

## **British Society for the Study of Vulval Disease Biannual Meeting November 11-12th 2010 - Liverpool**

The BSSVD is a multidisciplinary society whose goal is to promote research into and improve lives of patients with vulvo-vaginal disorders. The biannual meeting was well attended and combined scientific presentations discussing recent advances in treatments of common conditions, updates on current 'hot topics' and discussion forums. It was held in the Crowne Plaza Hotel located on Liverpool's historic Albert Dock.

The meeting began with a review of the normal microbial flora of the vulva followed by an update of the pathogenesis and treatment of recurrent candidiasis, which can be a challenging condition for clinicians to manage. We were informed of the multiple factors that underlie an attack of vaginal candidiasis, clinical signs that are predictive for recurrent attacks and the summary of a recent Cochrane review. Oral fluconazole 150mg repeated after 3 days has been shown to provide rapid resolution of symptoms and is more acceptable to patients than topical treatments. Topical therapies such as Clotrimazole may cause a contact irritant reaction hence worsening symptoms. A holistic approach should be taken with the use of emollients, irritant avoidance and psychosexual advice being used in conjunction with systemic antifungal agents.

An informative review of vulval intraepithelial neoplasia (VIN), its relationship to the human papilloma virus (HPV) and medical treatment was then given by Professor Henry Kitchener from Manchester. Dr Amanda Tristram, Senior Clinical Lecturer in Obstetrics and Gynaecology in Cardiff then spoke of a phase 2 randomised controlled trial that is currently recruiting to treat VIN with the topical antiviral Cidofovir. This may be a useful alternative to imiquimod which is currently used for medical management of VIN. This was followed by an update of the histopathological features of VIN secondary to lichen sclerosus, which behaves in a very different manner to VIN following HPV.

Pathologists then gave an educational review of the common features of vulval inflammatory dermatoses including lichen sclerosus, lichen planus, eczema and overlap syndromes.

The first day closed with an overview of current UK guidelines for HIV testing and the dermatological manifestations of HIV followed by interactive case discussions where clinicians presented challenging patients.

The second day focused on vulval ulceration, both infective and non-infective and updates on Behcet's syndrome and erosive lichen planus (ELP) were given. There were also talks from the leaders of various patient support groups. These services have a valuable input for those who suffer from vulval disease and it was particularly interesting to hear from the Dutch National Lichen Sclerosus foundation, who work quite differently from the UK groups.

The meeting was closed by a lively debate entitled 'Multidisciplinary vulval clinics are unnecessary'. This sparked a great deal of discussion and the majority of the audience voted *against* the motion. It was felt that whilst most vulval skin disorders can be managed by a single clinician, more complex cases significantly benefit from this type of clinic. Through a multidisciplinary approach we are able to provide best treatment medically, surgically and psychologically where needed.

I presented twice at this meeting; first to communicate the results of a patient orientated survey detailing aspects of disease and outcome measures that are important to patients with vulval ELP. I then spoke as part of the ELP update with Dr Ruth Murphy and Dr Suzanne Cheng. We presented up to date knowledge on the pathogenesis and treatment of the disease, the results of a recent Cochrane Review and the results of a clinician survey. The aim of the survey was to ascertain how clinicians diagnose and treat ELP to inform the design of a randomized control trial for the disease. We asked further questions on the day and obtained useful information to help continue planning the trial.