Primary Care
Women's Health Society

Top tips

Vulval pain in primary care

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For more resources, visit www.pcwhs.co.uk. Date of publication: July 2026. Date of next review: July 2029.
 The PCWHS aims to educate primary care clinicians about women's health, i.e. the health of those who were registered female at birth. Our resources therefore all use the words woman/women and the pronouns she/her. Where patients have a gender identity which is different from their sex registered at birth, communication should be sensitive and respectful of the patient's pronouns.
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1 Always examine the vulva before making a diagnosis.

- Vulval symptoms are often diagnosed without examination, leading to delayed diagnosis and inappropriate treatment.
- Familiarise yourself with the normal variation in vulval anatomy and perform a careful inspection of the vulva, perineum and surrounding skin. Examination remains the cornerstone of accurate diagnosis.

2 Think broadly about the differential diagnosis

- Vulval pain has many potential causes, including infections (e.g. herpes simplex), inflammatory dermatoses (such as lichen sclerosus and lichen planus), irritant or allergic dermatitis, genitourinary syndrome of menopause, vulvodynia, and, rarely, vulval cancer.
- Keep an open mind and review the diagnosis if symptoms fail to improve.

3 Don't miss lichen sclerosus

- Lichen sclerosus is a chronic inflammatory condition that can cause scarring and irreversible anatomical change.
- It increases the risk of vulval squamous cell carcinoma.
- Early diagnosis and treatment with ultra-potent topical corticosteroids can significantly improve symptoms and reduce long-term complications[1].
- Links to practical advice for clinicians and patients are in the resources section of this article.

4 Don't forget genital herpes

- Incidence is increasing.[2]
- Pain may precede visible lesions by up to 48 hours, and blisters often rupture quickly before presentation.
- The diagnosis is clinical – viral swabs can confirm if lesions are still wet, but don't delay treatment for confirmation.
- Prompt oral antiviral treatment, together with supportive self-care advice, can reduce symptom severity. Make sure your patient has a course of aciclovir at home so she can start it promptly.
- Suppressive therapy can be given in primary care if flares are regular and cause distress. 400mg aciclovir BD is reasonable – treat for a year and expect one flare on stopping, flare frequency will often then reduce[3].

5 Optimise vulval skin care for every patient

- Simple measures can have a significant impact.
- Advise patients to wash with water alone, avoiding soaps, fragrances and wet wipes and using emollients as soap substitutes.
- Avoid tight-fitting clothing where possible and consider topical anaesthetic preparations or simple analgesia when appropriate.

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6 Start treatment confidently in primary care

- Many common vulval conditions can be managed effectively in primary care.
- Topical corticosteroids for dermatoses, oral antivirals for herpes simplex, emollients and avoidance of irritants for dermatitis can all be initiated without waiting for specialist review, provided that the diagnosis is clear.

7 Remember vulvodynia

- Consider vulvodynia in women with unexplained vulval pain lasting at least three months.
- Management is multidisciplinary and may include pelvic health physiotherapy, pain management services, psychosexual support and selected pharmacological treatments.[4] '
- The Vulval Pain Society offers valuable patient information and support.

8 Know when to refer

- Refer patients with red flags, diagnostic uncertainty, treatment-resistant disease, or suspected multisystem inflammatory conditions.
- Early specialist input can prevent disease progression and improve quality of life.

9 Recognise red flags for vulval cancer

- Although uncommon, vulval cancer should always be considered.
- Urgently refer any persistent or evolving ulcer, erosion, papule, nodule, unexplained bleeding or area of hyperkeratosis or persistent itch that fails to respond to appropriate treatment[5].

10 Never underestimate the impact of vulval disease

- Vulval conditions can profoundly affect physical comfort, body image, relationships, sexual function and mental wellbeing[6].
- Many women report embarrassment, stigma and feeling dismissed by healthcare professionals[7]. Validate patient concerns and focus on measures to improve quality of life.

Resources

- BSSVD page with images of lichen sclerosus.
- BSVVD lichen sclerosus diagnosis and treatment algorithm.
- Patient information on lichen sclerosus.
- Vulval Pain Society – information for clinicians and patients.
- Patient information leaflet on herpes simplex.

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