

## Posterior Fourchette Tearing

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Tearing of the posterior fourchette is a problem which affects many women and can be quite debilitating. It is defined as splitting of the fold of skin at the bottom of the vaginal entrance and tends to be a chronic condition. There is very little published in the scientific literature but common causes include:

- Thrush (candida infection)
- Atrophic vulvovaginitis
- Lichen sclerosis
- Eczema

Rarer underlying causes include:

- Genital herpes
- Delayed healing of a vulval wound sustained at childbirth
- Aphthous ulceration associated with Crohn's disease
- Lichen simplex
- Desquamative inflammatory vaginitis
- Group B streptococcus infection
- Human papillomavirus infection

Posterior fourchette tearing commonly occurs when the vulval skin is stretched during sex, insertion of a tampon, or at a gynaecological examination.<sup>1</sup> Women may describe a sensation of "paper cuts" being present over the back of the vulva<sup>2</sup> along with symptoms such as bleeding, itching, burning or stinging. Stinging or smarting occur when urine, semen or water touch the fissured area.<sup>2</sup> Posterior fourchette tears tend to heal quickly, over a period of a few days, if they are precipitated by sex.<sup>2</sup>

More chronic, recurrent tears can be difficult to treat but eliciting a clear medical history may point to the most effective therapies. For example, tearing plus itching is likely to be associated with thrush, eczema or lichen sclerosis; whereas tearing without itching is often associated with contact dermatitis or a bacterial or viral infection.<sup>2</sup> Posterior fourchette tearing is a clinical diagnosis, however it may be helpful to take swabs for candida or herpes simplex virus if either of these causes are suspected. A vulval biopsy may be appropriate if an underlying skin disorder such as lichen sclerosis is suspected. Tears secondary to lichen sclerosis may result in delayed healing because of the skin's fragility.<sup>2,3</sup>

When treating women with posterior fourchette tears general lifestyle/hygiene advice should be followed which include avoiding use of perfumed products on the affected skin, liberal use of emollients such as Dermal, Diprobase or other aqueous creams and wearing loose clothing along with cotton underwear. If itching at night is a particular problem a sedative antihistamine such as chlorphenamine can be prescribed.

Prior to sex very liberal lubrication should be used. Topical lidocaine gel may result in a good anaesthetic effect however some women find the application of lidocaine cream painful producing an intense stinging sensation over the affected area. Some sexual positions are

associated with less fissuring and may help prevent soreness and recurrence of the vulval tearing (when the woman is on top of her partner or the man penetrates from behind).

If candida is suspected then a 14 to 28 day course of oral fluconazole 50mg daily can be prescribed, alongside topical clotrimazole cream. If atrophic vulvovaginitis or a state of oestrogen deficiency is suspected, topical oestrogen cream (estriol 0.1% cream) should be applied to the affected area daily for 14 days and then twice weekly.

For lichen sclerosis or eczema, a strong topical corticosteroid such as clobetasol propionate should be liberally applied to the affected area twice daily. Ointments are better tolerated than creams which may induce stinging when applied to fissured skin.<sup>2</sup> Steroid skin preparations can be used for one month initially, however this can be extended following medical review. In the long term many women use such preparations on an 'as and when' basis to keep the symptoms under control.

In very rare cases surgery to the affected area is undertaken to treat recurrent or severe posterior fourchette tearing when medical therapy has failed. .

## References

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- 2 Edwards L. Vulvar fissures: causes and therapy. *Dermatol Therapy* 2004;17:111-116.
- 3 Fistarol S, Itin P. Diagnosis and treatment of lichen sclerosis. *Am J Clin Dermatol* 2013;14:24-47.