Topics in Women’s Health

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Topics in Women’s Health

- 1. Cervical cancer screening guidelines
- 2. ACHA Pap and STI data
- 3. Vulvar pearls
- 4. Genital HSV
2012 Cervical Cancer Screening

- March 16, 2012
- ACS, ASCCP, CAP, in line with the USPHTF
- New recommendations re: screening for cervical cancer

- Similar to screening for breast and prostate cancer,
  - Less is more.
  - Unlike breast cancer, no hue and cry
Cervical cancer screening 2012 in 5 easy tenets

- No Pap smear before 21
- Pap smears every 3 years in the 20s
- Pap smears every 3-5 years in the 30s and above

- Treat HPV vaccinated folk the same
- Limited indications for HPV
  - ASCUS
  - One year follow-up of MILD DYSPLASIA
  - HPV co-testing at 30
Cervical cancer screening facts

- Screening test will never identify ALL cancers.
- 50% cervical cancers in US women NEVER screened
- 10% women not screened for >5 years
- Change in guidelines won’t help reach this population

- How many of your over 21 students have never been screened?
- Who are they?
Cervical cancer screening

- 50,000,000 Pap smear
- 5,000,000 Colposcopies
  - 10,000 Cervical cancer

- 50% cancers are in women who have not had a Pap smear
- 10,000 Paps and 1,000 colposcopies per cancer found
No Pap before 21

- First do no harm
  - Excess treatment of low grade disease resulted in increased preterm birth

- Median age for cervical cancer is 47
  - Cervical cancer is not common in women less than 30
  - We are out to stop cancer, not mild dysplasia

- Cervical cancer doesn’t run in families
No Pap before 21

- 60-70% of sexually active college students will have HPV

- In immuno-competent folk, most of these infections are transient
  - We generally survive our colds/viruses
  - While sex before 16 increases your risk for cancer, not before age 21.
  - While number of sexual partners increases your risk for cancer, not before age 21.
Infection From Time of First Sexual Intercourse

Study of female college students (N=603)

ACHA 2011 Pap survey

- 174 schools participated
  - Volunteer and self selected
  - Questionnaire about cervical cancer and STI screening

- 69.5% respondents start Paps at 21
Paps every 3 years in 20s

- Long standing recommendation of the USPHTF
- Recommendation in the UK
Pap every 3 years?

- For the past 10 years, this has been the recommendation of the USPSTF.

- For every year less than 3, there is a dramatic increase in colposcopies with a minimal change in invasive cancers
  - Increase in cancer risk: 3 to 4-6 to 5-8/1000
  - Death due to cancer: 0.05 to 0.05 to 0.03/1000
  - Decrease in colposcopies: 760 to 1080 to 2000/1000

- Longer (>3yrs) NOT better
Paps every 3-5 years 30+

- Pap every 3 years
  - OR
- Pap with HPV co-testing every 5 years
Pap after 30

- Normal Pap
  - Repeat in 3 yrs or HPV testing
  - HPV Negative
    - Repeat 5 yrs
  - HPV 16/18 negative
    - Repeat in 1 year
  - HPV 16/18 positive
    - HPV 16/18 testing
    - Colposcopy
- HPV positive
  - Repeat in 1 year or HPV 16/18 testing
  - HPV 16/18 positive
  - Colposcopy
<table>
<thead>
<tr>
<th>Test</th>
<th>Sensitivity</th>
<th>Specificity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pap</td>
<td>51-72%</td>
<td>82-94%</td>
</tr>
<tr>
<td>HPV</td>
<td>88-91%</td>
<td>73-79%</td>
</tr>
</tbody>
</table>

Cuzick. 2007. Lancet 362 (9399):1871-76
Negative testing and risk for CIN3+

- Pap only at 3 years  0.17%
- -Pap and -HPV at 5 yrs  0.16%
- +Pap and -HPV at 5yrs  0.86%

Katki et al, Lancet Oncology 2011.12; 663-72
Treat HPV vaccine same

- The data is Insufficient to recommend change, Captain
Limited use of HPV

- Atypical squamous cells, reflex testing over 21
  - (Repeat pap in 6 months x2)
- Follow-up of MILD DYSPLASIA after 1 year
  - (Repeat Pap in 6 months x2)
- Co-testing after 30 (as before)
  - (Repeat Pap in 3 years)
ACHA 2011 Pap survey

- 18% HPV testing on ASCUS under 21.
- 82% B
<table>
<thead>
<tr>
<th>Population</th>
<th>Recommended Screening method</th>
<th>Management of results</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;21</td>
<td>No screening</td>
<td></td>
</tr>
<tr>
<td>21-29</td>
<td>Pap every 3 years</td>
<td>If abnormal, refer to treatment guidelines</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If normal, <strong>or ASC-US HPV negative</strong>: Pap in 3 years</td>
</tr>
<tr>
<td>30-65</td>
<td>HPV and Pap co-testing every 5 years (preferred) Pap alone every 3 years (acceptable)</td>
<td>If Pap abnormal, refer to guidelines. If HPV positive, Pap normal: Opt#1 Repeat in 12 m Opt#2 Test for HPV16/18  If HPV neg: 12m fu If HPV pos: colposcopy</td>
</tr>
<tr>
<td>HPV vaccinated women</td>
<td>Same recommendations as unvaccinated</td>
<td></td>
</tr>
<tr>
<td>Population</td>
<td>Recommended screening method</td>
<td>Management of results</td>
</tr>
<tr>
<td>-----------------------------</td>
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</tr>
<tr>
<td>&gt;65</td>
<td>No screening if adequate prior</td>
<td></td>
</tr>
<tr>
<td>After hysterectomy</td>
<td>No screening if for benign disease (~CIN2)</td>
<td></td>
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</table>
PROOF OF GLOBAL WARMING
Student #1

- I have these bumps down there
Normal
Vestibular papillomatosis
Courtesy of Ann Laros, MD
Vestibular Papillomatosis

Normal
Fordyce spots
Sebaceous glands

Genital Dermatology, Lynch and Edwards
Epidermal cysts

Obstetric and Gynecologic Dermatology,
Ambros-Rudolph et al
Lichen sclerosus

Obstetric and Gynecologic Dermatology,
Ambros-Rudolph et al
Lichen planus

Origoni, AJOG 2011
Clitoral hood abscess

Courtesy of Ann Laros, MD
Pearl

Clitoral hood abscess

Courtesy of Ann Laros, MD

Trapped hair
Vulvovaginitis: Ideas for when it is NOT yeast
Student #1

- I think I have a yeast infection, do I really need to come in?
I have yeast

- >60% of calls for “yeast”
  - Agreed on by patient and provider

WEREN’T
Yeast vaginitis

- Yeast infection is common
- 50% of female university students will have a provider diagnosed yeast infection by age 25
- 75% of all women

- 45% --2 or more

- Over the counter remedies are available and effective
# Clinical signs of vaginitis

<table>
<thead>
<tr>
<th></th>
<th>Normal</th>
<th>Yeast</th>
<th>BV</th>
<th>Trich</th>
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</thead>
<tbody>
<tr>
<td>Symptoms</td>
<td>Normal d/c</td>
<td>Itch, d/c, pain w/ sex, burning w/ urination</td>
<td>Odor</td>
<td>Odor, d/c, pain w/ sex</td>
</tr>
<tr>
<td>Signs</td>
<td>d/c changes with cycle</td>
<td>Vulvar edema, erythema, fissure</td>
<td>Adherent d/c</td>
<td>Copious, frothy d/c</td>
</tr>
<tr>
<td>pH</td>
<td>4-4.5</td>
<td>4-4.5</td>
<td>&gt;4.5</td>
<td>5-6</td>
</tr>
<tr>
<td>Ddx</td>
<td>Leukorrhea</td>
<td>Contact, HSV</td>
<td>Constipation</td>
<td>Lichen planus/DIV, atrophy, GC</td>
</tr>
</tbody>
</table>
Vulvar yeast

Genital dermatology, Lynch and Edwards
Yeast

Courtesy of Ann Laros, MD
Contact

Courtesy of Colleen Stockdale, MD
Wings
Contact

Courtesy of Colleen Stockdale, MD
Common Vulvar Contacts

**Allergens**
Benzocaine (Vagisil)
Preservatives
Neomycin
Perfume/scents (Axe)
Lanolin (A&D ointment)
(Latex condoms, rarely)

**Irritants**
Panty liners (Always)
Soaps/cleansers (Tide, Bounce)
Sweat, urine, feces
Creams (alcohol)
Douches
Spermicides
Lichen simplex

Courtesy of Ann Laros, MD
Lichen simplex

Obstetric and Gynecologic Dermatology,
Ambros-Rudolph et al
Vulvar edema

Courtesy of Ann Laros, MD
Pearl

Vestibular inflammation

Obstetric and Gynecologic Dermatology,
Ambros-Rudolph et al
Vestibular inflammation

archderm.ama-assn.org
A small amount of a topical emollient, 1% hydrocortisone or mid-potency steroid ointment provides some relief/protection while evaluation is on-going.
Psoriasis

Obstetric and Gynecologic Dermatology,
Ambros-Rudolph et al
Oral herpes

hardinmd.lib.uiowa.edu
Oral aphthous ulcer

University of Iowa, Oral Pathology, Radiology and Medicine Dept.-
www.uiowa.edu/~oprm/
Vulvar aphthous ulcer

Credit: Dr. Andrew T. Goldstein

Vulvar aphthous ulcers

- Sexually naïve
- Single larger ulcer
- History of oral aphthous
- Rarely Bechet’s

- Tx, recurrences: Burst of oral prednisone
Multiple small erosions
Herpes

Obstetric and Gynecologic Dermatology,
Ambros-Rudolph et al
Herpes

Obstetric and Gynecologic Dermatology,
Ambros-Rudolph et al
Herpes, primary

Genital dermatology, Lynch and Edwards
Herpes

Courtesy of Ann Laros, MD
Fissure

Genital Dermatology, Lynch and Edwards
Primary herpes
Why the foley?

Urinary retention
Herpes

- CDC 2010 STD guidelines
  - Test the lesion
    - Clinical diagnosis is not reliable
  - Test the lesion for type HSV 1 vs HSV 2

- Make someone happy
  - HSV 1 is responsible for an increasing amount of genital HSV in young women and MSM.
HSV 1

- Most common genital HSV in young women and MSM
- HSV 1, genitally, recurs much less frequently
  - 85% of genital HSV 1 does NOT recur
  - Genital HSV 1 has less asymptomatic shedding
- There is no recommendation for continuous prophylaxis
Herpes serology

- When should you do BLOOD tests for herpes?
  - “I want to be tested for everything, all STDs”

- CDC recommends NO routine screening.
  - “Screening for HSV 1 and HSV 2 in the general population is NOT indicated.

- AVOID the ABYSS
  - If you have never had a lesion and your HSV test is positive…where is it from? Genital? Oral? Mid-back?
Herpes serology testing

- Recurrent vulvar lesions with negative testing
- Prior clinically diagnosed infection
- Partner with HSV 2

- Make sure test is specific
  - HSV-specific IgG Glycoprotein G
Skene’s duct cyst

Courtesy of Ann Laros, MD
Skene’s duct cyst

Courtesy of Ann Laros, MD
Chancre

Obstetric and Gynecologic Dermatology,
Ambros-Rudolph et al
Sinecatechins burn

Courtesy of Ann Laros, MD