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This newsletter is quarterly and contains abstracts from medical journals published between January and March 2003 (abstracts presented at scientific meetings may also be included). Please direct any comments regarding this newsletter to [chris@nva.org](mailto:chris@nva.org).

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Interleukin-1beta gene polymorphism in women with vulvar vestibulitis syndrome.

Gerber S, Bongiovanni AM, Ledger WJ, Witkin SS

Eur J Obstet Gynecol Reprod Biol 2003 Mar 26;107(1):74-7

OBJECTIVE: The pathogenesis of vulvar vestibulitis syndrome remains unknown but may be related to a localized chronic inflammation. The relation between this syndrome and a polymorphism at position +3953 in the interleukin-1beta gene was examined. Allele 2 of this gene has been associated with increased pro-inflammatory immunity. STUDY DESIGN: Buccal or vestibular swabs from 59 women with strictly defined vulvar vestibulitis and from 48 healthy women were tested by polymerase chain reaction for the presence of two alleles at the +3953 interleukin-1beta locus. RESULTS: Allele 2 of the interleukin-1beta gene was identified in 27 (46%) women with vulvar vestibulitis as opposed to 12 (25%) control women (P=0.03). The interleukin-1beta 1,1 genotype was present in 36 (75%) controls as opposed to 32 (54%) vulvar vestibulitis syndrome patients (P=0.02). All subjects had been previously tested for induced interleukin-1beta production in response to bacterial lipopolysaccharide. In both patients and controls, possession of allele 2 was associated with a small but non-statistically significant increase in induced interleukin-1beta production. CONCLUSION: Allele 2 in the interleukin-1beta gene is more common in women with vulvar vestibulitis syndrome than in other women. Susceptibility to vulvar vestibulitis syndrome might be influenced by carriage of this polymorphism.

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Submucous infiltration of betamethasone and lidocaine in the treatment

of vulvar vestibulitis.

Segal D, Tifheret H, Lazer S

Eur J Obstet Gynecol Reprod Biol 2003 Mar 26;107(1):105-6

We present a case of persistent vulvar vestibulitis treated for several years unsuccessfully that has come to an end using a six week course of submucous infiltration of betamethasone and lidocaine in the vestibular area.

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Pain Measurement in Vulvodynia.

Pukall CF

J Sex Marital Ther 2003;29(1):111-120

Current approaches to the conceptualization of vulvodynia focus either on issues of sexuality or underlying pathophysiology but tend to neglect the central symptom of pain.

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Response to treatment in dysaesthetic vulvodynia.

Munday PE

J Obstet Gynaecol 2001;21(6):610-613

Thirty-three women (mean age 45 years) attending a vulval pain clinic based in a department of genitourinary medicine were followed-up for a minimum of 6 months. All women had dysaesthetic vulvodynia and 11 (33%) also had features compatible with vulval vestibulitis. Thirty-two patients were treated with a tricyclic antidepressant drug and a complete response was recorded in 47%. Only four patients obtained less than 50% improvement in their symptoms. Treatment with tricyclic drugs was part of a package of interventions including intensive support and the opportunity to take up counselling. Under these circumstances, it is difficult to attribute the success of treatment to the effect of the medication alone and there is a need for well-designed randomised controlled trials to evaluate this and other therapeutic approaches.

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Characteristics of Women with Vulvar Pain Disorders: Responses to a Web-Based Survey.

Gordon AS

J Sex Marital Ther 2003;29(1):45-58

This article presents data contributed by 428 highly educated, internet-savvy women who frequented various vulvar pain discussion lists.

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Hatha Yoga therapy management of urologic disorders.

Ripoll E, Mahowald D

World J Urol 2002 Nov;20(5):306-9

Hatha Yoga (often referred to as "yoga") is an ancient type of physical and mental exercise that has been used as a therapeutic modality in traditional Indian medicine for centuries. Yoga as a complementary modality in western medicine is more recent and continues to grow. Chronic urologic disorders are often difficult to diagnose because their presentation mimic other medical conditions and are often a diagnosis of exclusion. Treatment is also frustrating because the more traditional treatments are often unsuccessful in managing chronic disorders. Health care practitioners are often forced to look elsewhere for other modalities to provide pain relief and improve quality of life. Hatha Yoga is one of these modalities which has been extremely useful to many patients in reducing the suffering seen with chronic urologic conditions such as: prostatodynia, chronic orchitis, chronic epididymitis, vulvodynia, interstitial cystitis, etc.

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Vulval punch biopsies: what is the experience of patients and do they alter management?

P Khumalo S Booker F Wojnarowska N

J Obstet Gynaecol 2001;21(2):181-183

A questionnaire was used to assess the use of vulval punch biopsies with regard to patient acceptance, complications and relevance to management in patients attending the Oxford vulval clinic over a period of 1 year. All were satisfied with the reasons given for the biopsy. The majority (70%) found the injection of the local anaesthetic to be the most painful part of the procedure. Only minimal bleeding continued after the biopsy in a third of patients and stopped spontaneously within a few hours. None of the patients had secondary infection or chronic ulceration. The most common diagnosis confirmed by biopsy at the Oxford vulval clinic was lichen sclerosus (LS) and the mean age of patients was 63.6 years. Although no malignancy was diagnosed in our patients, in view of potential for malignancy and the lack of significant side effects associated with the procedure, we would recommend that punch biopsies be performed if LS is suspected.

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Essential vulvodynia (vulval pain).

Murphy D, Redman C, Thomas E

Clin Evid 2002 Dec;(8):1875-7

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VULVAR DERMATOSES

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Allergic contact dermatitis of the vulva-an overlooked diagnosis.

Salim A, Powell S, Wojnarowska F

J Obstet Gynaecol 2002 Jul;22(4):447

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Vulvar lichen sclerosus in postmenopausal women: a comparative study for treating advanced disease with clobetasol propionate 0.05%.

Diakomanolis ES, Haidopoulos D, Syndos M, Rodolakis A, Stefanidis K, Chatzipapas J, Michalas S

Eur J Gynaecol Oncol 2002;23(6):519-22

BACKGROUND AND OBJECTIVE: Clobetasol propionate 0.05% has been the mainstay in treating vulvar lichen sclerosus (VLS) for the past ten years. The usual length of therapy is two to 12 weeks. We conducted this study to evaluate the efficacy and safety of treating severe lesions of VLS in postmenopausal women for a longer time on a regular basis using clobetasol propionate. MATERIALS AND METHODS: From 1997-2000, 137 women with VLS were examined in the Colposcopy and Laser Surgery Unit of "Alexandra" Hospital. Patients who were premenopausal, had previous therapy, exhibited mild or moderate disease or showed VIN or invasive cancer on vulvar biopsies were excluded from the study. The remaining women were divided into two groups. The first group applied clobetasol propionate 0.05% for three months and afterwards on an "as required" basis, whereas the second group used the ointment for six months on a regular basis. All patients were examined at two, three, six and 12 months following treatment. Signs and symptoms before and after therapy as well as side-effects caused by the ointment were recorded. RESULTS: The mean age of the women was 60.2 years. Fifty-four patients were divided into two categories. In the 6-month follow-up, 59% of the 1st group and 85% of the second had complete response regarding their symptoms whereas on the 12-month follow-up, the respective numbers were 48% and 74%. Concerning the signs, 30% of the first group and 55.5% of the second showed to have complete response after six months and 26% and 41% respectively after 12 months. All differences between the two groups, except the signs after 12 months, were statistically significant. There were no side-effects from the long-term use of clobetasol propionate 0.05%. CONCLUSIONS: Conservative management of severe lesions of VLS in postmenopausal women using clobetasol propionate 0.05% for a long time (6 months) on a regular basis, seems to be a safe and effective therapy. Improvement is observed primarily on the symptoms and less on the signs.