

Vulvar Psoriasis

What is psoriasis?

Psoriasis is a very common skin rash that affects up to 2% of the population. There are several different types but the usual form appears as silvery scaly patches over the elbows and knees. Other areas of the skin can be affected including the scalp and some people have changes in their nails. Psoriasis can occur on the genital skin as part of more general disease but in some people, it affects only this area.

What causes it?

The cause of psoriasis is unknown. However, it is known that it can be triggered by some common throat infections in people who have a particular genetic make-up. It can run in families but there is not always a strong family history. Stress can make the problem worse. Psoriasis is NOT contagious. It is not related to hormonal changes, diet or any type of allergy. Genital psoriasis is not due to any sexually transmitted infection.

What are the symptoms?

Some women will have no symptoms. The most common symptom is itch. If the skin splits or cracks it may be become infected with yeast or bacteria.

How is it diagnosed?

When psoriasis occurs on the skin it appears as silvery scaly patches. However, on vulvar skin (and in body folds elsewhere – the armpits, under the breasts, the groins), the surfaces are in a moist environment and so the dry scaling is not usually seen. Vulvar psoriasis appears as moist, salmon pink patches which usually have a well-defined edge. It most commonly affects the outer labia and can spread to the groin folds and up on to the mons pubis.

Health care providers who are familiar with this condition will make the diagnosis by recognizing the typical appearance of the vulvar rash. If you have changes on the rest of the skin, this will often help to confirm the diagnosis.

How is it treated?

Unfortunately, there is no cure for psoriasis, but the symptoms can be managed with treatment. It may completely disappear but it often comes back and you may need to restart treatment.

Helpful hints:

- Follow our skin care recommendations. (see handout)
- Avoid scratching or irritating the area as this will make psoriasis flare.
- Topical anti-inflammatory creams or ointments, for example steroid creams, are useful and often a combination treatment of a steroid together with an anti-yeast or antibiotic component is prescribed if the skin is splitting.
- Treating infection can help, because infections of the skin makes psoriasis worse.
- Many of the treatments used to treat psoriasis elsewhere on the skin (coal tar, vitamin D creams, dithranol) are far too harsh to use on genital skin and can make things much worse.
- Occasionally oral tablet treatments are used for severe psoriasis but these are rarely necessary

What is the follow up?

If you are having symptoms that are interfering with your quality of life you should return to your health care provider to discuss starting and or switching treatments. Once your skin condition is under good control an annual skin checkup is recommended.