

Psoriasis and lichen sclerosus

When the rash is erythematous but well defined, and particularly when there is perianal involvement, look for other signs of psoriasis and enquire about a family history. A white, well-defined eruption may suggest lichen sclerosus.

A patient with suspected genital psoriasis or lichen sclerosus is best referred to a dermatologist as treatment requires use of a potent topical corticosteroid.

Other conditions

Ask if the child has been treated for possible pinworm infestation. Be aware that a child who complains of persistent symptoms despite repeated normal examination and negative bacteriology may be demonstrating attention-seeking behaviour. If you are unsure, it may be best to refer such patients.

References

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8. Dar V, Roker K, Adhami Z, Mckenzie S. Streptococcal vulvovaginitis in girls. *Pediatr Dermatol* 1993;10:366-7.
9. Pokorny SF. Prepubertal vulvovaginitis. *Obstet Gynaecol Clin North Am* 1992;19:39-58.
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Conflict of interest: none declared

Self-test questions

The following statements are either true or false (answers on page 107)

1. Most cases of vulval dermatitis will respond to 1% hydrocortisone.
2. Candida is the most common cause of vulval itching in prepubertal girls.

Your questions to the PBAC

Adrenaline

I would like to ask the Pharmaceutical Benefits Advisory Committee (PBAC) why repeat prescriptions of the adrenaline auto-injectors, EpiPen and EpiPen Jr, are not available. Anaphylactic risk is a lifelong condition, which will not change much over time. The auto-injectors also have a short half-life so the need to see the doctor for a new prescription every six months just to maintain a supply of a rarely used emergency drug seems inappropriate. A review every couple of years would be reasonable.

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PBAC response:

Both EpiPen formulations were recommended for listing on the basis of acceptable cost-effectiveness overall, although the estimates of incremental cost-effectiveness were both high

and uncertain. The PBAC therefore recommended a rigorous Pharmaceutical Benefits Scheme (PBS) listing that would prevent use in those instances where cost-effectiveness had not been demonstrated.

To maximise the cost-effective use of the products, the PBAC sought to minimise the number discarded due to the short expiry date by limiting the number of auto-injectors that can be prescribed. Consequently, it recommended that the maximum quantity be limited to one auto-injector for adults and two auto-injectors for patients under 17 years of age, and that no repeats apply.

Data presented to the PBAC indicated that listing with these restrictions would meet the clinical needs of most patients given that on average, the number of auto-injectors required per patient per year (as a replacement for either a used or an expired auto-injector) would be covered by one prescription.

With respect to the short expiry date, I have been advised by the manufacturer that most auto-injectors will expire around 12 months after being dispensed, but it is actively pursuing ways of extending the expiry dates.