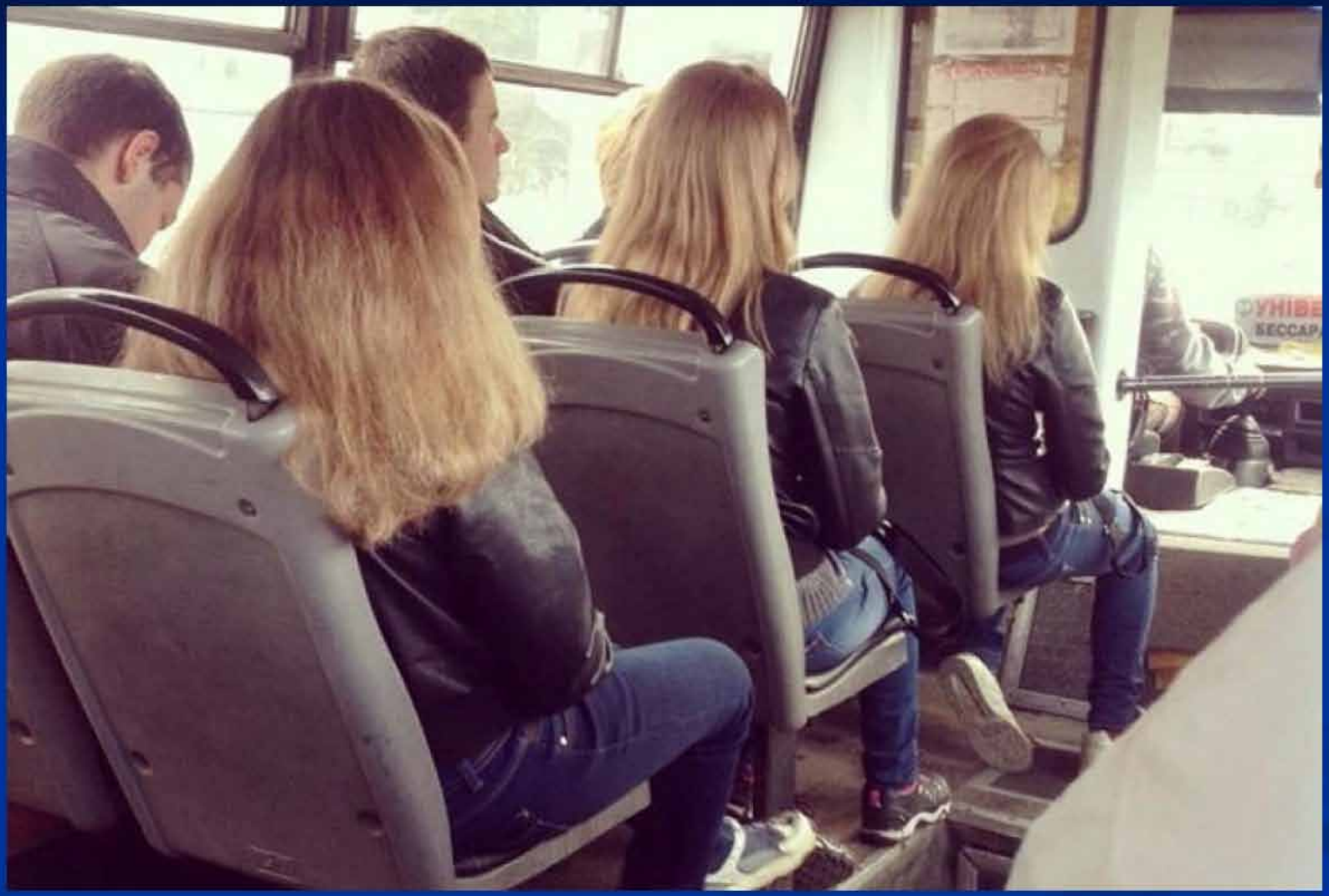
1. Excoriations (See the disorders in Group 2A above)
2. Erosive lichen planus
3. Fissures arising on normal tissue (idiopathic, intercourse related)
4. Fissures arising on abnormal tissue (candidiasis, lichen simplex chronicus, Psoriasis, Crohn's disease, etc.)
5. Vulvar intraepithelial neoplasia,eroded variant
6. Ruptured vesicles, bullae and pustules (see all of the disorders listed above in Group 6 "Blisters")
7. Extramammary Paget's disease

B. Ulcers

1. Excoriations (related to eczema, lichen simplex chronicus)
2. Aphthous ulcers; syn. Aphthous minor, aphthous major, Lipschütz ulcer (occurring either as an idiopathic process or secondary to other diseases such as Crohn's, Behçet's, various viral infections)
3. Crohn's disease
4. Herpesvirus infection (particularly in immunosuppressed patients)
5. Ulcerated squamous cell carcinoma
6. Primary syphilis (chancre)

I.F.C.P.C.

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Candidosi
Psoriasi
Vulvite allergica

?

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Classificazione morfologica - Pelisse

Lesioni rosse

Lesioni bianche

Lesioni brune

Lesioni con perdita di sostanza

Lesioni vegetanti

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Vulvite plasmacellulare di Zoon

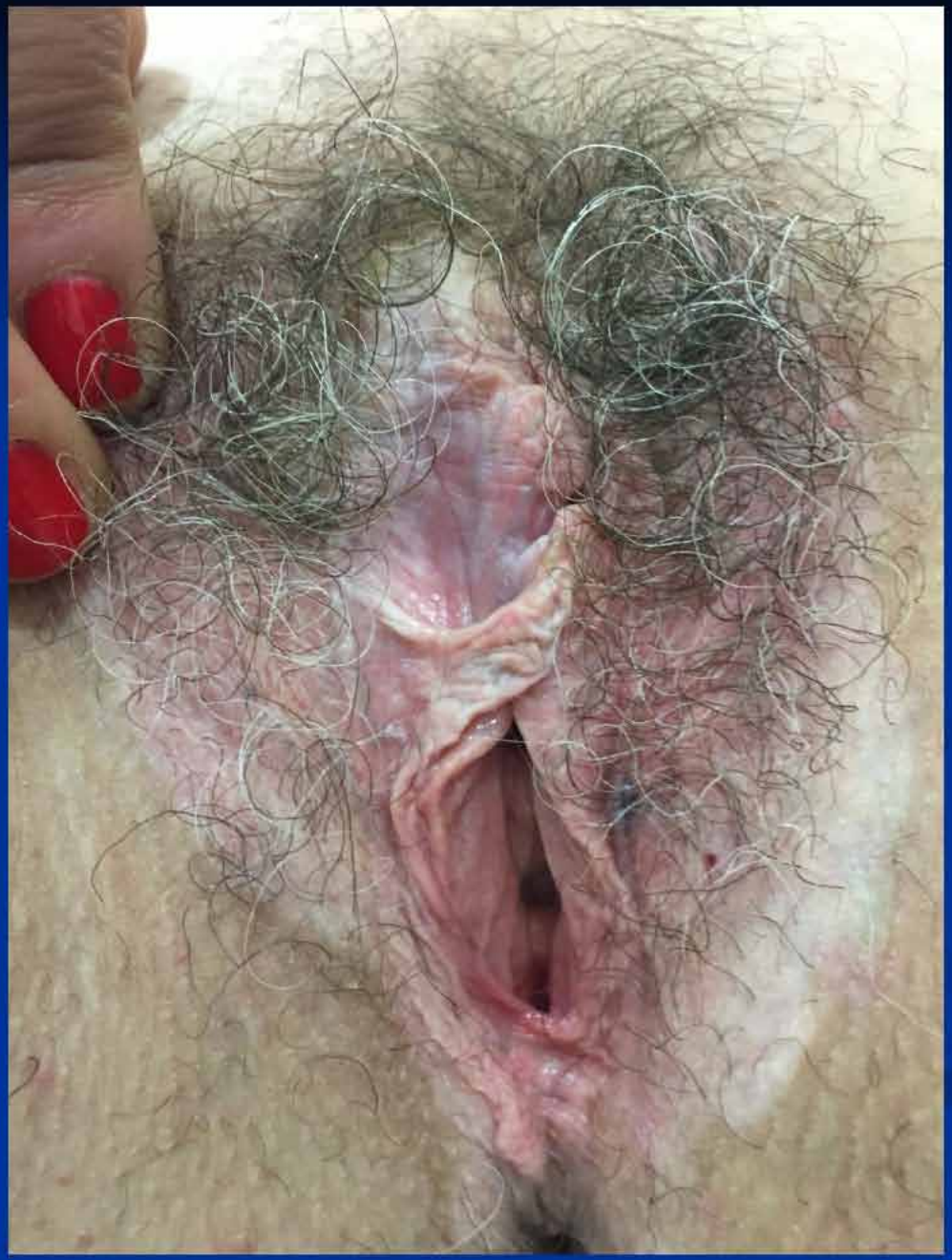
Lesioni rosse



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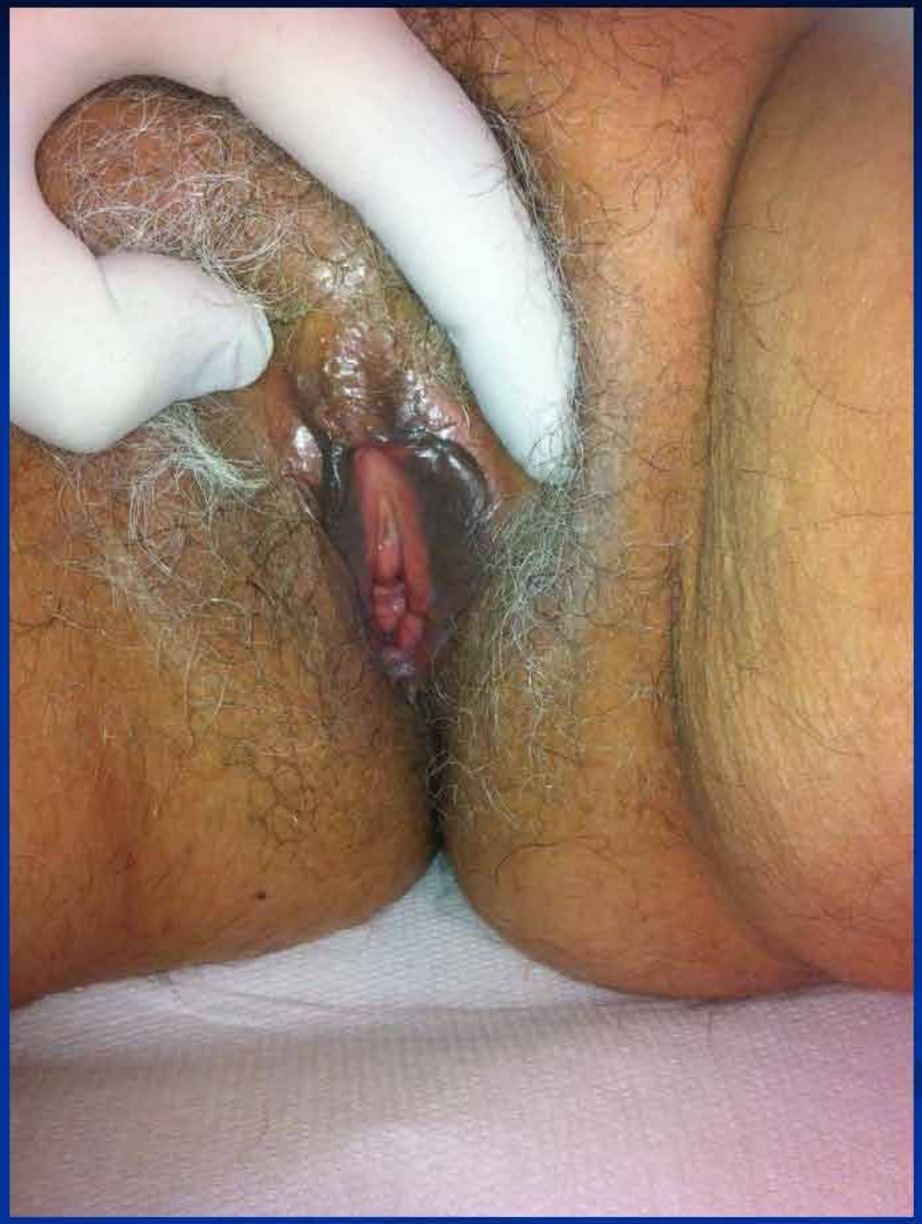
Vitiligine

Lesioni Bianche



Melanodermia

Lesioni brune



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Lesione morfologicamente complessa:
il precedente criterio classificativo risulta non adeguato.

Si notano
nello stesso contesto,
colore bruno, bianco
e rosso



Principali aspetti, pattern morfologici

- Pattern infiammatorio-lesioni rosse
- Pattern scleroatrofico-lesioni bianche
- Pattern pigmentario-lesioni brune
- Pattern reattivo-lichenificazione
- Pattern vescicolo-bolloso-erosivo
- Pattern proliferativo: infettivo, neoplastico

Pattern infiammatorio-lesioni rosse



VIC sub-acuta da microtraumatismo fisico

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Pattern infiammatorio-lesioni rosse

eritema desquamamativo



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Eritema - EDEMA





Vulvite allergica da prodotto anestetico

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Trattato di Patologia Vulvare SEE ed., Firenze
Vulvite Allergica da Contatto
R.Senatori


Eritema – **Atrofia**
IPOPLASIA
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Vulvite plasmacellulare
Eritema ‘’vellutato’’ o velvetico
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Lesione falsamente''rossa''
il pattern principale e' scleroatrofia



LICHEN SCA

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Eritema erosivo.
Ipercheratosi della placca sclero-atrofica
ad aspetto reticolare,
a “tela di ragno”,
o reticolo di Wicham



Lichen ruber planus


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Eritema infiltrato



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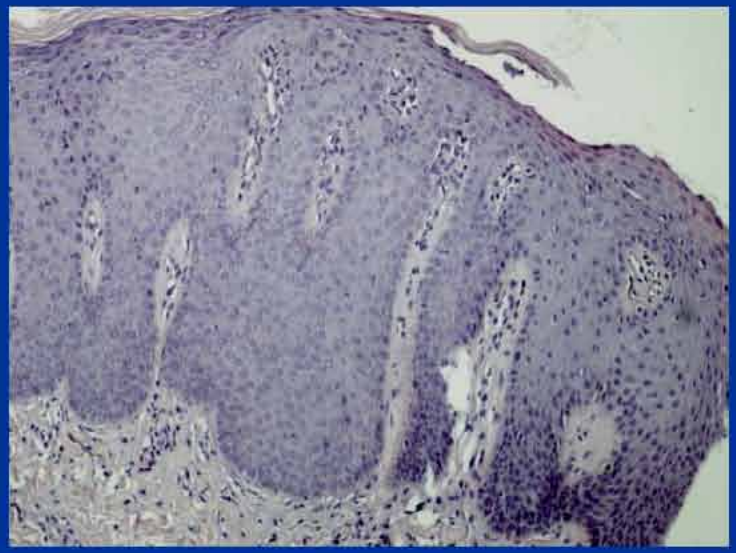
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Istologia: aspetti tipici della psoriasi

Infiltrato linfomonocitario, perivascolare ,edema delle papille
Acantosi e allungamento delle creste Interpapillari
Presenza di ascessi subcornei
Paracheratosi dello strato corneo





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Psoriasi vulvare (pitting ungueale)



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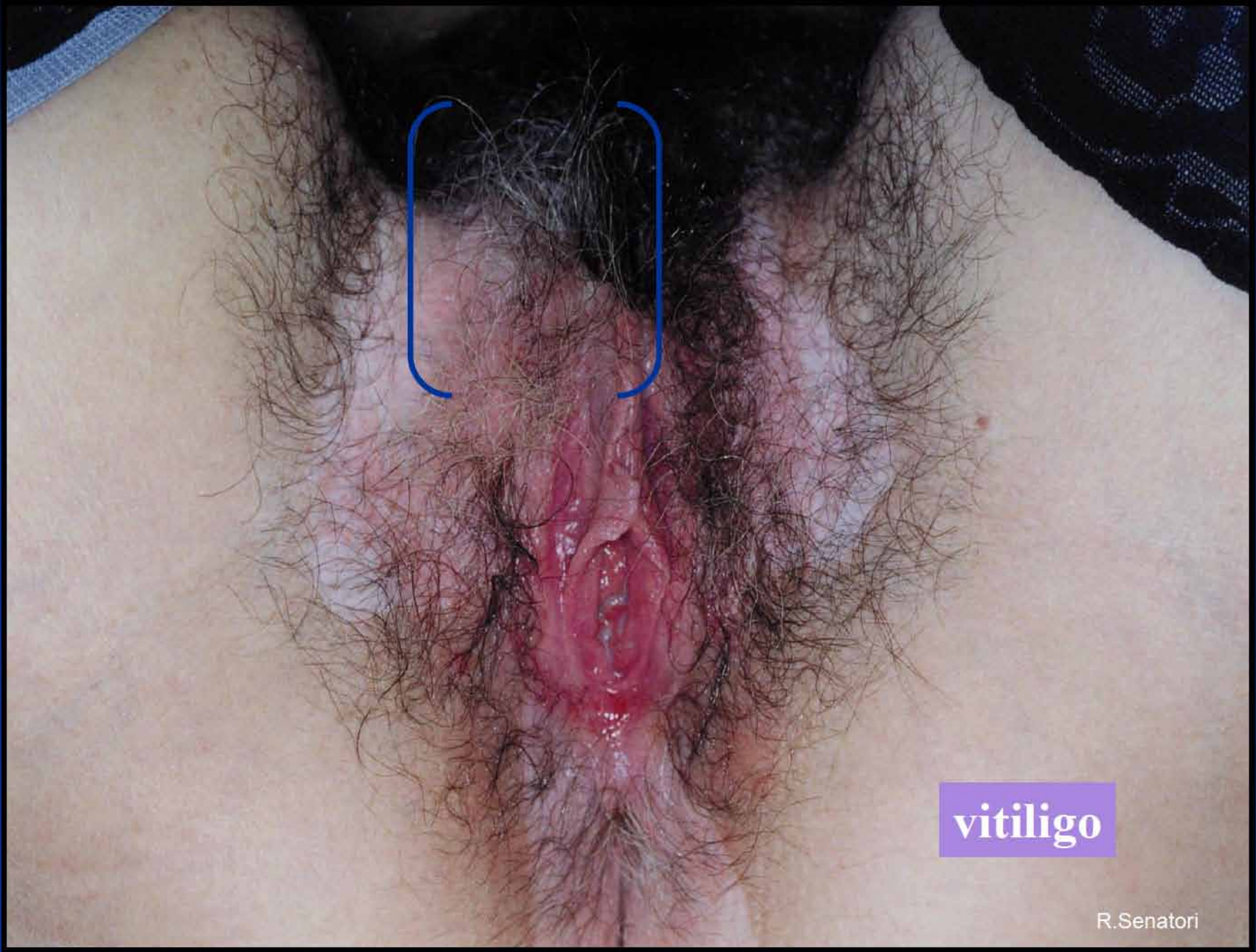


Eritema figurato

MICOSI

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Pattern scleroatrofico-lesioni bianche


vitiligo
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Lichen sclerosus vitiligoideo



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Lesioni bianche: Placca di scleroatrofia

aumento di consistenza di cute e/o mucose
assenza di sollevamento in pliche
ipo-atrofia (riduzione spessore)



Aspetti clinici a rischio

- Placche biancastre ispessite o ulcerate associate ad aree infiammatorie o pseudoerosive
- Tendenza all'infiltrazione (aumento di consistenza alla palpazione)
- Comparsa di rilievi nodulari
- Comparsa di lesioni asimmetriche



da P. Lippa et al ed. CIC 2008



The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

ASCCP The society for lower genital tract disorders since 1964

COMMITTEE OPINION

Number 675 • October 2016 *(Replaces Committee Opinion Number 509, November 2011)*

Committee on Gynecologic Practice
American Society for Colposcopy and Cervical Pathology

This Committee Opinion was developed by the American College of Obstetricians and Gynecologists' Committee on Gynecologic Practice and the American Society for Colposcopy and Cervical Pathology (ASCCP) in collaboration with committee member Oluwatosin Goje, MD, and ASCCP members and experts Jason Reutter, MD, Herschel Lawson, MD, and Colleen Stockdale, MD, MS.

This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

Management of Vulvar Intraepithelial Neoplasia

- Biopsy is indicated for visible lesion for which definive diagnosos cannot be made on clinical grounds
- Possible malignancy
- Visible lesion that non responding to usual theraphy
- Lesions with atypical vascular patterns
- Stable lesion that rapidly change in color, border or size

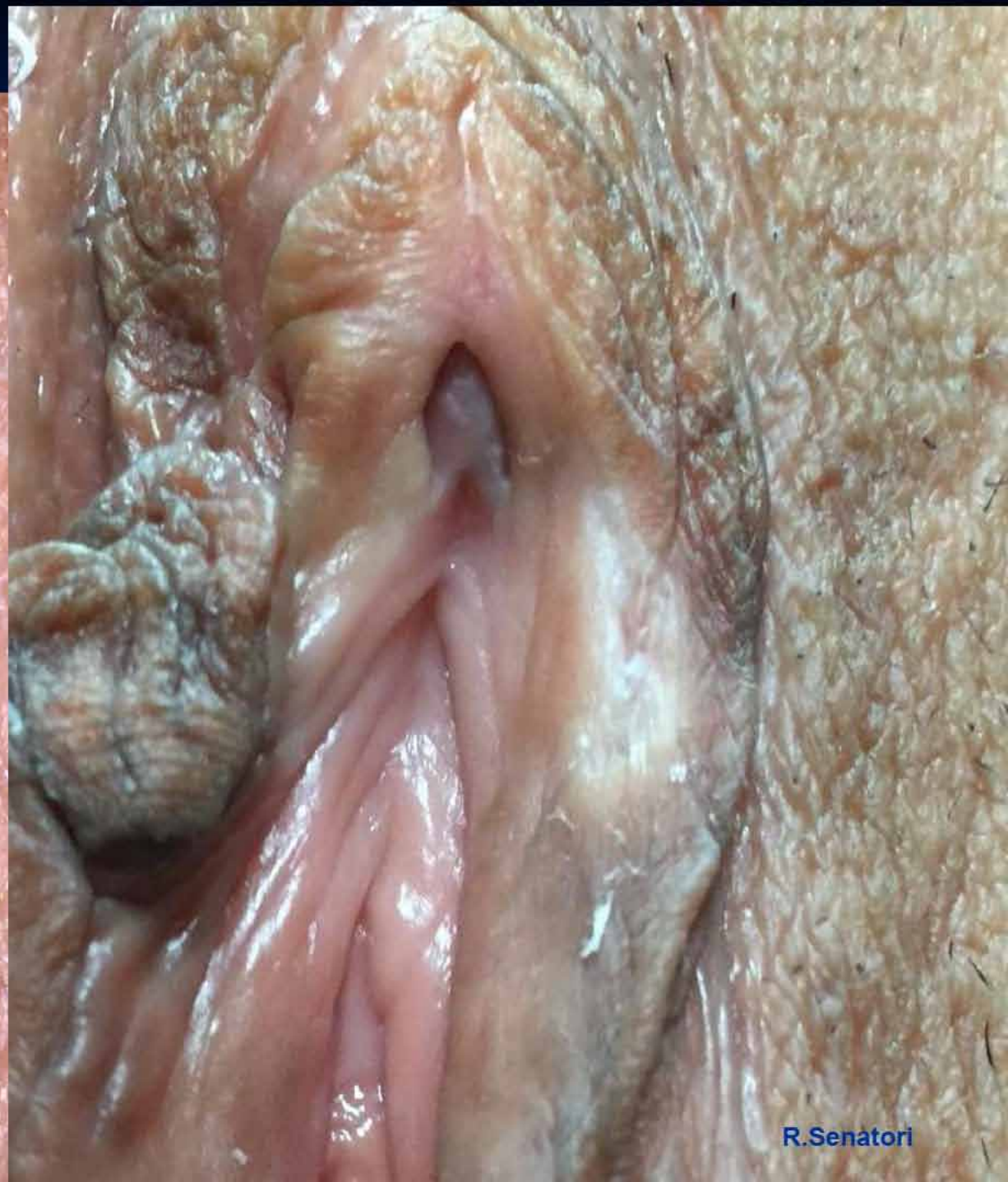
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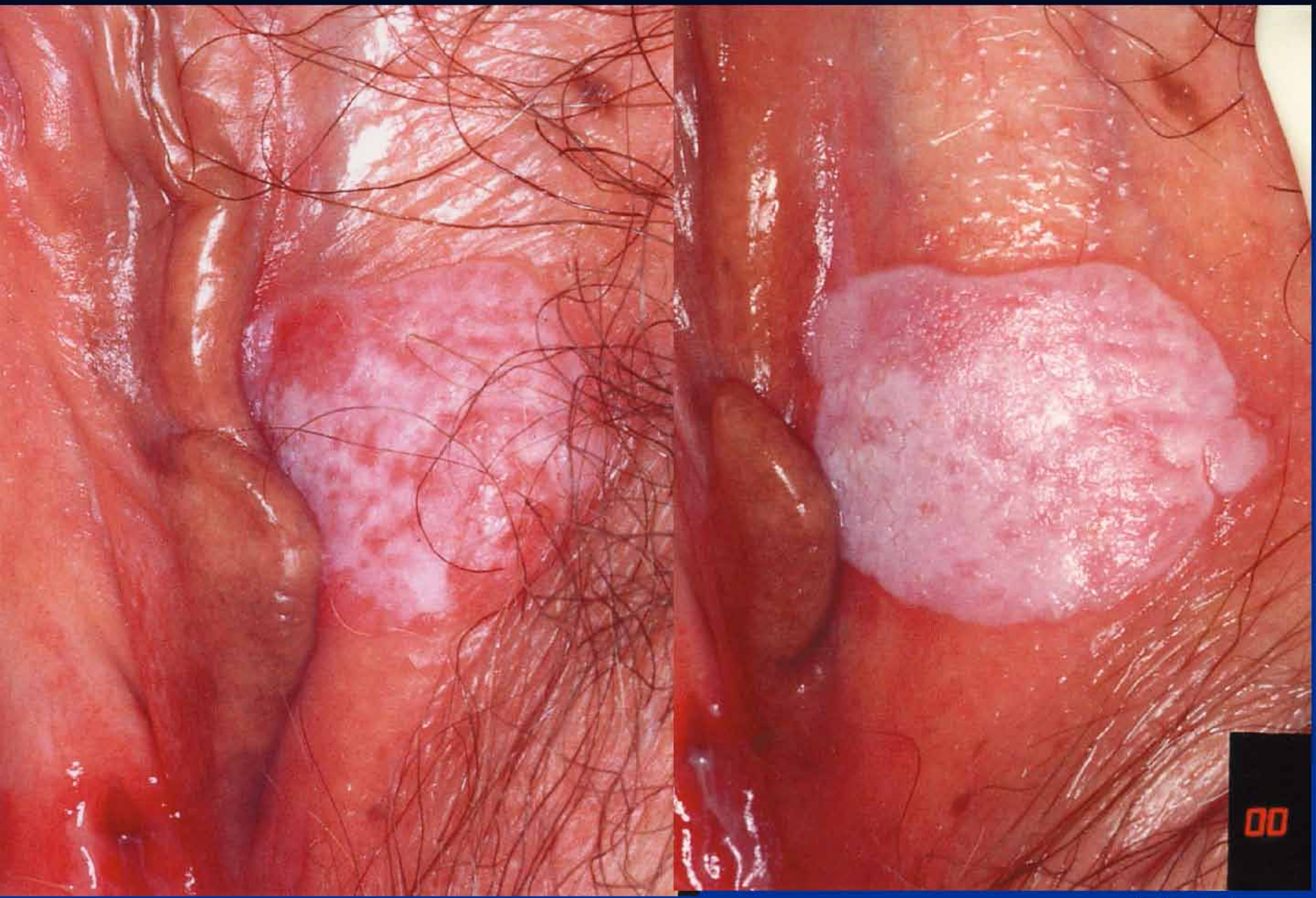
L’ esame vulvare

NON è

la colposcopia della vulva




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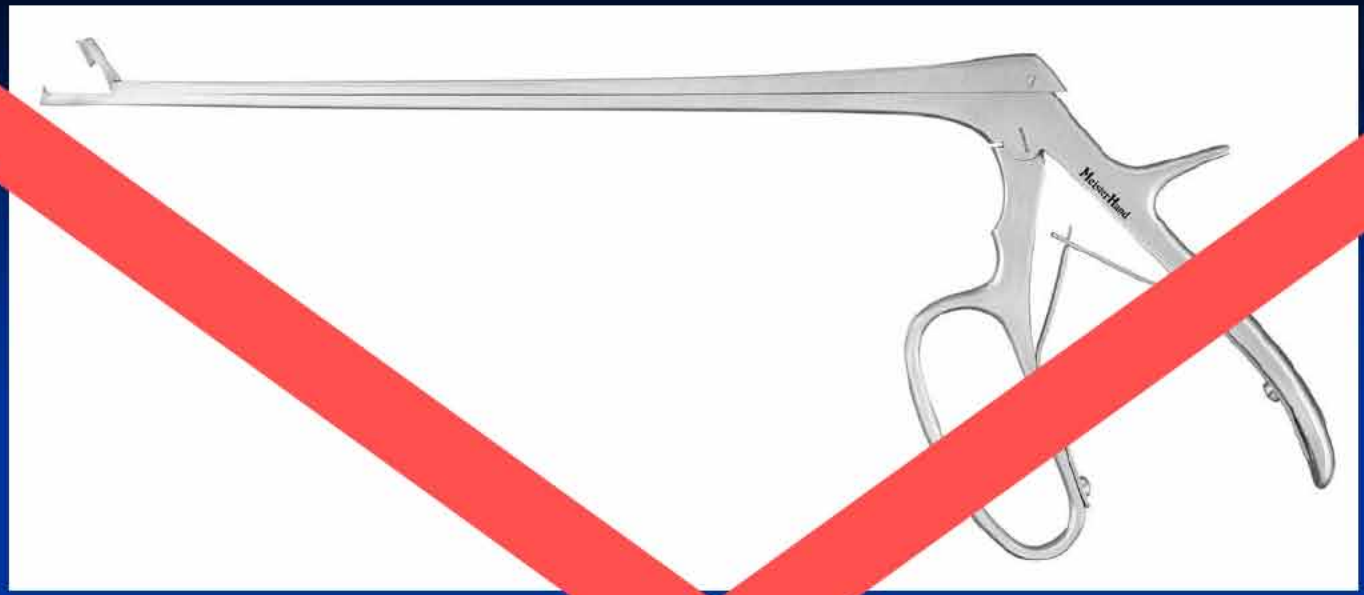


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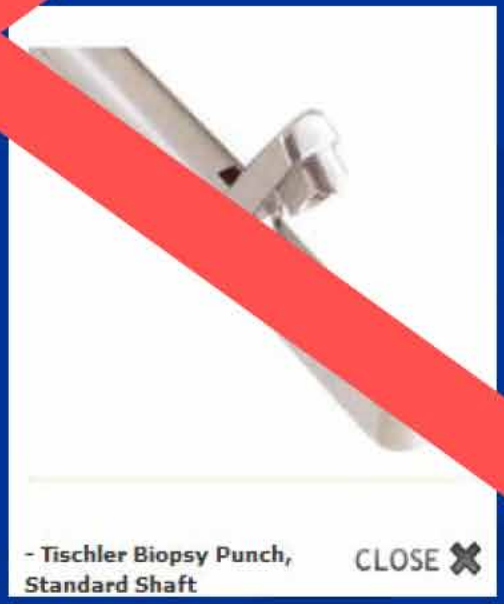
Biopsia



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907032 - Baggish
Biopsy Punch, Standard
Shaft
CLOSE

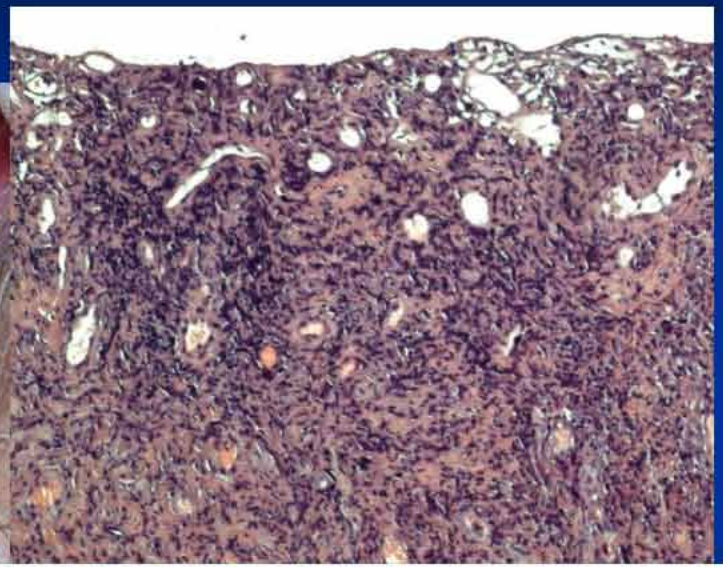

- Tischler Biopsy Punch,
Standard Shaft
CLOSE

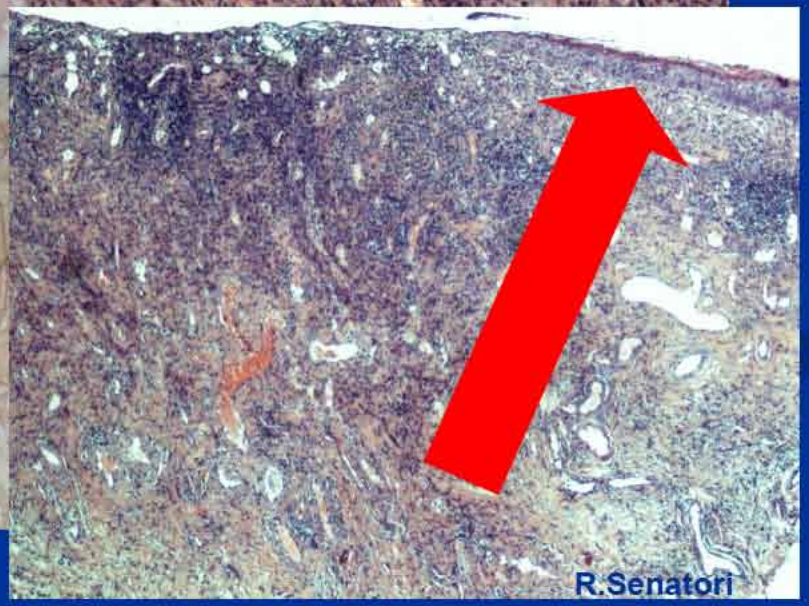
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Biopsia

Dove…








Trattato di Patologia Vulvare
SEE ed., Firenze
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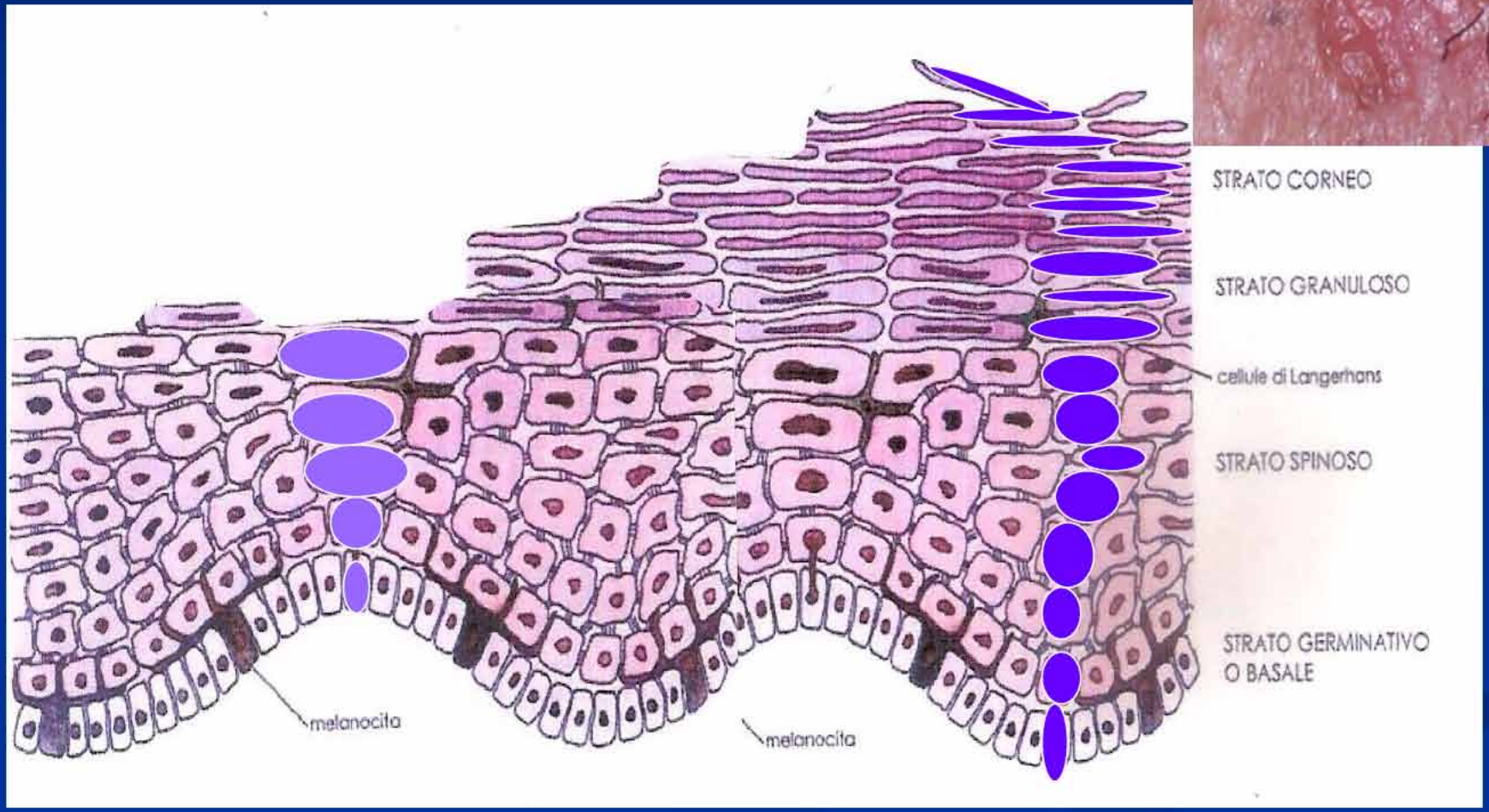


Lichenificazione

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Turnover epiteliale





Lichenificazione

Patogenesi

Patologia vulvare (lichen simplex-vic-vac-candidiasi-psoriasi)



Psoriasi







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Lichenificazione per imiquimod

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Lichenificazione per micosi

Lichen Simplex Chronicus

LICHEN SIMPLEX CRONICO

NEURODERMITE

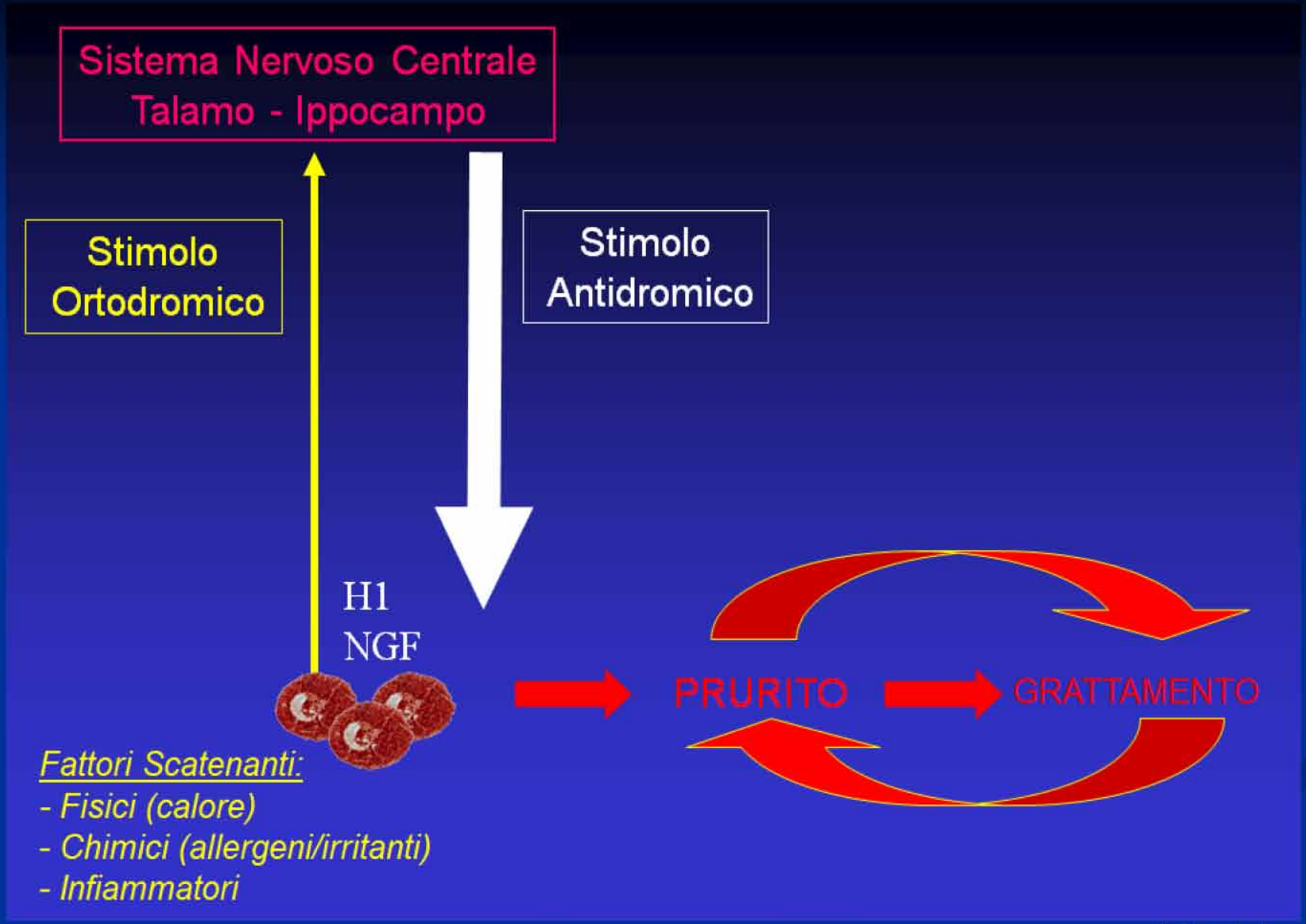
30-40% della patologia vulvare

Classificata tra le malattie a certa genesi psicosomatica

sintomo fondamentale

prurito

eziologia sconosciuta (probabilmente multifattoriale)


Sistema Nervoso Centrale
Talamo - Ippocampo
Stimolo Ortodromico
Stimolo Antidromico
H1
NGF
PRURITO
GRATTAMENTO
Fattori Scatenanti:
- Fisici (calore)
- Chimici (allergeni/irritanti)
- Infiammatori
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Lichen Simplex Chronicus o Neurodermite o sindrome di Vidal

- interessa il 12% della popolazione D/U: 2/1
- più alta prevalenza 30-50 anni
- colpisce anche cuoio capelluto, spalle, scroto
- peggiora nei periodi di inattività
- tempo medio tra insorgenza del sintomo e diagnosi: **30,6** mesi



Placca monolaterale di ispessimento cutaneo

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LICHENIFICAZIONE

Lesione ROSSA

FASE ACUTA (ERITEMATOSA)

Prevalgono gli aspetti infiammatori
con attivazione e degranulazione
Mastocitaria con liberazione di amine vasoattive ed istamina

PRURITO

Lesione BIANCA

FASE SUB-ACUTA – CRONICA
(ISPESSIMENTO EPITELIALE)

Per effetto del GRATTAMENTO messo in atto per
ostacolare la trasmissione dello stimolo pruriginoso

Lesione BRUNA

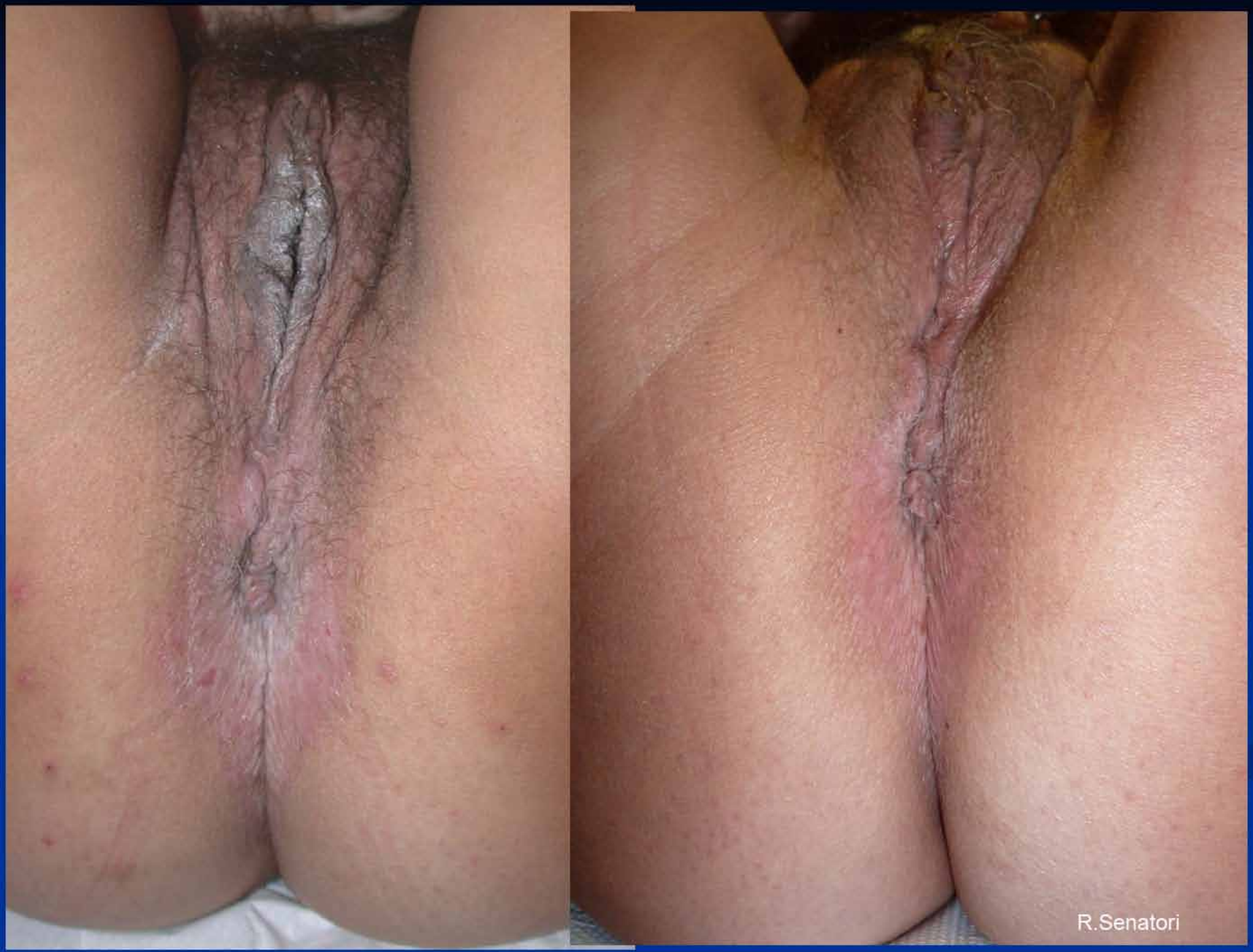
FASE CRONICA da IPERPIGMENTAZIONE

Attivazione dei melanociti locali per
discromia post infiammatoria

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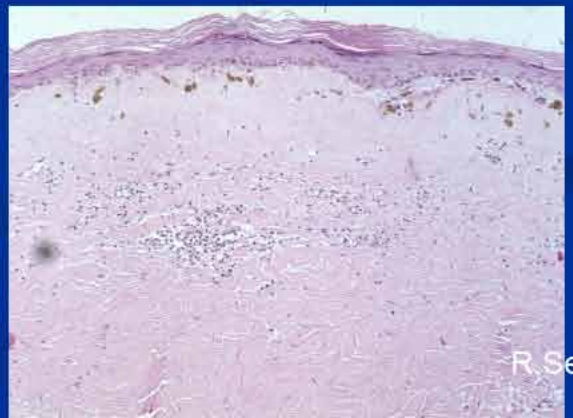

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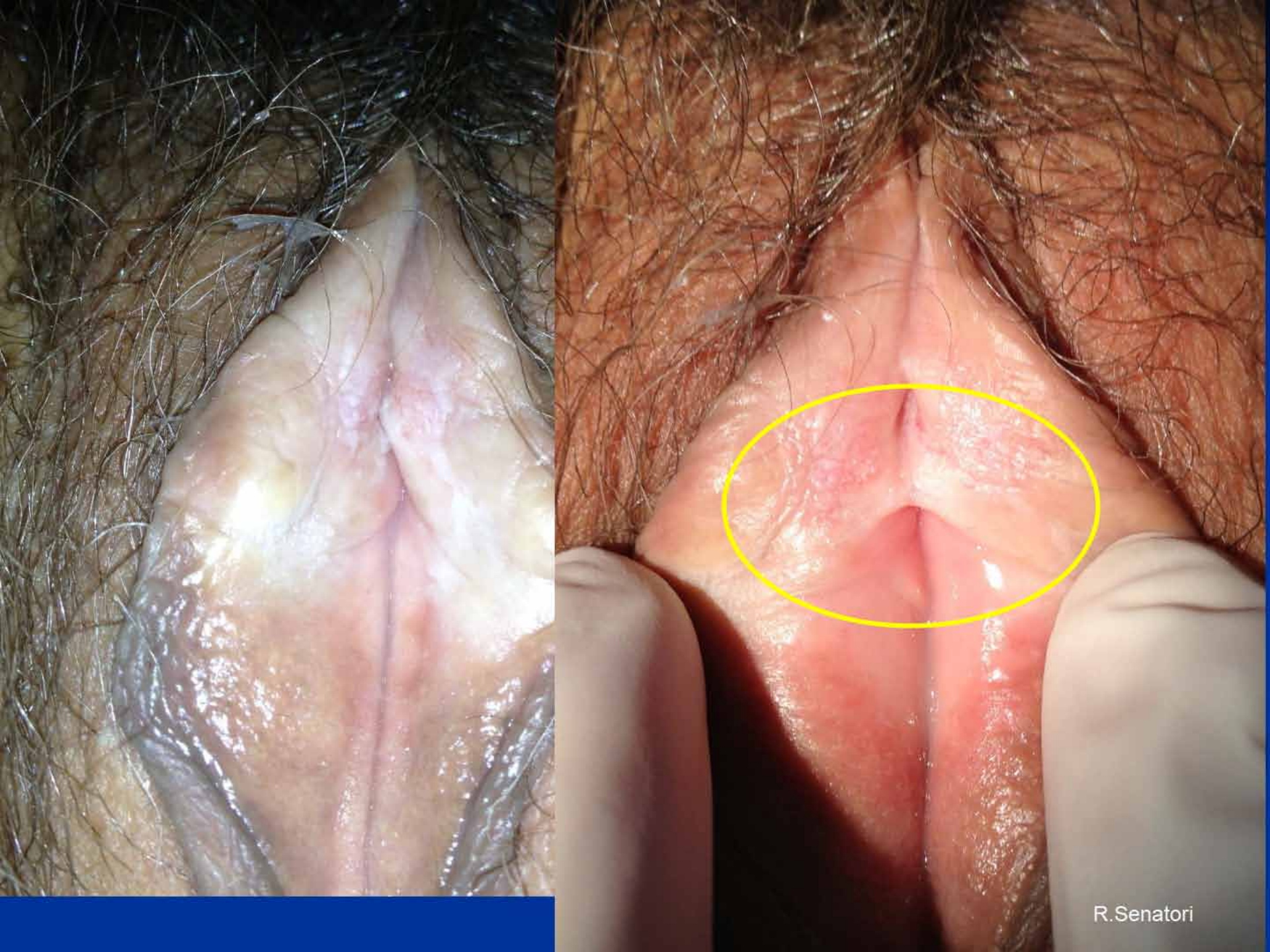

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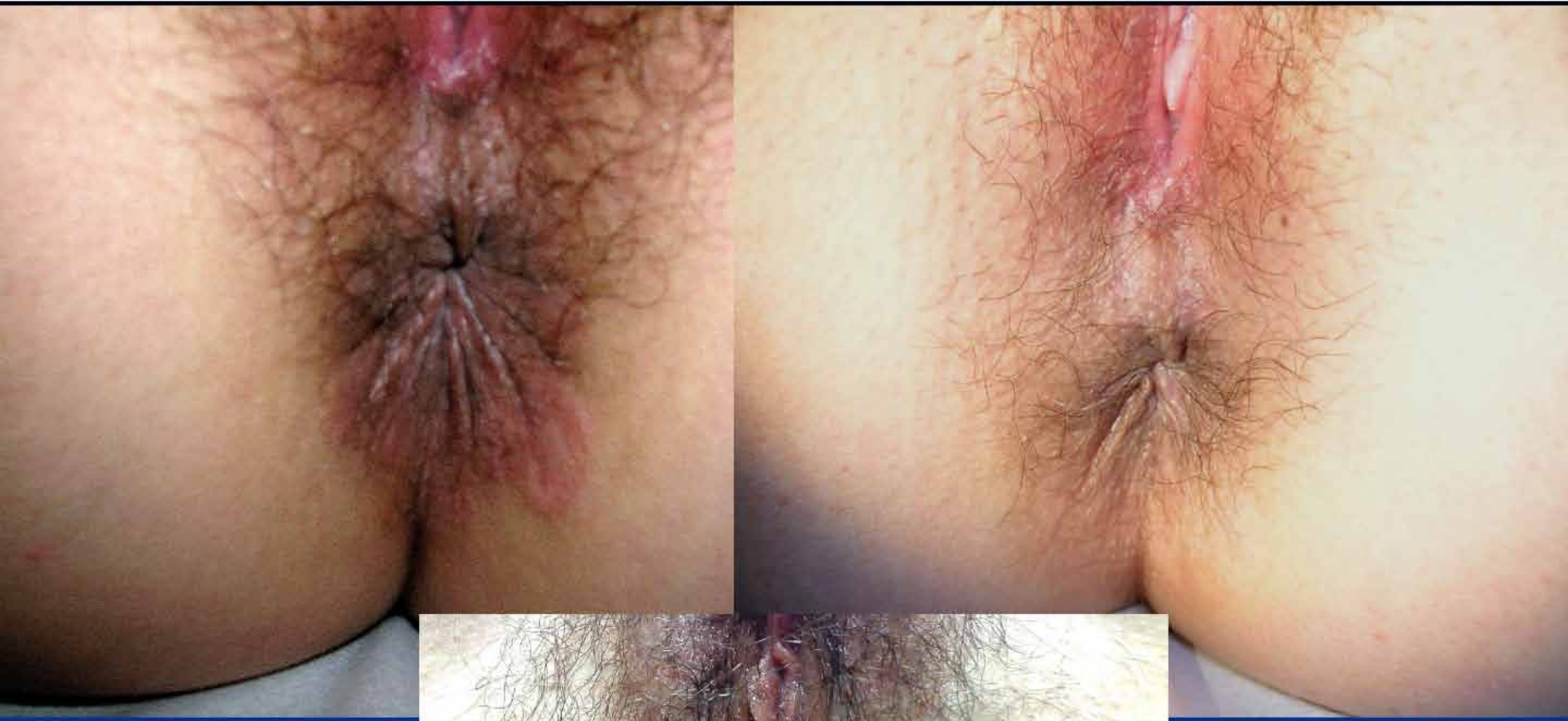

Trattato di Patologia Vulvare
SEE ed. Firenze






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Eur J Dermatol. 2010 May-Jun;20(3):359-63. doi: 10.1684/ejd.2010.0961. Epub 2010 Apr 13.

Personality differences between patients with lichen simplex chronicus and normal population: A study of pruritus.

Martín-Brufau R[1], Corbalán-Berná J, Ramirez-Andreo A, Brufau-Redondo C, Limiñana-Gras R.

Author information

Abstract

Itching is common to many skin disorders. The relationship between skin disease and psychological variables has been widely documented in the literature. The association between the exacerbation of skin lesions and increased levels of psychopathological conditions in response to stressful events has also been described. Lichen Simplex Chronicus (LSC) is a skin disorder characterized by itching, which seems to have a marked psychological component. However, examples of empirical evidence linking this skin disorder to personality variables, as measured by standardized personality questionnaires, are relatively few so far. The objective of this research was to investigate the involvement of certain personality variables in the development of LSC. The personality profiles of 60 patients with LSC were compared to a normative sample of the normal Spanish population, who were free of any kind of skin disease. The personality variables for the LSC group were obtained by administering the Millon Index of Personality Styles (MIPS). Participants with LSC presented personality characteristics that differed from the control group. The most significant variables were as follows: greater tendency to pain-avoidance, greater dependency on other peoples' desires, and more conforming and dutiful compared to the control group. Results are discussed in the light of other dermatological pathologies that might share some characteristics with LSC subjects. Lichen simplex chronicus patients may present differential personality characteristics that could be related to triggering and exacerbating skin lesions. Therefore, it is relevant to evaluate the personality profiles of these people to increase treatment efficiency.

… maggiore tendenza ad evitare il "dolore",
una maggiore dipendenza dai desideri degli altri,
più conformismo, più rispettose e più senso del dovere…

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Lichen Simplex Chronicus o Neurodermite o sindrome di Vidal -1886!



Jean Baptiste Emile Vidal

R.Senatori





Riaccensione a 5 anni: 84%

Counselling !



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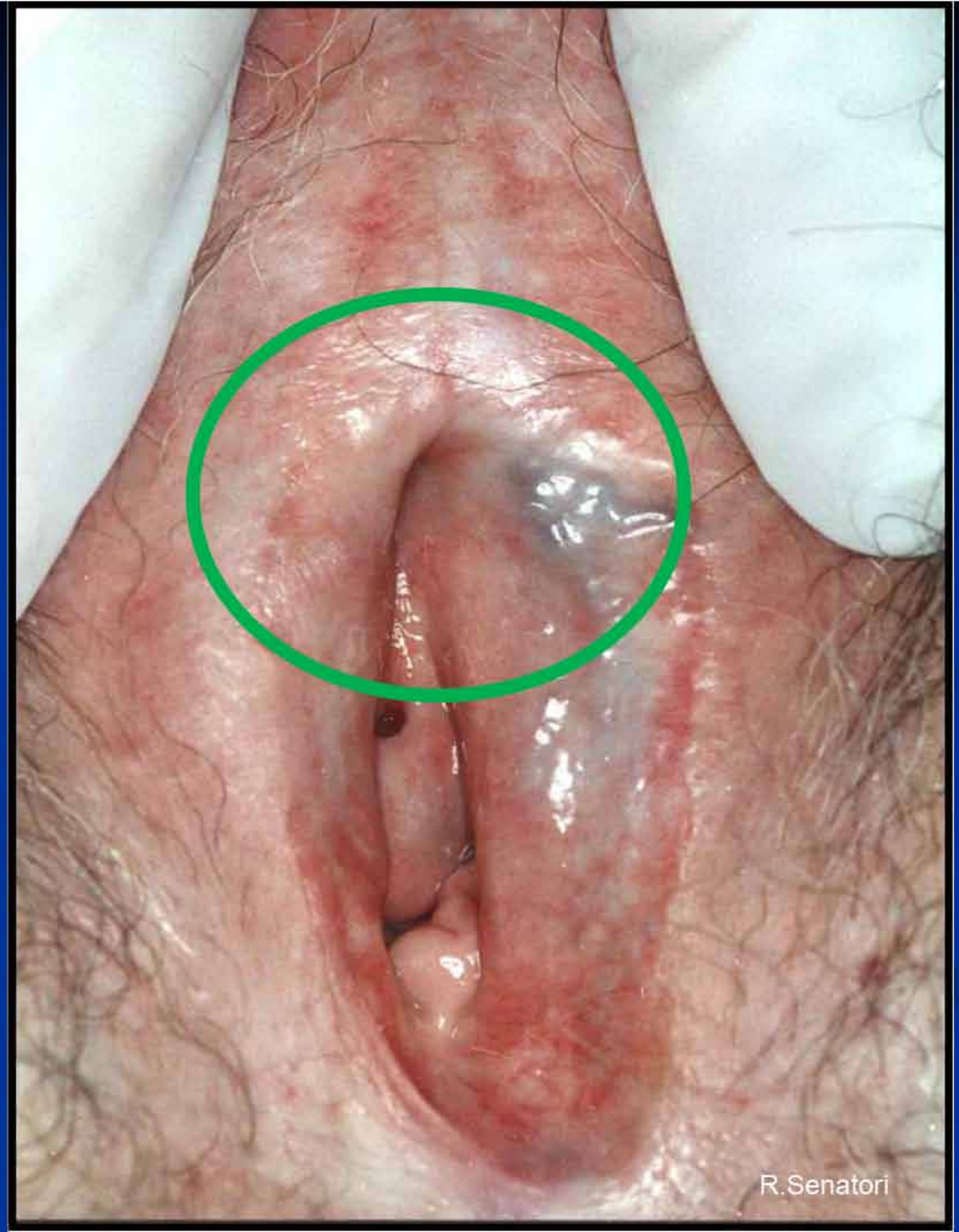
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Pz 73 anni

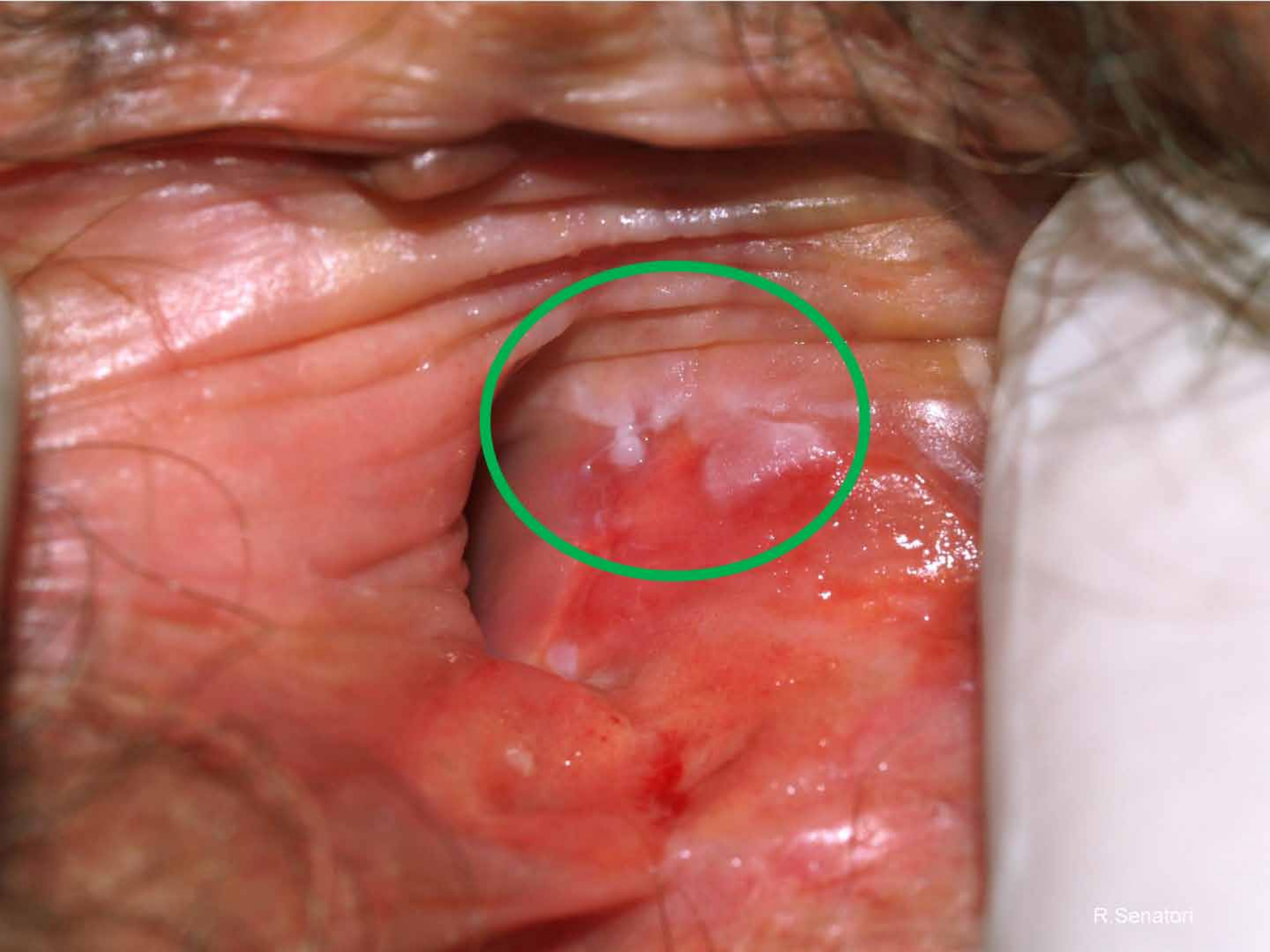
Atrofia della mucosa con trasparenza dei vasi del chorion

Incappucciamento del clitoride
Assenza di piccole labbra
Riduzione introito

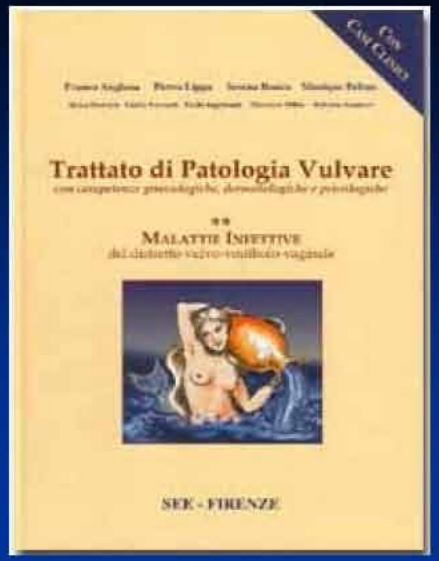
Lichen sclerosus




FedEx

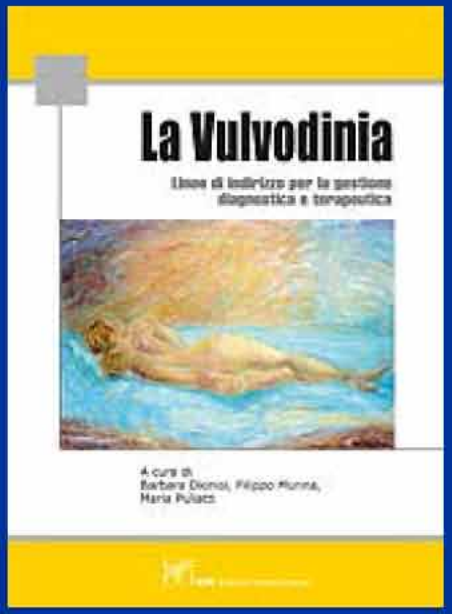

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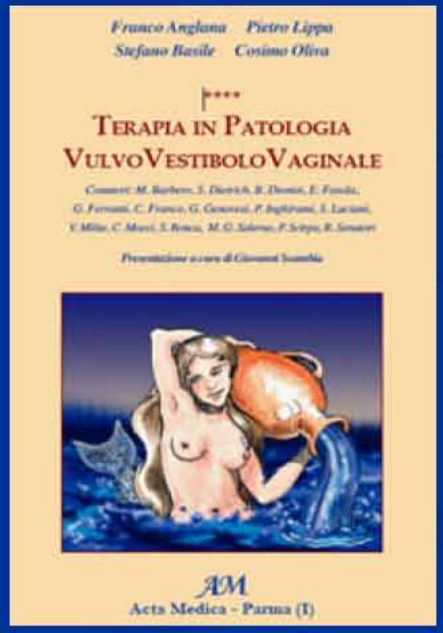

Con Casi Clinici
Trattato di Patologia Vulvare
con competenze ginecologiche, dermatologiche e psicologiche
*
Diagnostica Vulvare
SEE - FIRENZE

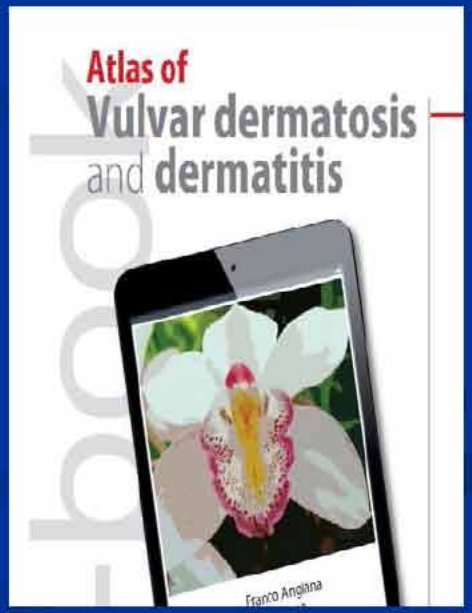

Con Casi Clinici
Trattato di Patologia Vulvare
con competenze ginecologiche, dermatologiche e psicologiche
**
Malattie Infettive
SEE - FIRENZE


Aggiornamento 2009 Atlas VULVOSCOPIA
Franco Angioni Pietro Lippa Serena Ronca
Monique Felisse Luigi Valenzano
Trattato di Patologia Vulvare
con competenze ginecologiche, dermatologiche e psicologiche
***
Dermatosi e Dermatiti non infettive
Patologia vulvare nella Malattia da Hiv/Aids
SEE - FIRENZE


Pietro Lippa Giulio Ferrandi Franco Angioni
Lesioni a rischio
e tumori della vulva
Presentazione di GIOVANNI SCAMBIA

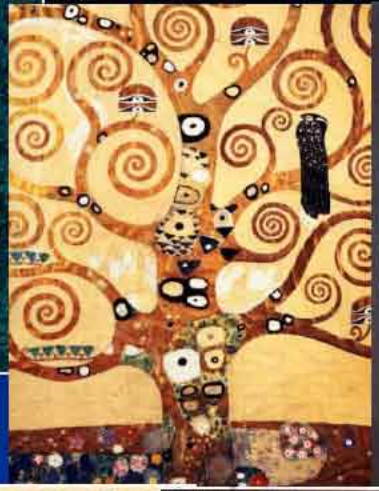

La Vulvodinia
Linee di indirizzo per la gestione diagnostica e terapeutica
A cura di
Barbara Dionisi, Filippo Murina,
Maria Puliatti

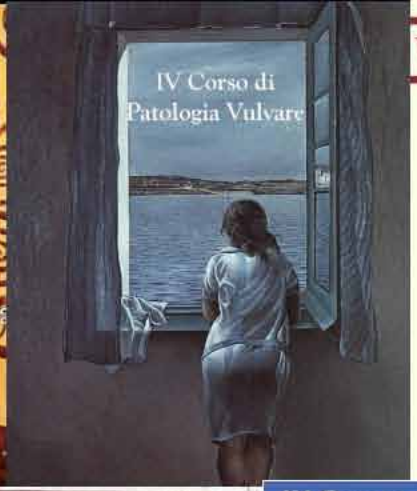

Franco Angioni Pietro Lippa
Stefano Basile Cosimo Oliva
****
Terapia in Patologia
VulvoVestiboloVaginale
Presentazione a cura di Giovanni Scambia
AM
Acta Medica - Parma (I)

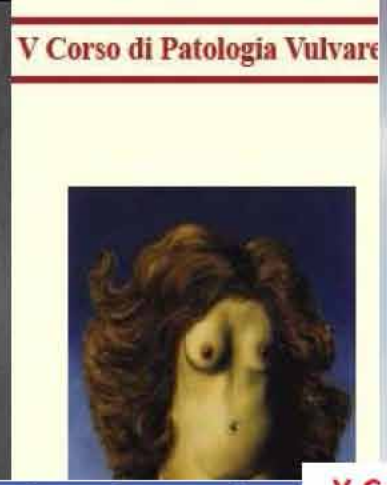

Atlas of
Vulvar dermatosis
and dermatitis
Franco Angioni

R.Senatori






IV Corso di
Patologia Vulvare


V Corso di Patologia Vulvare


VI Corso di Patologia Vulvare
Roma, 11-12 giugno 2010
Aula Lisai - Policlinico Militare di Roma Celio
Le basi della vulvologia
Quadri di patologia vulvo-vaginale
La patologia infettiva
Evoluzione di quadri di patologia vulvare: infiammazione e pigmentazione
Evoluzione di quadri di patologia vulvare: dai precursori al cancro
Sintomatologia e diagnosi differenziale


VII Corso di Patologia Vulvare
Roma, 16-17 Giugno 2011


VIII Corso di
Patologia Vulvare
Roma, 31 Maggio - 1 Giugno 2012

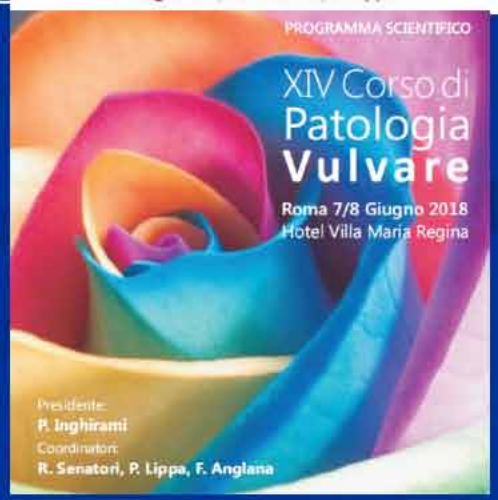

IX Corso di Patologia Vulvare
Roma, 23 - 24 Maggio 2013
Coordinatori del Corso: P. Inghirami - R. Senatori


X Corso di Patologia Vulvare
Roma, 29 - 30 Maggio 2014
Coordinatori:
P. Inghirami, R. Senatori, P. Lippa


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XI Corso di
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Roma,
4 - 5 Giugno 2015
Hotel Villa Maria Regina
Coordinatori: P. Inghirami, R. Senatori, P. Lippa


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XII Corso di
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Roma 16/17 Giugno 2016
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Roma 8/9 Giugno 2017
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Roma 7/8 Giugno 2018
Hotel Villa Maria Regina
Presidente:
P. Inghirami
Coordinatori:
R. Senatori, P. Lippa, F. Angiana