

Who should look after genital skin disease in the 21st century?

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Introduction

Genital skin disease encompasses a wide range of conditions; general conditions that can have genital features, such as psoriasis, dermatological conditions that typically affect the genitals, such as lichen sclerosus (LS), genital tumours, and dermatological manifestations of other conditions, such as sexually transmitted infections (STIs). This means patients can present to a variety of specialties.

Genito-urinary medicine and genital dermatology

In the UK, GUM trainees must be knowledgeable of common vulval and penile dermatological conditions, and able to do practical procedures such as punch biopsy (1). However, a survey of GUM trainees found that access to genital dermatology training varied throughout the UK, and that only 21% of the surveyed trainees felt confident in performing a punch biopsy independently (2). This suggests that genital dermatology training is not consistent across the UK, which should be improved.

Gynaecology and genital dermatology

Gynaecologists are expected to be competent in genital skin disorders (3). Gynaecology is a surgical specialty, and this could be beneficial in some conditions; for example, vulvar intraepithelial neoplasia (VIN) is a genital skin condition that usually requires surgical excision (4). A study showed that 92% of gynaecologists saw at least one case of VIN in a year, in comparison to 57% of dermatologists (5); this could be because gynaecologists typically perform surgical excision. The Royal College of Obstetricians and Gynaecologists

have supported the use of multidisciplinary clinics in the treatment of vulval skin conditions (6).

Dermatology and genital skin conditions

Dermatology trainees must be well-versed in dermatological manifestations of STIs, vulval and penile disorders, and are encouraged to attend GUM and multidisciplinary clinics to attain this (7). This suggests that dermatologists are well educated in genital skin disease. A study of referrals to a vulvar dermatology clinic showed that most cases of LS referred by gynaecologists had histological confirmation, but the cases were still referred to dermatologists for management advice (8). This suggests there could be a need for increased education in the management of vulval diseases amongst other specialties.

The role of general practice and other specialties

GPs often manage genital skin diseases in the community, such as lichen planus or scabies (9). Urologists are involved in the care of conditions such as male genital LS, which can often present with urethral involvement (10), and genital tumours. Psychosexual therapy is also important in the patient-centred care of genital skin disease, and it is vital to recognise the psychological effects these conditions can have on a patient.

The value of and challenges associated with multidisciplinary care

A review showed that multidisciplinary clinics had a higher correlation between clinical and histological diagnosis than GUM penile clinics (11). This could suggest that in multidisciplinary clinics, the diagnosis made is more likely to be correct, as there is combined depth of knowledge from multiple specialties. There is significant value in multidisciplinary care of genital skin conditions, as a management plan with input from multiple specialties can enhance patient-centred care. However, there is no uniform pathway for referral of care in

genital skin conditions in the UK. There needs to be greater uniformity of training in genital dermatology across specialties, to improve multidisciplinary care.

Conclusion

Multidisciplinary clinics are incredibly useful in the management of genital skin disease in the 21st century, and this is ideal; however, the widespread availability of these is dependent on funding and resources. For clinicians in the aforementioned specialties, it is essential that during training they get adequate exposure to genital skin diseases. GPs will often be responsible for the long-term management of patients with these conditions, and so it is crucial that GPs are knowledgeable about genital skin diseases.

(Word count: 600, excluding title and bibliography)

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