



Traumatic Causes of Vulvar Ulcers – Physical and Chemical

Clinical Presentation: A variety of traumatic causes for vulvar ulcers exist. They are categorized into ulcers from physical and chemical trauma.

Physical:

Excoriations

Sexual assault

Blunt or sharp trauma (catheterization, female genital mutilation, heat, cold, factitial)

Ill-fitting sanitary protection, incontinence protection

Pressure sores

Surgery

Radiation

Laser

Factitial ulcers are caused by unintentional or deliberate manipulation of the vulvar skin by digging, excoriating, picking, cutting, injecting, puncturing or burning. They are usually associated with psychiatric conditions

Chemical:

Antiseptic/antibacterial direct application

Feminine hygiene products, shaving, waxing, depilatories

Destructive/irritating medications (prescribed or nonprescribed)

Topical 20% benzocaine

Bichloroacetic and trichloroacetic acid

5-fluorouracil

Podophyllin containing wart treatments

Cryotherapy

Diagnostic Criteria: Diagnosis is made by history and whether the appearance of the lesion matches the presumed mechanism of injury. Biopsy is generally not helpful.

Eliciting an accurate history for factitious ulcers can be compromised by the patient's reluctance to admit to the wounding behavior. Effective treatment often requires a multidisciplinary approach.



Treatment:

1. Identify and discontinue the offending agent, if possible. Be sure to take a thorough history on vulvar care products. Have the patient eliminate the use of over the counter remedies and wet wipes than contain multiple ingredients.
2. Gentle vulvar skin care measures (hand held showerhead irrigation or sitz baths with warm water, patting dry with a soft cloth) are helpful to vulvar care. Patients should avoid wash cloths, loofas, plastic scrubbers, and hair dryers.
3. The skin's barrier function should be restored (after soaking) with topical application of plain petroleum jelly or zinc oxide ointment. These may need to be reapplied after toilet use. These products should be used at least twice daily.
4. Vulvar pain can be managed with topical 5% lidocaine ointment, 2% lidocaine jelly, 4% aqueous lidocaine solution, and nonsteroidal anti-inflammatory drugs as indicated.
5. Superinfection is managed with appropriate antibiotics. Laser burns may be managed by occlusive application of silver sulfadiazine cream twice daily.
6. It is important to determine the underlying cause of the traumatic ulcer such as incontinence, immobility, or psychiatric conditions (picking behavior, self-inflicted burning, or over-washing).

Follow Up:

As indicated to monitor response to treatment.



References:

Gattu S, Rashid RM, and Khachemoune A. Self-induced Skin Lesions: A Review of Dermatitis Artefacta. *Cutis* 2009 Nov; 84:247-251.

Stewart KM. A Clinical Approach to Vulvar Ulcers. *Obstet Gynecol Clin N Am* 2017; 44:445-451.

Bohl TG. Vulvar Ulcers and Erosions: A Clinical Approach. *Clinical Obstetrics and Gynecology* 2015; 58(3):492-502.

Sehgal VN, Pandhi D, and Khurana A. Nonspecific Genital Ulcers. *Clinics in Dermatology* 2014; 32:259-274.

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