

INTERNATIONAL SOCIETY FOR THE STUDY OF VULVOVAGINAL DISEASE



A Message From The President

In our previous newsletters, we shared with you why we believe that team work is essential. We also defined the following four topics:

- ★ Teamwork: definition
- ★ Why teamwork matters
- ★ Characteristics and requirements of teamwork
- ★ Advantages and disadvantages
- ★ Differences between teamwork and group work
- ★ Why teamwork fails



President, Claudia Marchitelli, MD

This newsletter will be addressing the two final topics: [differences between teamwork and group work](#) and [why teamwork fails](#).

DIFFERENCES BETWEEN TEAM WORK AND GROUP WORK

We have already clearly defined what teamwork is, but we have not elaborated on the difference between teamwork and being or working in a group.

A group, for instance, can gather to go to a party. At the party, we will find a certain amount of people of similar age who share the common interest of having a good time. The same group can meet the following week to see a movie. This can be any group of friends, who gather under certain circumstances in order to achieve a specific purpose. Teamwork, on the other hand, also contemplates specific goals, but when these goals are united, they aspire towards achievement of a common objective.

"If we are able to work towards a common goal, raising above our own individuality, unifying criteria and overcoming differences, we will have learned to work as a team".

*Gastón Arriagada Rodríguez **

Team Work	Group Work
Communication is the foundation upon which consensus can be obtained in order to attain the desired objectives.	Communication does not necessarily lead to consensus.
There is usually great heterogeneity among beliefs, creativity, level of education, social and work status, which are essential when it comes to collaborating and exchanging.	There has to be a certain homogeneity with regards to age, taste, and needs, as well as common interest.
Participation in the team is mandatory in the work place, since we cannot isolate ourselves from others.	Participation is voluntary, since it is ultimately a matter of compatibility.
Interpersonal relations are mostly formal.	Interpersonal relations are mostly informal. Members gather spontaneously.
There is need for a leader who can outline the path and evaluate progress.	There is no specific need for a leader. All members can be in equal condition.

This does not mean that the individual is no longer important; however, it does mean that effective and efficient teamwork goes beyond individual accomplishments.



WHY DO TEAMS FAIL?

The following are some of the reasons why teamwork can fail:

- **Unclear goals**

When we can see and locate the target, it becomes easier to approach. However, in teams, goals have an additional purpose, which is to concentrate and channel the energy and effort of each team member in the same direction. If a clear goal is lacking, the members cannot achieve cohesiveness and team performance is not enhanced. Teams are established when they share a common goal.

- **Lack of support on behalf of management**

We have grown accustomed to the hierarchy that lies within a corporate structure. However, work teams operate on a horizontal level and are useful in solving problems that affect different areas and departments. Team work represents a change of paradigm within a company. This new form of work will only succeed if the organization leaders and management team are convinced and trained in order to set the example. Team work implies the willingness to eliminate traditional barriers and think as a single entity: the company.

- **Ineffective team leadership**

Members of newly formed teams often function like magnets of the same pole. They tend to feel uncomfortable because they are used to working on their own and having success depends exclusively on them. During this initial stage of team development (which usually lasts between 6 to 12 months), the leader should be decisive and prove their strength in problem solving, setting initial goals and training their team. As the team members grow in confidence and trust, they improve their relationships and cooperation. The leader faces the difficulty of adapting his or her style of leadership to the maturity of the team.

- **Individuality**

One of the biggest issues is that we often see our differences and individuality. When we work as a team, these differences arise. We tend to focus on being unique, doing things our own way and competing, which gets in the way of team work. Individuality has been stimulated socially as well as in the work place and is difficult to address. Team work implies not thinking solely in one's own benefit, and working to contribute to a common goal.

How can difficulties be avoided?

Problems should usually be addressed straightforwardly with the team. Singling out any specific member is usually counterproductive since it weakens the team's unity. It is usually very beneficial to gather the team at least once a week in order to speak about any problems and work to solve them in a creative fashion. The success of team work is the responsibility of all the members!



"Coming together is a beginning, staying together is progress, and working together is success".
Henry Ford.

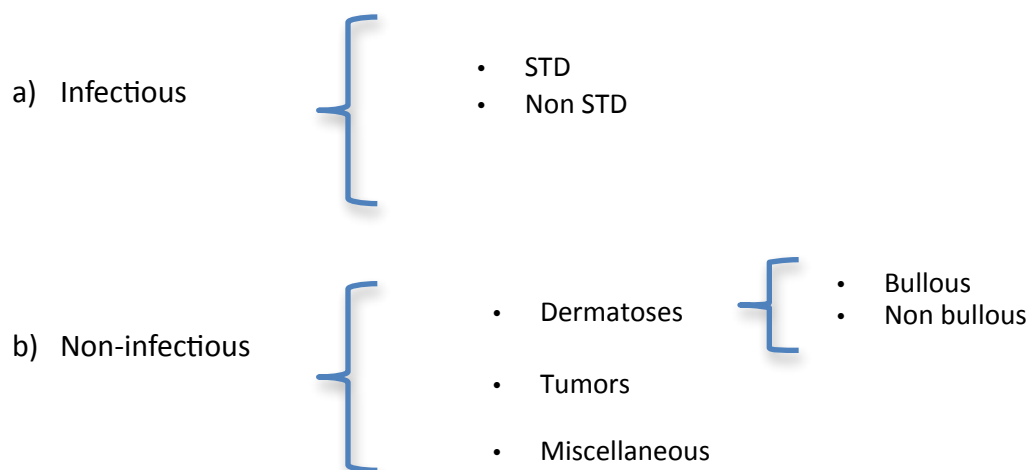
Vulvar Ulcers: An update by Veronica Suzuki, MD

Vulvar Ulcers

Ulcers are deep defects in the skin surface with absence of the epidermis and/or dermis too. Some of them may appear necrotic at the base with white or yellow fibrinous material e.g. Syphilis, Behçet, Chron's disease, vulvar aphthae. On the other hand, *erosions* are superficial defects in the skin surface with loss of the epidermis with the dermis remaining intact. Large, deep or long-standing ulcers may heal with scarring while erosions heal without scar.

Vulvar ulcers can be single or multiple; acute, chronic or recurrent.

Etiologic Classification



a) Infectious causes

- Syphilis
- Herpes
- Lymphogranuloma venereum (LGV)
- Chancroid
- Donovanosis
- Granuloma inguinale

HSV

- Painful
- Multiple
- Recurrent
- Vesicles, erosions and ulcers
- PCR, culture, biopsy

Syphilis (Chancre)

- Painless ulcers
- Sharp edge
- Clean base
- Indurated borders
- Regional lymphadenopathy
- Darkfield, serology
- Non treponemal tests
- Treponemal tests
- Chancres tend to heal spontaneously within three to six weeks

Granuloma Inguinale (Donovanosis)

- Solitary or multiple painless papules/nodes that expand and erode
- No lymphadenopathy
- Red soft base
- Diagnosis: "Donovan Bodies"

Chancroid (*H. ducreyi*)

- Painful ulcers

- Multiple and grouped ulcers
- Soft base
- Tender inguinal lymphadenopathy
- Negative diagnostic tests for syphilis and HSV
- Culture

Treatment

Health-care providers frequently must treat patients with vulvar ulcers before test results are available. For treatment information about Infectious STD ulcers please refer to the CDC Treatment Guidelines - Sexually Transmitted Diseases – available at <http://www.cdc.gov/std/treatment/2010/genital-ulcers.htm>

CDC Sexually Transmitted Diseases Treatment Guidelines. MMWR. 2010;59 (No. RR-12)

**** 2015 Updated information****

Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2015. MMWR Recomm Rep 2015;64(No. RR-3): 1-137.

<https://www.cdc.gov/std/tg2015/>

b) Non Infectious Causes

- Trauma
- Irritant / allergic contact dermatitis
- Drug reactions or adverse effects
- Autoimmune diseases
- Inflammatory diseases
- Malignant diseases
- Aphthous

Vulvar Aphthous Ulcers

- Average age is 14 yrs
- Sudden onset
- Painful ulcer/s
- Acute
- Single / multiple
- Prodrome fever, headache, malaise

Acute Aphthae

- Prodrome – fever, headache, malaise
- Epstein Barr Virus (EBV), Mycoplasma pneumoniae, Cytomegalovirus (CMV)

Recurrent Aphthae

- Inflammatory bowel disease
- Behçet disease
- Medication
- Myeloproliferative disease
- Human Immunodeficiency Virus (HIV)

Assessment and management of a patient with a vulvar ulcer

1. History
2. Examination
3. Diagnostic evaluation
4. Treatment

It is very important to take into consideration the history of the patient, age, ethnicity, habits, family history, medical history, sexual history, travel history, dermatoses, systemic diseases, medical treatment.

Ask about its onset. Was it acute or is it chronic?

Ask about other systemic symptoms such as fever, malaise, headache?

Examination: is it a unique or multiple lesions? Where is it localized? What are the characteristics of the base, color, exudates? Is there presence of fibrinoid material?

Are ulcers painful? Is there tenderness, induration?

How does the surrounding skin appear? Are vesicles present?

Are there any groin node enlargements?

Examine if there are extragenital lesions. It is important to examine the oral mucosa, to perform an ophtalmologic evaluation to examine the conjunctivae and other keratinized skin.

Examine the vaginal appearance.

Diagnostic examination:

- 1) Serologic tests for Syphilis and darkfield microscopy.
- 2) Culture for HSV or PCR testing for HSV.

- 3) Biopsy of unusual lesions or if it doesn't respond to the medical treatment for histopathology (Biopsy from the edge of the ulcer and from the normal skin to the ulcer). Direct immunofluorescence could be useful in the diagnosis of autoimmune blistering disorders.
- 4) HIV testing may also be considered necessary.
- 5) Serology testing for type-specific HSV antibodies.
- 6) Test for *Haemophilus ducreyi* may also be considered if Chancroid is prevalent.

***** The ISSVD App for Vulvar Ulcers will be available
on the App Store soon *****



Bibliography

- Lynch PJ, Moyal-Barracco M, Scurry J, Stockdale C. 2011 ISSVD Terminology and classification of vulvar dermatological disorders: an approach to clinical diagnosis. *J Low Genit Tract Dis.* 2012 Oct;16(4):339-44.
- Julian TM, Haefner HK, Margesson LJ, Kaufman RH, Wilkinson EJ, Edwards L. Clinical question: ask the experts. *J Low Genit Tract Dis.* 2005 Jul;9(3):188-92.
- Bohl TG. Vulvar Ulcers and Erosions: A Clinical Approach. *Clin Obstet Gynecol.* 2015 Sep;58(3):492-502.
- Haidari G, MacMahon E, Tong CY, White JA. Genital ulcers: it is not always simplex *Int J STD AIDS.* 2015 Jan;26(1):72-3.
- Roett MA, Mayor MT, Uduhiri KA. Diagnosis and management of genital ulcers. *Am Fam Physician.* 2012 Feb 1;85(3):254-62.
- Vieira-Baptista P, Machado L, Costa AR, Beires J, Martinez-de-Oliveira J. *Mycoplasma pneumoniae*: a rare cause of vulvar ulcers or an undiagnosed one? *J Low Genit Tract Dis.* 2013 Jul;17(3):330-4.

HOW WELL DO YOU KNOW ISSVD?

1. ***Did you know we have a new website? Have you logged onto the new website? Send us your comments and suggestions at issvd@issvd.org.***
2. ***Did you know you can pay your dues online anytime after September 1, for the following year, just by logging into the website? Visit: <http://www.issvd.org/>***

3. Did you know that we offer Free Student Memberships?

Medical students enjoy all of the privileges of active membership except they will not be able to vote, they shall not be eligible to hold office, and they will not receive a subscription to the official Journal of the Society. He or she will not be required to pay dues.

In order to apply for a student membership: Contact us at issvd@issvd.org. The student will need to be endorsed by an ISSVD member or fellow, although we are happy to assist in the process.

4. Did you know that every time you shop on Amazon, the ISSVD can get free money?

Amazon will donate .5% of every purchase made on Smile.Amazon that is linked to ISSVD to us. Please choose ISSVD today. Visit: <https://smile.amazon.com> and choose ISSVD as your Non Profit to support!

The National Vulvodynia Association (NVA) Update:

The National Vulvodynia Association (NVA) has released a new online CME/CE-accredited tutorial on vulvodynia at cme.dannemiller.com. Written by vulvodynia experts, this complimentary tutorial covers prevalence, differential diagnosis and treatment. Please visit www.nva.org/join-provider-member-benefits to view the benefits of NVA professional membership. Founded in 1994, the NVA is the only advocacy group that funds vulvodynia research, including the National Vulvodynia Registry.

The National Vulvodynia Association also announces the publication of a revised version of their popular self-help guide for women with vulvodynia. The guide covers vulvodynia from both the gynecological and chronic pain perspectives, providing suggestions for self-care and advice from other affected women. Health care providers can order hard copies for their office at www.nva.org/for-health-professionals/order-patient-materials. Alternatively, paper copies can be ordered by contacting their administrator, Gigi Brecheen, at gigi@nva.org or 301-949-5114.

Professional membership costs \$100 per year and, when joining, providers indicate whether they would like to be on their referral list.

Consider signing up to be on the NVA Referral list: You will be asked to provide information about the number of vulvodynia patients you see each month as well as the percentage of your practice that treats vulvar disorders and the percentage that treats chronic pain. Once on their referral list, their patient members can access the provider's information through an online zip code search.

Alternatively, patient members can be emailed a list of providers in their state. Membership also provides access to the NVA newsletter, which is published 3 times per year; a subscription to NVA's quarterly electronic newsletter, *NVA Research Update*, providing the latest abstracts and references to current published research in the field; important research funding and conference alerts; complimentary patient brochures; and a discount on the aforementioned self-help guide as well as our 2 other booklets.

Health professionals can join NVA online at <https://nva.org/join>.



**SAVE THE DATE: XXIV
WORLD CONGRESS
MENDOZA, ARGENTINA
Intercontinental Mendoza**

**International PG Course
September 11 & 12, 2017**

**XXIV World Congress
September 13-15, 2017**

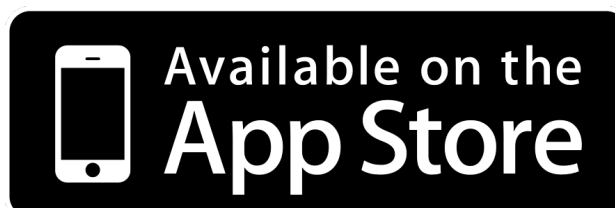
We have reserved an excellent room rate at the Intercontinental Mendoza and have begun planning an excellent scientific session for the Postgraduate Course and World Congress. It is time to mark your calendars and save these dates and **begin to prepare your scientific research for presentation.**



NEW
ISSVD iPhone apps
Learn more about our innovative
Yeast apps & Ulcer








[Link To Yeast App](#)
Ulcer app will be available soon



Registration Now Open
23rd Biennial Conference on Diseases of the Vulva & Vagina
27.75 CME ACCME Hours
September 9 & 10, 2016 with optional courses September 8th

**Including abstracts from the NA Chapter Scientific Session*

23rd Biennial Conference on Diseases of the Vulva and Vagina & 5th Biennial Meeting of the North American Chapter of the ISSVD

September 8-10, 2016
 Chicago Embassy Suites Downtown/Lakefront
 Chicago, Illinois
**September 8 (optional courses in PT & Basic Vulvar Disease)*

Sponsored by:
 The International Society For The Study of Vulvovaginal Disease
 Continuing Medical Education Credit is provided through joint providership
 with The American College of Obstetricians and Gynecologists.

Start building your vulvar skills with the ISSVD experts.

We hope to see you in Chicago!

Thursday, Sept 8th
 Optional Basic Vulvar Course-AM
 Optional Physical Therapy Hands On Session-PM

Friday & Saturday, Sept. 9&10
 Abstracts from NA Chapter
 ISSVD Lectures

REGISTERING NOW www.issvd.org

We certainly hope that you will join us for the 23rd Biennial Conference on Diseases of the Vulva & Vagina and 5th Biennial Meeting of the North American Chapter of the ISSVD Scientific Abstract Presentations. Please also be sure to share this course information with any colleagues who may be interested in attending. This course is the most comprehensive course that we offer in the US biennially. It includes an optional basic course on Thursday morning followed by an exceptional hands on Physical Therapy Course on Thursday afternoon (also optional). Friday and Saturday offer a comprehensive and complete overview of vulvar disease and treatment options.



CONTACT US

Debbie Roepe

Executive Director, ISSVD

8814 Peppergrass Lane

Waxhaw, NC 28173

(P) 704.814.9493 (F) 704.814.9571

issvd@issvd.org