**DERMATOSES**

“Dystrophy” is no longer an acceptable term; the new ISSVD classification system lists specific dermatologic disorders (i.e. lichen sclerosus, lichen planus, psoriasis, etc.).

The Terminology Committee presented a new classification of the benign, non-infectious vulvar dermatoses to the ISSVD membership at the February 2006 World Congress meeting. This classification was accepted by the membership. The recent terminology has been published by PJ Lynch, MD, M Moyal-Barrocco, MD, F Bogliatto, MD, L Micheletti, MD and J Scurry, MD.


This is also reviewed in the Journal of Lower Genital Tract Disease:


### 2006 Histological Classification of Vulvar Dermatoses

**Pathological Subsets and Their Clinical Correlates**

**Spongiotic pattern**
- Atopic dermatitis
- Allergic contact dermatitis
- Irritant contact dermatitis

**Acanthotic pattern (formerly squamous cell hyperplasia)**
- Psoriasis
- Lichen simplex chronicus
- Primary (idiopathic)
- Secondary (superimposed on lichen sclerosus, lichen planus, or other vulvar disease)
Lichenoid pattern
  Lichen sclerosus
  Lichen planus

Dermal homogenization/sclerosis pattern
  Lichen sclerosus

Vesiculobullous pattern
  Pemphigoid, cicatricial type
  Linear IgA disease

Acantholytic pattern
  Hailey-Hailey disease
  Darier disease
  Papular genitocrural acantholysis

Granulomatous pattern
  Crohn disease
  Melkersson-Rosenthal syndrome

Vasculopathic pattern
  Aphthous ulcers
  Behcet disease
  Plasma cell vulvitis

Contact dermatitis:

Lichen planus:

Lichen sclerosus:

Lichen simplex chronicus:

Additional articles on vulvar inflammatory conditions:
  • Dermatologic Therapy 2004:17(1).
The terminology for Vulvar Intraepithelial Neoplasia (VIN) was revised in 2004

VIN replaces such terms as Bowen’s disease, erythroplasia of Queyrat, carcinoma simplex, Bowenoid papulosis, Bowenoid dysplasia, hyperplastic dystrophy with atypia, and condylomatous dysplasia, dysplasia, or carcinoma in situ. The ISSVD terminology for VIN has undergone a revision at the 2004 Congress. As VIN 1 is poorly reproducible, uncommon, and generally represents reactive change or HPV effect, the term is not used in the new terminology.


1. VIN, usual type
   a. VIN, warty type
   b. VIN, basaloid type
   c. VIN, mixed (warty/basaloid) type
2. VIN, differentiated type

Note: The occasional example of VIN that cannot be classified into either of the above VIN categories (usual type and differentiated type) may be classified as VIN, unclassified type. The rare VIN of pagetoid type may be classified as such, or placed in this category.

The terminology for vulvar pain has undergone many changes throughout the years. The most recent terminology developed by the ISSVD under the direction of Micheline Moyal-Barracco, MD and Peter J. Lynch, MD follows:

**ISSVD Terminology and Classification of Vulvar Pain (2003)**

**A) Vulvar Pain Related to a Specific Disorder**
1) **Infectious** (e.g. candidiasis, herpes, etc.)
2) **Inflammatory** (e.g. lichen planus, immunobullous disorders, etc.)
3) **Neoplastic** (e.g. Paget’s disease, squamous cell carcinoma, etc.)
4) **Neurologic** (e.g. herpes neuralgia, spinal nerve compression, etc.)

**B) Vulvodynia**
1) **Generalized**
   a) **Provoked** (sexual, nonsexual, or both)
   b) **Unprovoked**
   c) **Mixed** (provoked and unprovoked)
2) **Localized** (vestibulodynia, clitorodynia, hemivulvodynia, etc.)
   a) **Provoked** (sexual, nonsexual, or both)
   b) **Unprovoked**
   c) **Mixed** (provoked and unprovoked)


**MAJOR PUBLICATIONS ON VULVAR DISEASE**

• Fu YS, Pathology of the Uterine Cervix, Vagina and Vulva. WB Saunders, 2002.
• Heller DS. The Lower Female Genital Tract-A Clinicopathologic Approach Williams & Wilkins, 1998.
**2011 ISSVD Terminology and Classification of Vulvar Dermatological Disorders: An Approach to clinical diagnosis**  
Peter J. Lynch, MD, Chairman  
Micheline Moyal-Barracco, MD  
James Scurry, MD  
Colleen Stockdale, MD


**Table. 2011 ISSVD CLINICAL CLASSIFICATION OF VULVAR DERMATOLOGICAL DISORDERS**

1) **SKIN-COLORED LESIONS**
   
   **A. Skin-colored papules and nodules**
   1. Papillomatosis of the vestibule and medial labia minora (a normal finding; not a disease)
   2. Molluscum contagiosum
   3. Warts (HPV infection)
   4. Scar
   5. Vulvar intraepithelial neoplasia
   6. Skin tag (acrochordon, fibroepithelial polyp)
   7. Nevus (intradermal type)
   8. Mucinous cysts of the vestibule and medial labia minora (may have yellow hue)
   9. Epidermal cyst (Syn, epidermoid cyst; epithelial cyst)
   10. Mammary-like gland tumor (hidradenoma papilliferum)
   11. Bartholin gland cyst and tumor
   12. Syringoma
   13. Basal cell carcinoma

   **B. Skin-colored plaques**
   1. Lichen simplex chronicus (LSC) and other lichenified disease (see definitions in Part IV above)
   2. Vulvar intraepithelial neoplasia

2) **RED LESIONS: PATCHES AND PLAQUES**

   **A. Eczematous & lichenified diseases (see definitions in Part IV above)**

   1. Allergic contact dermatitis
   2. Irritant contact dermatitis
   3. Atopic dermatitis (rarely seen as a vulvar presentation)
   4. Eczematous changes superimposed on other vulvar disorders
   5. Diseases clinically mimicking eczematous disease (candidiasis, Hailey-Hailey disease and extramammary Paget’s disease)
   6. Lichen simplex chronicus (lichenification with no preceding skin lesions)
   7. Lichenification superimposed on an underlying preceding pruritic disease

   **B. Red patches & plaques (no epithelial disruption)**

   1. Candidiasis
   2. Psoriasis
   3. Vulvar intraepithelial neoplasia
   4. Lichen planus
   5. Plasma cell (Zoon’s) vulvitis
   6. Bacterial soft-tissue infection (cellulitis and early necrotizing fasciitis)
   7. Extramammary Paget’s disease
3) RED LESIONS: PAPULES AND NODULES
   A. Red papules
      1. Folliculitis
      2. Wart (HPV infection)
      3. Angiokeratoma
      4. Molluscum contagiosum (inflamed)
      5. Hidradenitis suppurativa (early lesions)
      6. Hailey-Hailey disease
   B. Red nodules
      1. Furuncles (“boils”)
      2. Wart (HPV infection)
      3. Prurigo nodularis
      4. Vulvar intraepithelial neoplasia
      5. Molluscum contagiosum (inflamed)
      6. Urethral caruncle and prolapse
      7. Hidradenitis suppurativa
      8. Mammary-like gland adenoma (hidradenoma papilliferum)
      9. Inflamed epidermal cyst
     10. Bartholin duct abscess
     11. Squamous cell carcinoma
     12. Melanoma (amelanotic type)

4) WHITE LESIONS
   A. White papules and nodules
      1. Fordyce spots (a normal finding; may sometimes have a yellow hue)
      2. Molluscum contagiosum
      3. Wart
      4. Scar
      5. Vulvar intraepithelial neoplasia
      6. Squamous cell carcinoma
      7. Milium (pl. milia)
      8. Epidermal cyst
      9. Hailey-Hailey disease
   B. White patches and plaques
      1. Vitiligo
      2. Lichen sclerosus
      3. Post-inflammatory hypopigmentation
      4. Lichenified diseases (when the surface is moist—see definitions in Part IV above)
      5. Lichen planus
      6. Vulvar intraepithelial neoplasia
      7. Squamous cell carcinoma

5) DARK COLORED (BROWN, BLUE, GRAY OR BLACK) LESIONS
   A. Dark colored patches
      1. Melanocytic nevus
      2. Vulvar melanosis (vulvar lentiginosis)
      3. Post-inflammatory hyperpigmentation
      4. Lichen planus
      5. Acanthosis nigricans
      6. Melanoma-in-situ
   B. Dark colored papules and nodules
      1. Melanocytic nevus (includes those with clinical and/or histologic atypia)
      2. Warts (HPV infection)
      3. Vulvar intraepithelial neoplasia
      4. Seborrheic keratosis
      5. Angiokeratoma (capillary angioma, cherry angioma)
      6. Mammary-like gland adenoma (hidradenoma papilliferum)
      7. Melanoma

6) BLISTERS
   A. Vesicles and bullae
      1. Herpesvirus infections (herpes simplex, herpes zoster)
      2. Acute eczema (see definitions in Part IV above)
      3. Bullous lichen sclerosus
      4. Lymphangioma circumscriptum (lymphangiectasia)
      5. Immune blistering disorders: cicatricial pemphigoid, fixed drug eruption, Steven-Johnson syndrome, pemphigus
   B. Pustules
      1. Candidiasis (candidosis)
      2. Folliculitis

7) EROSIONS AND ULCERS
   A. Erosions
      1. Excoriations (See the disorders in Group 2A above)
      2. Erosive lichen planus
      3. Fissures arising on normal tissue (idiopathic, intercourse related)
      4. Fissures arising on abnormal tissue (candidiasis, lichen simplex chronicus, psoriasis, Crohn’s disease, etc.)
      5. Vulvar intraepithelial neoplasia, eroded variant
6. Ruptured vesicles, bullae and pustules (see all of the disorders listed above in Group 6 “Blisters”)
7. Extramammary Paget’s disease

B. Ulcers
1. Excoriations (related to eczema, lichen simplex chronicus)
2. Aphthous ulcers; syn. Aphthous minor, aphthous major, Lipschütz ulcer (occurring either as an idiopathic process or secondary to other diseases such as Crohn’s, Behçet’s, various viral infections)
3. Crohn’s disease
4. Herpesvirus infection (particularly in immunosuppressed patients)
5. Ulcerated squamous cell carcinoma
6. Primary syphilis (chancre)

8) EDEMA (DIFFUSE GENITAL SWELLING)

A. Skin-colored edema
1. Crohn’s disease
2. Idiopathic lymphatic abnormality (congenital Milroy’s disease)
3. Post-radiation and post-surgical lymphatic obstruction
4. Post-infectious edema (esp. staphylococcal and streptococcal cellulitis)
5. Post-inflammatory edema (esp. hidradenitis suppurativa)

B. Pink or red edema
1. Venous obstruction (e.g., pregnancy, parturition)
2. Cellulitis (primary or superimposed on already existing edema)
3. Inflamed Bartholin duct cyst/abscess
4. Crohn’s disease
5. Mild vulvar edema may occur with any inflammatory vulvar disease