A case series of 13 patients with oestrogen hypersensitivity vulvitis treated with cyproterone acetate

Introduction: Oestrogen hypersensitivity vulvitis is a chronic cyclical vulvitis that is responsive to therapy with oestrogen suppression or antagonism. (Fischer, Ayer et al. 2000) It is a rare cause of chronic vulvitis and is considered in patients whose symptoms remain refractory to multiple treatment modalities. The aim of this case series was to identify individuals with oestrogen hypersensitivity vulvitis who had been treated with cyproterone acetate (CPA), an oestrogen suppression treatment, and to evaluate their clinical response to treatment.

Methods: A retrospective, single centre, electronic database review from an outpatient dermogynaecology practice was conducted in January 2016. Data from patients diagnosed with oestrogen hypersensitivity were collected from the database, including clinical disease appearance, treatments used, clinical outcomes and adverse effects.

Results: In total 13 patients with oestrogen hypersensitivity vulvitis were identi?ed. All 13 patients were treated with oral cyproterone acetate at a dose ranging between 5 to 25 mg orally daily, most commonly 12.5 mg daily. All patients responded to oral CPA treatment with the majority, 10 of 13 patients (76.9%), achieving resolution of symptoms at three months. On-going maintenance dosing was required to maintain symptom suppression. The mean duration of follow up of patients on CPA was 4.2 years, with the longest follow up duration reaching 6.3 years. Adverse effects requiring cessation of CPA occurred in one patient (7.7%).

Conclusion: Oestrogen hypersensitivity vulvitis should be considered in patients with a chronic cyclic vulvitis that is refractory to multiple treatment modalities. Cyproterone acetate is an effective and safe treatment for this condition.