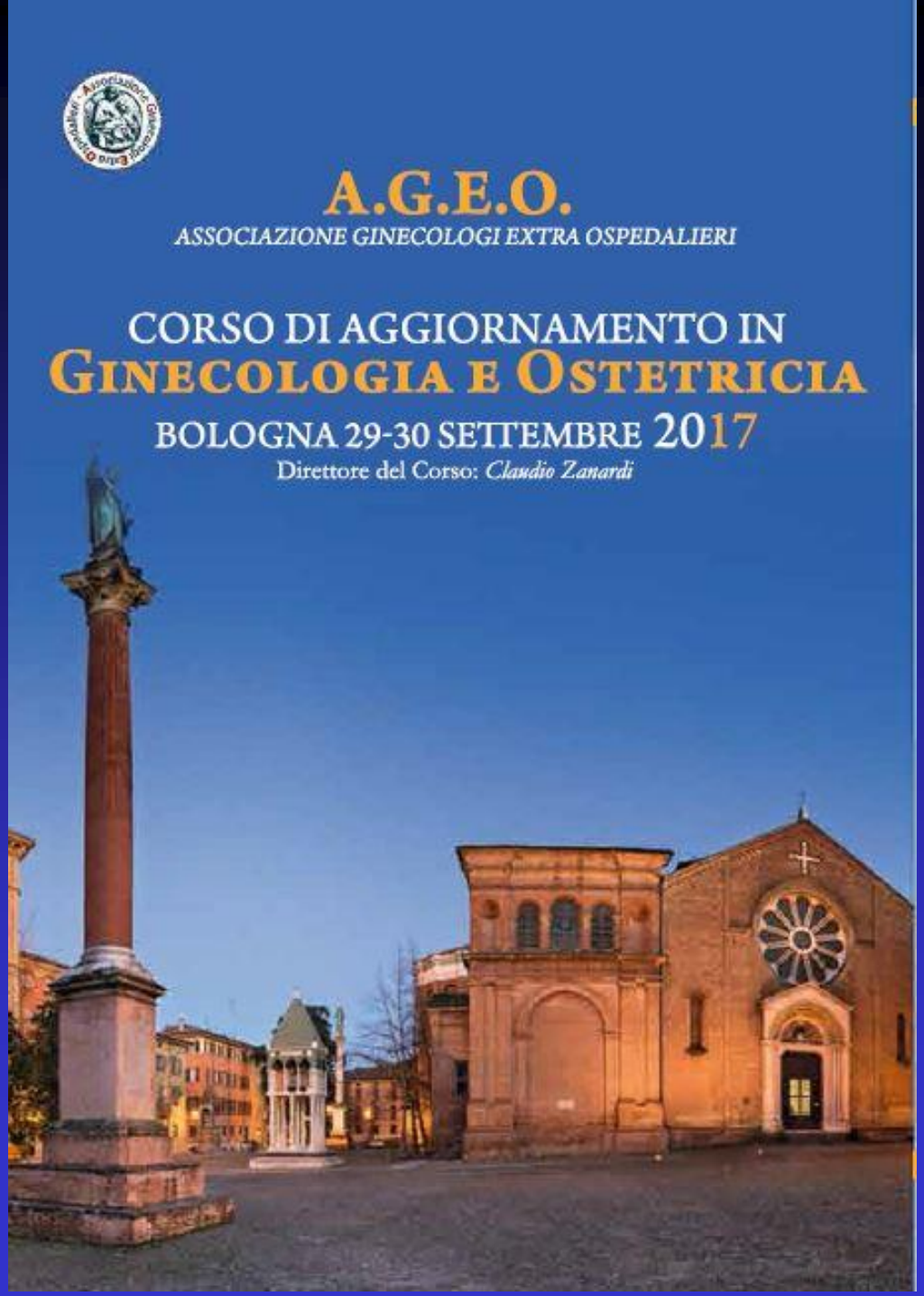


LA PATOLOGIA VULVARE BENIGNA

Dr. Roberto Senatori

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 Bechet
  - 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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Classificazione morfologica - Pelisse

Lesioni rosse

Lesioni bianche

Lesioni brune

Lesioni con perdita di sostanza

Lesioni vegetanti

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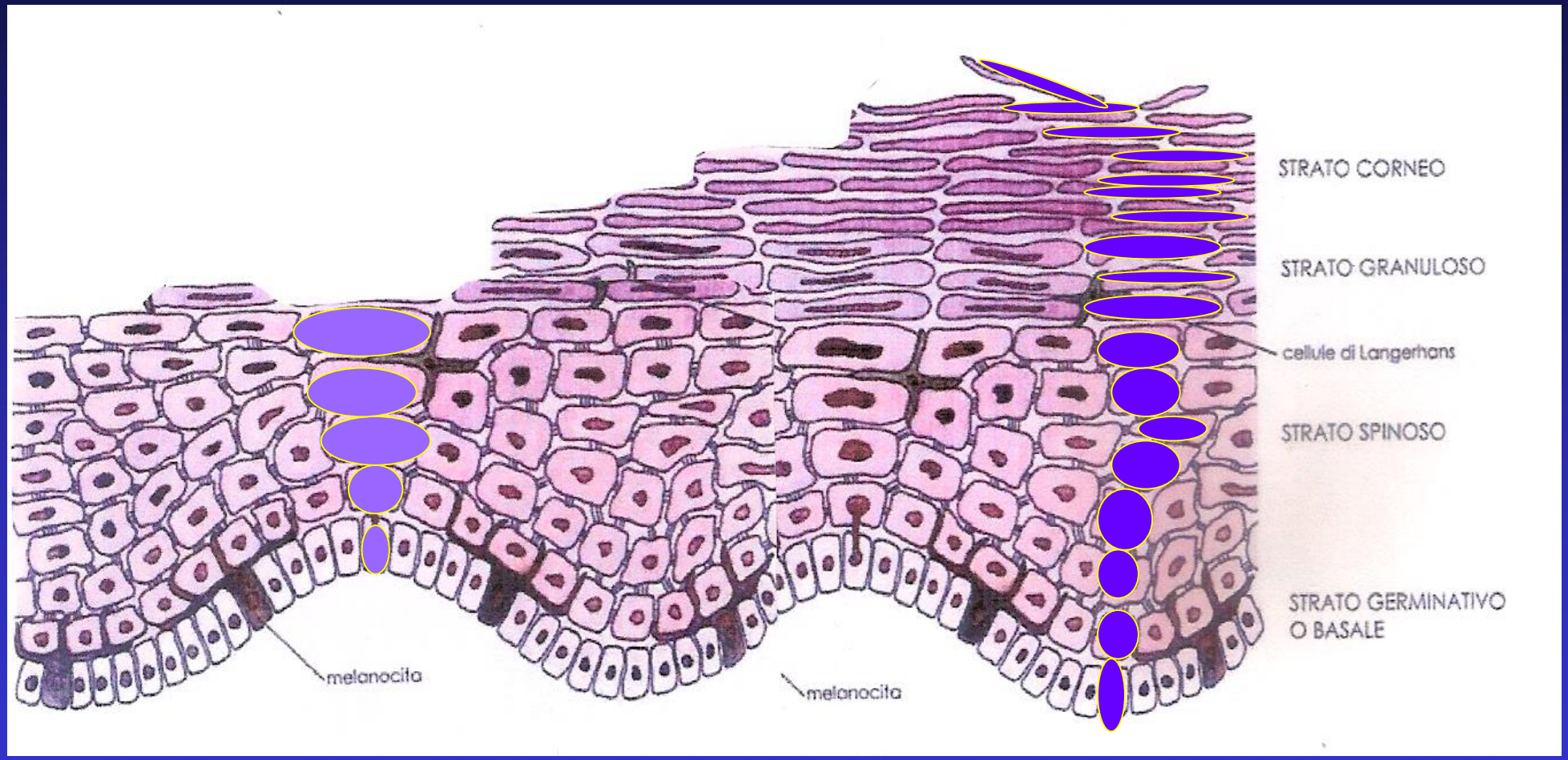




Lichenificazione

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Turnover epiteliale



6±2 GIORNI

28-30 GIORNI

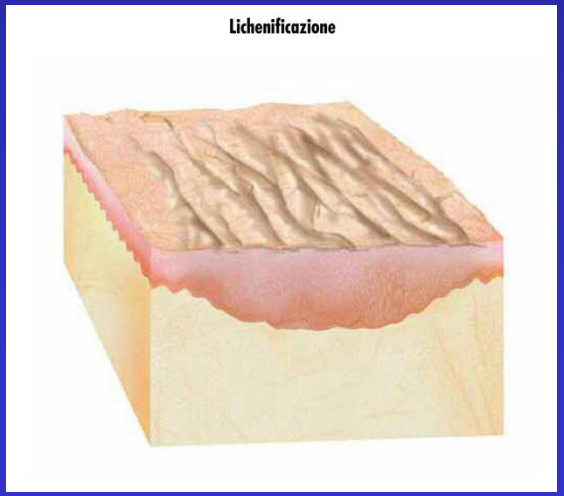
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Conseguenza fisiche del PRURITO

⇓

GRATTAMENTO

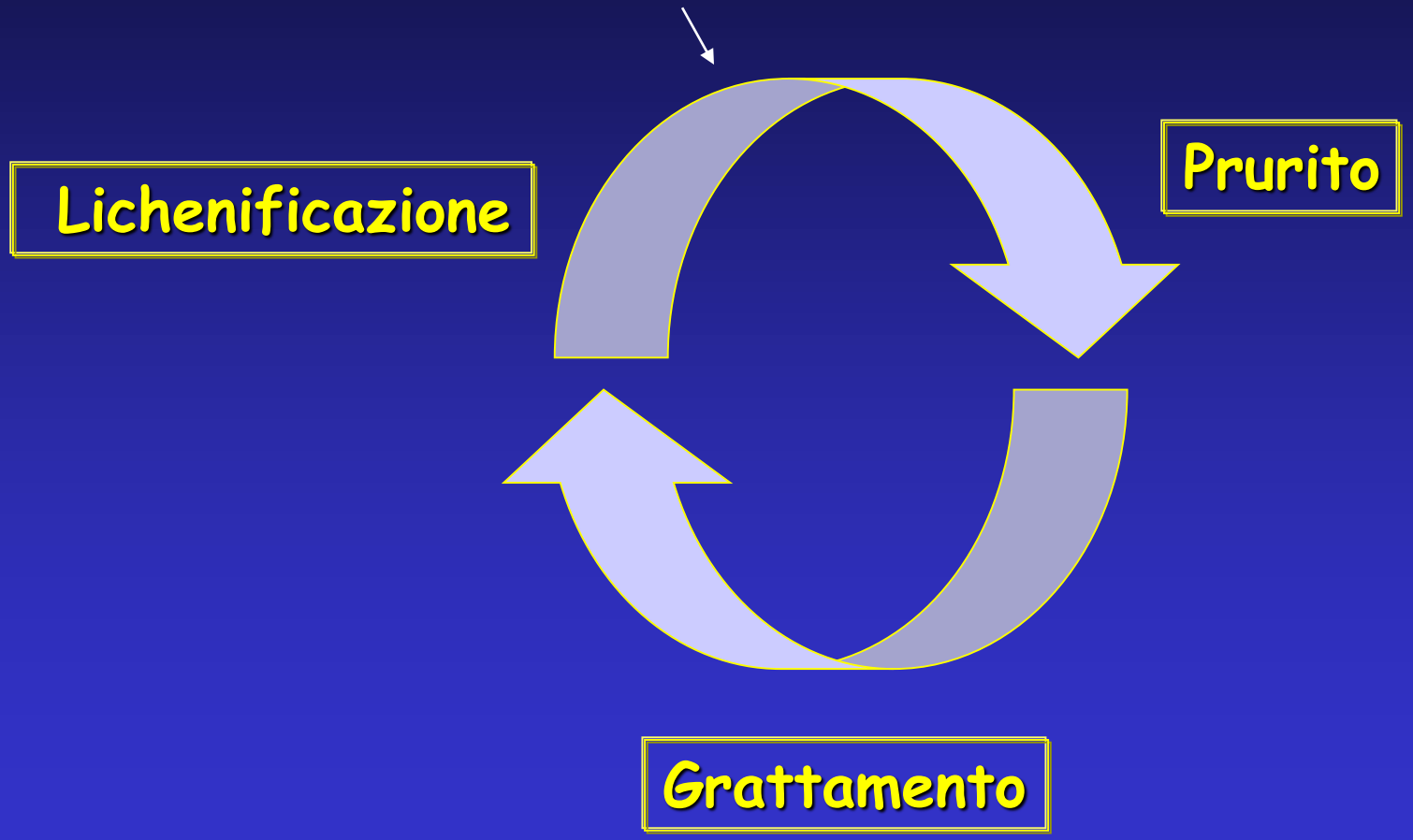
- Eritema attivo [da iperafflusso ematico]
- Ecchimosi
- Soluzioni di continuo (a colpo d'unghia)
- *Lichenificazione = ispessimento cutaneo per ipercheratosi*



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Lichenificazione *Patogenesi*

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





Lichenificazione per psoriasi

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Lichenificazione per psoriasi

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Lichenificazione
per dermatite seborroica



Lichenificazione per vic cronica

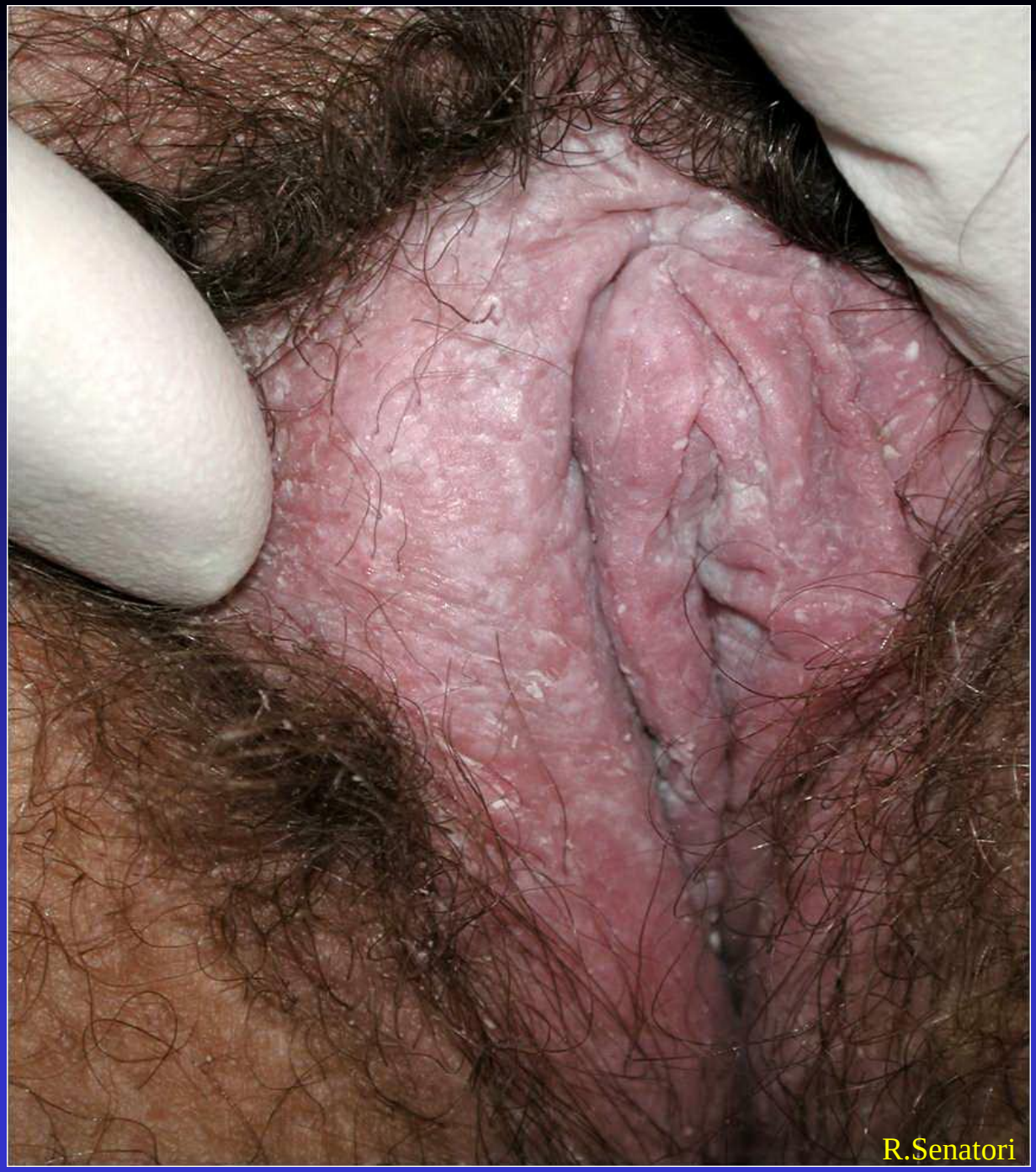
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Lichenificazione per imiquimod

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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

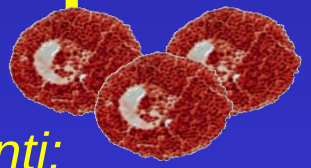
eziologia sconosciuta
(probabilmente multifattoriale)

Sistema Nervoso Centrale
Talamo - Ippocampo

Stimolo Ortodromico

Stimolo Antidromico

H1
NGF



PRURITO → GRATTAMENTO

Fattori Scatenanti:

- *Fisici (calore)*
- *Chimici (allergeni/irritanti)*
- *Infiammatori*

GUIDELINES

2016 European guideline for the management of vulval conditions

W.I. van der Meijden,[1,*] M.J. Boffa,[2] W.A. ter Harmsel,[3] G. Kirtschig,[4] F.M. Lewis,[5] M. Moyal-Barracco,[6] G.S. Tiplica,[7] J. Sherrard[8]

IUSTI
INTERNATIONAL UNION AGAINST SEXUALLY TRANSMITTED INFECTIONS

Aetiology

Anogenital lichen simplex chronicus is most often encountered in persons with an atopic diathesis: up to 75% of patients have a personal or immediate family history of atopy [4]

- Primary or idiopathic lichen simplex chronicus develops on a background of normal vulval skin, usually in atopics
- Secondary lichen simplex chronicus is superimposed on itchy vulval dermatoses, such as eczema, psoriasis, lichen sclerosus or a fungal or yeast infection.

The condition is triggered by psychological distress, such as anxiety, depression and obsessive compulsive disorder, and local environmental factors, such as heat, sweating, dryness of the skin, friction and harsh skincare products. Other predisposing conditions are those which cause generalized pruritis e.g. uraemia, liver disease and thyroid disease. Although probably rare, it may sometimes be worthwhile to consider neuropathic itch as a possible cause. This could be associated with sacral spinal compression, postherpetic neuralgia, and diabetic neuropathy [29]. The itch-scratch-itch cycle plays a pivotal role in maintaining chronicity of the condition.

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Lichen Simplex Chronicus o Neurodermite o sindrome di Vidal

- interessa il 12% della popolazione
- 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



Nell’uomo
la regione piu’
interessata
è lo scroto

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Lesione elementare: lichenificazione

papule piatte follicolari da traumatismo



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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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Trattato di Patologia Vulvare SEF, 2003

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LICHEN SIMPLEX CRONICO

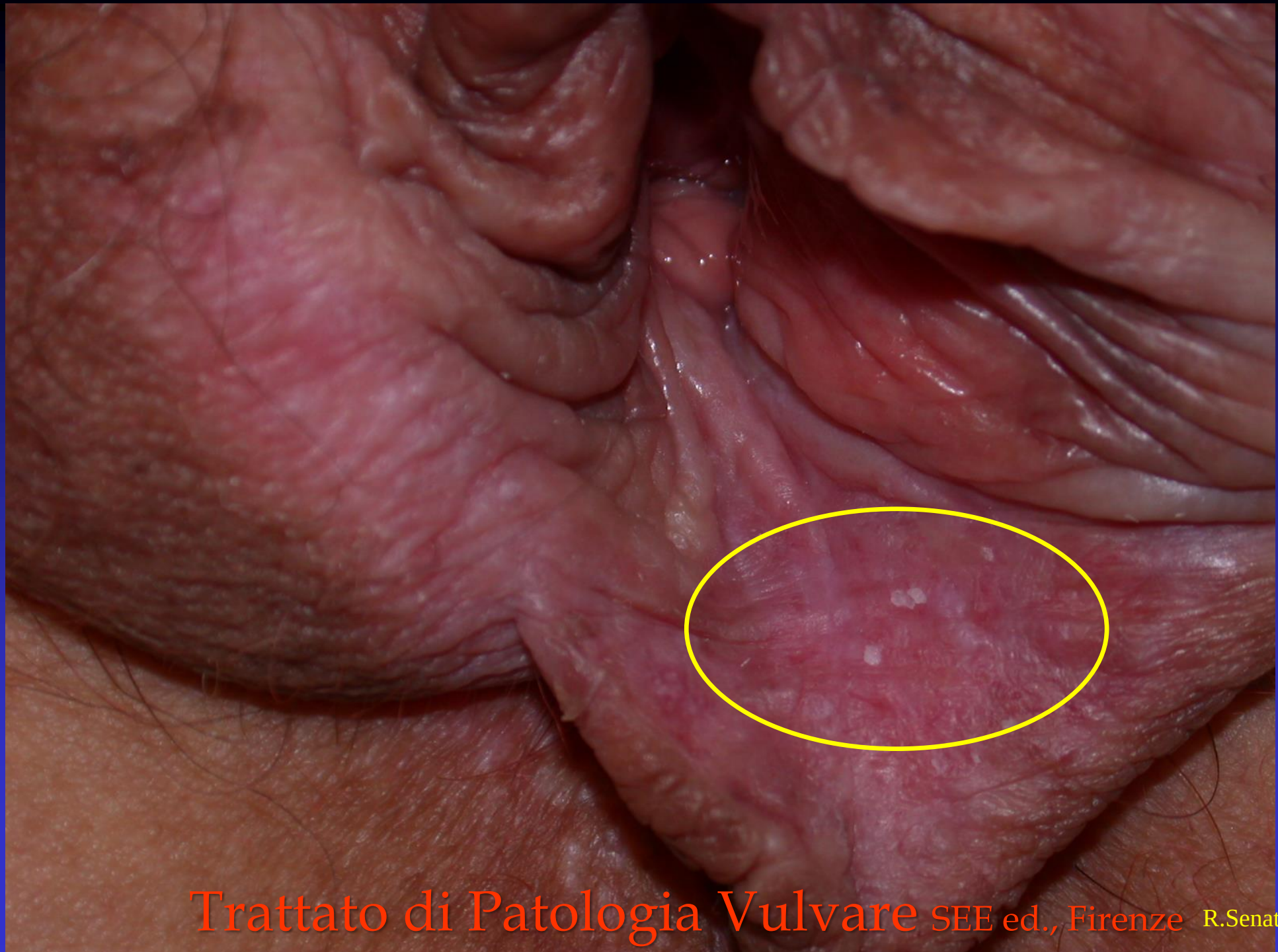
Forme cliniche

Periferico o cutaneo

più frequente
versante cutaneo esterno della vulva
- unilaterale (faccia esterna grande labbro; piega genito-crurale)
- bilaterale e simmetrico

Centrale o mucoso

più raro
piccole labbra (ispessite, biancastre uniformi)
faccia interna delle piccole labbra
vestibolo



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La cute nelle fasi cronicizzate la superficie assume un aspetto mammellonato o pachidermico

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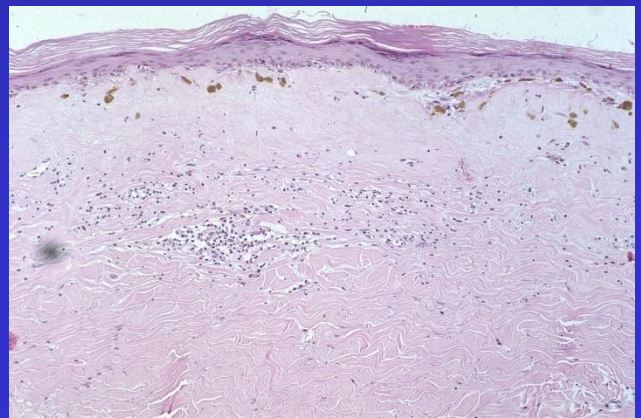
LSS lichenificazione bruna

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Trattato di Patologia Vulvare
SEE ed., Firenze









Lichen simplex



Lichen sclerosus


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Paget



Paget

Trattato di Patologia Vulvare SEF, 2003

Lichen simplex

terapia

Finalità

- **Remissione della sintomatologia**
- **Ripristino della fisiologica morfologia dei tessuti**

Lichen simplex

- Valutare area lichenificata : vulva - ano
- Valutare grado ipercheratosi: lesioni da grattamento, bianca, bruna, pachidermizzazione

Più è vecchio ed ispessito,
più potente deve essere lo steroide

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Terapia corticosteroidea

Bassa	Idrocortisone	Foille Colifoam spray
Media Potenza	Clobetasone butirrato Flumetasone Idrocortisone butirrato Mometasone furoato	Eumovate *c* Losalen (con acetilsalicico) *u/s* Locoidon *u/c/s* Elocon – Altosone *u/c/s*
Alta Potenza	Beclometasone Betametasone Budesonide Desossimetasone Diflucortolone Metilprednisolone aceponato	Ecoval *u/c/s* - Diprosalic *u/s* Bidien *u/c/s* Nerisona – Nerisalic *c* Advantan *u/c/s*
Molto alta	Alcidonide Clobetasolo	Halciderm (combi con neomicima) Clobesol *u/c*

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Schemi terapeutici

Lichen Simplex Cronico



Fase di Attacco: **Cortisonico dal lun al ven per 4/5 sett**

Terapia Anti-Istaminica serale per 10 giorni

Fase di Mantenimento:

Cortisonico (di minore pot.) 1 appl/gg alterni
1 appl 2-3 volte/sett

Detersione per affinità
Terapia Complementare/Lenitiva

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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…

R.Senatori

Actas Dermosifiliogr. 2017 Feb 2. pii: S0001-7310(17)30011-X. doi: 10.1016/j.ad.2016.12.002. [Epub ahead of print]

Differences Between Men and Women in Chronic Scratching: A Psychodermatologic Study in Lichen Simplex Chronicus.

[Article in English, Spanish]

Martín-Brufau R[1], Suso-Ribera C[2], Brufau Redondo C[3], Corbalán Berná J[4].

Author information

Abstract

INTRODUCTION: Chronic scratching is common to many skin disorders. Being a female and presenting a high level of psychopathology are risk factors for chronic scratching. Yet, it is unclear why. Certain personality characteristics that are more prevalent in women are also known to influence emotional states (i.e. emotional tension).

OBJECTIVE: The present study aims to explore whether these personality styles might help understand why gender and emotional distress are associated with scratching.

MATERIAL AND METHODS: We compared the personality patterns of 103 patients (69.9% women) diagnosed with Lichen Simplex Chronicus, against a sample of healthy individuals.

RESULTS: Significant differences were found in the personality styles of men and women with LSC. Women were more pessimistic, oriented to fulfil the needs of others, traditional, insecure, submissive, and reserved, with moderate (d=.43) to strong (d=.96) size effects ranges. Some of these differences, such as in traditionalism, dutifulness, other-orientation, and pessimism, were also observed when compared with healthy men and women, with small (d=.03) to moderate (d=.47) size effects ranges.

CONCLUSIONS: These psychological factors may help explain the mechanisms underlying gender differences in chronic scratching, at least in Lichen Simplex Chronicus. The findings might open new avenues for research and treatment.

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… Le donne erano più pessimistiche, orientate a soddisfare le esigenze di altri, tradizionali, insicure, sottomesse e riservate…

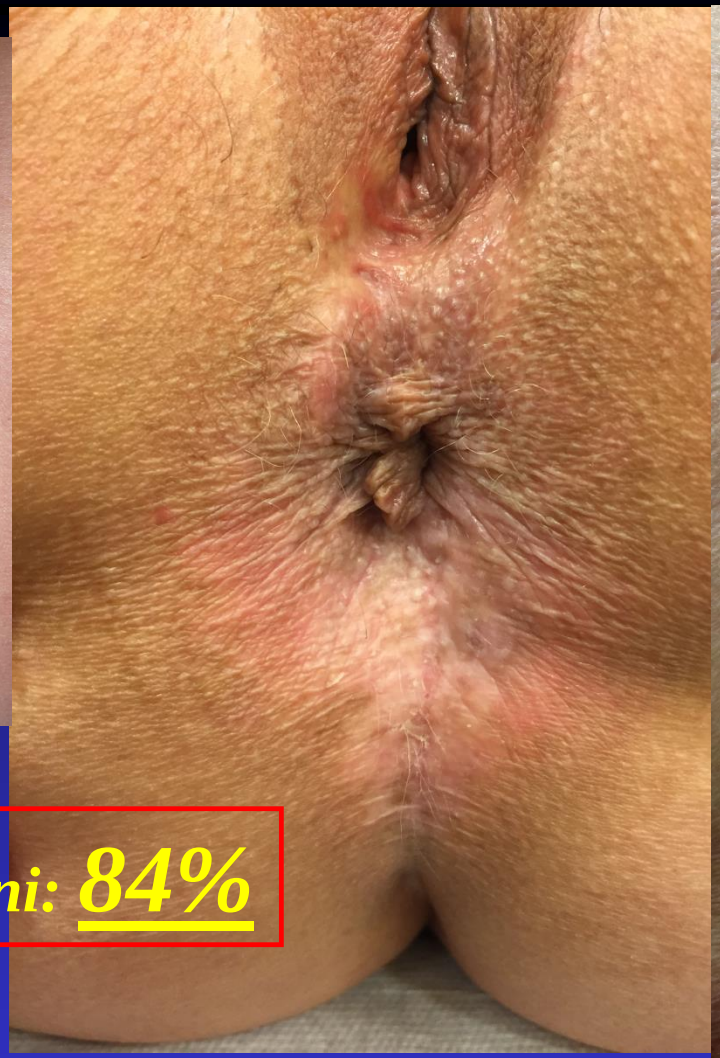
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Lichen Simplex Chronicus o Neurodermite o sindrome di Vidal -**1886!**



Jean Baptiste Emile Vidal







Riaccensione a 5 anni: 84%

Counselling !

R.Senatori