

Vulval eczema

Women's Services Patient Information

This leaflet has been written to help you understand more about vulval eczema.

It tells you:

- What it is
- What causes it
- How it can be treated
- Where you can find out more about the condition

What is vulval eczema?

Eczema is a dry itchy inflammation of the skin. It can affect any part of the skin, including the vulva, and most commonly affects the bends of the elbows and knees, the wrists and the neck. It is most common in children, but can carry on into or develop in adult life. The cause is not fully understood. Eczema runs in families and is part of your genetic make-up. The diagnosis is made by examining the vulval skin.

What are the symptoms?

The most common symptoms are:

- Itching, but some patients will experience soreness or pain.
- Pain during and after intercourse is also common.
- There is often splitting and cracking of the skin.

What makes eczema flare up?

External factors such as heat, or contact with irritants, such as perfumes or detergents, can cause a flare up. It is also more likely to flare if your skin is very dry. Other triggers can be illness, for example, having a cold or stress.

Treatment

Self help: Wash your vulva with warm water using a soap substitute, see moisturisers below.

Avoid washing your hair in the bath as shampoo can be irritating to the vulval skin. All patients with vulval skin problems are advised to avoid soaps, bubble baths, baby wipes and 'feminine hygiene' products as these can all strip the skin of its natural protection or cause irritation due to the chemicals and preservatives in them. It is advised to wear 100% cotton underwear and use white unscented toilet paper. It is best to avoid biological washing powders or liquids and it can be helpful to double rinse your underwear.

Moisturisers: You will be given a prescription for a cream to use such as Diprobase, Oilatum or Cetraben. We recommend that you apply the cream to the vulval area before washing or showering, rinse it off and then reapply once you are dry. It should then be used as a moisturiser several times a day.

Steroid ointment: This is the main treatment for eczema in addition to moisturisers. You will be advised how much and when to apply the ointment. Do not be alarmed if the instruction leaflet states that it should not be used on the genital area – it is safe to do so under medical supervision. There is concern about overuse of steroids as they can thin the skin but using one 30g tube of steroid ointment over at least 3 months is a safe amount.

Other treatments: Antihistamines are sometimes used to reduce itching. They are generally used at night as they can cause drowsiness. If pain is a particular problem, there are tablets and local anaesthetic gels that can be prescribed. Sometimes patients will have a patch of skin tested. This may show if you are sensitive to anything being used on your skin which might be the cause of the problem.

Menstruation

Try to use unperfumed pads and tampons and change them frequently to minimise moisture. If standard sanitary pads seem to cause a flare up of symptoms, it is worthwhile trying all cotton pads. Natracare has a full range of pure cotton sanitary products and is available in some large supermarkets and pharmacies as well as on line (www.natracare.com). It may be worthwhile trying alternative products to disposable pads and/or tampons such as reusable cloth pads, menstrual cups, menstrual discs or period underwear. Each product has its pros and cons, and it may take trial and error to decide which one works for you.

Sexual contact

Be aware of products your partner may be using on their hands or genital area that may irritate your skin. Washing before engaging in sexual contact or touching the genital area is advised. Some women develop sensitivity to spermicides or condoms so a change in contraception may be needed. Some lubricants can also cause irritation. We can advise on ones that you might find more comfortable.

Further information can be obtained from:-

British Society for the Study of Vulval Disease – www.bssvd.org

National Eczema Society – www.eczema.org

Steroid ointment:

Apply 1 fingertip unit once a day, in the morning, for 2 weeks. We will demonstrate this in clinic. After using for 2 weeks, use on alternate days for a further 2 weeks

Then use once or twice a week until seen again in clinic or your symptoms settle.

If your symptoms clear up completely then stop using the steroid but continue the moisturiser daily.

If your symptoms flare up, go back to using the steroid every day again for a week or two before dropping back down or stopping.

Moisturiser:

Accessible Information: If you need this information in another format or language, please ask a member of staff.

People with hearing and speech difficulties: You can contact us using the Relay UK app. To contact us ring 18001 01274 364380

Smoking: Bradford Teaching Hospitals NHS Foundation Trust is a smoke-free organisation. You are not permitted to smoke or use e-cigarettes in any of the hospital buildings or grounds.