Vulvar Skin Conditions—Hypopigmented

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 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.

For clinical questions about these conditions, contact:
Dermatology: 513-636-4215; dermatology@cchmc.org
Gynecology: 513-636-9400; gynecology@cchmc.org

FAST FACTS
>1 in 900 prevalence of lichen sclerosus
‘figure of eight’ hypopigmentation is a classic identifier for lichen sclerosus
long-term risk of scarring and malignancy from lichen sclerosus, unless treated

Tool developed by Cincinnati Children’s physician-hospital organization (known as Tri-State Child Health Services, Inc.) and staff in the James M. Anderson Center for Health Systems Excellence. Developed using expert consensus and informed by Best Evidence Statements, Care Practice Guidelines, and other evidence-based documents as available. For Evidence-Based Care Guidelines and references, see www.cincinnatichildrens.org/evidence.
**Vulvar Skin Conditions—Hypopigmented**

### Patient Presents

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

**HPE RED FLAGS** (when present, refer per chart below)

<table>
<thead>
<tr>
<th>Pre-pubertal patient</th>
<th>Vulvar hypopigmentation ('figure of eight' distribution)</th>
<th>Petechiae/bruising</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulvar itch</td>
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<tr>
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<td>Excoriation</td>
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<tr>
<td>or defecation</td>
<td>Itch/irritation</td>
<td></td>
</tr>
<tr>
<td>+/- Family history of lichen sclerosus</td>
<td>+/- Burning with urination</td>
<td></td>
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</tbody>
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### Symptoms/History

| Itch/irritation | Vulvar white patches | +/- White patches elsewhere on body |
| +/- Burning with urination | Excoriation           |                                    |
| GI complaints—constipation or pain with defecation | Petechiae/purpura |                                    |
| +/- Family history of lichen sclerosus | Fissuring            |                                    |

### Diagnosis

- Lichen sclerosus
- Vitiligo variant of lichen sclerosus
- Vitiligo

### Signs/Findings

| Hypopigmentation, symmetric | Symmetric hypopigmentation/depigmentation | Well-demarcated depigmented asymmetric patches |
| Petechiae/purpura          | Petechiae/purpura                        |                                                |
| Fissuring                  | Fissuring                                 |                                                |
| +/- Erythema               | +/- Erythema                              |                                                |
| Atrophic/wrinkled patches  | Atrophic/wrinkled patches                 |                                                |
| Clitoral hood involvement  | Clitoral hood involvement                 |                                                |
| Agglutination, scarring    | Agglutination, scarring                   |                                                |

### Recommendations

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

For urgent issues, or to speak with the specialist on call 24/7, call the Physician Priority Link at 1-888-636-7997.