



VULVOVAGINAL DISORDERS

A PATHWAY TO DIAGNOSIS AND TREATMENT

CORTICOSTEROIDS FOR VULVOVAGINAL USE: TOPICAL TREATMENTS

What are corticosteroids?

Corticosteroid hormones are made in the body or manufactured synthetically. Synthetically made corticosteroids (“steroids”) are used for their power to fight inflammation. They reduce redness, itching, and swelling. **A number of vulvar and vaginal inflammatory conditions are safely managed with various steroids.**

What forms of steroids are there?

Steroid products to treat vulvovaginal problems range from mild hydrocortisone cream, ointment, or suppositories to moderately strong synthetics such as triamcinolone, to powerful topical ointments such as clobetasol (Temovate) and halobetasol (Ultravate) or oral prednisone tablets. There are many other steroid products as well.

I have heard that steroids are dangerous. Is this true?

Although doctors believed for years that steroids were too strong for the vulva and vagina, decades of work have led to safe and effective use. Troublesome side effects are most common with *sustained, long-term*, high potency (prednisone) oral tablets and improper use of corticosteroid ointments and creams. The appropriate use of hydrocortisone or clobetasol topically, triamcinolone injections, or a short course of prednisone tablets, yields very few side effects.

If you have a history of genital herpes, caused by the herpes simplex virus (HSV) or genital warts, caused by the human papilloma virus (HPV), use of steroids may increase the likelihood of an outbreak by lowering your local immunity. Topical corticosteroids can also interfere with the body’s ability to fight off yeast infections. Your clinician will help you manage these special situations.

How do I use steroids for the vulva or vagina?

The standard way these products are used is to treat intensively for a short time with moderate or strong forms. Then you decrease to a maintenance program of safe, mild cortisone as needed, or intermittent potent steroids once or twice a week. Since most inflammatory conditions are chronic, they are managed, not cured. *If you stop the steroid, the problem will come back.*

Steroids also do not “work” if they are not used for sufficient time.

What else do I need to know?

- Use a steroid only as directed.
- ***In particular, limit the amount used and the area covered and avoid putting it on normal skin.***
- Avoid tight clothes, harsh chemicals, and perfumed products.
- You need to be monitored while on cortisone to adjust dose and duration of use.
- Be sure to tell other clinicians if you are on any cortisone products.
- You need to discuss use of any cortisone products in pregnancy with your clinician.



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Topical Steroids

Topical corticosteroids range from mild hydrocortisone (1-2.5% Hytone) to moderate betamethasone valerate 0.1% (Valisone), to powerful clobetasol propionate 0.05% (Temovate), or halobetasol propionate 0.05% (Ultravate). We generally prefer to prescribe an ointment base (since ointments contain fewer chemicals and preservatives), but cream bases are also available. Your clinician selects the necessary strength for initial treatment (often once or twice a day for 14-30 days), then reevaluates for on-going management, (usually application of ointment once or twice weekly.)

The medication works best if put on slightly damp skin after a five minute soak in plain, warm or tepid water. Pat dry gently with a soft cloth. While the skin is still dampish, apply a thin film of ointment to the affected area in the smallest amount that will spread. "Pea size" and "bean size" are often too much. A scant ¼ inch from a standard 30 gram tube is adequate. Reapplication is not necessary after using the toilet; if medication has been rubbed in well it is absorbed after 30 minutes.

Make sure you understand exactly where to apply the medication. Do not apply it to normal skin. Make sure you read the label (and your clinician's directions) and understand how long to apply the ointment. Follow-up with your clinician is *always* important to evaluate your response and plan for continued management of your problem.

Hydrocortisone Vaginal Suppositories

Suppositories vary in strength from 25 mg (Anusol HC, Hemril, and Cortdome are also used for hemorrhoids and rectal problems) to compounded 50 and 100 mg suppositories. Suppositories melt at body temperature and need to be stored away from heat.

Remove the suppository from its container or wrapper and insert one (or two if directed) into the vagina at bedtime nightly for 14 days, then as directed. You'll need follow-up visits to monitor your progress and determine what kind of maintenance schedule you need. Often if you stop the suppositories completely the problem may return.

Sometimes the suppositories sting or burn after first use. If burning is a problem, cut the suppository in half with a sharp knife and use half for a day or two, then the full dose. For some vaginal conditions, your clinician may ask you to try one of the ointments (instead of a suppository) inserted vaginally with an applicator.

As with all cortisone, yeast can develop. Your clinician may ask you to take or use an anti-fungal medicine while you are using the suppositories.

What are the possible side effects of topical steroids?

The skin can react unfavorably with redness, stinging, and soreness to ingredients in some cream bases, so ointments are preferred. Contact reaction or allergy to cortisone itself is rare, but could also produce redness and discomfort after application. Initial stinging with application of the ointment, although rare, can be a reaction of sore skin to anything applied to it. When in doubt, call in to the office and speak with a nurse.



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Thinning of the skin is an uncommon side effect seen with repeated application of *strong* cortisone day after day, often *longer than prescribed*. The skin of the *vulva* does not easily thin. Thinning is more likely around the *anus* or in the area between the outer vulvar lips (labia majora) and the thighs, in the groin folds. The most common side effect of prolonged overuse is reddening of the skin. If this happens, make an appointment to see your clinician so you can be evaluated.