**Vulvar Biopsy**

**Case Study Presentation**A 69-year-old postmenopausal woman presents to the clinic reporting persistent itching on the left labia for 3 months. She has been applying over-the counter creams with little relief. The labia show an irregularly shaped, pigmented lesion approximately 3 cm wide on the left.

**Ask questions first**Prior to examining a patient with a vulvar lesion, obtain a detailed history. Asking specific questions may aid in making the correct diagnosis, such as:

* How long has the lesion been present? Has it changed? What color is it?
* Was any trigger, or trauma, associated with onset of the lesion?
* Does the lesion itch, burn, or cause pain? Is there any associated bleeding or discharge?
* Are other lesions present in the vagina, anus, or mouth, or are other skin lesions present?
* Are any systemic symptoms present, such as fever, lymphadenopathy, weight loss, or joint pain?
* What is the patient’s previous treatment history, including over-the-counter medications and prescribed medications?
* Has there been any incontinence of urine or stool? Does the patient use a pad?
* Is the patient scratching? Is there any nighttime scratching? It also can be useful to ask her partner, if she has one, about nighttime scratching.
* Is there a family history of vulvar conditions?
* Has there been any change in her use of products like soap, lotions, cleansing wipes, sprays, lubricants, or laundry detergent?
* Has the patient had any new partners or significant travel history?

Consent: Vulvar biopsy risks include pain, bleeding, infection, injury to surrounding tissue, and the need for further surgery. Make patients aware that some biopsies are nondiagnostic. We recommend that clinicians perform a time-out verification to ensure that the patient’s identity and planned procedure are correct.

**Indication for procedure**The purpose of the biopsy is to determine the cause of the symptoms and to rule out malignancy.

**Contraindications**No absolute contraindications for vulvar punch biopsy exist; relative contraindications include coagulation disorder, current infection at the biopsy site, allergy to local anesthetic, and inability to comply with wound care.

**Diagnosis**The diagnosis in this case is vulvar pruritus; the *ICD-10*code is L29.2. The *CPT*code for a vulvar biopsy is 56605.

**Procedure Directions**Informed consent with risks and benefits of the procedure. Assess for any allergies associated with antiseptic solutions.

The patient is draped appropriately and assisted into the lithotomy position.

Observe the vulvar lesion to identify the area with the greatest observed changes in texture and color. When considering colored lesions, depth is the important factor, and a punch biopsy often is sufficient. A tumor should be biopsied in the thickest area. Lesions that are concerning for malignancy may require multiple biopsies. An erosion or ulcer is best biopsied on the edge, including a small amount of surrounding tissue. For most patients, biopsy of normal-appearing tissue is of low diagnostic yield. Lastly, we try to avoid biopsies directly on the midline to facilitate better healing.1

Clean the area with povidone iodine or another appropriate antiseptic solution. Some patients benefit from a topical lidocaine 4% cream prior to injection of local anesthetic up to 30 minutes prior to procedure; effects last up to 60 minutes. Using a 22-gauge needle and a tuberculin syringe, inject 1-2 mL of 1-2% lidocaine with epinephrine at the biopsy site. About 2 minutes later, confirm with the patient that the site is numb. Other equipment includes sterile gauze, a hemostat, iris scissors, a needle driver, a scalpel, and Adson forceps.

Using a 3-4 mm Keyes biopsy punch, apply gentle pressure while slowly and steadily twisting the instrument clockwise and counterclockwise until the punch is fully inserted (5-mm depth for hair-bearing skin and 3-mm depth for all other tissue). The punch is removed, and the location of the tissue sample is identified. Using sterile forceps, pick up the tissue sample and removes it using sterile scissors or scalpel.

Place the specimen into a pathology container with liquid formalin. If bleeding is observed at the site, apply pressure, or use silver nitrate, Monsel’s solution, or a dissolvable suture such as 4-0 Monocryl or Vicryl. Apply a small amount of antibacterial ointment to the biopsy site and covers it with a bandage.

**Post-procedure patient education**

Reassure the patient that slight bleeding at the biopsy site is common and that minor discomfort may be experienced. The patient is asked to reach out if she experiences pain unrelieved by analgesia, malodorous or bloody drainage from the biopsy site, or a temperature of 100.4º F or higher.