

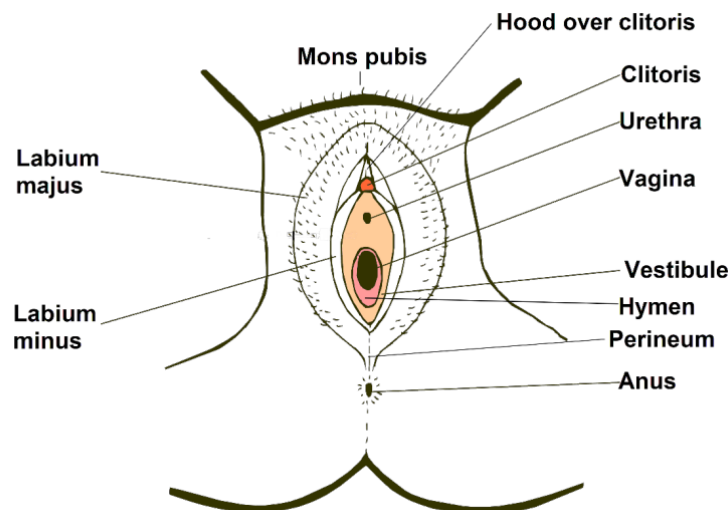
Vulvar and Vaginal Graft-Versus-Host Disease (GVHD)

What is graft-versus-host disease (GVHD)?

Graft-versus-host disease (GVHD) is an immune disorder that someone can develop after a stem cell transplant or other types of transplants. GVHD happens when the cells from your donor (the **graft**) see your body's cells (the **host**) as different and attack them.

GVHD can affect the vagina and vulva. Vulvar symptoms may first occur within 7-10 months after your transplant. Vaginal symptoms may not occur until many years later.

- The **vulva** is the part of the body that includes all the external (outside the body) genital parts. It covers the area from where pubic hair grows (the **mons pubis**) to the opening that stool comes out of (the **anus**). The vulva includes the large outer lips of skin (**labia majora**), small inner lips of skin (**labia minora**), the clitoris, the opening that urine comes out of (**urethra**), and the opening to the vagina.



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What are the symptoms of vulvar or vaginal GVHD?

People may experience many different vulvar or vaginal symptoms from GVHD, including:

- Pain or irritation
- Itching
- Dryness
- Abnormal vaginal discharge (such as vaginal fluid that is yellow or green, or an increase in the amount of fluid)
- A burning feeling
- Redness
- Ulcers or sores
- Scarring
- Painful sex

With GVHD of the vulva and vagina, the donor cells attack your vaginal and vulvar tissue. As your body tries to heal after this reaction, the tissue of the vulva and vagina can come together, narrowing your vaginal opening or completely closing it. This tissue scarring may cause sex to be painful.

Because of the possible effect GVHD may have on your quality of life and sexual activity, it's very important to watch for signs of GVHD to catch it early and start treatment if necessary. An important part of your care is getting to know your own body and to be aware of any changes. **If you have any of the symptoms above, talk to your provider about them as soon as possible.**

- Symptoms of GVHD are similar to symptoms of losing ovary function, menopausal changes (decreased estrogen), and vaginal infections. Your provider will need to determine the cause of your symptoms, because diagnosing GVHD early is very important in stopping the disease's effects from getting worse.

How is vulvar or vaginal GVHD diagnosed?

Your health care team will check you for signs of vulvar or vaginal GVHD after your transplant. Typically, they will diagnose vulvar or vaginal GVHD based on vulvar or vaginal skin changes that they see during your exam.

How is vulvar or vaginal GVHD treated?

There are many different treatments to help you with your vulvar or vaginal GVHD symptoms. You may try one or more of the treatments described below.

Steroids

Your doctor may prescribe a steroid ointment that you put on the vulva, or steroid cream or **suppository** medication that you insert into your vagina.

Vaginal dilators

Dilators are smooth, tube-shaped devices with a rounded end made of plastic or silicone. They come in different sizes, and they can be used to gently stretch the vagina. Using a dilator can help prevent vaginal narrowing or closing and make vaginal sex less painful. Once you are diagnosed with vulvar or vaginal GVHD, you will need to use a dilator every day for your lifetime to keep your vagina open. Steps for using a dilator are below:

1. Lie on your back in a semi-reclining or reclining position.
 - Some people like to use the dilator in the shower. If you use yours in the shower, use a water-based lubricant, as silicone-based lubricants stay on surfaces and are very slippery.
2. Put lubricant on the dilator and around the opening of the vagina.
3. Use one hand to gently spread your labia (the lips of skin on your vulva around the opening to your vagina). Then use your other hand to slowly insert the dilator into the vagina.

- Insert the dilator as far as it is comfortable. (You cannot lose the dilator in your vagina.)
 - You can hold the dilator in place with your hand and try to use your pelvic muscles to hold it in place.
4. Remove the dilator and wash it with soap and water.

Lubricants

We recommend using a silicone-based lubricant to make any contact with your vulva or vagina more comfortable. However, if you have a vaginal dilator that is made of silicone, you will want to use a water-based lubricant.

Comfort measures




Comfort measures are things you can do to decrease irritation, itching, and pain to your vulva. We have created a handout with information on comfort measures that you can read online at: bit.ly/MM-ComfortMeasuresVulvarDisease.

Vaginal estrogen

After **menopause** (when people stop getting a monthly period), vaginal tissue can become thin, dry, and easily irritated. If we think this is part of what is causing your symptoms, we may prescribe vaginal estrogen to treat this.

- There are different kinds of vaginal estrogen products including creams, suppositories, and a long-acting silicone ring. Unless and estrogen is not allowed in your condition, we will help you choose one to start with.
- Research has shown that using vaginal estrogen does not increase the risk of getting breast or uterine cancer for people with no personal history of these cancers.

Where can I find more information on GVHD?

Resource	QR code
Cleveland Clinic: Graft vs. Host Disease my.clevelandclinic.org/health/diseases/10255-graft-vs-host-disease-an-overview-in-bone-marrow-transplant	
Leukemia and Lymphoma Society: Graft-Versus-Host Disease www.lls.org/treatment/types-treatment/stem-cell-transplantation/graft-versus-host-disease	
GVHD Alliance gvhdalliance.org/resources	

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