Genitourinary Syndrome of Menopause & Vulvar Disorders

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Objectives

1. Explain signs and symptoms of GSM and common vulvar disorders
2. Discuss safety of vaginal hormones to include women who may have potential risk factors
3. Identify treatment therapies for GSM & vulvar disorders

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So, what is Genitourinary Syndrome of Menopause?

- Symptoms related to loss of estrogen that involve changes in the genital area AND *the urinary tract.*
- *NAMS & ISSWSH* first termed GSM as a more accurate description of VVA. (2014)
- Prevalence is below 3% in premenopausal women and rises to 50% after 3 years postmenopause.
- Estrogen acts on the urogenital tract, including the vaginal epithelium, vulvar tissues, urethra, and bladder.
- Lack of estrogen decreases urogenital vascularity, vaginal lactobacilli, increasing vaginal pH

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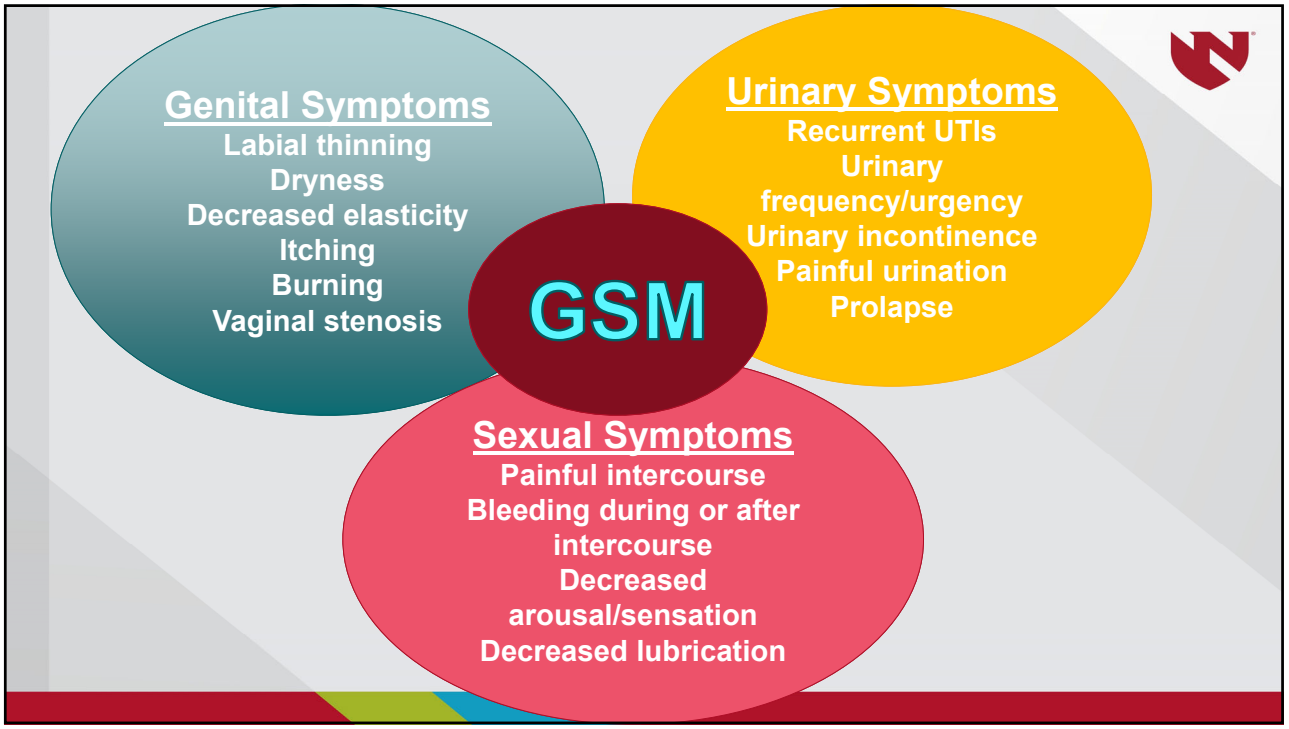

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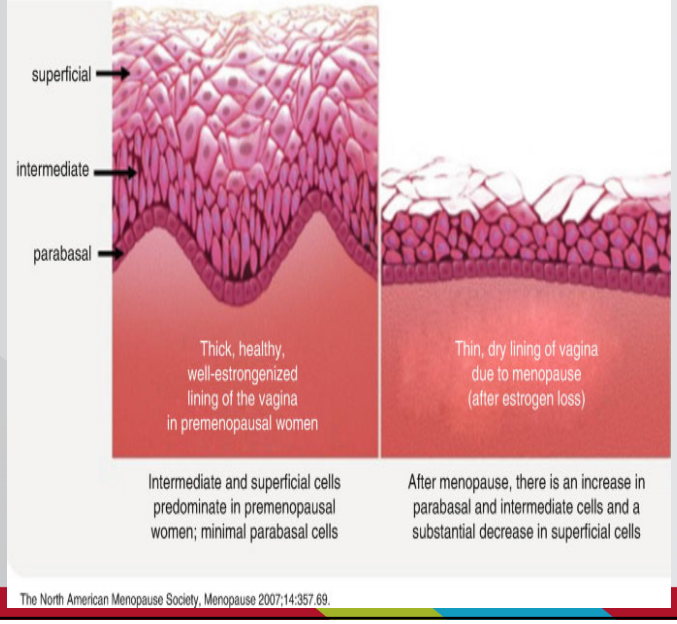
Loss of Estrogen



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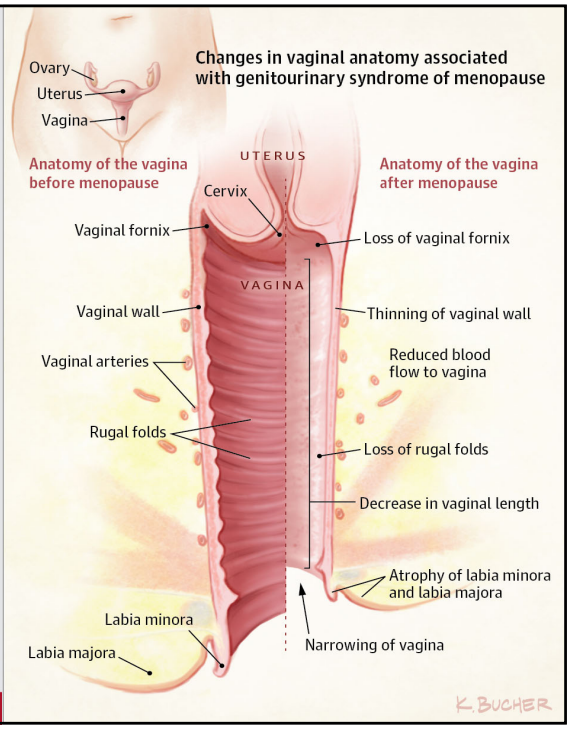

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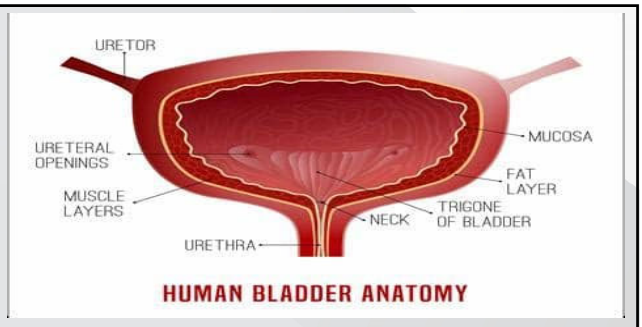
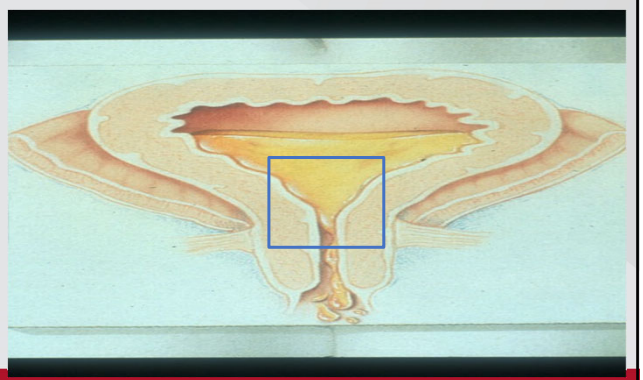
Bladder Changes

- Anatomical
- Functional
- Vascular
- pH





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Judy, age 55, presents to the clinic for c/o vaginal dryness, painful intercourse and an increase in UTIs over the last 18 mos.

- Vaginal dryness that has worsened over time – now experiences "raw" feeling when wearing jeans
- Unable to enjoy sexual relations due to pain
- Recurrent UTIs (4 in last year)

PMH: Hypothyroidism, Menopause transition 2 years ago. Had VSM symptoms, but they have subsided

Medications: Calcium & Vit D, Synthroid

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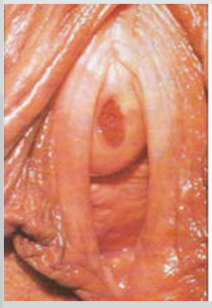
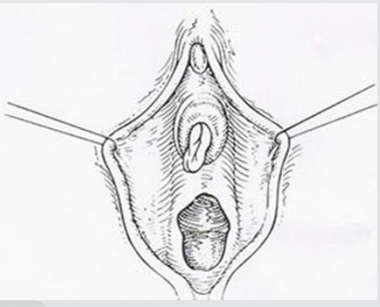
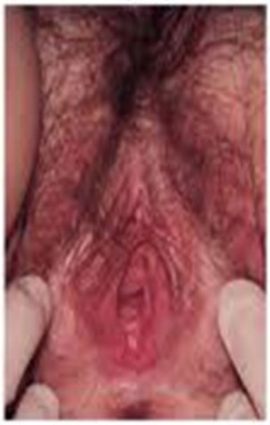
Postmenopausal Pelvic Exam

Urethral caruncle
Stenotic introitus
Fusion of labia minora & majora
Pallor & friability of vaginal epithelium
Vaginal dryness







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First Line Treatments – Over the Counter

Vaginal Moisturizers

- *Primary purpose – relief from dryness. Mimic natural secretions, adhering to vaginal lining, changing fluid content and lowering vaginal pH. Can apply to entire vulva.*

Vaginal Lubricants

- *Primary purpose – reduce friction during intercourse. Short term use*

Water based vs. Silicone-based vs. Oil based

Vaginal Suppositories – Vit E and D

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Prescription Therapies

DHEA – Vaginal insert stimulates estrogen production

- ***Mechanism of Action:***
- *Approved by FDA*
- *Converts to estrogen improving symptoms of vaginal irritation*
- *Studies show similar results to vaginal estrogen (no high levels of systemic absorption)*

SERM – Oral preparation approved for painful intercourse

- ***Mechanism of Action:***
- *Approved by FDA*
- *Nonsteroidal agent that exhibits estrogenic & anti-estrogenic effects.*
- *May increase risk of VSM or risk of blood clots*

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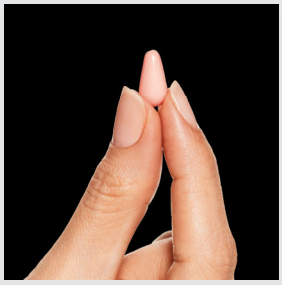
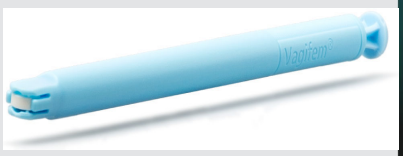
The Vagina Loves Estrogen!

- **Vaginal rings, ovules, inserts, and cream**
- **Vaginal estrogen (exception Femring) is not systemic and provides localized effects**
- **Use every night for two weeks, then twice weekly thereafter**





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Types of Vaginal Estrogen Delivery

	Vaginal Tablet/Ovule	Cream	Ring
Benefits	Pre-filled vaginal applicator Less mess than creams Lowest dose of estrogen of all products	Flexibility in where it is applied internal with applicator (vaginal vault) or external application with fingertip (vulva, urethra, vagina) or externa	Can be inserted by provider or patient Lasts for 3 months
Drawbacks	Does not allow flexibility as a cream to apply to specific areas of dryness (ie vulva or urethra)	Conjugated estrogen – more adverse effects and safety concerns than other estrogens	Some may not find it appealing to have ring in for 3 months Partner may feel ring during intercourse May be difficult to use if prolapse/narrow vaginal opening

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Estrogen – How Safe Is It?
Clinical Consensus – ACOG 2021

Nonhormonal therapy should be considered first line with ER+ breast cancer.

Low dose vaginal estrogen may be used in women with a history of breast cancer, including those taking tamoxifen.

Women using AI (aromatase inhibitors), can use low dose vaginal estrogen with shared decision making between their oncologist and gynecologist

SERM may also be considered in women with a history of ER + breast cancer

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Vaginal Dilators

- ✓**Manual stretching of vaginal tissues can improve tissue perfusion & elasticity.**
- ✓**Vaginal dilators can be used if sexual activity is not possible or limited due to pain**

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Vaginal laser therapy – Consensus??? No

CO2

Fractional micro-ablative

Er:YAG

Non-ablative photothermal

Thought to improve vaginal thickness, lubrication and elasticity through stimulation of collagen, remodeling and regeneration

Probe is slowly inserted to the top of the vaginal canal and then gradually withdrawn, treating the vaginal tissue in increments of 1cm.

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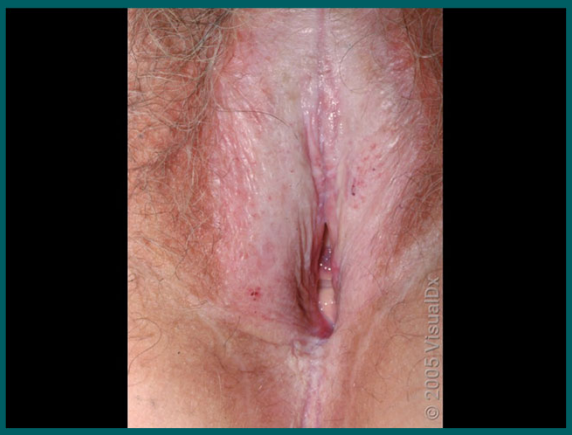
Lichen Sclerosus



White plaques on vulva with associated loss of anatomic structures

- Chronic, inflammatory, cutaneous disorder
- Can lead to scarring, painful intercourse and chronic vulvar pain
- In women, most often found in postmenopausal years
- Can lead to squamous cell cancer – may need biopsy if sx do not resolve with treatment
- Thought to be associated with autoimmune disorders

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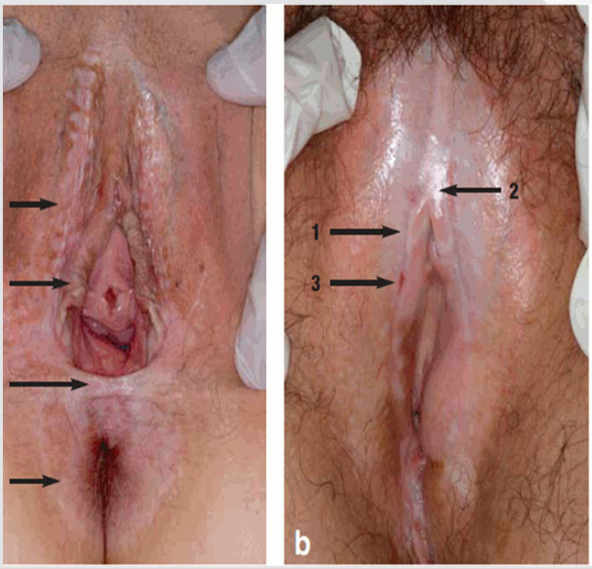
Lichen Sclerosus

- Symptoms/Presentation
  - *Most Common - Intense Chronic itching*
  - *Hour-glass "figure of eight" pattern of white plaque encircling vulva, perineum and rectum*
  - *Tissue fragility, fissures and erosions are hallmark*
  - *May appear shiny, smooth*
  - *If left untreated, complete loss of labial folds and fusion of clitoral hood*



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Treatment Options

- Super-potency Corticosteriod Ointments
  - Clobetasol
  - Halobetasol
  - Betamethasone
- Goal of steroids
  - Alleviate pruritis, pain, resolution of fissuring & prevent anatomical changes
- Vaginal estrogen
  - Lichen sclerosus often occurs with estrogen loss
- Hydroxyzine
  - Antihistamine to control itching. Best to take at night due to sedating effects
- Topical Calcineurin Inhibitors
  - 2nd line if unable to tolerate corticosteroids

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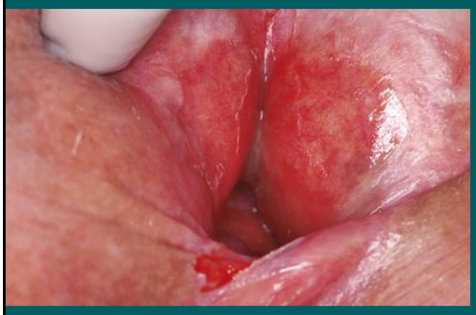
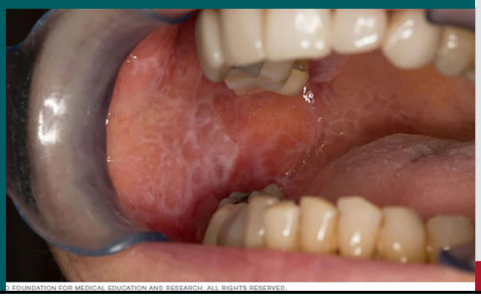
Lichen Planus - Erosive





Clinical appearance:

- Well demarcated, glazed and bright red patches
- White lacy striae
- Sheets of white epithelial plaques
- Red –brown papules on non-mucous membranes
- Introital irritation, burning
- Vaginal discharge
- Two-thirds women also have oral LP

Often called the "vulvovaginal-gingival syndrome"

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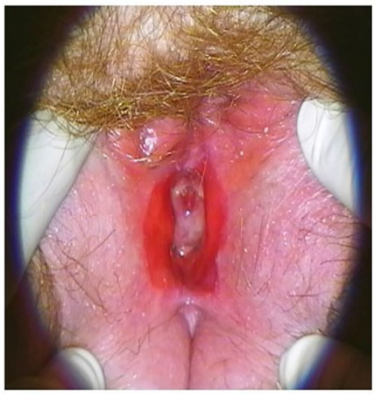
Lichen Planus Therapy

- First line : Clobetasol, halobetasol.
- 2nd line: Tacrolimus ointment
- Decrease frequency and taper as LP becomes controlled.
- Intravaginal treatment is very important for patient comfort and prevent vaginal adhesions
  - Hydrocortisone 25mg vaginal suppositories
  - 1 gram clobetasol inserted with an applicator.
- Oral treatment:
  - Topical corticosteroid with gel formulations are preferred

Erosive Lichen Planus



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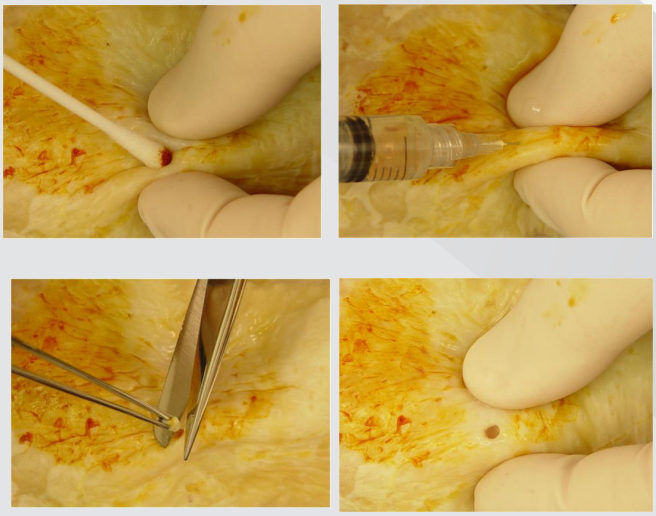
If treatment failure or if in Doubt….Biopsy!

Punch biopsy steps:

- Identify area
- Cleanse with betadine
- Inject with lidocaine 1 or 2% with epi
- Punch biopsy (2-3 mm typical size)
- Ensure you have included border
- Scissors to obtain sample
- Silver nitrate or monsel's for hemostasis



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Take Away Points

- ✓ *Vaginal estrogen is low concentration and given in low doses*
- ✓ *Vaginal estrogen is not systemic – provides local benefits to vagina, urethra and bladder*
- ✓ *Use progesterone with estrogen if intact uterus*
- ✓ *FDA Black box warnings that describe risk of stroke, dementia, breast cancer & endometrial cancer are based on systemic, NOT vaginal estrogen*
- ✓ *Only contraindication is undiagnosed vaginal or uterine bleeding*
- ✓ *Lichen sclerosus does not involve vagina and vulva*
- ✓ *Lichen sclerosus and planus are hypothesized to be part of an autoimmune disorder*
- ✓ *Most common lichen planus is Erosive LP*
- ✓ *LP requires vaginal and vulvar treatment*

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Questions?

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