Hypopigmented vulvar skin conditions, including lichen sclerosus, can occur in early childhood and may present with vulvar itching or irritation. Vulvar skin conditions are often first identified by the primary care provider based on symptoms and clinical exam. Consult pediatric dermatology and pediatric gynecology specialists if diagnosis is unclear.

**ASSESSMENT**

Perform a standard health history and physical exam (HPE) with specific questions about symptoms (vulvar itching, vulvar burning, pain with urination or with bowel movements/constipation), skin changes (whitening of vulva or other parts of body, vulvar redness), and prior treatments. Assess for family history of lichen sclerosus.

**HPE (HISTORY AND PHYSICAL EXAM) RED FLAGS**

- Pre-pubertal patient
- Vulvar hypopigmentation (‘figure of eight’ distribution)
- Vulvar itch
- Pain with urination or defecation
- Loss of clitoral hood/labia minora
- Petechiae/bruising
- Skin splits (lichen sclerosus/yeast)
- Perianal fissuring/ulcers (vulvar Crohn’s, lichen sclerosus)

**MANAGEMENT/TREATMENT**

**Lichen sclerosus or vitiligoid variant of lichen sclerosus**

- Topical steroid—begin clobetasol 0.05% ointment BID x 4 weeks, then daily x 4 weeks
- Apply protective barrier cream (Vaseline or Aquaphor) as needed for comfort
- Surveillance every 6 months once improvement achieved

**Vitiligo**

- If pre-pubertal, observe
- If post-pubertal, start topical tacrolimus ointment, Pimecrolimus BID
- Photodocumentation

**Perineal hygiene recommendations**

- Avoid using any soap on the vulva
- Apply protective barrier cream (Vaseline, 40% zinc oxide) as needed for comfort
- Plain warm water bath to help with perineal hygiene—avoid bath bombs and bubble baths
- Voiding with legs spread apart
- Cotton underwear, sleeping without underwear

**WHEN TO REFER**

Refer hypopigmented vulvar skin conditions to Cincinnati Children’s Combined Dermatology/Gynecology clinic.

If you would like additional copies of this tool, or would like more information, please contact the Physician Outreach and Engagement team at Cincinnati Children’s.
Vulvar Skin Conditions—Hypopigmented

### Patient Presents

- **Vulvar white patches**
- +/- White patches elsewhere on body

**Vitiligo**
- Well-demarcated depigmented asymmetric patches

- **Perineal hygiene (see box below)**
- If pre-pubertal, observe
- If post-pubertal, start topical tacrolimus ointment, Pimecrolimus BID

- Photodocumentation

### Standard Workup

- **History of Present Illness**
- **Family History**
- **Physical Exam**

### HPE (HISTORY AND PHYSICAL EXAM) RED FLAGS (when present, refer per chart below)

- Pre-pubertal patient
- Vulvar itch
- Pain with urination or defecation

- Vulvar hypopigmentation (‘figure of eight’ distribution)
- Loss of clitoral hood/labia minora

- Petechiae/bruising
- Skin splits (lichen sclerosus/yeast)
- Perianal fissuring/ulcers (vulvar Crohn’s, lichen sclerosus)

### Symptoms/History

- Itch/irritation
  - +/- Burning with urination
  - GI complaints—constipation or pain with defecation
  - +/- Family history of lichen sclerosus

- Vulvar white patches
- Excoriation
- Itch/irritation
  - +/- Burning with urination
  - GI complaints—constipation or pain with defecation

- Vulvar white patches
  - +/- White patches elsewhere on body

### Diagnosis

- Lichen sclerosus
- Vitiligold variant of lichen sclerosus
- Vitiligo

### Signs/Findings

- Hypopigmentation, symmetric
- Petechiae/purpura
- Fissuring
  - +/- Erythema
- Atrophic/wrinkled patches
- Clitoral hood involvement
- Agglutination, scarring

- Symmetric hypopigmentation/depigmentation
- Petechiae/purpura
- Fissuring
  - +/- Erythema
- Atrophic/wrinkled patches
- Clitoral hood involvement
- Agglutination, scarring

- Well-demarcated depigmented asymmetric patches

### Recommendations

- Perineal hygiene (see box below)
- Start thin layer clobetasol 0.05% ointment BID x 4 weeks and do not continue >6 weeks without consultation
- Photodocumentation

- Perineal hygiene (see box below)
- Start thin layer clobetasol 0.05% ointment BID x 4 weeks and do not continue >6 weeks without consultation
- Photodocumentation

- Perineal hygiene (see box below)
  - If pre-pubertal, observe
  - If post-pubertal, start topical tacrolimus ointment, Pimecrolimus BID
  - Photodocumentation

### Referral

Refer to Cincinnati Children’s Combined Gynecology/Dermatology Clinic

### Recommend Perineal Hygiene

- Avoid using any soap on vulva
- Apply protective barrier cream (e.g., Vaseline or 40% zinc oxide) as needed for comfort

- Use plain warm water bath to help with perineal hygiene; avoid bath bombs and bubble baths

- Voiding with legs spread apart
- Cotton-only underwear; sleeping without underwear

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For urgent issues, or to speak with the specialist on call 24/7, call the Physician Priority Link® at 1-888-987-7997.