



Vulvovaginal Disorders: An algorithm for basic adult diagnosis and treatment

APHTHOUS ULCERS

What are aphthous ulcers?

Aphthous ulcers are the same as canker sores on the vulva. They are acute, painful ulcers (loss of the full thickness of the epithelium). They occur suddenly in healthy individuals. Oral ulcers alone represent simple aphthosis. When women have ulcers of both the mouth and the vulva that are unrelated to any other disease, this is called complex aphthosis. This is particularly common in young women.

Who gets aphthous ulcers?

Simple aphthosis is very common, affecting 30-66% of adults. Complex aphthosis is thought to be rare.

What causes aphthous ulcers?

The cause of aphthous ulcers, simple or complex is unknown. It is suggested that they are inflammatory disorders triggered in genetically susceptible individuals by factors outside the body. The onset is often during childhood or adolescence, and the condition usually lasts for several years before gradually disappearing. These ulcers may be caused by viruses- Epstein-Barr virus (EBV), Cytomegalo virus (CMV), Coxsackie virus.

Other causes of vulvar ulcers include sexually transmitted infection like herpes simplex, syphilis, and others. Crohn disease, which can cause vulvar ulcers, may present years before bowel symptoms. Behcet disease is extremely rare and always involves other body sites besides the vulva: the eye, gastro-intestinal tract, and central nervous system.

A drug reaction must always be considered.

What are the symptoms of aphthous ulcers?

Many women present with fever, malaise, and oral aphthae. The main vulvar symptom is pain from the ulcerations.

What do vulvar aphthous ulcers look like?

A punched-out, shallow, well-defined ulcer with a yellow-white base and somewhat reddened border is observed. The ulcers may be single or in groups ("herpetiform"), located around the vulvar vestibule and occasionally on the outer labia minora, the labia majora, the perineum, and the introitus. They can range in size from 1-3 cm in the vestibule while the oral lesions are smaller (2-5mm). They are usually round in shape, but the larger ulcers can be irregular in shape with deep, reddish bases. Occasionally a large, deep, punched-out, destructive (giant) aphthous ulcer develops, often from merging of one ulcer with another.

The usual duration of the ulcers is one to three weeks, but they can persist for months. The large ulcers usually heal with scarring



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How is a vulvar aphthous ulcer diagnosed?

Diagnosis is by exclusion following appropriate blood tests, biopsies, and cultures to rule out other conditions. Tests are done for herpes, syphilis, chancroid, and lymphogranuloma venereum (LGV). Blood tests are done to test for anemia, low white blood cell count or low platelets, iron, folate and vitamin B12. Testing is also done for EBV and CMV. If indicated, testing is done for HIV. If gluten sensitivity is suspected, blood testing is done for this. If a medication is suspected as the cause, it needs to be stopped.

Biopsy of the margin of the ulcer may be performed.

What is the treatment for vulva aphthous ulcers?

Treatment includes comfort measures with sitz baths, avoidance of irritants and tight clothing. Topical xylocaine 5% is helpful 4-6 times daily. This may be alternated with amlexanox 5% paste applied four times a day for seven days. Naproxen sodium 500 mg may be taken twice a day.

Clobetasol or halobetasol ointment 0.05% may be applied for seven days. A course of oral prednisone 40-60 mg every morning for 5 days, or a tapering dose up to 7-10 days may be used. Triamcinolone acetonide (Kenalog 10), 10 mg/mL diluted 1:1 with saline and using a 30-gauge needle injected under the ulcer after application of EMLA numbing cream (for large, painful, or unresponsive lesions) may be used for its anti-inflammatory action.

To prevent a recurrent ulcer Colchicine 0.6 mg twice daily on an ongoing basis to prevent or promptly abort lesions OR Prednisone 30 mg daily for 3-4 days may be used.