



PAEDIATRIC ACUTE CARE GUIDELINE

Vulvovaginitis

Scope (Staff):	All Emergency Department Clinicians
Scope (Area):	Emergency Department

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Vulvovaginitis

Vulvovaginitis is the general term which refers to many types of vaginal/vulva inflammation or infection.

Background

In prepubertal girls non specific vulvovaginitis is responsible for 25-75% of vulvovaginitis

Causal Factors of non specific vulvovaginitis in prepubertal child

- Unoestrogenised thin vaginal mucosa with lack of labial development
- More alkaline pH (pH 7) than post-menarchal girls
- Moisture to area (aggravated by synthetic fibre underwear, tight clothing, wet bathers, obesity, poor hygiene)
- Irritants (e.g. bubble baths, shampoos, soaps, antiseptics)

Assessment

Signs	Symptoms
<ul style="list-style-type: none">• Redness• Swelling to area• Bleeding	<ul style="list-style-type: none">• Vaginal discharge• Pruritis• Dysuria

Examination

- Examine the perineum of prepubertal child in "frog leg" position (girl supine with heels

together) and always wear gloves

- A nurse chaperone must be in attendance throughout the examination
- Do not perform an internal vaginal examination or take vaginal swabs

Investigations

- Mild Vulvovaginitis
 - No investigations (e.g. swabs) are necessary
- Profuse/offensive discharge take an introital swab

Differential Diagnosis

If persistent, offensive or bloody discharge, consider the following:

- **Threadworm** if pruritus (vulval and/or perianal) is prominent especially at night
- **Foreign body** if chronic vaginal discharge, intermittent bleeding, offensive odour.
Toilet paper commonest foreign body. Refer to paediatric gynaecologist as required.
- **Specific Organisms** if discharge is profuse/offensive take an introital swab

Group A Streptococcus	<ul style="list-style-type: none"> • Treat with penicillin
S. aureus, H. influenzae, Shingella	<ul style="list-style-type: none"> • May resolve with hygienic measures but culture- negative persistent vaginitis may resolve with 10 days of Amoxycillin/Clavulanic Acid
Candida	<ul style="list-style-type: none"> • Unusual (3%) in > 2 year old prepubertal girls • Usually if recent antibiotic therapy, immunocompromised or wearing nappies
Sexually Transmitted Infections	<ul style="list-style-type: none"> • Typically the result of sexual abuse with some exceptions • All cases of Neisseria gonorrhoea, Chlamydia trachomatis, HPV, Herpes simplex must be referred to Child Protection Unit for further assessment
Systemic Illness	<ul style="list-style-type: none"> • Measles, Chickenpox, Kawasaki disease, Steven-Johnson syndrome, and Crohn's disease may be associated with vulvovaginal symptoms
Lichen Sclerosus	<ul style="list-style-type: none"> • Dermatological abnormality - unclear aetiology • Presents with pruritus, discharge and/or bleeding. It usually consists of pale atrophic patches on the labia and perineum. The patches can be confluent and extensive. <ul style="list-style-type: none"> ◦ If asymptomatic - no treatment required ◦ If symptomatic (itchy, uncomfortable and bleeding) - avoid irritants/use barrier cream +/- 1% hydrocortisone (BD for 2 weeks) then review by paediatric gynaecologist/dermatologist

Management

The resolution of non-specific mucoid discharge and/or odour within 2-3 weeks should result from the following:

- Explanation
- Avoid excess moisture and irritants
- Daily warm baths (not hot)
 - Add 1/2 cup of white vinegar to a shallow bath and soak for 10-15 minutes
 - Pat dry
- Review hygiene with child
 - Emphasize wiping from front to back after bowel motions
 - May use wet wipes instead of toilet paper if sensitive
- Cool compresses may relieve discomfort
- Soft paraffin or Nappy-Mate® paste (zinc oxide paste) may help with pain and protect the skin

Nursing


- Routine nursing care

References

- Laufer MR and Emans SJ (2014) Vulvovaginal complaints in the prepubertal child. UpToDate. Accessed at www.uptodate.com
- Joishy M et al. Do we need to treat vulvovaginitis in prepubertal girls? BMJ 2005;330:186.
- Stricker,T,et al. Vulvovaginitis in prepubertal girls. Arch Dis Child 2003;88:324.

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