

USE OF VITAMIN-A GEL FOR THE PROPHYLAXIS OF POST-PARTUM VULVO-VAGINITIS: A PILOT STUDY - 1° note

L. Armino⁽¹⁾ - P. Morganti⁽²⁾

⁽¹⁾Department of Diagnostic, Reparative and Reconstructive Surgery of the generative tract Poveri Infermi Hospital - Borgo Sesia (Vercelli, Italy)

⁽²⁾Department of Dermatology, Dermatologist's Training School, II University of Naples, Italy

Received: November 7, 1995 - Presented at V Congress of International Society of Cosmetic Dermatology - October 26/29, 1995 Montecatini Terme (PT) - Italy

Key-words: Vitamin A; Vitamin E; Episiorrhaphy; Vulvo-vaginitis; Episiotomy-treatment; Sanitary pads.

Synopsis

This is our preliminary experience of the use of a vitamin gel (vit. A and vit. E) for the prophylaxis of the post-partum vulvo-vaginal pathology. 50 patients were treated and compared to a similar control group. All of them had undergone episiorrhaphy. Data show a considerable reduction of the disease in treated cases, and authorize further study on the subject.

Riassunto

E' qui riportata la nostra esperienza preliminare dell'uso di un gel vitaminico (vit. A e vit. E) per la profilassi della patologia vulvo vaginale post-partum. Sono state trattate 50 pazienti paragonate con un gruppo analogo di soggetti di controllo. Tutte le pazienti erano state sottoposte a episiorrafia. I dati mostrano una sensibile diminuzione della sintomatologia nei casi trattati e autorizzano ulteriori studi al riguardo.

INTRODUCTION

The vulvar epidermis is a biologically non-homogeneous entity with considerable anatomic-physiological differences according to the various areas (1,2). It is a chemical-physical barrier to various kinds of irritating agents. However, it is more sensitive than other epidermic areas to occlusions, sweat, urethrovaginal secretions and mechanic traumas deriving from sexual activity. For this reason, the vulvar epidermis is particularly exposed to dermatites of an allergic-irritating type. Delivery is, thus, a moment of particular tissutal miopragia. In fact, manipulations, traumas, the physiological execution of episiorrhaphy are moments in which the allergic-irritating pathology is easily started (3-9).

AIMS AND MATERIALS

Assuming that the small vulvo-vaginal pathology correlated to irritating-allergic-reactive phenomena affects 30% of the puerperas, assu-

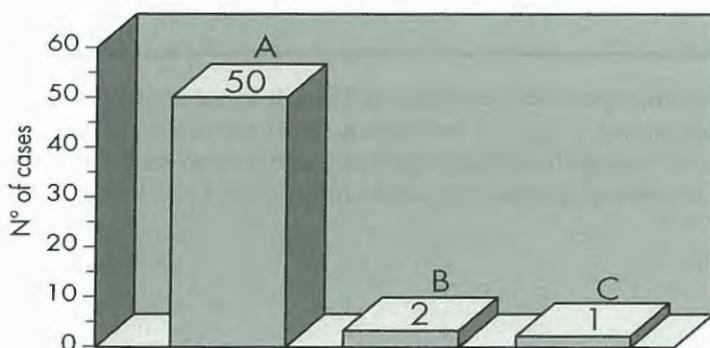
ming that can be also correlated to lochia and to the contemporary use of sanitary pads, we deemed that the local use (3-4 times a day) of A,E vitamin-gel activate by collagen (Elageno®A gel) could have optimum trophic and protecting effects, and thus drastically reduce the rate of this extremely disturbing small vulvar pathology.

50 patients were treated by 30 days use of the A-E vitamin gel cosmetic (Tab. 1) for the prophylaxis of the post partum vulvo-vaginal pathology and compared to a similar control group (Tab. 2)

RESULTS AND DISCUSSION

All selected patients have undergone a vaginal bacteriologic test before delivery. Patients with positive results were excluded. All patients were treated with amoxycillin and clavulanic acid.

TAB 1 - TREATED CASES



A= Episiotomy-Treatment with gel 4 times a day for 30 days.

B= Control after 20 days - Symptoms and objectiveness: itching (1), burning sensation, oedema (1), redness (1), other.

C= Control after 40 days - Symptoms and objectiveness: mild redness.

Results are shown in table 1 and 2.

In the light of these results, we thought to extend the treatment to all hospitalized patients undergoing greater pelvic and vaginal abdominal surgery and to all patients surgically treated for small vulvo-vaginal pathology.

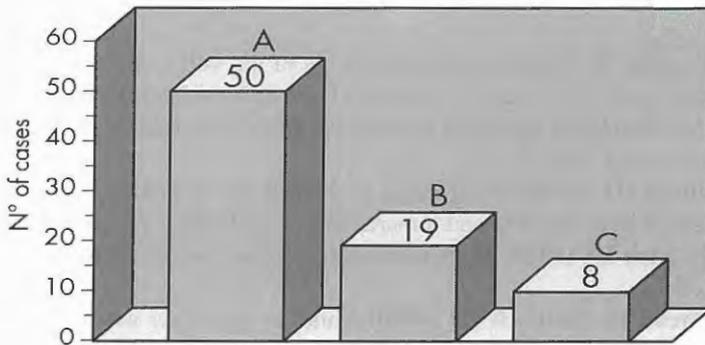
In the out-patient service, the use of this special A-E vitamin gel was deemed to be extended to teenagers making wide and indiscriminate use of sanitary pads, as well as to all patients taking low-dosage oestro-progestinic, who are quite frequently subject to intermenstrual spotting periods when they make extensive use of sanitary pads. Finally, the use of this gel is also interesting in the period following specific treatments for vulvo-vaginitis (bacterial, mycotic or from protozoans), since it definitely improves vulvo-vaginal trophism.

CONCLUSIONS

Results obtained so far are encouraging and lead us to continue on this way, widening the experience to a more vast population. Double-blind clinical trials will be needed for the exact evaluation of the effectiveness of this A-E vitamin gel.

In any case, the tolerability and acceptance by the patients and their motivation can easily anticipate the programming of multi-centred studies on the subject.

TAB 2 - NON TREATED CASES - CONTROL GROUP



A= Episiotomy of non treated.

B= Control after 20 days - Symptoms and objectiveness: itching (8), burning sensation (15), oedema (12), redness (14), other (3).

C= Control after 40 days - Symptoms and objectiveness: itching (4), burning sensation (2), oedema (1), redness (7), non perfect healing of the epis. wound (3).

REFERENCES

1. **Hoyme UB, Bushler K**, Anatomy and physiology of the vulva, the vagina and the cervix. In: Elsner P, Martius J, eds, *Vulvovaginitis* (Marcel Dekker: New York 1993) 275-84.
2. **Harper WF, Mc Nicol EM (1977)** A histological study of normal vulvar skin from infancy to old age, *Br J Dermatol* **96**: 249-53.
3. **Elsner P, Maibach HI (1990)** The effect of prolonged drying on transepidermal water loss, capacitance and pH of human vulvar and forearm skin, *Acta Dermatol Venereol* (Stockh) **70**: 105-9
4. **Britz MB, Maibach HI (1979)** Human cutaneous vulvar reactivity to irritants, *Contact Dermatitis* **5**: 375-7.
5. **Elsner P, Wilhelm D, Maibach HI (1990)** Multiple parameter assessment of vulvar irritant contact dermatitis. *Contact Dermatitis* **23**: 20-6.
6. **Groot ACD, Beverdam EG, Ayoug OT et al (1988)** The role of contact allergy in the spectrum of adverse effects caused by cosmetics and toiletries. *Contact Dermatitis* **19**: 195-201.
7. **Kaye BM (1970)** Hazards of feminine hygiene sprays for women, *J Am Med Assoc.* **121**: 2121.
8. **Fisher AA (1973)** Allergic reaction to feminine hygiene sprays, *Arch. Dermatol* **108**: 801.
9. **Gardner HL (1980)** Contact vulvovaginitis: primary irritant and allergic reactions. in: Gardner HL, Kaufman RH, eds. *Benign diseases of the vulva and the vagina*. 2nd edn, (GK Hall): Boston 431-42.