Fissures

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Disclosures

No financial relationships or conflict of interest to disclose

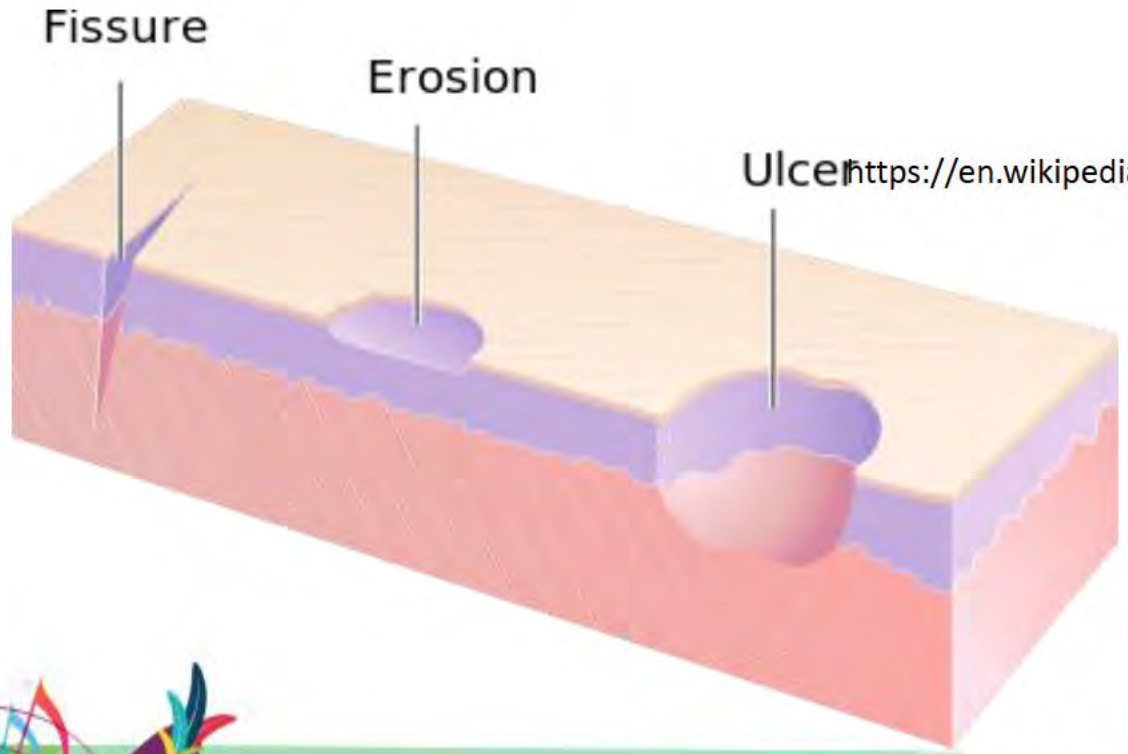
Learning Objectives

At the end of this lecture, the participant will gain knowledge on the:

- Definition of fissures
- Diagnosis of fissures
- Causes of fissures
- Treatment strategies for fissures

What is a Fissure?

- **Fissure = *Linear* break in skin**
- **Erosion = Break in the epidermis that doesn't pass the basement membrane zone i.e. partial loss of epidermis**
- **Ulcer = Break that passes into the dermis**



https://en.wikipedia.org/wiki/Skin_fissure

Vulvar Fissures

- Why are they so challenging?
  - To Diagnose
  - To Treat

Vulvar Fissures

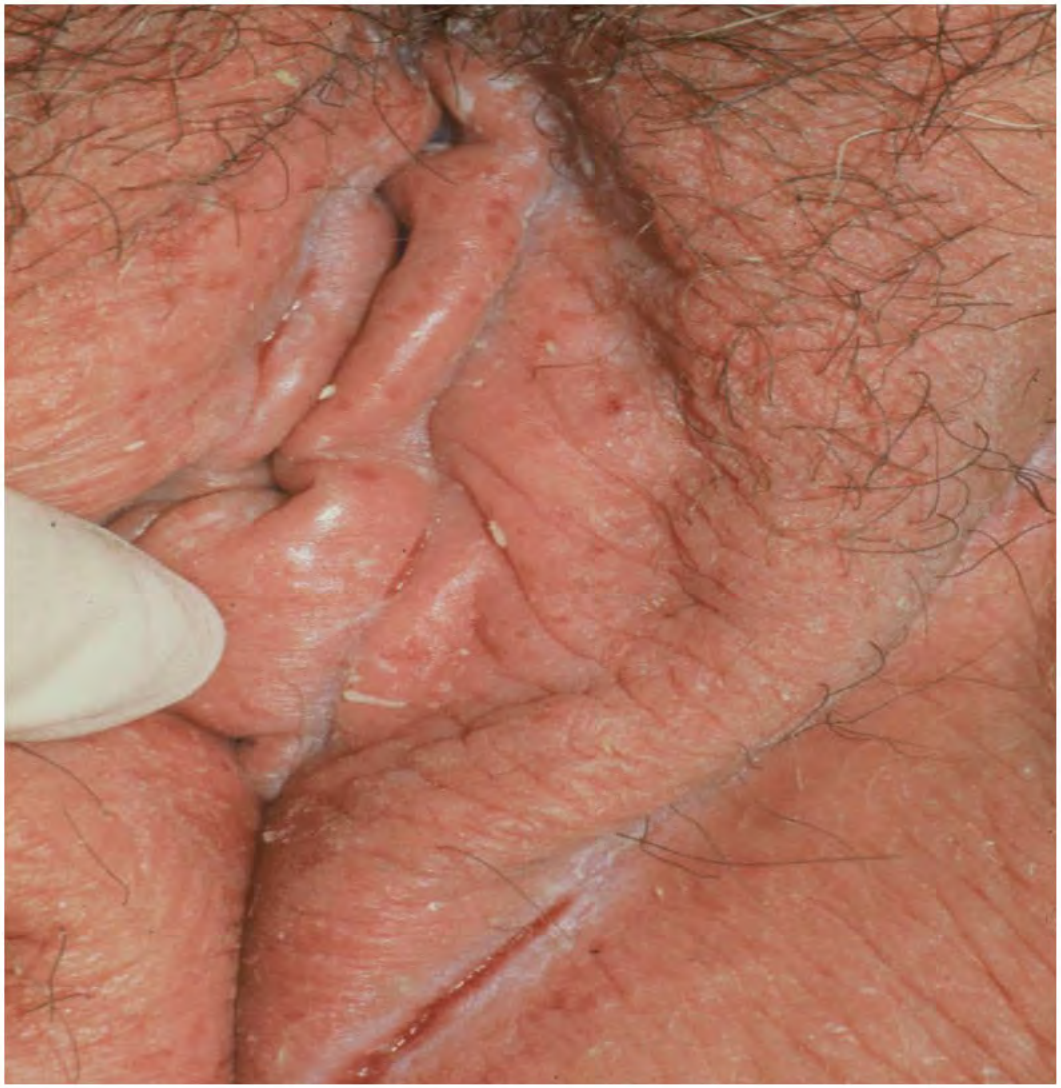
- To Diagnose
  - Wax and wane (may not be there on your clinic visit)
  - May be very small/subtle on exam
- To Treat
  - Fissure is just an exam finding NOT a diagnosis
  - Many etiologies
  - Which one(s) for ***this*** patient?

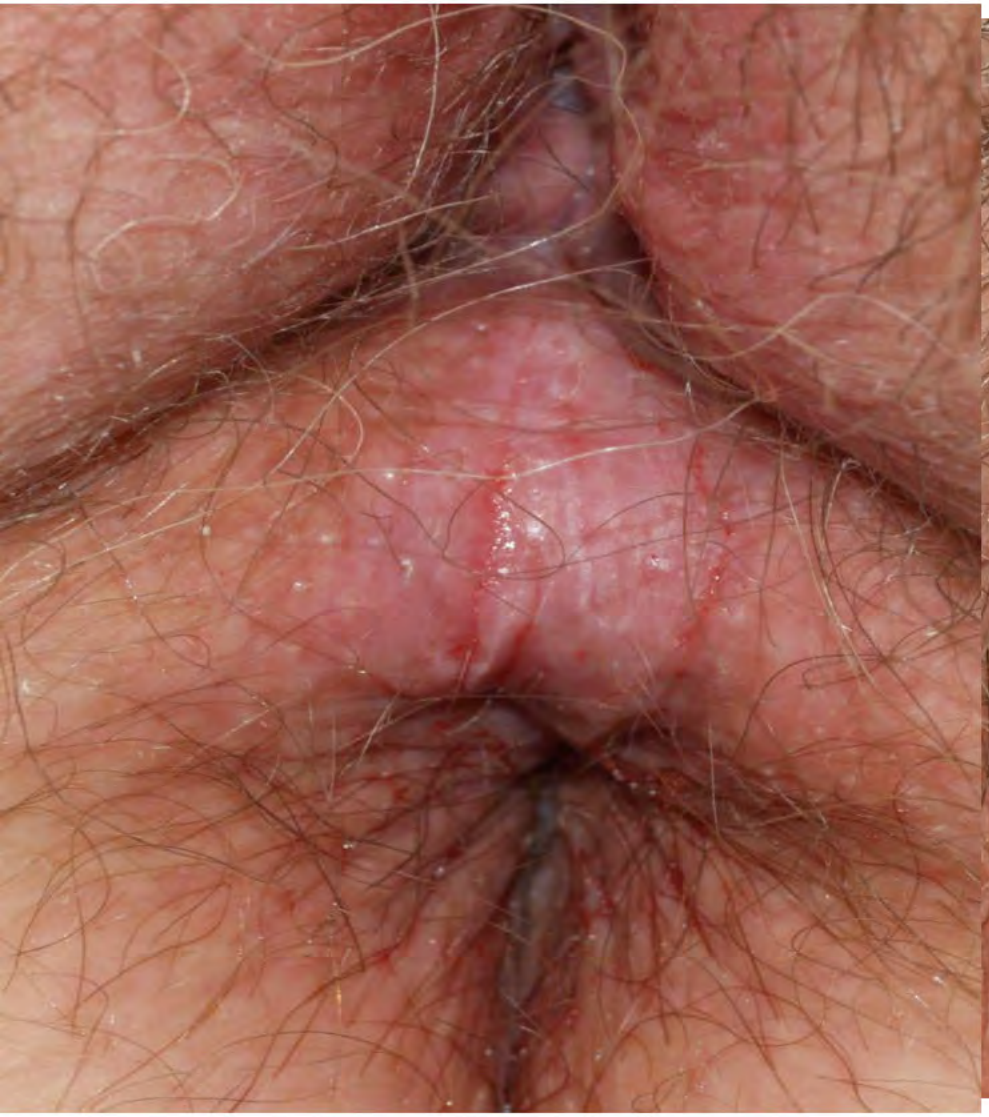
Diagnostic Clues

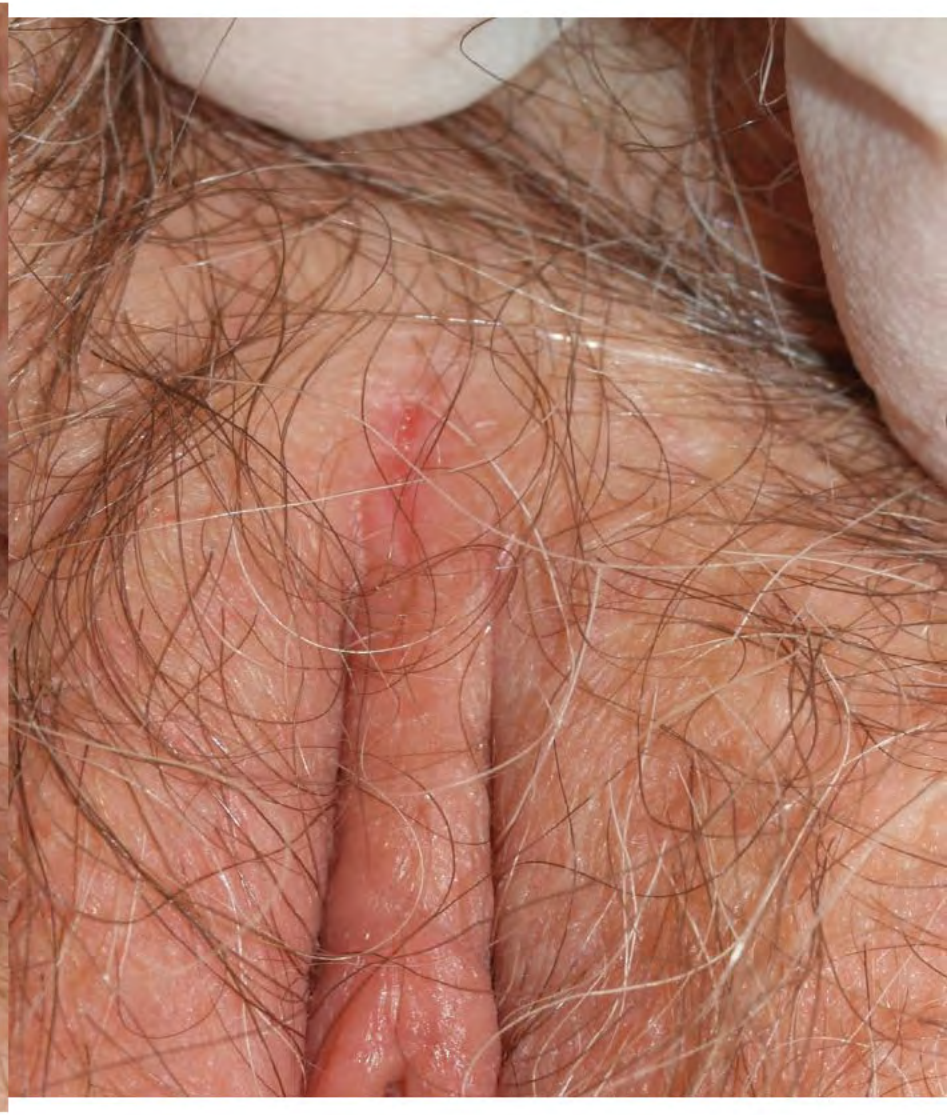
- **CC: genital pain**
- **Clues– History**
  - **“Stinging, burning, sharp pain”**
  - **May wax and wane**
  - **Focal**

Diagnostic Clues

- **Clues– Physical Exam**
  - **May be WNL– not present that day or very subtle finding**
  - **“Is it present now?”**
  - **Look carefully (magnifiers if needed)**
    - **Often at creases or midline posterior fourchette**
    - **Cotton swab – Ask patient to localize pain when touched**
  - **Look for other exam findings to determine underlying cause(s)**







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Causes

Many

- **Mechanical**
  - **Midline posterior fourchette**
- **Anything that brings inflammation**
  - **Infectious**
  - **Inflammatory**

Causes

- Infectious
  - Yeast
  - Strep, staph, herpes
- Inflammatory
  - Eczematous dermatitides
    - Atopic dermatitis (eczema)
    - Contact dermatitis
    - Seborrheic dermatitis
  - Lichen sclerosus
  - Crohn's disease
  - Lichen simplex chronicus

Causes

- Evaluation
  - KOH prep/fungal culture for yeast
  - Bacterial culture
  - Viral studies such as culture, PCR, DFA
  - Look for exam stigmata of potential underlying diagnoses
    - Lichenification for LSC
    - Hypopigmentation, petechiae, purpura for lichen sclerosus
    - Linear streaks and pseudo-blisters for contact dermatitis
    - Poorly demarcated plaques, hyperkeratosis for atopic dermatitis
    - Dermal plaques or deep knife-like fissures for Crohn's disease
  - Enlist help of your friendly dermatologist colleague
  - Ask for personal/family history of above diagnoses

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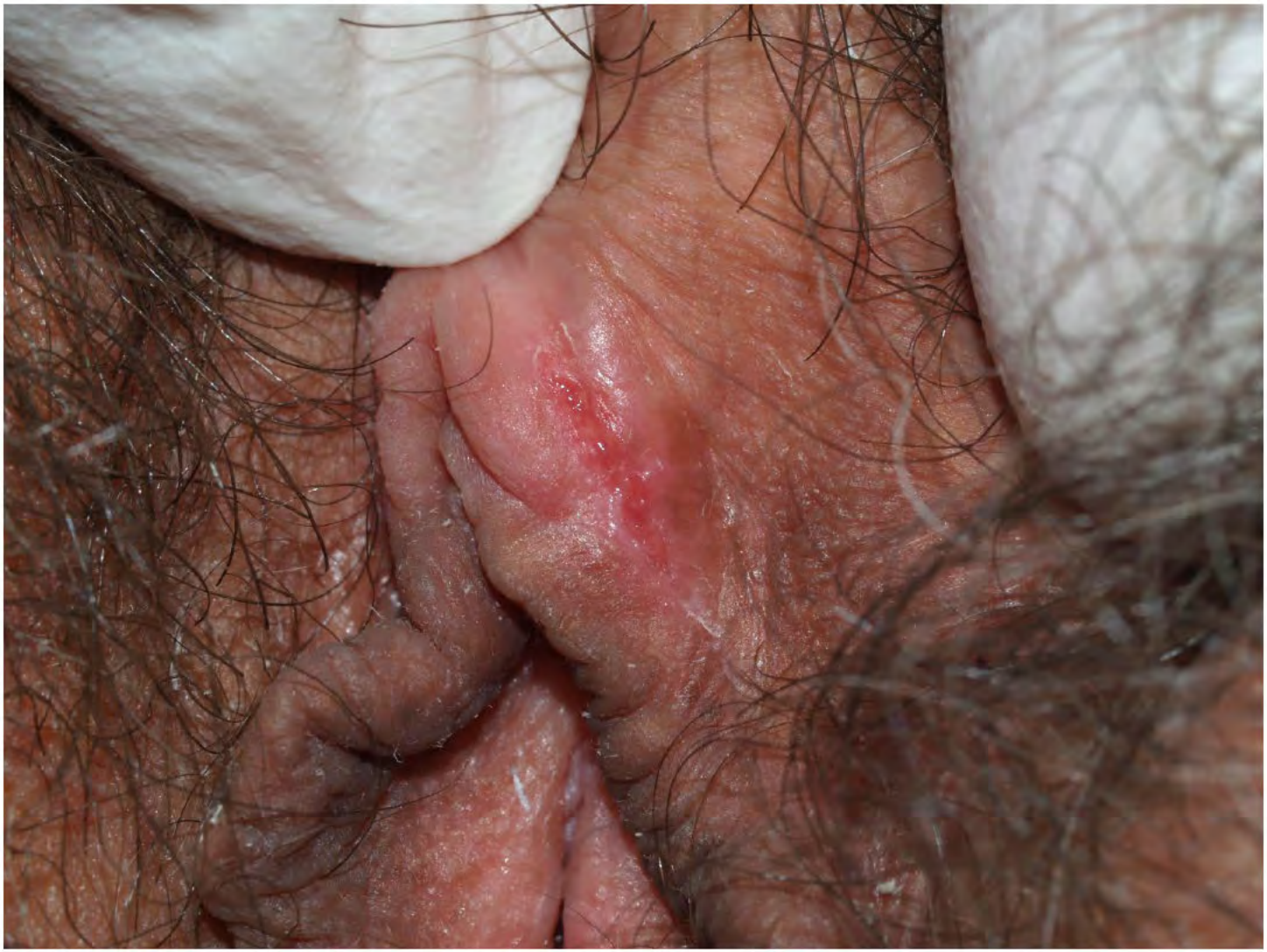

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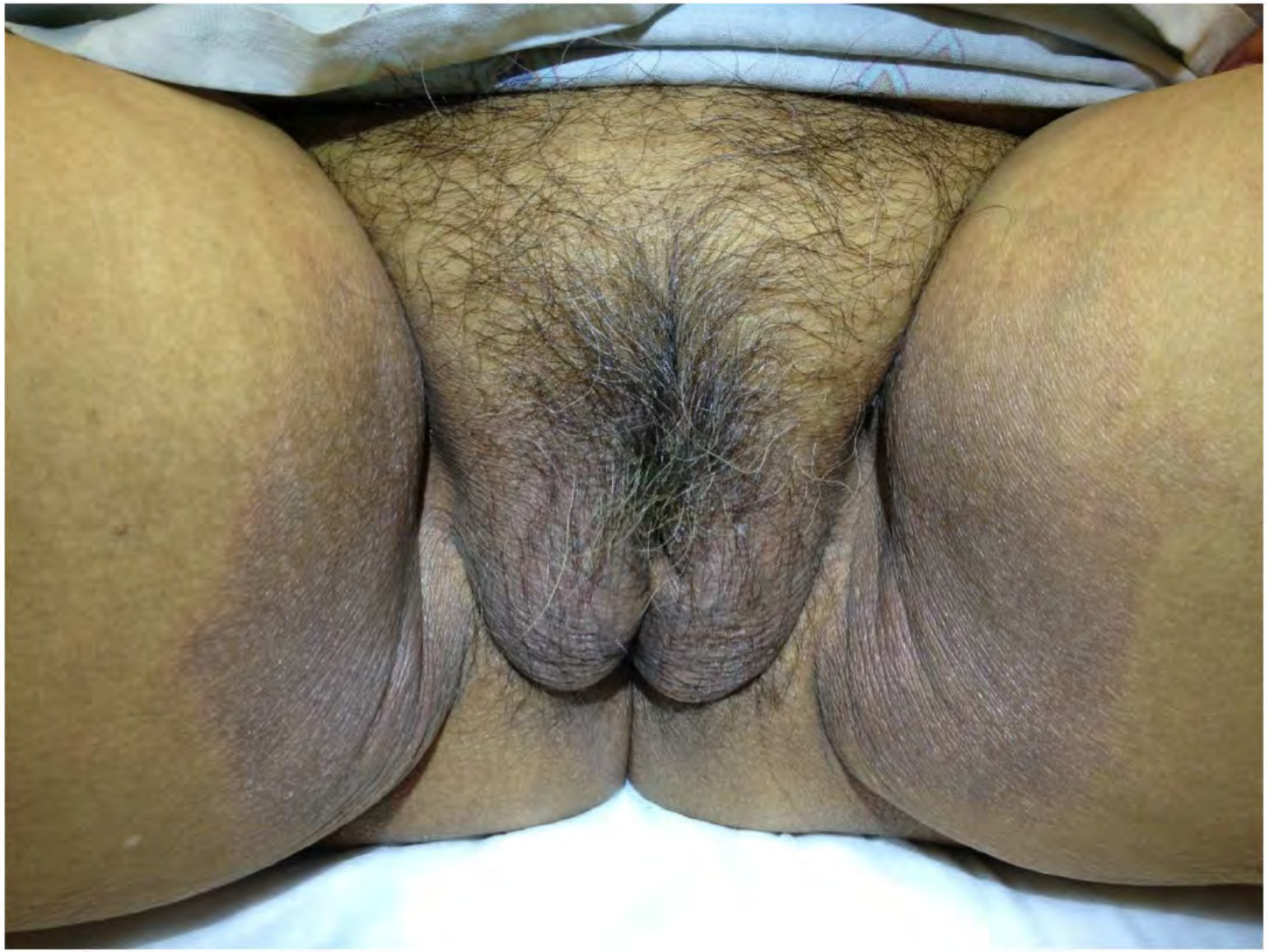

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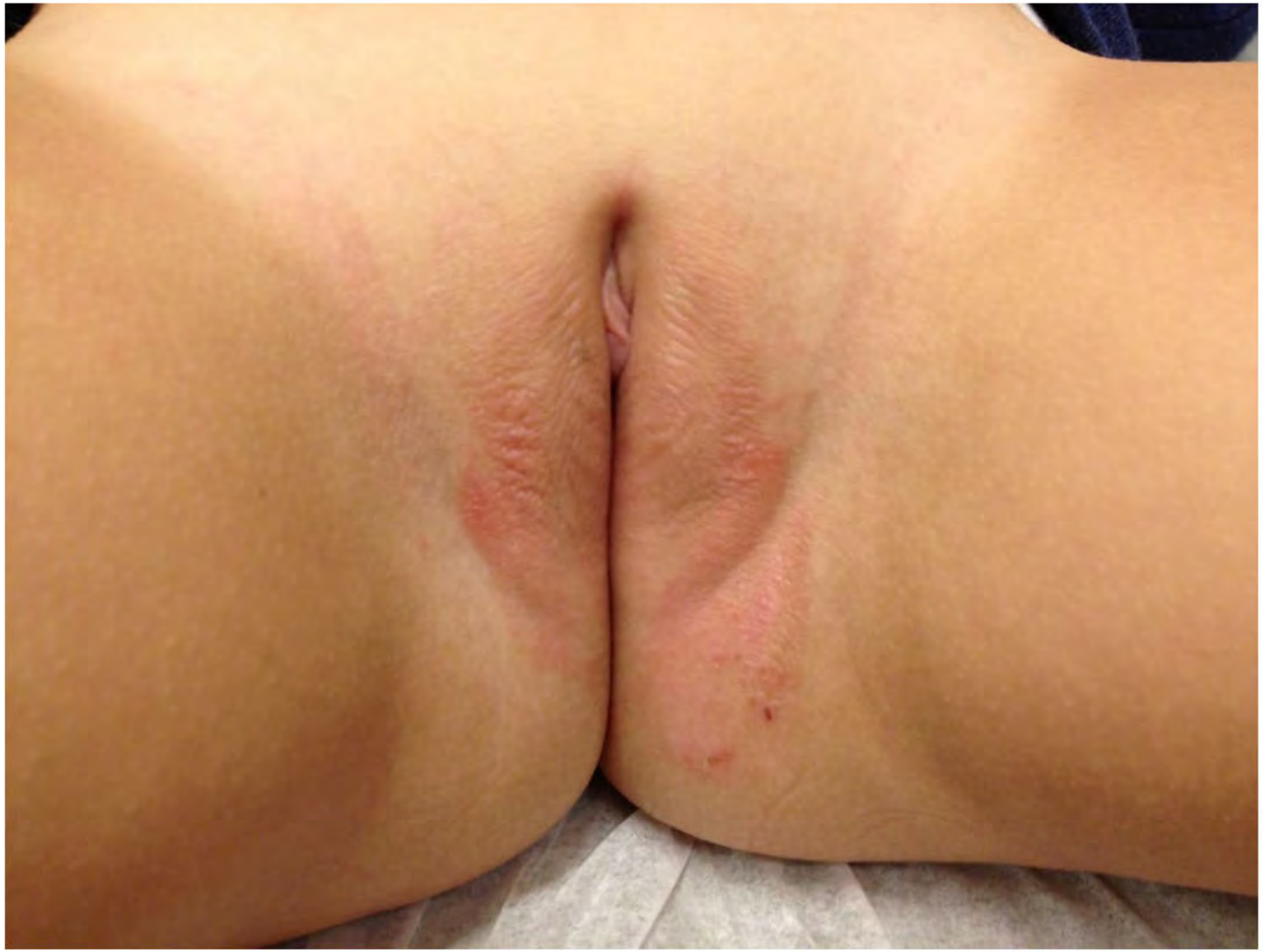

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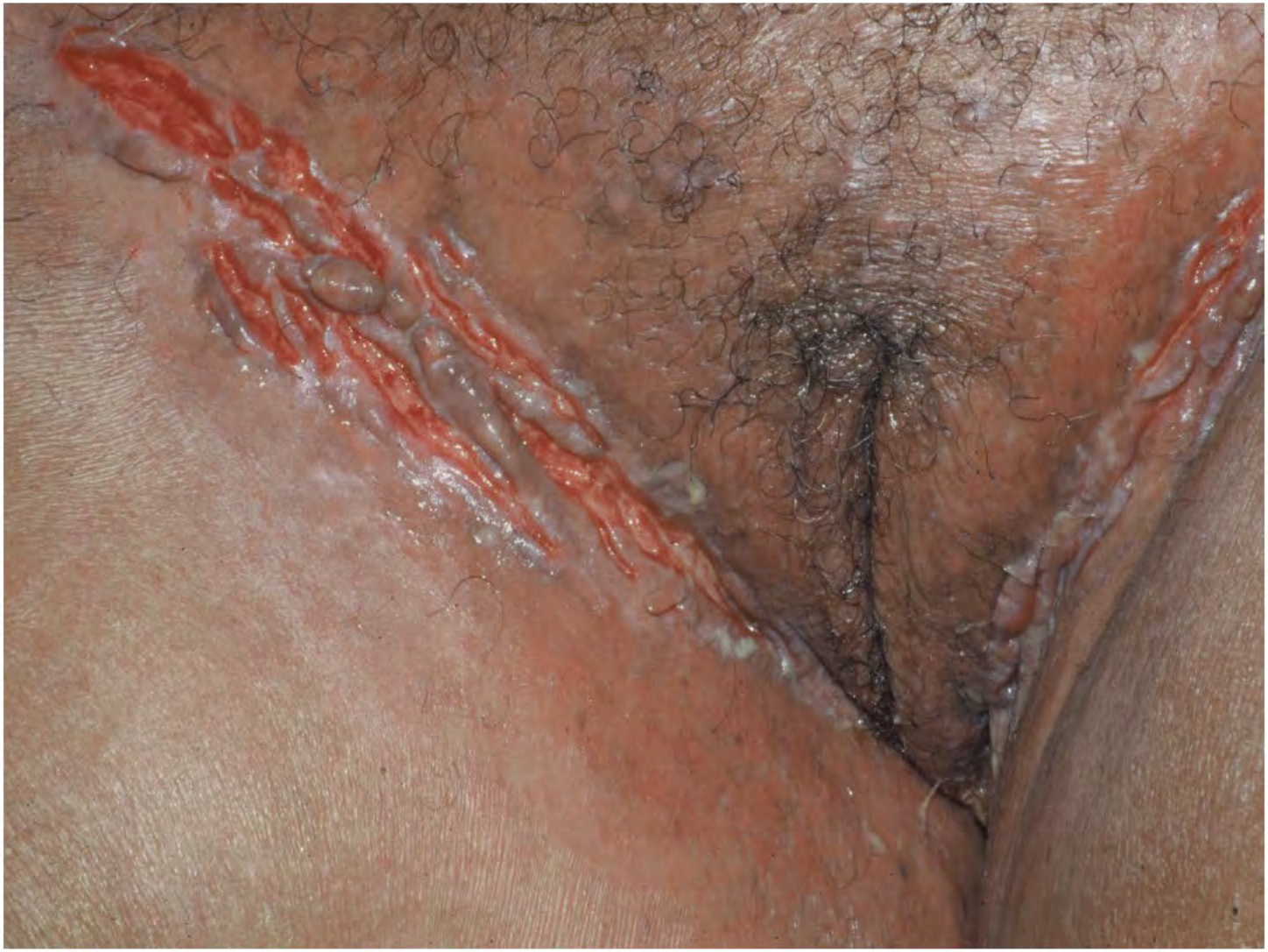

Management

- If underlying etiology is clear → treat that
- Often not
  - Topical steroid <u>OINTMENT</u> + oral fluconazole
    - E.g. Triamcinolone 0.025% ointment (med-low potency)
    - Remember, lotions and creams will STING
- Petroleum jelly is critical (e.g. pre-urination)
- Usually responds well
  - Caveat – posterior fourchette fissures