

Vulvodynia

Executive Summary of the Vulvodynia Therapeutic Research Summit

Jill M Krapf, Paul J Yong, et al.

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The current treatment of provoked vestibulodynia involving neuroproliferation is often complete vestibulectomy; however, less invasive treatments are biologically plausible, yet lack study. The International Society for the Study of Women's Sexual Health, the National Vulvodynia Association, the Gynecologic Cancers Research Foundation, and Tight Lipped, a grassroots nonprofit organization that supports people with chronic vulvovaginal and pelvic pain, collectively sponsored a conference, the Vulvodynia Therapeutic Research Summit, held in April 2024. The primary objective of the Vulvodynia Therapeutic Research Summit was to identify options for further research of the treatment of provoked vestibulodynia through expert consensus. After the conference, attendees scored the presented therapeutics in rank order, leading to a hierarchy of merit. Fifteen therapeutic options were presented and ranked in order of most promising to least promising for further study on treating the neuroinflammation of provoked vestibulodynia. The top identified therapeutics for further research were: 1) ketotifen fumarate (mast cell stabilizer with potential to prevent mast cell activation), 2) resiniferatoxin (transient receptor vanilloid 1 agonist causing chemo-inactivation of nerve terminals), 3) specialized pro-resolving mediators or strategies to boost their levels (eg, maresin 1 and 1-trifluoromethoxy-phenyl-3-(1-propionylpiperidin-4-yl) urea), 4) luteolin (flavonoid with potent anti-inflammatory, antioxidant, and neuroprotective properties), 5) alpha-lipoic acid (antioxidant with nerve-specific anti-inflammatory and mast cell stabilizing qualities), and 6) NGFR121W-SNAP IR700 trimer exposed to near-infrared light (photoablation targeting nociceptors and sparing surrounding tissue). This executive summary describes the rationale for identifying specific pharmacologic agents and medical devices as targets for research directed toward treatment of the neuroinflammatory process found in the vestibular mucosa of provoked vestibulodynia.

A randomized controlled trial investigating feasibility, acceptability and effects of dry needling for provoked vestibulodynia

Mélanie Roch, Nathaly Gaudreault, et al.

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<https://pubmed.ncbi.nlm.nih.gov/41207407/>

This study aimed to investigate the feasibility, acceptability, and effects of dry needling in women with provoked vestibulodynia. Forty-six women diagnosed with provoked vestibulodynia were randomized to receive six weekly sessions of either real or sham dry needling. Participants, investigators and data analysts were blinded. Feasibility outcomes (adherence to treatment, questionnaire completion and dropout rate) and side effects were measured throughout the study. Pain intensity during intercourse (numeric rating scale) was measured at baseline and posttreatment, and acceptability (questionnaire) was assessed posttreatment. Women in the realDN group attended 99% of the planned treatment sessions, compared to 91% in the shamDN group. Additionally, 100% of questionnaires were completed in the realDN group, compared to 93% in the shamDN group. All participants in the realDN group completed the study. In contrast, two participants in the shamDN group withdrew. For the main side effects, 96% of the participants in the realDN group and 52% in the shamDN group experienced muscle aches ($p < .001$). Moreover, 35% experienced autonomic reactions in the realDN group, while these were not observed in the shamDN group ($p < .001$). All participants reported high levels of acceptability across all dimensions, with no significant difference between groups. The realDN group showed a significant decrease in pain intensity compared to the shamDN group (mean difference between groups 2.4; 95%CI 1.4-3.3; $p < .001$). Our findings support the feasibility and acceptability of dry needling to treat women with provoked vestibulodynia and showed a significant effect in reducing pain. PERSPECTIVE: This article presents the results of a novel study examining the feasibility and acceptability of using dry needling to treat women suffering from provoked vestibulodynia and lays the groundwork to inform a future randomized controlled trial.

Efficacy and Safety of Topical 5% Cannabidiol Plus Myrcene for the Treatment of Vestibulodynia: A Multi-Centric Randomized Controlled Trial

Filippo Murina, Giuseppe Ettore, et al.

Biomedicines. 2025 Oct 7;13(10):2440. doi: 10.3390/biomedicines13102440.

<https://pubmed.ncbi.nlm.nih.gov/41153723/>

Background/Objectives: Vestibulodynia is the prevalent form of vulvodynia, causing burning, irritation, rawness, and dyspareunia sensations. This sensory abnormality suggests sensitization to neuropathic pain. **Results:** This study enrolled 40 women, with 20 in the active treatment group and 20 in the placebo group. All symptoms improved in both groups, but the active treatment group showed a greater reduction in VAS scores for pain and swab tests. However, dyspareunia improved significantly more in the active treatment group. **Conclusions:** Cannabidiol's positive effects on vestibulodynia patients can be attributed to its antinociceptive and anti-inflammatory properties. It desensitizes transient vanilloid receptor potential channels subtype 1, which are found in peripheral C-fiber nociceptors and mast cells. The results also suggest that myrcene, a terpene found in cannabis, can inhibit peripheral sensitization exerted by cannabidiol.

Multimodal topical gel combining 2-hydroxyflavanone, gabapentin, and ketamine alleviates diabetic vulvodynia and allodynia with concurrent tissue regeneration in streptozocin-induced rat models

Gowhar Ali, Fatima Ayyaz, et al.

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<https://pubmed.ncbi.nlm.nih.gov/40961662/>

Neuropathic pain arises from damage or illness affecting either central or peripheral or both somatosensory systems. Vulvodynia, a chronic neuropathic pain disorder in women, remains largely neglected despite its significant impact. This study was aimed to evaluate safety and efficacy of a multimodal analgesic gel (MMG-10 %) in relieving diabetic neuropathic pain; specifically vulvodynia and allodynia in female rats. We have formulated a highly promising flavonoid, 2¹-Hydroxyflavanone (2-HF) with gabapentin and ketamine. Streptozotocin-induced Diabetes Mellitus (DM) was used as a painful neuropathic model. Static and dynamic vulvodynia and allodynia were assessed using parameters including Flinching Response Threshold (FRT), Paw Withdrawal Threshold (PWT), Flinching Response Latency (FRL) and Paw withdrawal Latency (PWL) by applying the stimuli of Von Frey Filaments to the vulvar region and hind mid-planter regions of paws. A uniform quantity for five consecutive days post 29 days of MMG-10 % and control gel (1.0 mg/cm²) was applied three times daily (TDS) on vulvar area for vulvodynia and mid-plantar paws for allodynia studies. Safety with respect to sensorimotor functions was assessed via Rota rod and Balance beam tests. We conducted the vulvar histological tissue study to evaluate diabetes-induced structural damage and assess the therapeutic potential of a multimodal gel in tissue regeneration. Treatment with tested MMG 10 % resulted in a significant increase in FRT, PWT, FRL and PWL respectively (**p < 0.001, * p < 0.01, p > 0.05) compared to the STZ treated group. Falling latency time was not affected in all treated groups exhibiting sensorimotor safety. The multimodal gel demonstrated significant regenerative efficacy by reducing atrophy, desquamation, and hyperkeratosis, effectively restoring vulvar tissue integrity in diabetic animals. Our MMG-10 %) could be potentially an effective therapeutic remedy for the relief against diabetes-induced vulvodynia and allodynia.

Sexual wellbeing in vulvodynia: A narrative review

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<https://pubmed.ncbi.nlm.nih.gov/41207118/>

Vulvodynia, defined as idiopathic chronic vulvar pain, is a prevalent and distressing condition that entails significant impacts on many aspects of psychosocial wellbeing. Given the location of the pain in vulvodynia and the unique sexual challenges faced by individuals with this condition, the purpose of the present paper was to narratively review the literature on sexual wellbeing in vulvodynia. In the face of evolving definitions of sexual wellbeing, we examined the following aspects: sexual function, pain during sexual activity, sexual satisfaction, sexual pleasure, and genital self-image. Secondary aims were to examine the frequency with which these aspects are studied, to report on premenopausal or postmenopausal status of the samples, and to describe the subtypes of vulvodynia featured in the literature. A search for articles in Medline, PsycINFO, and Web of Science examining these aspects in the last 10 years yielded 54 studies for inclusion and extraction. Results indicated that sexual function, pain during sexual activity, and sexual satisfaction are the most common aspects of sexual wellbeing studied in the vulvodynia literature. Sexual pleasure and genital self-image, however, are not frequently assessed in vulvodynia studies. In addition, the vulvodynia literature focused predominantly on premenopausal samples with provoked pain. Numerous psychosocial factors were found to be associated with sexual wellbeing outcomes, including intrapersonal and interpersonal aspects. These

factors should be considered as intervention targets in the management of vulvodynia, given the widespread effects of this condition.

Scoping review to assess the role of the immune system in the pathophysiology of vulvodynia and post-orgasmic illness syndrome

Olivia Johnson, Ifeoma Ikedionwu, et al.

Sex Med Rev. 2025 Oct 8:qeaf037. doi: 10.1093/sxmrev/qeaf037.

<https://pubmed.ncbi.nlm.nih.gov/41060899/>

Introduction: Disorders that affect sexual function, including vulvodynia and post-orgasmic illness syndrome (POIS), are under-reported and under-researched, leaving many patients without optimal treatment strategies. These conditions often present with inflammatory or allergic-type symptoms, such as itching, burning, and congestion. Immune system dysregulation, including mast cell (MC) dysfunction, has been proposed as a potential mechanism underlying these disorders. **Results:** The review highlighted a compelling relationship between immune factors and vulvodynia and POIS. Vulvodynia studies increasingly support a role for immune dysregulation, including altered T- and B-cell activity, elevated cytokines, MC activation, and localized immune differences. Post-orgasmic illness syndrome cases suggest an immunoallergic mechanism, particularly IgE-mediated. Yet, in both conditions, the literature reveals complex, heterogeneous pathophysiologies that are unlikely to be explained by immune mechanisms alone. **Conclusion:** The etiology of sexual disorders like vulvodynia and POIS remains poorly understood. However, the reviewed literature supports the hypothesis that both of these conditions may have an immunologic component to their etiology. Further research is necessary to elucidate these mechanisms fully and to develop evidence-based treatments.

Botulinum toxin for provoked vestibulodynia

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<https://pubmed.ncbi.nlm.nih.gov/40827590/>

This is a protocol for a Cochrane Review (intervention). The objectives are as follows: The primary objective is to examine the efficacy of botulinum toxin therapy in the treatment of provoked vestibulodynia (PVD) compared with placebo or no treatment. The secondary objectives are to investigate the dose effect of botulinum toxin and the complication rates associated with botulinum toxin.

Approach to Diagnosis and Management of Clitorodysnia

Jill Krapf, Rachel Pope

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Clitorodysnia, pain involving the clitoris, is considered a localized form of vulvodynia. This review aims to provide the general obstetrician-gynecologist a general framework for diagnostic evaluation of clitorodysnia. This is simplified by dividing chronic clitoral pain into structural causes and neuropathic causes. Knowledge of clitoral anatomy, including the corona of the glans clitoris, symptomatology, and evaluation based on the concept of regions is necessary in evaluating chronic clitoral pain. Structural

causes are clitoral adhesions or phimosis with debris or keratin pearls, which may be managed with in-office lysis of clitoral adhesions. Neuropathic causes include pudendal neuralgia and meningeal and spinal pathology determined with neurophysiologic testing, imaging studies, and diagnostic nerve blocks. Treatment includes behavioral measures, pelvic floor physical therapy, serial nerve blocks, and targeted nerve release procedures. Obstetrician-gynecologists are well-positioned to identify and provide first-line approaches to diagnosis and treatment of clitorodysnia.

Racial and ethnic disparities in vulvodynia treatment: a cross-sectional TriNetX database analysis

Jessica Hennes, BS, Soowan Jeong, BA, et al.

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<https://academic.oup.com/jsm/article-abstract/22/10/1793/8238291?redirectedFrom=fulltext&login=false>

Vulvodynia is a chronic pain condition characterized by burning, stinging, and aching sensations that can impair sexual function and quality of life. Previous literature has highlighted racial and ethnic disparities in the diagnosis and characterization of vulvodynia. While White women may be more likely to screen positive for vulvodynia, this may reflect differences in symptom description across racial groups rather than true disease prevalence. Specifically, Black women with provoked vulvodynia are less likely than White women to describe their pain using classic terms such as “burning,” which may lead to missed or delayed diagnosis.

Differences in clinical presentation of vulvodynia are compounded by systemic issues including medical mistrust and disparities in healthcare access. Women of color with chronic vulvovaginal pain report higher levels of mistrust in healthcare providers, contributing to delayed care, underreported symptoms, and a heightened sense of stigma when seeking treatment. Additionally, Black women report greater functional impairment from vulvar pain, though studies show that after adjusting for this impairment, the level of pain itself is not significantly different from White women, highlighting how social and contextual factors may mediate the impact of chronic pain conditions.

Subset of vulvodynia in pediatric and pre-pubertal adolescents: an under-recognized problem

Barbara Dionisi, MD, Mattia Dominoni, MD, et al.

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<https://academic.oup.com/jsm/article-abstract/22/10/1791/8229688?redirectedFrom=fulltext&login=false>
<https://pubmed.ncbi.nlm.nih.gov/40795825/>

Vulvodynia is a chronic and persistent vulvar pain syndrome, characterized by negative objectivity in the absence of visible lesions, as defined by the main societies for the study of vulvar pathologies (ISSVD, ISSWSH, IPPS). Prevalence studies estimate rates between 10% and 28% among women of reproductive age. However, this syndrome affects women of all ages, reproductive stages and ethnicities and it is not uncommon to find it also in children and young adolescents. In this age group, symptoms are sometimes misdiagnosed or confused with those of other diseases as they may point to urological or gastroenterological problems, or lichen sclerosus, atopic, and non-atopic vulvovaginitis, psoriasis, nevi, infections or infestations, acute ulceration, and immunobullous disease.

Nine pre-menarcheal girls aged 8–13 years (mean age 11 years), who presented with vulvar pain were recruited from December 2023 to July 2024. Written informed consent was obtained from all subjects involved in the study. Characteristics of patients enrolled were the following: recollection of the episodes, comorbidities or accompanying dermatoses, duration of symptoms, age at onset and at clinical presentation, and previous recommended treatment. After collection of general history and symptoms aided by parents or caregivers, it was recorded the patient's current height and weight for any dose adjustment Table S1. Two examination positions were used for inspection of the external genitalia: (i) Supine with legs extended; the "frog" position; (ii) in the lithotomy position with knees bent and spread, feet resting on the table. In prepuberal girls, the lack of estrogen makes the labia minora devoid of pigmentation and with an atrophic appearance, and in most cases, erythematous appearance of genitalia is not due to inflammation.

Vulvodynia: still a dramatically neglected condition. A position statement on pathogenetic mechanisms from the Italian Society of Andrology and Sexual Medicine (SIAMS)

Biagio Cangiano, Sarah Cipriani, et al.

J Endocrinol Invest. 2025 Sep 30. doi: 10.1007/s40618-025-02707-0.

<https://link.springer.com/article/10.1007/s40618-025-02707-0>

<https://pubmed.ncbi.nlm.nih.gov/41026403/>

Purpose: 8–10% of women experience vulvar pain. We aim to summarize the current literature on pathogenetic mechanisms of vulvodynia, and highlight its invisible nature, that often results in misdiagnosis, prolonged diagnostic process and/or inappropriate care. **Results:** The panel highlights the multifactorial and complex systems underlying vulvodynia, advocating for a more comprehensive and genuinely holistic evaluation of this condition. We discuss the role of vulvovaginal dysbiosis and vestibular inflammation, increased neuronal density, central sensitization, pelvic floor muscle dysfunction/hypertonicity, reduced plasma sex steroids levels, reduced expression/altered function of estrogen and androgen receptors, prolonged and early use of Combined Hormonal Contraceptives, and psychological distress, including symptoms of anxiety and depression. **Conclusion:** Vulvodynia is an often-unrecognized condition that significantly impacts a woman's quality of life. Our understanding of its underlying mechanisms is still limited, and more research is urgently needed. These gaps in knowledge pose major challenges for the diagnosis and effective treatment of the condition.

Chronic Pelvic Pain

Chronic Pelvic Pain Syndrome in Women: Clinical Covariates and Comorbidity Patterns

Stefan Weinschenk, Nura Fitnat Topbas Selcuki, et al.

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<https://pubmed.ncbi.nlm.nih.gov/41176550/>

Introduction: Chronic pelvic pain syndrome (CPPS) in women is a debilitating condition with a high prevalence (5-25%), yet its etiology remains unclear. This prospective observational study aimed to identify clinical and medical history covariates associated with CPPS to elucidate potential pathophysiological mechanisms. **Results:** Significant associations with CPPS were observed for prior pelvic surgery (72% vs. 45%, $p = 0.003$), bowel constipation (37% vs. 11%, $p = 0.002$), history of endometriosis (33% vs. 10%, $p = 0.043$), and prior trauma (27% vs. 11%, $p = 0.013$). In contrast, there were no significant differences in rates of depression ($p = 0.376$), use of psychopharmaceuticals ($p = 0.757$), pelvic floor abnormalities ($p = 0.503$), uterine retroversion ($p = 0.330$), or pelvic congestion ($p =$

0.455). Dysmenorrhea (59% vs. 42%) and vulvar pain (31% vs. 8%) were more frequent in the CPPS group, though not statistically significant. No differences were found in delivery mode, use of intrauterine devices, analgesics, hormonal replacement therapy, and other medications, or comorbidities such as diabetes, thyroid disease, hypertension, other pain diseases, or musculoskeletal disorders. **Conclusions:** CPPS was not associated with several commonly suspected cofactors, including psychosomatic factors, pelvic congestion, or pelvic floor dysfunction. The findings suggest the existence of two subgroups of CPPS, the endometriosis-associated type and the neurovegetative type, associated with prior pelvic surgery, constipation, and trauma. This concept allows for the development of new targeted therapeutic strategies to successfully treat CPPS.

A pelvic health eRehabilitation program to address urogenital impairments after breast and gynecologic cancer: A proof-of-concept study protocol

Stéphanie Bernard, Kadija Perreault, et al.

Digit Health. 2025 Sep 24;11:20552076251382088. doi: 10.1177/20552076251382088. eCollection 2025 Jan-Dec.

<https://pubmed.ncbi.nlm.nih.gov/41018515/>

Background: Incontinence and vulvar pain are common urogenital dysfunctions after breast and gynecological cancers (BGCs). Recent evidence suggests that pelvic health physiotherapy can improve these dysfunctions and enhance quality of survivorship, but several barriers limit access to such care. Virtual programs are proposed as a strategy to improve access. **Aim:** The main aim of this proof-of-concept study is to evaluate the feasibility and acceptability of the newly designed Pelvic Health eRehabilitation Program in people treated for BGCs. The study also aims to explore the preliminary effectiveness of the Program in reducing urogenital impairments. **Conclusion:** Findings from this study will inform the feasibility, acceptability, and preliminary effectiveness of the Program for individuals experiencing urogenital dysfunction following BGCs treatment, supporting future development of a randomized controlled trial. This virtual Program holds promise to improve equity in access to pelvic health services.

An eDelphi Consensus on Key Questions for a Vulvar Health Clinic Intake Questionnaire

Jennifer Foster, Olivia Negris, et al.

J Low Genit Tract Dis. 2025 Oct 13. doi: 10.1097/LGT.0000000000000919.

<https://pubmed.ncbi.nlm.nih.gov/41085968/>

Objective: Vulvar health conditions such as lichen sclerosus and vulvodynia are often misdiagnosed or delayed in diagnosis, leading to worsened clinical outcomes. A standardized intake questionnaire for the initial patient visit could improve early detection and management of these complex conditions. This study aimed to develop a consensus-based standardized intake questionnaire for vulvar health clinics using the eDelphi methodology. **Results:** A total of 80 panelists from various specialties, including dermatology and gynecology, participated. In the first round, 136 items were reviewed, with 64 meeting consensus for inclusion. After the second round, an additional 20 items were added, leading to a final intake questionnaire consisting of 82 items that were condensed and reorganized to 52 questions and 2 validated surveys (the Vulvar Quality of Life Index and Patient Health Questionnaire 2). **Conclusions:** This study successfully identified key questions for a standardized intake questionnaire for vulvar health clinics using the eDelphi methodology. The methodology may also be applicable to other health conditions requiring structured patient intake processes.

Application of Platelet-Rich Plasma in Gynaecologic Disorders: A Scoping Review

Nadia Willison, Fariba Behnia-Willison, et al.

J Clin Med. 2025 Aug 18;14(16):5832. doi: 10.3390/jcm14165832.

<https://pubmed.ncbi.nlm.nih.gov/40869658/>

Platelet-rich plasma (PRP) therapy is a non-invasive, autologous treatment with regenerative potential in gynaecology beyond fertility applications. This review evaluates PRP in non-fertility-related gynaecological conditions affecting women's quality of life (QoL). **Results:** PRP improved symptoms and QoL in several conditions, particularly VLS and SD, and was generally well tolerated with minor adverse effects (e.g., injection-site pain, transient discomfort). Evidence for abnormal uterine bleeding (AUB) and pelvic organ prolapse (POP) was inconclusive. Considerable heterogeneity in preparation protocols and outcome measures limited cross-study comparison. **Conclusions:** PRP shows promise as a minimally invasive therapy for certain gynaecological conditions. Standardisation of preparation and administration, along with large-scale RCTs, is needed to determine long-term efficacy and safety.

Genitourinary Syndrome of Menopause/Vulvovaginal Atrophy

Platelet-Rich Plasma for Genitourinary Syndrome of Menopause in Breast Cancer Survivors

Anita H Chen, Emanuel C Trabuco, et al.

Obstet Gynecol. 2025 Nov 1;146(5):728-736. doi: 10.1097/AOG.0000000000006081. Epub 2025 Sep 19.

<https://pubmed.ncbi.nlm.nih.gov/40966714/>

Objective: To assess the safety and feasibility of injection of autologous platelet-rich plasma (PRP) into the vagina and posterior fourchette and to evaluate 6-month efficacy for treatment of genitourinary syndrome of menopause (GSM) in breast cancer survivors. **Results:** Twenty participants were treated; mean±SD age and body mass index (BMI) were 53.6±7.5 years and 27.2±4.6, respectively. Most had hormone receptor-positive breast cancer (85.0%), and of those, 65.0% were taking an aromatase inhibitor. All participants completed the planned protocol. Treatment adverse events included vaginal spotting, irritation, discharge, burning, cramping, and mild pain, all resolving within 24 hours. No serious adverse events occurred. VAS/VuAS, FSFI, UDI-6, DIVA, VHI, and total scores showed significant improvement from baseline to 6 months; the VMI change was nonsignificant. At 6 months, 90.0% of patients had an increase in vaginal caliber as measured by change in dilator size, and 95.0% noted improvement of symptoms on PGI-I. **Conclusion:** A single treatment of autologous PRP injected diffusely through the vaginal canal and posterior fourchette is safe and feasible. In this uncontrolled pilot trial, at 6 months, treatment significantly improved GSM symptoms, sexual function, urinary symptoms, and quality of life in breast cancer survivors, including those on aromatase inhibitors.

Effectiveness of Erbium: YAG Laser in the Treatment of Vulvovaginal Atrophy in Women Who Survived Breast Cancer

Keila Seabra Teles Ferreira, Giovanna Andrade Lopes, et al.

J Cosmet Dermatol. 2025 Sep;24(9):e70424. doi: 10.1111/jocd.70424.

<https://pubmed.ncbi.nlm.nih.gov/40937542/>

Background: Genitourinary syndrome of menopause (GSM) is prevalent among breast cancer survivors (BCS), often exacerbated by oncologic treatments and compounded by contraindications to hormone-based therapies. Vaginal Erbium:YAG laser has emerged as a promising non-hormonal alternative, though long-term safety and efficacy data remain scarce. **Results:** 12 patients enrolled in the study, ten

completed phase one, and eight completed Phase 2. Mean VHI scores improved significantly from 10.75 ± 2.4 to 23.38 ± 3.1 ($p < 0.0001$). Symptom severity decreased significantly ($p = 0.0078$). FSFI scores showed clinical improvement (from 15.52 ± 7.20 to 25.05 ± 6.81), though not statistically significant ($p = 0.0889$); bootstrap and simulation analyses confirmed robustness. Histological findings indicated epithelial remodeling without adverse tissue effects. All patients gave the best satisfaction scores to the treatment (Likert = 5). No adverse events were reported. **Conclusions:** Vaginal Erbium:YAG laser therapy appears to be a safe and potentially effective option for GSM management in BCS. Further randomized controlled trials are needed to validate these findings.

More than just "vaginal dryness": sexual dysfunction correlates with genitourinary anatomy changes in female cancer survivors

Erin Kobiella, Sanjana Satish, et al.

Support Care Cancer. 2025 Nov 13;33(12):1056. doi: 10.1007/s00520-025-10046-2.

<https://pubmed.ncbi.nlm.nih.gov/41225249/>

Purpose: To correlate genitourinary exam (GU) findings to patient-reported sexual dysfunction in female cancer survivors. **Results:** AVES was calculated for 162 female patients treated between 2020-2022. Median age was 46; 57% were Hispanic, and 79% had breast cancer. Common symptoms included vaginal dryness (55%) and dyspareunia (45%). Of 108 women with FSFI scores, 97% met criteria for female sexual dysfunction (FSD). 23% were found to have vaginal stenosis, and 42% had a narrowed vaginal introitus. Those with AVES > 3 had significantly lower FSFI lubrication, orgasm, satisfaction, and pain domain scores. Any endocrine therapy use was associated with worse AVES scores (aOR 0.20, 95% CI 0.05-0.80, $p = 0.024$), an association strongest with aromatase inhibitor (AIs) use. Low satisfaction scores < 3.6 were nearly three times more likely to have abnormal GU exams (aOR = 2.81; 95% CI: 1.03-7.65; $p = 0.044$). **Conclusion:** FSD in female cancer survivors is associated with previously unreported GU exam changes that can limit or prevent sexual activity through pain and worsened sexual satisfaction. Ongoing work evaluates targeted interventions to improve symptoms and quality of life for this growing survivor population.

Persistent Genital Arousal Disorder

[A Case of Persistent Genital Arousal Disorder/Genito-Pelvic Dysesthesia (PGAD/GPD) Improved with Selective Serotonin Reuptake Inhibitor (SSRI) Treatment]

Wakako Yorozyua, Ko Kobayashi, et al.

Hinyokika Kiyo. 2025 Oct;71(10):361-363. doi: 10.14989/ActaUrolJap_71_10_361.

<https://pubmed.ncbi.nlm.nih.gov/41197674/>

Persistent genital arousal disorder/genito-pelvic dysesthesia (PGAD/GPD) causes intense abnormal genital sensations without sexual stimulation. A 74-year-old woman visited our clinic with a tingling sensation in the clitoris. Six months earlier, she had felt lower abdominal discomfort, bladder pain, and abnormal genital sensations and visited the urologist at another hospital. She also had appetite loss, weight loss, and insomnia. A gynecologist diagnosed her symptoms as clitoral-related, but topical treatment was ineffective due to the pain caused by contact. During our examination, there was severe burning pain on clitoral palpation, and we suspected PGAD/GPD. Two weeks after administration of Sertraline, a selective serotonin reuptake inhibitor, her symptoms improved. However, since the effect weakened two weeks after starting treatment, the dosage was increased and her symptoms showed remission thereafter. Her symptoms improved after increasing the dosage. Tarlov cysts in the sacrum

revealed by magnetic resonance imaging were considered as the potential cause of PGAD/GPD. Since her symptoms had improved and considering her age and surgical risk, the orthopedic surgeon we consulted recommended follow-up instead of surgery.

Pelvic floor physical therapy in the treatment of a patient with persistent genital arousal disorder/genito-pelvic dysesthesia: a case report

Tangdi Lin, Wenjia Lou, Guorong Fan, Lina Niu, Lan Zhu

Sex Med. 2025 Aug 11;13(4):qfaf057. doi: 10.1093/sexmed/qfaf057. eCollection 2025 Aug.

<https://pubmed.ncbi.nlm.nih.gov/40808868/>

Introduction: Persistent genital arousal disorder/genito-pelvic dysesthesia (PGAD/GPD) is a condition of persistent or recurrent, unwanted or intrusive sensation of genital arousal that is usually associated with a distressing feeling and has a great impact on patients' daily life. Pelvic floor physical therapy is one of the effective conservative treatment options that deserves increased attention. **Aims:** This case report aims to provide a comprehensive pelvic floor physical therapy evaluation and treatment plans for a patient with PGAD/GPD that resulted in a complete resolution of symptoms. **Results:** The patient's symptoms were completely resolved after a total of four pelvic floor physical therapy sessions. Home exercise program was able to maintain satisfactory treatment outcomes 3 months post treatment. No complaints were reported at the 6-month and 1-year follow-ups. **Conclusion:** Genitofemoral nerve pathology may be a potential etiology for PGAD/GPD. Pelvic floor physical therapy can an effective medical treatment for PGAD/GPD originating from the pelvic and perineum region. A comprehensive pelvic floor examination and an evidence-based treatment plan will be able to improve symptoms and potentially resolve them completely.

The use of tirzepatide to successfully treat persistent genital arousal disorder/genitopelvic dysesthesia: a case report

Eliza Burr, Maya Roytman, et al.

Sex Med. 2025 Sep 24;13(4):qfaf073. doi: 10.1093/sexmed/qfaf073. eCollection 2025 Aug.

<https://pubmed.ncbi.nlm.nih.gov/41001580/>

Introduction: Persistent genital arousal disorder/genitopelvic dysesthesia (PGAD/GPD) is associated with poor quality of life. Due to social stigma and its heterogeneous nature, many patients suffer without treatment. **Aims:** This case presents the first example of the successful use of a glucagon-like peptide 1 and glucose-dependent insulinotropic polypeptide receptor agonist (GLP1/GIP RA) medication for the treatment of PGAD/GPD. **Results:** This case presents a 44-year-old woman with a lifelong history of PGAD/GPD symptoms that caused extreme distress and depression who experienced 95% resolution of her symptoms within 2 days of starting tirzepatide, a GLP1/GIPRA medication, for weight loss. **Conclusion:** Increasing benefits of GLP1/GIPRAs are being uncovered, and further studies must investigate the potential for these medications to be used in patients with PGAD/GPD. This study also provides a potential mechanism for decreased arousal resulting from GLP1/GIP receptor activation in attention/reward pathways in the brain.

Successful treatment of PGAD/GPD with leuprolide: a case report

Wang Rong, Hongwen Zhou, Hongqi Fan

Front Psychiatry. 2025 Aug 5;16:1623256. doi: 10.3389/fpsy.2025.1623256. eCollection 2025.

<https://pubmed.ncbi.nlm.nih.gov/40838248/>

Persistent genital arousal disorder/genitopelvic dysesthesia (PGAD/GPD) is a rare clinical condition of uncertain etiology. It is characterized by involuntary genital arousal occurring in the absence of sexual interest or desire, and may be accompanied by abnormal sensations in the pelvic and reproductive regions. PGAD/GPD exerts a profound negative impact on patients' physical and mental health, severely impairing daily functioning and, in some cases, leading to suicidal ideation. This case highlights the potential role of COVID-19 as a triggering factor in the development of PGAD/GPD. The marked improvement in symptoms following treatment with leuprolide suggests that dysregulation of gonadotropin/GnRH signaling may constitute a key pathogenic mechanism underlying this condition. We anticipate that this successful treatment case will provide valuable insights into the etiology and treatment strategies of PGAD/GPD.

Pudendal Neuralgia

Pudendal Neuralgia: A Review of the Current Literature

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Curr Pain Headache Rep. 2025 Jan 28;29(1):38. doi: 10.1007/s11916-024-01354-z.

<https://pubmed.ncbi.nlm.nih.gov/39873912/>

Purpose of review: This paper aims to review pudendal neuralgia pathophysiology, risk factors, diagnosis, and treatment options. **Recent findings:** Conservative and pharmacologic options are first line treatments for the treatment of pudendal neuralgia. Interventional treatment such as, pudendal nerve blocks can be tried if first line treatments fail to provide adequate analgesia. If pudendal nerve blocks provide sufficient relief but have a short duration, decompressive surgery may be considered. Neuromodulation is also a viable option. Emerging techniques such as pulsed radiofrequency ablation, cryotherapy, lipofilling, and repetitive transcranial magnetic stimulation are promising; however, more studies are needed to evaluate safety and effectiveness. Current study data is generally poor, and unstandardized. Further research is needed to identify the optimal treatment approach and evaluate the effects of pudendal neuralgia on mental health and quality of life.

Pudendal Neuralgia

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2024 Feb 12.

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Pudendal neuralgia is the neuropathic pain component of the syndrome caused by pudendal nerve entrapment and neuropathy. The pudendal nerve is a mixed nerve having sensory, motor, and autonomic functions. As a result, inflammation or injury to the nerve can cause bladder, bowel, sexual and autonomic dysfunctions and perineal pain. Injuries typically affect pelvic and perineal sensations more severely than motor or autonomic nerve functions. Pudendal neuralgia is generally a bilateral process characterized by perineal pain aggravated by sitting and affects >50% of patients with pudendal

nerve entrapment. The condition is frequently misdiagnosed initially and is often refractory to treatment, causing intense, chronic, debilitating pain.

Pudendal neuralgia is primarily a clinical diagnosis that is suggested by characteristic features, sometimes referred to as the "Nantes" criteria. However, pudendal neuralgia is usually diagnosed only after many years of painful symptoms, with patients having undergone multiple evaluations, medication trials, procedures, interventions, and even surgeries. In addition to pain medicine specialists, end-organ specialists often treat patients, including gynecologists, colorectal surgeons, and urologists. The condition is significantly underdiagnosed and often inadequately or improperly treated. Consequently, a patient's quality of life is dramatically negatively impacted by resulting conditions, including depression and opioid addiction. In some cases, delays in diagnosis and proper treatment have led to confirmed patient suicides. However, when properly managed, long-term symptom control is possible, and total relief of symptoms has been reported up to 20 years after treatment.

As pudendal neuropathy is often a tunnel entrapment syndrome, treatment is analogous to carpal tunnel syndrome, including initial conservative nerve protection measures, physical therapy, pharmacologic therapy, pudendal nerve blocks, sacral neuromodulation, and surgical decompression of the pudendal nerves. However, pudendal neuralgia and nerve entrapment are largely unknown and unstudied conditions. Therefore, there is a general lack of quality research or studies demonstrating the optimal treatment strategy. The information presented here is based on the best peer-reviewed medical literature and consensus expert opinions.

Dermatological Conditions

Platelet-Rich Plasma Versus Saline for the Treatment of Vulvar Lichen Sclerosus: Protocol for a Randomized Controlled Trial

Tran Nguyen, Milica Beljic, et al.

JMIR Res Protoc. 2025 Sep 3:14:e68871. doi: 10.2196/68871.

<https://pubmed.ncbi.nlm.nih.gov/40902148/>

Background: Vulvar lichen sclerosus (LS) is a chronic relapsing dermatosis commonly affecting the anogenital region in postmenopausal women, though it can affect people of any age and sex. The current gold standard treatment is lifelong topical steroid application to reduce symptoms and prevent the progression of disease, causing irreversible architectural change to the vulval tissue. LS is associated with decreased quality of life and increased risk of vulvar neoplasia. Alternatives to current treatments are highly desired by both clinicians and patients. Platelet-rich plasma (PRP) is an autologous blood product containing high concentrations of platelets and growth factors and is hypothesized to promote wound healing. PRP has been reported to improve symptoms of LS in several case reports and uncontrolled trials. **Objective:** This study aims to evaluate the efficacy of PRP versus saline injections to improve the clinical signs and symptoms of LS. **Results:** Recruitment commenced in May 2020 and concluded in November 2023. This study closed in September 2024 due to slow recruitment. Data are being analyzed in 2025, and results are expected to be published in late 2025. **Conclusions:** This study will evaluate the safety and efficacy of PRP injections compared to those of saline injections for the treatment of vulvar LS, potentially providing a novel therapeutic option for patients who do not respond to topical steroids.

Apremilast Versus Placebo for Genital Erosive Lichen Planus in Women: A Randomized Controlled Trial

Kristin Helene Skullerud, Petter Gjersvik, et al.

J Low Genit Tract Dis. 2025 Oct 13. doi: 10.1097/LGT.0000000000000915.

<https://pubmed.ncbi.nlm.nih.gov/41085970/>

Objectives: We set out to evaluate the efficacy and safety of phosphodiesterase-4 inhibitor apremilast for moderate-to-severe genital erosive lichen planus (GELP) in women. **Results:** A total of 37 women with mean age 57.5 years and a mean GELP score of 14.2 were randomized to receive either apremilast (n = 19) or placebo (n = 18). In an intention-to-treat analysis at week 24, mean GELP score was 11.6 in the apremilast group and 11.6 in the placebo group with mean difference between the 2 groups being -0.4 (95% CI = -2.7 to 1.9; p = .71). No significant differences in the secondary endpoints, including Female Sexual Distress Scale-revised and Dermatology Life Quality Index scores, were observed. The per protocol analyses with 14 and 15 participants in each group revealed similar results. Adverse events were registered in 36 women, including serious adverse events in 2 women in the apremilast group. **Conclusions:** Although having a small sample size, this randomized controlled trial did not reveal any signals indicating a clinical effect from apremilast treatment in women with moderate-to-severe GELP.

AID Expression in Vulvar SCC Arising From Lichen Sclerosus et Atrophicus: A Retrospective Study

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<https://pubmed.ncbi.nlm.nih.gov/41013930/>

Lichen sclerosus et atrophicus (LSA) is a chronic, progressive inflammatory disorder with a risk of malignant transformation to squamous cell carcinoma (SCC). This study investigated the role of activation-induced cytidine deaminase (AID) in UV-independent SCC arising from LSA. We retrospectively analyzed 19 female patients, including 5 SCC cases. AID expression was significantly associated with SCC development, pruritus, and shorter disease duration. AID was detected in SCC lesions and adjacent LSA tissues, mainly in basal cells. Reduced AID expression was observed in higher-stage tumors, suggesting its potential as a prognostic indicator. The use of topical corticosteroids was less common in AID-positive patients, suggesting a possible association. These findings suggest a possible inverse association between topical corticosteroid use and AID expression.

Retrospective Study on CO₂ Laser for Second-Line Treatment of Vulvar Lichen Sclerosus

Gian Piero Siliquini, Margherita Giorgi, et al.

J Obstet Gynaecol Res. 2025 Oct;51(10):e70098. doi: 10.1111/jog.70098.

<https://pubmed.ncbi.nlm.nih.gov/41029005/>

Background: Vulvar Lichen Sclerosus (VLS) represents a persistent inflammatory disease of the skin that particularly affects the genital area. **Aim:** The study purpose was to investigate the effectiveness of CO₂ laser as a treatment of recalcitrant VLS. The parameters examined included treatment tolerance, patient satisfaction, symptoms, and VLS clinical markers. **Results:** VuHI showed significant improvement after completion of treatment compared to baseline (p < 0.001). VHI showed significant improvement after completion of treatment compared to baseline (p < 0.001). There was clear improvement, compared to baseline values, in the VAS score for superficial dyspareunia and for vulvar dryness. **Conclusion:** Overall, the results of this study demonstrated that treatment of recalcitrant VLS with fractional CO₂ laser improved both clinical assessment and symptoms.

Dermoscopy for monitoring therapeutic response to hybrid cooperative complexes of hyaluronic acid in women with vulvar lichen sclerosis and atrophy

Giulio Rizzetto, Edoardo De Simoni, et al.

Front Med (Lausanne). 2025 Oct 13;12:1540428. doi: 10.3389/fmed.2025.1540428. eCollection 2025.

<https://pubmed.ncbi.nlm.nih.gov/41158446/>

Introduction: Vulvar Lichen Sclerosus (VLS) is a chronic relapsing inflammatory disease involving the anogenital region, resulting in vulvar atrophy and distressing symptoms. A preliminary prospective observational study was conducted to investigate the efficacy of hybrid cooperative complexes (HCC) of low- and high-molecular weight hyaluronic acid (HA) for the treatment of female patients with vulvar atrophy and lichen sclerosis. **Results:** Both DLQI and FSFI scores improved with HCC treatment, with significant improvements at 1-month, 3-months and 6-months post-treatment vs baseline ($p < 0.05$ for all). The thickness, homogeneity and smoothness of the hypoechoic band increased post-treatment. No side effects or complications were reported. The reference dermatoscopic features of vascularisation, blue grey dots, purpuric lesions, horny pearls, scales, ice silvers structures or whitish background were reduced at 6-months post-treatment vs baseline; significant reductions were observed for scales (baseline vs 1-month and 6-months post-treatment; $p < 0.05$ for both). Scores for pain, itching, and burning were reduced at 1-month, 3-months and 6-months post-treatment vs baseline ($p < 0.05$ for all).

Unraveling the Metabolic Mechanisms and Novel Biomarkers of Vulvar Lichen Simplex Chronicus Using Skin Biopsy and Tape Stripping Samples

Tian He, Fanrui Xu, et al.

Metabolites. 2025 Aug 22;15(9):566. doi: 10.3390/metabo15090566.

<https://pubmed.ncbi.nlm.nih.gov/41002951/>

Background/objectives: Lichen simplex chronicus (LSC) of the vulva is a chronic dermatologic disorder characterized by persistent pruritus, compulsive scratching, and progressive thickening of the vulvar skin. Currently, LSC diagnosis primarily relies on clinical presentation, with histopathological examination performed when the diagnosis is unclear. However, the precise pathogenic mechanisms driving the disease remain poorly understood. This study aimed to investigate the pathogenesis of LSC and evaluate the feasibility of tape stripping as a non-invasive diagnostic technique. **Results:** Our findings suggest that 20-hydroxyecosatetraenoic acid (20-HETE), an oxidized derivative of arachidonic acid (AA), activates the TRPV1 receptor, thereby exacerbating the itch-scratch cycle. This activation upregulates energy metabolism and promotes epidermal hyperplasia, providing new insights into the disease's pathophysiology. **Conclusions:** Our study suggests that tape stripping could serve as a viable non-invasive diagnostic tool for LSC, with linoleic acid (LA) and AA potentially acting as biomarkers for the disease.

Spatial and Single-Cell Transcriptomics Reveal Keratinocytes as Key Players in Vulvar Lichen Sclerosis Pathogenesis

Peng Sun, Christina N Kraus, et al.

J Invest Dermatol. 2025 Aug 29:S0022-202X(25)02394-2. doi: 10.1016/j.jid.2025.08.022.

<https://pubmed.ncbi.nlm.nih.gov/40886965/>

Vulvar diseases are a neglected area of women's health, profoundly affecting patients' QOL. Lichen sclerosis is a chronic inflammatory vulvar skin disorder leading to severe itching, pain, scarring, and an

increased risk of malignancy. Despite this burden, the molecular pathogenesis of vulvar lichen sclerosis is not well-understood, limiting treatment options. In this study, we analyze lesional, nonlesional, and healthy vulvar skin using technologies including spatial and single-cell transcriptomics. Our findings identify unifying molecular changes across multiple cell types in lesional vulvar lichen sclerosis skin, including keratinocyte stress response, necroptosis, and basal/stem cell depletion. Chronic T-cell activation, enhanced cytotoxicity, aberrant cell-cell communication, and elevated IFN- γ /JAK/signal transducer and activator of transcription signaling were also observed. Functional studies suggest keratinocytes' dual role as both targets of microenvironmental signaling (eg, IFN- γ) and sources of inflammatory alarmins (eg, S100A8/9). This work reveals keratinocytes as central players in vulvar lichen sclerosis pathogenesis and identifies potential biomarkers and therapeutic targets for future research.

Genital Lichen Sclerosis-The Role of the Vulvar Microbiome

Sandra Jerkovic Gulin, Olivia Almlöf, et al.

Medicina (Kaunas). 2025 Sep 9;61(9):1632. doi: 10.3390/medicina61091632.

<https://pubmed.ncbi.nlm.nih.gov/41011023/>

Background and Objectives: Lichen sclerosis (LSc) is a chronic inflammatory and sclerosing condition that primarily affects the genital region. In women, vulvar lichen sclerosis presents with a wide range of clinical features, including pruritus, erythema, burning, pain, dysuria, architectural distortion, scarring, and the formation of ivory-white atrophic plaques. While the precise etiology of LSc remains unclear, increasing evidence indicates that prolonged exposure to urine and occlusion may play a central role in its pathogenesis. Additionally, the role of the genital microbiome has garnered increasing attention, with dysbiosis—an imbalance in microbial communities—emerging as a potential contributing factor. Prior investigations have reported an increased abundance of *Gardnerella* in women with LSc, but findings regarding *Streptococcus* and *Lactobacillus* have been inconsistent. This study aimed to investigate the relationship between the vulvar microbiome and LSc. **Conclusions:** The vulvar microbiome of women with LSc differs significantly from that of healthy controls. These findings support a possible role of microbial dysbiosis in LSc pathogenesis, highlighting the need for further research into microbiome-targeted interventions.

Platelet-rich plasma in the management of vulvovaginal disorders: a systematic review

Antonella De Ponte, Silvia Cabrera, Sara Sofía Bermúdez Sparice, Sonia Baulies, Ignacio Rodríguez

J Sex Med. 2025 Oct 31;qdaf307. doi: 10.1093/jsxmed/qdaf307.

<https://pubmed.ncbi.nlm.nih.gov/41168677/>

Introduction: Platelet-rich plasma (PRP) is an innovative tool in regenerative medicine. It is defined as an autologous product obtained by density gradient centrifugation of blood, resulting in a platelet concentrate rich in growth factors. In gynecology, PRP has been used to treat vaginal atrophy, sexual dysfunction, and inflammatory conditions such as vulvar lichen sclerosis. PRP injection into the vulvo-vaginal area is a potential treatment for several conditions; however, treatment methods and applications vary widely across the published literature. **Objective:** To provide an updated synthesis of current evidence on the administration of PRP to the vulva and vagina as a stand-alone technique in a non-surgical outpatient setting, and to identify its main clinical indications. **Results:** Eighteen studies met the inclusion criteria: two randomized controlled trials, 10 single-arm clinical trials, one retrospective cross-sectional study, and five case reports, comprising 480 patients (401 treated with PRP). The most frequent indication was vulvar lichen sclerosis (n = 179), followed by sexual dysfunction

(n = 133) and vulvovaginal atrophy (n = 87). Protocols varied in preparation methods, injection techniques, and treatment schedules. Across studies, PRP injections were associated with improvements in symptoms, sexual function, and vaginal health, with few and mild adverse events. **Conclusion:** Current evidence suggests that PRP injections in the vulvo-vaginal area may offer clinical benefits across several indications, with a favorable safety profile. However, the high variability in protocols, small sample sizes, and methodological limitations preclude definitive conclusions. Further high-quality randomized controlled trials are required to establish standardized protocols and confirm efficacy

Efficacy and Safety of Laser Treatment in Vulvar Lichen Sclerosus: A Systematic Review

Dongmei Wei, Jian Meng, et al.

Lasers Surg Med. 2025 Oct 15. doi: 10.1002/lsm.70062.

<https://pubmed.ncbi.nlm.nih.gov/41097833/>

Objectives: This study systematically reviews randomized controlled trials (RCTs) evaluating laser therapy for vulvar lichen sclerosus (VLS) to assess its efficacy and safety, aiming to inform clinical management and guideline development. **Results:** Seven RCTs (332 patients) reported 19 outcomes and 19 measurement tools, each used a total of 28 times. Symptoms and signs were most frequently reported and commonly measured using the Visual Analog Scale (VAS). Most trials indicated improvements in symptoms, signs, quality of life (QoL), and histology after laser therapy. Three studies reported greater symptom/sign improvement than topical corticosteroids ($p < 0.05$), and three found higher patient satisfaction ($p < 0.05$). Two studies showed good tolerability via VAS. Adverse events occurred in five studies (147 patients), including five mild cases (local irritation, blisters, urinary tract infection, itching, and pain). Due to heterogeneity and low study quality, a meta-analysis was not performed. **Conclusions:** Laser therapy improves symptoms/signs, QoL, and histological outcomes in VLS, with good safety and tolerability. However, the evidence supporting its use as a monotherapy is limited, and benefits for anti-inflammatory, anti-fibrotic, scar-preventive, or anticarcinogenic effects remain unproven. Large-scale, long-term, and high-quality trials are needed, and future research should establish standardized Core Outcome and Measurement Sets to optimize VLS management.

Long-Term Outcomes of Prepubertal-Onset Vulvar Lichen Sclerosus

Alexandra Savage, Vera Y Miao, et al.

Pediatr Dermatol. 2025 Oct 13. doi: 10.1111/pde.70056.

<https://pubmed.ncbi.nlm.nih.gov/41084133/>

Background: Vulvar lichen sclerosus (VLS) is a chronic inflammatory dermatosis affecting the vulvar and perianal skin. VLS has a bimodal age of onset, in pre-pubertal and post-menopausal age groups. Long-term outcomes of pre-pubertal VLS are unclear. This study aimed to establish the long-term disease activity, factors that influence disease progression, and the physical and psychological complications of pediatric VLS persisting into adulthood. **Results:** Of 135 patients screened, 68 were included. The mean age of diagnosis was 7.5 years, and the mean duration of follow-up was 12.8 years. 62% of cases achieved remission. Of patients who were adherent to treatment, 92.3% achieved remission, compared to 56.6% of patients who were non- or partially adherent. Adherence declined from menarche into early adolescence. Patients who were adherent had 60% fewer structural abnormalities. In addition, VQLI scores indicated significantly better quality of life with adherence (mean = 1.6/45) compared to partially or non-adherence (mean = 5.2/45). **Conclusions:** This study informs clinicians of the long-term prognosis of VLS diagnosed pre-pubertally: 62% of patients achieved remission, and the rates of remission were

higher in those who adhered to treatment. Structural changes and scarring were reduced in those who adhered to treatment.

The long road to standardization in vulvar lichen sclerosus research

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[https://academic.oup.com/bjd/advance-article-](https://academic.oup.com/bjd/advance-article-abstract/doi/10.1093/bjd/ljaf405/8285110?redirectedFrom=fulltext&login=false)

[abstract/doi/10.1093/bjd/ljaf405/8285110?redirectedFrom=fulltext&login=false](https://academic.oup.com/bjd/advance-article-abstract/doi/10.1093/bjd/ljaf405/8285110?redirectedFrom=fulltext&login=false)

<https://pubmed.ncbi.nlm.nih.gov/41082572/>

Clinicians managing vulvar lichen sclerosus (LS) face variability in outcome reporting, which limits evidence synthesis and the development of standardized guidelines.¹ Recognizing this gap, the Core Outcomes for Research in Lichen Sclerosus (CORALS) initiative was launched in 2021 to develop a core outcome set.² This international multi-stakeholder group aims to define clinically relevant outcomes that can be harmonized across studies, facilitating meta-analyses³ and strengthening the quality and comparability of LS research.

In this issue of the *BJD*, Foster *et al.* present a major step forward by identifying five key symptoms to be measured in future vulvar LS trials: itch, pain with vaginal penetration, cuts and tears in the skin, pain, and irritation.⁴ Understanding the importance of this guideline requires placing it within the broader context of prior consensus work and the challenges that remain.

Initially, CORALS researchers, collaborating with patients, caretakers and healthcare professionals, identified six themes as 'important symptoms or aspects of LS'.⁵ Through a Delphi consensus process, experts pared these down to three core domains for measurement: clinical (visible) signs, symptoms and quality of life (QoL) specific to LS.³ Separate working groups are focused on standardizing each domain.

Diagnosis and management of vulval lesions

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<https://pubmed.ncbi.nlm.nih.gov/40742979/>

Purpose of review: The vulva is part of the skin. A wide spectrum of dermatological diseases affects the vulva, including infections, dermatoses, manifestations of hormonal and systemic conditions, and neoplasia. Vulval diseases are typically associated with significant delay in diagnosis due to limited healthcare practitioner knowledge amongst primary care physicians and specialists alike. This review article provides an update on the diagnosis and management of common vulval lesions. **Recent**

findings: This article reviews the literature on vulval lesions and vulval dermatoses and was conducted through searching PubMed. Common causes of vulval lesions are presented, including vulval cancer, vulval squamous intraepithelial lesions, dermatitis, psoriasis, lichen simplex chronicus, acute and chronic candida vulvovaginitis, lichen sclerosus, lichen planus, and nonsexually acquired genital ulceration.

Summary: Vulval complaints are common. It is important to not only be able to differentiate between benign findings and potentially premalignant or malignant lesions but also recognise and manage common causes of vulval lesions such as dermatitis, psoriasis, lichen sclerosus, infectious causes of disease, and nonsexually acquired genital ulceration.

Photodynamic Therapy in the Treatment of Vulvar Lichen Sclerosus: Systematic Review

Katarzyna Beutler, Alina Jankowska-Konsur, Danuta Nowicka

Dermatol Ther (Heidelb). 2025 Nov 21. doi: 10.1007/s13555-025-01604-x.

<https://pubmed.ncbi.nlm.nih.gov/41269582/>

Introduction: Vulvar lichen sclerosus (VLS) is a chronic inflammatory dermatosis of unclear etiology, most often affecting postmenopausal women. It presents with itching, burning, pain, and progressive vulvar scarring and atrophy, leading to sexual dysfunction and increased risk of neoplastic transformation. High-potency corticosteroids are the standard first-line treatment, but many patients experience inadequate response or intolerance, resulting in recurrence. In such cases, 5-aminolevulinic acid (ALA) photodynamic therapy (PDT) may offer an alternative. The aim of this systematic review was to evaluate the effectiveness and safety of PDT in patients with VLS. **Results:** The collective evidence showed that PDT, particularly using 5-ALA as a photosensitizer, improved clinical symptoms such as pain and itching, skin histology, patients' quality of life as measured with the Dermatology Life Quality Index, and sexual functioning as measured with the Female Sexual Function Index. Adverse events were mainly procedure-related and resolved spontaneously within a few days. **Discussion:** PDT appears to be a promising therapeutic option for VLS, particularly in patients with refractory disease unresponsive to conventional treatments. However, evidence for ALA-PDT remains limited, as current studies are small, use variable protocols, and involve heterogeneous populations. Further research is needed to address these gaps. **Conclusion:** Available studies indicate that ALA-PDT is a safe, well-tolerated, and effective option for VLS, improving both symptoms and clinical signs, especially in refractory cases. Emerging evidence, including comparative and quality-of-life studies, supports its potential role in management, though large prospective trials are needed to refine protocols and establish guideline recommendations.

Identification of key symptoms for a core outcome set for research in vulvar lichen sclerosus: a CORALS symptom domain initiative

Erin L Foster, Maya I Davis, et al.

Br J Dermatol. 2025 Sep 22:ljaf374. doi: 10.1093/bjd/ljaf374.

<https://pubmed.ncbi.nlm.nih.gov/40982649/>

Background: Genital lichen sclerosus (LS) is a chronic inflammatory skin disease affecting men, women and children. It is most common in females with estimated 1-3% of women affected across their lifetimes. Vulvar LS can cause significant symptoms and impact quality of life. To enhance the quality of clinical research and practice, core outcome domains have been identified including quality of life, clinical signs, and symptoms by the Core Outcome Set for Research in Lichen Sclerosus (CORALS) initiative. **Objectives:** To identify key symptoms for the core outcome symptom domain for research in LS. **Results:** The patient survey (n = 863) ranked itch, burning, pain, and cuts or tears in the skin as the most important symptoms, with pain with sex being most important to some, and least important to others. Ninety-nine percent of respondents to the survey identified as adult women, limiting generalizability to other populations with LS. Expert consensus identified five key symptoms: itch, pain with vaginal penetration, cuts and tears in the skin, pain, and irritation. The scoping review of 93 manuscripts showed itch, pain with penetration, and burning/burning pain as the most frequently measured symptoms. Itch emerged as the most important symptom across all three data sources, with pain also consistently prioritized. **Conclusions:** This study identified five key symptoms for evaluating vulvar LS. Although designed to capture symptoms from all patients with LS, both the survey and scoping review included small populations of male and pediatric participants, highlighting the need for further research in this population. Based on the results, we suggest measurement of itch, pain, skin

cuts and tears, burning, and (when relevant) pain with sex within the symptoms core outcome domain for vulvar LS. These findings will be used to inform content validity studies when evaluating potential measurement instruments for the COS.

Definition and Classification of Clitoral Phimosis and Adhesions: An International Delphi Study

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<https://pubmed.ncbi.nlm.nih.gov/41147043/>

Objective: The objective of this study is to develop accepted definitions and grading scales for clitoral phimosis and clitoral adhesions. **Design:** Using a Delphi model of international vulvar experts, we attempt to reach consensus on definitions and factors included in grading scales. **Setting:** This was done through electronic surveys to accommodate the global reach. **Population:** Physicians with significant clinical and/or research experience in vulvar dermatoses. Content experts were included from the fields of Dermatology, Gynaecology, and Urology. **Main outcome measures:** A priori, we decided that a mean score of 7 out of 10 (70%) would constitute a consensus. **Results:** The following statements gained consensus: (1) there is a need for a definition of clitoral phimosis and clitoral adhesions, (2) clitoral phimosis is defined as the inability to retract the clitoral prepuce to expose the entire glans, (3) clitoral adhesion is defined as the tethering of the clitoral prepuce (clitoral hood) to the glans clitoridis, (4) the prepuce (90%) and the size of the glans (70%) should be considered in a classification, and (5) the degree of phimosis should be described as mild, moderate, or severe and whether or not the prepuce is retractable. **Conclusion:** Unifying communication on clitoral phimosis and adhesions could help improve research and clinical management.