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A Look at Vulvar Excision in Theoretical Dermatology and Practises

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Introduction

Dermatologists underrecognize vulvovaginal disease, and patients with vulvovaginal disease are underserved. There is a requirement for more education during training (Comstock et al., 2020; Venkatesan et al., 2012). Early detection can help to avoid scarring, cancer, sexual dysfunction, pain, and disfigurement, as well as improve quality of life. Vulvar dermatoses can present with nonspecific findings and are often multifactorial; therefore, a clinical diagnosis can be difficult and is frequently aided by tissue biopsy. Additionally, vulvar biopsies should be performed when there is a suspicion of cancer. Vulvar biopsies are more difficult due to the vulvar skin and mucosa being thin, moist, and pliant, making a traditional shave biopsy difficult. It is also more fragile, especially when inflamed, and specimens should not be crushed. Thus, an understanding of vulvar anatomy and disease is crucial to ensuring the best technique and specimen. We wanted to look at provider-reported comfort and practises with vulvar biopsies because they are one of the most common procedures performed by dermatologists.

Description

This was a survey of dermatology residents and academic dermatologists in the United States that was conducted anonymously and across the country. A 17-question survey was created in REDCap and distributed via the Association of Program Directors listserv between March and April 2021. The authors' institutional review board waived the survey. vulvar biopsies (18% were uncomfortably painful). 30% of those who completed residency had little to no comfort. The most common method of sampling vulvar tissue used by respondents was a punch, followed by a tangential shave.

Fewer respondents chose a stitch/snip biopsy, a modified shave technique commonly used by vulvar dermatology experts. Our findings highlight the importance of vulvar biopsies education for dermatology residents and dermatologists, with more than half of respondents indicating some to no comfort with vulvar biopsies. 70% believed that additional education would increase their likelihood of performing a vulvar biopsy, with 27% preferring self-guided online modules, 35% expert lecture, and 35% rotation with a vulvar specialist.

The authors believe that increased knowledge of vulvar dermatologic conditions and anatomy, as well as increased vulvar examination experience, will lead to improved vulvar examination outcomes. With vulvar biopsies, this would increase provider comfort.Gender had no effect on comfort when performing vulvar biopsies. Inadequate formal training and low volumes during residency may contribute to discomfort. Respondents identified several challenges in performing vulvar biopsies, including not performing a vulvar examination on a regular basis.

There are several possible explanations for this, including the assumption that other providers perform vulvar examinations and a lack of individual comfort with examining the vulva.Our study's limitations include a low survey response rate and the inclusion of only academic dermatologists. Future research should concentrate on increasing response rates and evaluating dermatologists in private practise and other health care models [1-5].

Conclusion

Biopsies are frequently used to aid in the diagnosis of vulvovaginal conditions, and dermatologists should be at ease with vulvar skin/mucosa biopsies. We advocate for the creation of additional educational resources to teach healthcare providers how to perform vulvar biopsies.

Acknowledgement

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Conflict of Interest

None.

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