

Vulvovaginitis is a common condition in prepubescent girls, often caused by a combination of factors.

Vulvovaginitis is an umbrella term for any inflammation or irritation of the vulva and vagina (external female genital area). Mild vulvovaginitis is a very common problem, and some children will have vulvovaginitis many times. Once puberty has begun, the vulvovaginitis will nearly always resolve.

In most cases, vulvovaginitis is not a serious problem and it will usually improve with simple steps at home. Usually, no medical treatment or tests are needed.

Causes:

- The lining of the vagina and vulva can be quite thin and easily irritated.
- Moisture or dampness around the vulva can lead to vulvovaginitis. Some things that can cause this is, synthetic fibre underwear, tight clothing, wet swimming costumes or obesity. Irritants such as soap residue, bubble baths, antiseptics, fabric softeners.
- Threadworms (pinworms) can sometimes cause or worsen vulvovaginitis.
- Before girls reach puberty, the levels of oestrogen in the genital area are low. This causes the skin and vaginal lining to be quite thin and easily irritated by bacteria from the anus.
- The area is also less acidic before puberty, so bacteria can grow more easily.
- The anatomy of children is different, where the tissues can be more exposed to the environment, and the distance between the anus and vagina is short.
- Poor hygiene with bowel movements can contribute to vulval irritation.

Symptoms:

- Itching in the vaginal area.
- Some discharge from the vagina. This can be offensive.
- Redness of the skin between the labia majora (outside lips of the vagina).
- Burning or stinging when they pass urine.

Investigations:

In most cases no investigation is required.

Treatment:

- **In most mild cases of vulvovaginitis, you can care for your child at home without visiting a doctor.**
- Explanation / reassurance
 - Avoid / address environmental causal factors above
- Avoiding the things that make vulvovaginitis worse: We Encourage good hygiene and vulval care (See [Vulval skin care for children](#))
- Wear loose cotton underwear and avoid tight jeans etc.
 - Getting out of wet swimming clothes and rinsing with water after swimming, particularly when in chlorine water
 - Don't use a lot of soap in the bath or shower, and make sure any soap is well rinsed from the vulva.
 - Clean the vulva with water only.
 - After bathing, patting the area dry with a soft towel.
 - Avoid bubble baths, perfumed and antibacterial products.
 - Proactively treating for Pinworms particularly if symptoms are worse at night



- Treat with mebendazole 50mg (> 6 months and ≤10 kg) or 100mg (>10 kg) oral single dose and repeat after 2 weeks
- Precautions to minimise spread including treatment of all household contacts ([see Worms](#))
- Some people find vinegar baths helpful: add half a cup of white vinegar to a shallow bath and soak for 10 to 15 minutes.
- Soothing creams (for example, soft paraffin, nappy-rash creams) may help settle the soreness, as well as protect the skin from moisture or any discharge, which can be irritating.
- Nappy rash creams such as Sudocream or Bepanthen® may soothe the discomfort and protect the skin.
- Often with topical treatments, trying one option at a time and giving it several weeks to work is helpful, before trying another.
- Vulvovaginitis can usually be treated at home with warm baths to soothe itching, loose-fitting cotton underwear, avoiding bubble bath and soap on the genital area, especially perfumed.

If conservative measures do not improve symptoms:

- If the above measures do not resolve the vulvovaginitis, or if there is associated [labial fusion](#) causing difficulty passing urine, a low dose estrogen cream such as Ovestin® may be prescribed.
- A topical anaesthetic such as Xylocaine 5% can be prescribed.
- A steroid cream can be considered for severe itch/excoriation.
- Bacterial overgrowth
 - Significant erythema and pain caused by respiratory or enteric flora eg group A streptococci or E. coli
 - Consider treatment with cefalexin or topical clindamycin externally.
- If persistent, recurrent or multiple presentations are occurring despite the above measures, discuss with a gynaecologist.

Vulvovaginitis is common in children and the treatment is conservative measures. Your child will grow out of Vulvovaginitis as they approach puberty.

Please contact us on 07 3472 9108 if you have any questions.

