PEARL

Local management strategies for inflammatory vaginitis in dermatologic conditions: Suppositories, dilators, and estrogen replacement

Katie Hinchee-Rodriguez, MD, PhD, Amber Duong, BS, and Christina N. Kraus, MD

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THERAPEUTIC CHALLENGE

Prevalence of vaginal involvement in erosive lichen planus and pemphigus vulgaris has been reported in over 58% and up to 44% of patients, respectively.1,2 While most dermatologists are comfortable utilizing ultrapotent steroids on the vulva, less are comfortable with managing vaginal inflammation.

SOLUTION

Here, we highlight 3 local strategies to target inflammatory vaginal dermatoses and prevent scarring (Fig 1).

Corticosteroid suppositories

We recommend starting with 25-mg hydrocortisone acetate suppositories, available as rectal suppositories. Patients should be counseled to use vaginally instead of rectally. Suppositories are initiated nightly for 2 to 4 weeks and decreased to every other night, or 2 to 3 times per week depending on disease control. Patients should be evaluated monthly, and suppositories should be tapered to the lowest dose/frequency that maintains disease remission.2 If more potent suppositories are required, hydrocortisone can be compounded at doses of 100 to 200 mg.

When prescribing suppositories, we recommend candidal prophylaxis, with topical antifungals 2 to 3 times per week or oral fluconazole 150 to 200 mg weekly.

Vaginal dilators

Insertion of dilators 3 times, weekly, to prevent adhesions. Dilators can be ordered online and come in sets of varying sizes. Patients should use the largest dilator comfortable, and vaginal moisturizers and lubricants can be utilized.

Estrogen replacement

Estrogen deficiency should be considered in postmenopausal patients as this can contribute to vaginal inflammation. Local estrogen therapy includes a ring, tablet, or cream. Generally, vaginal cream tends to have the least pain with insertion and is used nightly for 2 weeks with decrease to maintenance 1 to 3 times per week.

Conflict of interest

None disclosed.
REFERENCES


Fig 1. Inflammatory vaginitis: evaluation and management with local therapies.