Australian STI Management Guidelines for Use in Primary Care

Genital dermatology

Overview

- Many non-sexually transmitted conditions can affect the genital skin.
- This guideline introduces the reader to some common skin conditions that might present on the genital skin (for STI related dermatology).
- Dermnetnz.org is a good reference.

Possible Causes

Possible causes of dermatological symptoms are varied and may include:

- Normal anatomical variants
- Fungal: dermatophyte (tinea), candidiasis
- Viral: human papillomavirus (HPV), molluscum contagiosum, human herpes virus (HHV), human immunodeficiency virus (HIV)
- Bacterial: syphilis, donovanosis, *Staphylococcus*
- Parasites: scabies, lice
- Inflammatory conditions: eczema, psoriasis, lichen simplex, hidradenitis suppurativa
- Autoimmune conditions: lichen scleroses, lichen planus, inflammatory bowel disease-associated ulceration
- Trauma: sexual trauma, self-inflicted trauma, assault
- Malignancy: precancerous or cancerous lesions
- Other: fixed drug eruptions, medication side-effects (contact dermatitis).

Clinical presentation

Symptoms	Consideration
Itch	Associated with the need to scratch – may be painful or pleasant

Burning, stinging, dysaesthesia	Unpleasant sensation not associated with a need to scratch
Different appearance	Colour (hyper- or hypo-pigmentation), red/purple, textured, pealing, tearing, fissured, dry, scaley, lichenified (thickened), abrasions, inflammation, sloughing moist skin, increased smegma (men and women), offensive smell
Dyspareunia	Painful sexual intercourse, may include pain with non-penetrative sexual intimacy
Asymptomatic	Signs of skin conditions found incidentally on examination
Lesions	Papules, cysts, pustules, plaques, scale, patches, ulcers, flat, raised, erythematous base, dry, moist, blistered, wart-like, generalised, individual, well demarcated, erosive, nodular

Investigations

Always examine from head to toe as many genital skin conditions are not sexually transmitted and can be found elsewhere – including nails, mouth, hairline, behind ears, natal cleft, buttocks.

- Any investigations will depend on the presenting complaint or clinical suspicion of infection – e.g. syphilis, HIV, hepatitis, herpes simplex virus (HSV).
- Many dermatological conditions do not require any investigations at the site.
- Use of photography for the patient record (to show regression or resolution of symptoms) or to send to a specialist is useful.
- Skin biopsy may be useful to confirm diagnosis.

- Paediatric presentations – refer to a specialist
- Severe associated anxiety – refer to psychological services.

Management

Diagnosis	Recommended	Alternative
Lichen simplex	Topical mid or potent strength corticosteroid ointment, emollients, antihistamines	
Lichen planus	Potent topical corticosteroid ointment	Requires specialist review

Lichen sclerosis	High strength topical corticosteroid ointment for several weeks then titrated to weekly use	Requires specialist review, precancerous condition
Dermatitis	Topical mid or potent strength corticosteroid ointment, emollients	Emollients to wash and moisturise
Psoriasis	Topical mid or potent strength corticosteroid ointment	Emollients, specialist referral if severe
Pruritis ani	Daily mild topical corticosteroid ointment Worming medication	Antihistamines
Hidradenitis suppurativa	Doxycycline 100 mg daily	Clindamycin 2% cream applied to affected area daily Specialist review for severe disease
Scabies and lice	Permethrin cream	Ivermectin
Syphilis	See guidelines	
HIV	See guidelines	
HSV	See guidelines	

Treatment advice

- Use an ointment on genital skin
- If no resolution refer to a sexual health service or dermatologist
- Refer to the specific guideline if a sexually transmitted infection (STI) is suspected or confirmed

Genital skin care

- Avoid soap, perfumed products, bleaches and other irritants or allergens
- Ensure skin hygiene is maintained with cool water and a soft cloth but avoid over-cleaning
- Wear loose cotton clothing and avoid overheating
- Use emollients for washing and moisturising skin (e.g. sorbolene cream)
- Try lubricant or emollient to shave pubic hair.

Follow Up

- Review will depend on the presentation and management; sometimes several visits are required before the condition resolves or regresses.
- Review patients with lichen planus or lichen sclerosus at least annually once stable.

Auditable Outcomes

90% of patients with lichen sclerosus and lichen planus are under regular review.

Further reading

1. Russell DB, Bradford D, Fairley C, editors. Sexual Health Medicine. Melbourne Sexual Health Centre. Second edition. Melbourne: IP Communications; 2011.
2. Genital Dermatology Atlas and Manual, Third Edition. 2017

Endorsement: These guidelines have been endorsed by the Blood Borne Viruses and Sexually Transmitted Infections Standing Committee (BBVSS).

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