

Editorial

Vulvar diseases

In this issue there are two articles dealing with vulvar diseases and describing two vulva clinics, one in Norway (p.) and one in Sweden (p.). Vulvar diseases are mainly of dermatological origin. Changes may be part of a generalised dermatological disease making the diagnosis easier than if vulva is the only affected part. Symptoms from the vulva can sometimes be the only sign of a systemic disease, emphasising the importance of examining the whole patient and taking all her symptoms into consideration. Vulvar diseases have recently been classified as a specific entity with distinct symptoms, changes and treatment. There is an ongoing discussion, especially in the ISSVD (the International Society for the Study of Vulvovaginal Disease) on establishing a new speciality, "vulvology", with the vulvologist being a physician with special interest in vulvar diseases irrespective of his/her original speciality. However, the main specialities within "vulvology" would still remain dermato-venereology, gynaecology and pathology.

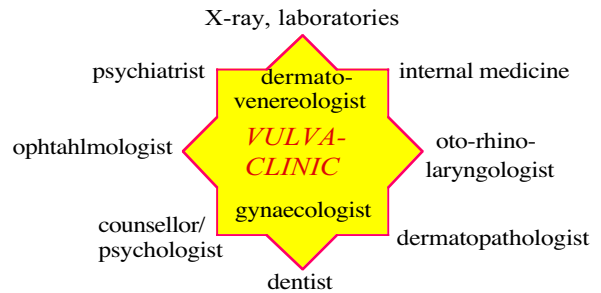
When treating these patients it is also important to take into consideration the effects that longstanding vulvar problems have on their daily life. It is therefore necessary to have psychosomatic competence within the vulva team, and thus have the possibility to offer a continuous, long-term treatment.

My personal view of the ideal vulva clinic is of it as a bright, shining star with many points connecting it to other different specialities. It must be kept in mind that being a

vulvologist means dealing with multidisciplinary work, and that some patients are severely affected by their disease, e.g. those with erosive lichen affecting most of the mucosal areas. Complicated and mutilating diseases demand the collective effort of many specialists from a well-equipped referral hospital, contrary to e.g. eczema, which can be handled by any physician localised anywhere, but with a great interest and experience in the area.

The star symbolises the ideal vulva clinic at a big hospital. The points of the star may vary, but it is important to emphasise that a vulva team at a small hospital always needs to establish collaboration with an experienced pathologist and a specialist vulva clinic.

The establishment of a vulva clinic including a team of specialists engaged within the field is of great benefit to the patients. Physicians within this specialist clinic see lots of patients and get vast experience of diagnosis and treatment, making patient care both more efficient and economic. At our clinic we have met several patients, with e.g. erosive lichen, who have been referred to



different clinicians without getting adequate treatment. None of these clinicians have considered all of the different symptoms, affecting different parts of the body, as parts of one single disease, due to lack of experience from this kind of disease.

Vulva clinics mean teamwork, but it is crucial that the vulva team is individualised for each patient. Some women, e.g. those with longstanding vulvar pain, need to have a counsellor or a psychologist in their team, whereas women with complex diseases such as erosive lichen need other specialists. Apart from being skilled physicians, it is therefore important that we as vulvologists also have psychosomatic competence in order to understand the different needs of the patients.

My view is that vulva clinics and vulvologists should be an integrated part of many hospitals and that a multidisciplinary approach is a necessity, a challenge and a great stimulation for the physicians involved.

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