



Vulvovaginal Disorders: An algorithm for basic adult diagnosis and treatment

CORTICOSTEROIDS FOR VULVOVAGINAL USE: NON-TOPICAL TREATMENTS

What are corticosteroids?

Corticosteroids (“steroids”) are hormones made in the body or manufactured synthetically. They are used for their power to fight inflammation. They reduce redness, itching, and swelling. A number of vulvar and vaginal inflammations are safely managed with various steroids.

What forms of steroids are there?

Steroid products to treat vulvovaginal problems range from mild hydrocortisone creams, ointments, or suppositories, to moderately strong synthetics such as triamcinolone, to powerful topical ointments such as clobetasol (Temovate) and halobetasol (Ultravate) or oral prednisone tablets. There are many other steroid products as well.

I have heard steroids are dangerous. Is this true?

Although doctors believed for years that steroids were too strong for the vulva and vagina, decades of work have led to safe and effective use. Troublesome side effects are most common with *sustained, long-term*, high potency (prednisone), oral tablets and improper use of strong corticosteroid ointments and creams. The appropriate use of hydrocortisone or clobetasol topically, triamcinolone injections, or a short course of oral prednisone tablets, yields very few side effects.

If you have a history of genital herpes, caused by the herpes simplex virus (HSV), or genital warts, caused by the human papilloma virus (HPV), use of steroids may increase the likelihood of an outbreak by lowering your local immunity. Topical corticosteroids can also interfere with the body’s ability to fight off yeast infections. Your clinician will help you manage these special situations.

How do I use steroids for the vulva or vagina?

Most commonly, steroids are used on the vulva in a topical form. The standard way these products are used is to treat initially for a short time with moderate or strong forms. Then, you decrease to a maintenance program of safe mild cortisone as needed or intermittent potent steroids once or twice a week. For severe conditions a short course of oral prednisone or a series of injections of triamcinolone are used to manage difficult symptoms. Then, treatment can be switched to topical ointments.

Since most inflammatory conditions are chronic, they are managed, not cured. *Stopping the steroid means that the problem comes back.*

What non-topical steroids are used?

Prednisone

This potent oral steroid is used to treat inflammatory conditions of many kinds. For the vulva and vagina, it may be used to



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clear severe contact dermatitis, aphthous ulcers, Crohn disease involving the skin, and, sometimes, for lichen sclerosus, or lichen planus. It is used as a “burst and taper” where a woman starts with a dose of 60-80 mg daily and then tapers down gradually.

Intramuscular (IM) Triamcinolone Injections

Women cannot always tolerate oral or topical steroids. In these cases, IM triamcinolone is used for severe involvement of the skin with lichen sclerosus, lichen planus, lichen simplex chronicus, or contact dermatitis. This steroid is gradually released from a depot injection site in the thigh muscle and remains in the body for approximately three weeks.

Intralesional Steroids

These are used for thickened, itchy, resistant dermatoses (lichen simplex chronicus, psoriasis, lichen sclerosus, lichen planus), for localized or resistant ulcerative disease (Crohn disease, Behcet’s syndrome), and for painful nodules of hidradenitis suppurativa (HS).

What are the side effects of these kinds of steroids?

With oral or intramuscular steroids—but not intralesional—side effects may occur. These are often minimal with short term therapy. Headaches and upset stomach are common effects with any medication. Prednisone is taken in with food. It is taken in the morning to avoid insomnia. Transient mood changes, i.e. feeling “high” or “down” may occur. Menstrual periods may become irregular in some women. There can be transient changes in blood sugar or blood pressure that will correct once the drug is finished.

Other uncommon warning signs that you should call your doctor about include: swelling of the eyes, face, lips, tongue, throat, arms, hands, feet, ankles, or lower legs, sore throat, fever, chills, cough, or other signs of infection, seizure, persistent pain in any joint, numbness, burning, or tingling in the face, arms, legs, feet, or hands, irregular heartbeat, difficulty breathing or swallowing, or shortness of breath, especially during the night, accompanied by dry, hacking cough

What else do I need to know?

- Use a steroid only as directed.
- Always follow gentle vulvar care and avoid tight clothes, harsh chemicals and perfumed products.
- You need to be monitored while on a steroid to adjust dose and length of use.
- Be sure to tell other clinicians if you are on any steroid product.
- You need to discuss use of any cortisone products in pregnancy with your clinicians.