

Vulvovaginal Atrophy

Vulvovaginal atrophy is due to reduction of estrogen levels in the vulvar and vaginal skin. Menopause is the leading cause of decreased levels of circulating estrogen and >50% of women have pain associated with atrophy. In premenopausal women, estrogen can be reduced by radiation therapy, chemotherapy, immunologic disorders and oophorectomy. During the postpartum period, there is a decline in estrogen associated with breast feeding. Antiestrogen medications, including medroxyprogesterone, tamoxifen, raloxifene, toremifene and fulvestrant, danazol, leuprolide, and nafarelin can lead to vaginal atrophy.

Decreasing estrogen levels in the vagina and vulvar tissues result in thinning, drying, and loss of elasticity in the area. The increased vaginal pH changes the bacterial balance and leads to vaginitis and irritation. Blood flow is reduced which reduces lubrication and sensation, as well reduction in sexual arousal and orgasm. Women can have pain at the opening of the vagina or deep inside during intimacy.

The evaluation for vaginal atrophy is usually simple and often a part of a routine pelvic exam. A complete history of medications, surgeries, and current sexual health should be done. A complete examination observing the health of the vulva, urethral opening and vagina, performing a vaginal culture, and palpating the vulvar and vaginal muscles, as well as the pelvic organs is important.

Signs and symptoms of atrophy:

Itching, burning, pain with intercourse, pressure, discharge, urinary urgency and frequency, burning with urination, incontinence, and urinary tract infections

What are the Treatments for ATROPHY?:

Education about current modifiable risk factors (perhaps change in medication).

Lubricants can be helpful to soothe the vulva. Coating the tissue with coconut oil, Aquaphor, Egyptian Magic, Burt's Bee Multipurpose Ointment can be helpful.

Medications that relax and/or improve tissue health of the vulva and vagina include:

Steroids ointment or creams- for local inflammatory conditions.

Vaginal estradiol cream- applied to the vulva 3x a week to maintain health.

Unfortunately, women with BCA history are not allowed or worried about using local topical estrogen for vulvovaginal health.

Pelvic Floor Physical Therapy can treat the tight muscles of the pelvic floor and local massage with vibrators/dilators or wands can help improve relaxation of the area.

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ThermiVa is a non-hormonal and non-surgical treatment that uses radiofrequency to gently heat the tissue to cause improved blood flow and elasticity, improved orgasm and lubricatio

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