

Vulvovaginitis – Parental Advice Leaflet

Vulvovaginitis is inflammation or irritation of the genital area in girls. Mild vulvovaginitis is a very common problem in girls, typically aged 3-10 years. As girls enter puberty, their symptoms usually improve. In most girls, it is not a serious problem and it will usually improve with simple steps and no medication or tests are needed.

Signs and symptoms:

- Redness and soreness in the genital area.
- Possible itching or discharge from the vagina.
- Burning or stinging when passing urine.

Causes or triggers:

- The lining of the vagina and vulva is normally thin in young girls and this can lead to it being easily irritated. This is due to low levels of oestrogen before the onset of puberty.
- Infrequent bathing or poor toileting habits.
- Moisture or dampness in the genital area which is made worse by tight clothing and obesity.
- Irritants including laundry products, bubble baths & perfumed soaps.
- Threadworms: can cause or worsen vulvovaginitis. The itch is usually worse at night.

Treatment:

- In most mild cases, no treatment or tests are needed.
- In cases where it is persistent, the doctor may advise a swab of the area be taken for testing, but the results are not always helpful.
- In more severe cases, significant blood stained discharge, or other skin problems, your child may be referred to a specialist for further management.
- Consider treating for threadworms if symptoms are suggestive with vermoz (mebendazole) 100mg available as a single tablet or oral liquid over the counter for children over 2 years. A second dose is given two weeks after the first dose to prevent recurrence due to reinfection as the medication kills the worms not the eggs. To prevent reinfection, it is advised to treat all members of the household at the same time.

Advice to maximise hygiene:

- When passing urine, encourage your child to sit on the toilet with their legs supported on a stool. Pat the area dry and avoid rubbing.
- Emphasise wiping from front to back after bowel movements and urination. Supervise and assist younger children in toilet hygiene. Encourage frequent hand washing.
- Check your child's weight and ask for advice if she is overweight for her age and height.
- Wear cotton underpants and change them daily. Avoid nylon underwear, tights and tight jeans or leggings. Change your child's bathing suit as soon as they finish swimming.
- Avoid pyjamas especially onesies. Nightgowns allow air to circulate. Have your child sleep without underwear.
- Avoid using bleach or fabric softeners. Rinse underwear well to remove all washing powders.
- Bathing for 5-10 minutes daily with a soap substitute (e.g. oilatum) may help symptoms. Avoid bubble baths, perfumed soaps, powders or bath gels. Avoid shampooing their hair in the bath.
- Salt baths (2 tbsp of salt in 16 pints of warm water) for 10 minutes can relieve soreness.
- Soothing creams (e.g. soft paraffin, vaseline, Sudocream) may help settle the soreness, waterproof and protect the skin from the discharge which can be irritating.
- Cool compresses may relieve the discomfort if the area is swollen or tender. If severe pain is present passing urine, the symptoms may be eased by passing urine in the bathtub.