Objective: The Home Study Course is intended for the practicing colposcopist or practitioner who is seeking to develop or enhance his/her colposcopic skills. The goal of the course is to present colposcopic cases that are unusual or instructive in terms of appearance, presentation, or management, or that demonstrate new and important knowledge in the area of colposcopy or pathology. Participants may benefit from reading and studying the material or from testing their knowledge by answering the questions.

ACCME Accreditation: The American Society for Colposcopy and Cervical Pathology (ASCCP) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The ASCCP designates this education activity for a maximum of 1 American Medical Association Physician’s Recognition Award Category I Credit. Physicians should only claim credit commensurate with the extent of their participation in the activity. The ASCCP also designates their educational activity for 1 Category I credit hour of the ASCCP’s Program for Continuing Professional Development. Credit is available for those who choose to apply. The Home Study Course is planned and produced in accordance with the ACCME’s Essential Areas and Elements.

Disclosure: The clinical history and images in the Home Study Course may represent an actual case, but not always. To improve educational quality, some gross, cytological, or histological images may come from photographic libraries. Good teaching cases are often difficult to obtain, and we encourage our readers to submit cases with high-quality images to the Home Study Course editor or executive editor to consider for publication.

CASE
A 35-year-old gravida 0 (Figure 1) presents with vulvar irritation for 6 years. She complains of vulvar swelling and drainage.

Question 1
Match the following figures labeled 1 to 4 with the following conditions in her differential diagnosis.

a. Folliculitis
b. Crohn disease of the vulva
c. Hidradenitis suppurativa
d. Fistula-in-ano

Question 2
She states this problem occurred approximately 6 years ago. It began under her axillae, bilaterally. She had it surgically removed with relief of the symptoms in this area. She also complains of this condition underneath her breasts. She requires numerous abdominal pads throughout the day to collect the extensive drainage from her vulva. It has been worsening over the last 6 months.

What do you think is the likely diagnosis of her vulvar condition?

a. Folliculitis
b. Crohn disease of the vulva
c. Hidradenitis suppurativa
d. Fistula-in-ano

Question 3
Which of the following is a treatment for patients presenting with an early stage of this condition?

a. Vulvectomy with split-thickness skin graft
b. Chemotherapy
c. Radical vulvectomy, with secondary healing
d. Oral antibiotics
Question 4

If a patient has an advanced stage of disease, what treatment may be considered?

a. Vulvectomy  
b. Chemotherapy  
c. Total pelvic exenteration  
d. No treatment needed, by this point the patient is usually asymptomatic

Question 5

What cancer has been associated with this condition?

a. Sarcoma  
b. Squamous cell carcinoma  
c. Melanoma  
d. No carcinomas have been associated with this condition

Answers

1. a Figure 4. (Folliculitis)
The vulva contains numerous hair follicles. When the hair follicle and the pilosebaceous unit become obstructed, folliculosis or furunculosis can result. These can become secondarily infected. Folliculitis appears clinically as a papule or pustule, whereas furunculitis presents as an abscess.

b Figure 3. (Crohn disease of the vulva)
Crohn disease is a chronic inflammatory bowel disease. Predominant symptoms of Crohn disease include abdominal pain, diarrhea, and weight loss. It may be associated with vulvar abnormalities. Generally, a diffuse swelling is noted, but it may be unilateral. Abscesses, draining sinuses, and edema and ulceration of the perineum or vulva are common. Fistulas may be present.

c Figure 1. (Hidradenitis suppurativa)
Patients with hidradenitis suppurativa of the vulva have pain, recurrent discharge, and scarring from the lesions. There are 3 stages of the disease. In the primary stage, boils occur in separate places. Nodular, noninflamed precursor lesions also occur. The secondary stage consists of sinus tracts with scarring between lesions. The tertiary stage is characterized by coalescing, scarring, and sinus tracts. Inflammation and chronic
discharge also appear. The prevalence of hidradenitis suppurativa is described as anywhere from 1:100 to 1:600. Women are more commonly affected than men, in a ratio of up to 4:1.

d Figure 2. (Fistula-in-ano)
A fistula-in-ano is a hollow tract, connecting a primary opening inside the anal canal to a secondary opening in the perianal skin. It is lined with granulation tissue. The male-to-female ratio is 1.8:1. This condition is characterized by an external opening that appears as an open sinus or elevation of granulation tissue. Spontaneous discharge via the external opening may be apparent or expressible upon digital rectal examination. Anoscopy is usually required to identify the internal opening.

2. c
Hidradenitis suppurativa is the most likely diagnosis. It can occur on the vulva, breast, axillae, groin, or buttocks. This patient has tertiary-stage hidradenitis suppurativa.

3. d
Treatment for primary-stage hidradenitis suppurativa (early disease) consists of gentle cleansing with a mild bar cleanser. Vulvar care measures such as the use of loose, ventilated clothing washed in a mild detergent may be helpful. Cotton underwear or if the patient is exercising, the use of a “wick away” type of undergarment may be beneficial. Although antibiotics are typically not curative, they may reduce pain, odor, and discharge. Topical 1% clindamycin lotion or 2% erythromycin solution twice a day plus an oral antibiotic (used as an anti-inflammatory), such as tetracycline, doxycycline, erythromycin, minocycline, or less frequently, sulfa, have been prescribed to treat primary-stage hidradenitis. Randomized, controlled trials have shown clindamycin and tetracycline to reduce abscess formation and inflammation. Other treatments are used as the stage increases.

4. a
Stage 3 hidradenitis suppurativa is a devastating condition. Chronic pain and drainage are present. Recurrence rates are high with local excision of focal lesions. Vulvectomy is felt to be the most effective treatment of chronic and extensive disease. However, the best method of closure remains controversial. Healing by secondary intention is felt by many to be the criterion standard after surgery for hidradenitis suppurativa. More recently, however, skin grafts and flaps have been used to close these extensive surgical excisions. Before surgery, it is imperative that the patient be thoroughly prepared regarding the anticipated extent of surgery, prolonged healing time required, and need for careful postoperative care. The risk of recurrence at the edges of the surgical site must also be discussed.

5. b
If a cancer is to develop in a patient with hidradenitis suppurativa, squamous cell carcinoma is the most frequent type. Squamous cell carcinoma is usually seen in patients who have suffered from hidradenitis suppurativa for 10 years or more, will often be advanced in stage at diagnosis, and pursue an aggressive clinical course.

SUGGESTED ORGANIZATIONS AND WEB SITES
http://www.hs-usa.org/
http://www.hs-foundation.org/
http://www.issvd.org/ (Look under patient education.)

BIBLIOGRAPHY