

## A diagnosis of exclusion (answers on page 57)

### Part one

Mrs Adeoye, a 65-year-old grandmother, was very reluctant to see her doctor, but finally decided that she had no other choice. With feelings of shame and embarrassment, she had to admit to having had a severe itch in her 'private parts' that had become intolerable. Naturally reluctant to admit to such a symptom, and to exposing herself in such a private way, she had had to accept that her discomfort had become so great, especially at night, that it was destroying her ability to sleep and any pleasure she had in life.

Her doctor invited his nurse to come into the office as a chaperone, and tried to put Mrs Adeoye at her ease. After a minute or two of explanations of how the examination would be performed, she relaxed, and the nurse helped her to lie down on the couch.

There were several white plaques on the surface of her vulva, along with areas of purpura, and the labia minora had virtually disappeared, being raw and excoriated. Her doctor thought that this appearance might be caused by scratching, but wondered, too, that they might be part of the pathology. The white plaques extended posteriorly, towards the anus. The vaginal opening was stenosed and scarred.

- Q1 What is the likeliest diagnosis?**
- (a) Chronic candidiasis.
  - (b) Post-menopausal vulval atrophy.
  - (c) Diabetic vulval atrophy.
  - (d) Lichen sclerosus.
  - (e) Eczema.
  - (f) Vulval carcinoma.
  - (g) A sexually transmitted disease.

### Part two

Mrs Adeoye was referred to the dermatology department, where the consultant took a biopsy of one of the plaques. He then arranged for her to have immediate treatment.

- Q2 What would the biopsy have shown?**
- (a) Carcinoma.
  - (b) Precancerous changes.
  - (c) Bacterial infection.
  - (d) Inflammatory changes typical of lichen sclerosus.
  - (e) Allergic changes typical of dermatitis.
  - (f) Degenerative skin disease.

### Part three

- Q3 What was the immediate treatment?**
- (a) Radical vulvectomy.
  - (b) Anticandidal cream.
  - (c) Oestrogen cream.
  - (d) A powerful steroid cream.
  - (e) A broad-spectrum oral antibiotic.
  - (f) Oral antihistamine.

### Part four

The patient recovered surprisingly quickly from her treatment, and was able to go home within a few days. However, her consultant needed to investigate her further.

- Q4 Among the further tests he ordered, which of the following would be most relevant?**
- (a) liver function.
  - (b) Thyroid function.
  - (c) Blood tests for autoimmune disorders.
  - (d) Repeat follow up checks for vulval cancer.
  - (e) Renal function.

### Part five

- Q5 This condition can also occur in males. Which of the following are true?**
- (a) In boys with phimosis needing circumcision it may be found on the glans and under the prepuce.
  - (b) It causes itch in the penis in men with a strong history of sexually transmitted infections.
  - (c) It is unrelated to sexual history, but may indicate an autoimmune disease.
  - (d) It is sometimes a forerunner of penile cancer.