

Management

Primary Care management includes

Diagnosis of the Pruritus vulvae (The majority of cases of vulval itching will have an identifiable cause).

- Consider infections, dermatological infections, neoplasia and other causes.
- Misdiagnosis is possible; therefore consider reviewing each woman in order to observe the development of any potentially malignant changes within the area of the pruritus.
- Other causes should be followed up as appropriate to the condition.
- Psychological distress or psychosocial causes may need to be addressed.

Symptomatic treatment for itch

- Reassure and give simple advice on hygiene and avoidance of irritants to all women.
- Symptomatic treatment for vulval itching may give some relief, but should not be a substitute for treating underlying cause.
- Bland emollients can ease itching caused by vulval disease, and can be used in addition to most other therapies.
- Over-the-counter medications may contain irritants.
- Low potency topical corticosteroids are effective at alleviating itching, but must only be given if suitable for the underlying condition (e.g. dermatitis, psoriasis).
- Sedating antihistamines help women to cope with vulval itching by causing sedation rather than by any other effect.

Specialist management includes

- Investigation of suspicious lesions, or suspected STIs, confirmation of uncertain dermatological diagnoses and possibly patch testing.

When to refer

Urgent out-patient referral [liaise with specialist and copy to CAS]

- If there is a suspicious lesion on the vulva, vagina or cervix refer within 2 weeks to either a gynaecologist or a gynaecology oncology cancer unit.
- If a sexually-transmitted infection is suspected, refer to a genito-urinary medicine clinic for screening tests and further management.

Refer to CAS

- If unsure of a dermatological diagnosis, refer to dermatologist.
- If contact allergy is suspected, referral to a dermatologist for patch testing may be needed.
- If an underlying cause has not been identified, and symptoms do not respond to simple advice or a short trial of topical hydrocortisone.

Refer to RARC

- if the patient does not meet the referral criteria above consider referral to CAS requesting a RARC appointment.