



VULVITIS IN CHILDHOOD

Written for parents and young people (key stage 2 and above)

What are the aims of this leaflet?

This leaflet has been written to help children and young people understand more about vulvitis. It tells you what it is, what causes it, what can be done about it and where you can find out more about it. The information will also be helpful to parents.

What is the vulva?

The vulva is the outer part of female genitals. A lot of people (even grown-ups) call this the vagina. In fact the vagina is the tube (which connects to the womb) and where babies come through when they are born. The vulva can be nicknamed many things for example fanny or privates. You and your family may have your own name for it.

The vulva is quite tucked inside when you are young. Around puberty, when a lot of changes happen to your body, the vulva also changes; in particular the inside flaps (called labia minora) grow and it is quite normal for them to be visible. The skin of the vulva has lots of nerves in it which means it is very sensitive to touch.

What is vulvitis?

Vulvitis is when the vulva becomes swollen, sore, itchy or inflamed.

What are the symptoms?

The main symptom of vulvitis is itch, but the vulva may also become painful and passing urine (when you wee) can be uncomfortable. This problem almost always occurs in young girls before puberty and the symptoms are often worse at night.

Why have I got this condition?

Before puberty, the lining of the vulva is very thin and sensitive to any product containing soap. Most vaginal itching or discomfort is due to soaps irritating the vulval skin. This could

be from bubble bath, shampoo, shower gel or perfumed soap that is left on the genital area. Sometimes vulvitis is due to poor hygiene such as wiping after a poo from back to front, instead of front to back.

What tests do I need?

No specific tests are required. A dermatologist will want to look at the skin to make sure you don't have any skin changes seen in a condition of the vulva called lichen sclerosus (see LS leaflet) and may also take a swab (by rubbing the skin with a cotton bud) to check for certain types of infection. It may feel a bit embarrassing to have someone look at your vulva but, in the clinic, this is a normal thing to do and you always have someone with you, either a relative/carer or a member of nursing staff, as well as the doctor. The examination should not hurt and it is important that this is done so that the right treatment is given to help you.

How is vulvitis treated?

Vulvitis can be managed with ways to reduce irritation and treatments when the vulva is sore and/ or itchy. Your parent or carer can help with this:

1. General care of vulval skin:

This can help improve symptoms and used ongoing prevent the vulvitis from returning

- Protecting the delicate skin of the vulva can be helped by not using soap and fragranced products in this area.
 - Do not use soap or anything that creates suds (such as bubble bath), as these can be very irritating to vulval skin.
 - Don't let a bar of soap float around in the bathtub.
 - Only shampoo your hair in the shower, over the side of the bath or in the wash-basin, without the rest of your body being in the water.
 - Cleanse the genital area with warm water only, or with a soap substitute.
 - Use a soap substitute (emollient / moisturiser) on a tissue, to clean bits stuck on the labia (the vulval flaps) that don't come off with water.
- Try to pass wee (urinate) immediately after baths, so that any water or urine is flushed out. Sometimes warm water makes you want to wee in the bath so always get out of the bath to do this to prevent irritation.
- Always wipe from front to back, especially after a poo, and never back to front. Wiping back to front puts poo on your private parts which can lead to soreness and cause a wee infection.
- Use some moisturiser / emollient on toilet or tissue paper to wipe after peeing and pooing, as this can help avoid the skin becoming irritated.
- Drink enough liquid each day to keep your wee (urine) a pale yellow colour. Concentrated urine (darker yellow) can also irritate the vulval skin.
- Avoid pants/knickers/pyjamas made of synthetic fibres (polyester or nylon), as these can irritate the skin. Wear only cotton pants/knickers. If possible, avoid wearing tight pants/knickers at night, so the genital area (your private parts) has a chance to 'air out'.

2. Treatment for a flare up:

Treatment to reduce irritation: Baking soda and warm water soaks

Sitting in a basin or bathtub of warm water and soaking the genital area for 10 minutes can be helpful. Add 4 tablespoons of baking soda to a bathtub of warm water (less baking soda if using a basin instead of a bath). (Note: Baking soda is better than vinegar soaks when treating children). Make sure the legs are open to allow the water to cleanse the vulva. Soap/shampoo should not be used at the same time.

Repeat this twice a day for 3 days. The baking soda soaks will help to remove any soap, concentrated urine or other irritants from the genital area and will also help the area to heal. After the symptoms go away, continue to cleanse the genital area once a day with warm water and an unperfumed moisturiser (cream or ointment, ointments tend to sting less than cream but different people will find different products that suit them). Continue to avoid using soaps and shampoos to reduce the chances of the problem coming back.

Treatment for itching: Hydrocortisone ointment (1%), Daktacort ointment or Trimovate cream

Apply a small amount of the prescribed cream/ointment to the genital area, especially if itch is a problem. This can be done for up to 7 days in a row. The treatments can be used again if necessary for any itching.

If the symptoms continue, or come back quickly when you stop the treatment, your dermatologist or GP will give you advice and may recommend using corticosteroid ointments/creams, for example 2 days a week ('weekend treatments') to control the ongoing symptoms.

What can you expect?

The discomfort should go away after 1 week of treatment.

It is very unusual to get any problems from using these treatments on this area and they are an important part of treating and managing this condition. If the itching continues, even though ointments or cream are being used properly, it may mean that a skin swab needs to be taken for infection or a different cream or ointment is needed and this should be discussed with your doctor.

You should make sure to tell someone and get medical attention:

- The itching has not settled after 1 week of the recommended treatments
- There is any vaginal discharge or bleeding
- There is pain when passing urine
- You have other concerns or questions.

NB warning re emollients as these are flammable be sure to avoid smoking / naked flames

Where can I get further information?

Patient information website on vulva problems

<https://patient.info/womens-health/vulval-problems-leaflet/vulvitis>

For details of source materials used please contact the Clinical Standards Unit (clinicalstandards@bad.org.uk).

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Society for Paediatric Dermatology which is a part of the British Association of Dermatologists. Individual patient circumstances may differ, which may alter both the advice and treatment given by your doctor

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

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