



ANZ Vulvovaginal Society

Psoriasis of the Vulva

What is psoriasis?

Psoriasis is a common skin condition affecting at least 2% of the population, although recent research from the USA suggests it is even commoner, at least 5%. That means at least one in 20 people have psoriasis.

Psoriasis is a genetic condition. That means it tends to occur in families. It can develop at any age but most commonly from teenage years onward. Most affected areas of the skin show red scaly patches, as shown in the picture below. The scalp can become scaly and nails rough surfaced and pitted.

Psoriasis is mainly a skin disorder, although 10% of adult patients with it may have some degree of arthritis. You have probably heard that it can be very severe and debilitating. This is true but rare. In most cases psoriasis is not severe.



Typical psoriasis on the back.

Psoriasis of the Vulva

The genital area is a common place for psoriasis to occur. Although patients sometimes know they have psoriasis elsewhere, it may only occur in this one location.

On the vulva it is usually the hairy skin which is affected, with a red rash commonly extending to the skin around the anus and into the natal cleft (the fold between the buttocks). The scaling in the creases and folds may not be as prominent as in other areas but itching is commonly a problem (although not always). Other skin creases such as under the breasts and the navel can also be affected, often on both sides.

Psoriasis is not an infectious disorder. No one can catch it from you, although your children could inherit it from you,

Many patients say their rash and itch is worse when they are stressed or unwell.. It tends to come and go throughout your life.

How is vulval psoriasis treated?

Because psoriasis is a genetic condition, there is no single treatment. . Vulval psoriasis usually responds well to treatment but because it usually recurs throughout your life, you must face the fact that it can be managed, but usually not cured.

The starting point is usually topical cortisone cream or ointment which rapidly improves itch. This is usually not used alone as there is a tendency for such treatment to become less useful with time. Mild cases can be managed with intermittent use of cortisone creams , but these will need to be used every time the condition recurs.

For more chronic cases a preventative medicine other than cortisone is used long term. Treatments which are useful for psoriasis on other parts of the skin are not always tolerated on the vulva.. Patients with psoriasis often have very sensitive vulval skin and you may need to experiment with several treatments before you find the right one for you. Unperfumed moisturisers are often helpful and many patients feel comfortable using nappy rash creams.

As with any vulval skin condition, good habits are a must. See “Vulval Skin Care”.

If you have a persistent vulval rash and a personal or family history of psoriasis you might have psoriasis of the vulva. See your doctor.

The Australia and New Zealand Vulvovaginal Society
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