Vulvovaginal Disorders:
An algorithm for basic adult diagnosis and treatment

PLASMA CELL VULVITIS (VULVITIS CIRCUMSCRIPTA PLASMA CELLULARIS)

What is plasma cell vulvitis?

This rare condition is also called "Zoon's vulvitis" after the Dutch dermatologist who first noticed it on the male penis (plasma cell balanitis) and then on the female vulva. The cause is unknown, and it is not well studied. It does not appear to be a sexually transmitted or infectious disease. It appears to be an inflammation, the body's reaction to something (often unknown), that is does not like. Some researchers think that plasma cell vulvitis goes on to become another inflammatory skin condition called lichen planus; others think that it may come in two forms: one kind appears on a normal vulva, and the other appears to be part of lichen planus.

Who gets plasma cell vulvitis?

The condition occurs so rarely that there are no data that allow us to say how many women get this or at what age it appears.

How is plasma cell vulvitis diagnosed?

The condition is usually noticed when a woman complains of irritation on her vulva. Biopsy is needed for the diagnosis. The biopsy shows special cells called plasma cells that appear when there is chronic inflammation.

What are the symptoms?

Most women complain of itching, burning, or pain with intercourse, but some are without symptoms. What is seen (the lesion) is usually a well-defined (circumscribed), glistening, red, often solitary plaque, usually in the vulvar vestibule.

How is plasma cell vulvitis treated?

The first line of treatment is the strong corticosteroid ointment clobetasol proprionate 0.05% applied in a thin film nightly for 30 days, followed by re-evaluation and possibly a longer course of the steroid. Plasma cell vulvitis may be well managed by the steroid even though the lesion continues to be present, or the lesion may clear.

In some cases, other non-steroid medication to fight inflammation, (topical pimecrolimus 0.1% (Elidel) or tacrolimus (Protopic) 0.1% nightly for 30 days) is tried as an additional treatment with the steroid. Other treatments include shots of corticosteroids into the lesion, and topical medication called an immune response modifier (imiquimod).

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