



Vulvar Biopsy

Vulvar biopsy is a surprisingly easy office-based technique. Colposcopy of the vulva with acetic acid application, which can be challenging, will often help locate the optimum biopsy site. One should consider performing a biopsy for any of the following vulvar lesions:

- Any enlarging vulva lesion or one that has changed color or appearance.
- Lesions that are raised or pigmented.
- Presumed HPV unresponsive to office treatments.
- Vulvar dermatoses where the diagnosis is in doubt or there is no response to treatment.
- Any lesion that appears malignant.
- Any lesion that has associated white or thickened areas.

Vulvar biopsy can be performed by shaving the lesion, excising with scissors or scalpel, removal with the electroloop, or using a Keyes punch. After informed consent is given, the patient undergoes colposcopy if indicated. The vulva is cleansed with betadine or a similar agent, and local anesthesia is always applied, usually using a 25-gauge needle with lidocaine or a similar agent. Usually 1-3 cc is necessary to produce an adequate wheal, which will raise the lesion slightly, making biopsy easier.

A representative area or the actual lesion is removed with the scissors, scalpel, or Keyes punch, and sent for permanent pathologic section. If a defect larger than a pencil eraser is produced there may be difficulty with hemostasis, requiring placement of an interrupted 4-0 or 3-0 delayed absorbable suture (for example vicryl). However, most of these excision sites respond well to silver nitrate application or direct pressure. Normal hygiene care with warm soapy water is all that is needed to care for the area. A bit of Vaseline or Neosporin may be applied two to three times per day for comfort. Tylenol or ibuprofen per package instructions are all that you will need for comfort.

Infection or heavy bleeding are very rare. Biopsy results are usually available within one week.