

Clinical Case Gynaecology

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First Presentation – September 2009

- Referred by GP
- 26 years old, nulliparous, POP
- Previously seen by community gynaecologist with expertise in managing vulval disease
- Diagnosed with ?vulvodynia but not managed

- Problems at time of referral
 - Problem periods
 - Bladder problems
 - Recurrent candida

Vulval problems 2009 – GOPD 1

- 3 year history of burning, worse prior to periods
- Superficial dyspareunia
- Burning with micturition

- Vulva noted to be red and tender

- Again ?vulvodynia
- Prescribed **Dermovate**

March 2010 – GOPD 2

- Symptoms since age 19 when started COCP and had ‘thrush’ and cystitis
- Had reaction to Dermovate – swollen, ulcerated, ‘agony’
- Problems
 - Burning sensation in vulva – most of the time
 - Sex ‘too painful’
 - Incessant itching



CYCLICAL

Examination

- NORMAL vulva

Management

- Dianette
- Replens

- Review 3 months

May 2010 – Vulval clinic

- Dianette helped
- Replens – felt more comfortable
- Not attempted sex
- V itchy

- Vulval biopsy as raised area noted on vulvoscopy
 - Lichen Simplex chronicus
 - Hydrocortisone as patient ‘scared’ of topical steroids
 - No benefit



DISTRACTED

Main problem = unable to have sex

Diagnosis

- Q tip positive = VULVODYNIA
- VAGINISMUS

- BUT
- Also unprovoked vulvodynia

Management

- Amitriptyline
- Nortriptyline

- EMLA
- Perineal massage
- Dilators



S/E – could not tolerate

June 2011

- Dilators helped - sex a lot better
- Vulva normal
- **'happy'**

December 2011

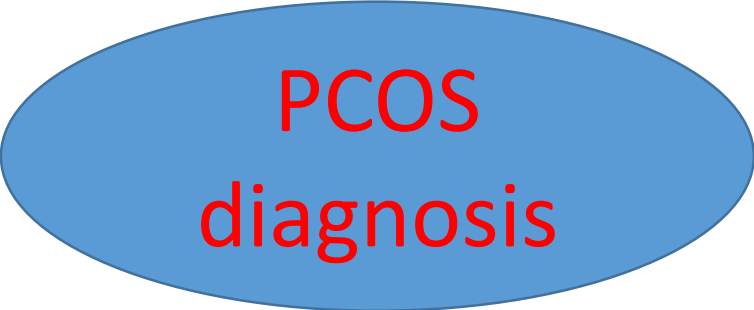
- Dreadful! Constant pain
- Sore, unable to have sex
- GP – Canestan & fluconazole for vulval itch – no benefit
- Normal examination
- Trial of Gabapentin for pain



Painful bladder
syndrome

September 2013

- New partner
 - Able to have sex
 - Continued with Gabapentin
 - Main symptom now = **ITCH**
 - Normal vulva
 - Swabs – candida and BV!
-
- Also had been seen by physio and a chiropracter



PCOS
diagnosis

2014

- Continued gabapentin
- Fluconazole PO for candida
- BV treated and resolved
- Comfortable

- Able to have sex

2015

- PREGNANT!
- Candida – v sore
 - Controlled with local therapies
- Stopped Gabapentin
- Unable to have sex
- Had LSCS

2016

- Pregnant
- No medications
- Still had vulvodynia
- Candida still an issue

- LSCS

2017

- Unprovoked vulvodynia

Re start gabapentin

- Itching

- Cyclical
- Canestan helps
- Swabs – recurrent candida

Dianette
Fluconazole

- Painful sex

?vestibulectomy

2019

- Vulvodynia comes and goes
 - remains on gabapentin
 - Uses lubricant
- Describes recurrent candida
 - Cyclical
 - When 'thrush' occurs results in flare of vulvodynia

Painful bladder
PCOS
CIN

Refer to GU