

dermatology clinic before transferring them to the specialist clinic. The cohort was ethnically diverse: 50.0% White British, with Mixed White and Caribbean (9.1%), and Black British, Indian British, Chinese, and Pakistani British each representing 4.5%. Presenting symptoms included vulval itching (31.8%), soreness or pain (22.7%), flares despite treatment (18.2%), pallor/pale patches (18.2%), and skin splitting/cuts (18.2%). Diagnoses comprised lichen sclerosus (68.2%), vulvitis (9.1%), infantile haemangioma (9.1%), and smaller proportions of eczema, complex aphthous stomatitis, and recurrent inflamed follicular lesions. Fourteen patients (63.6%) were stabilised or discharged.

Conclusion

The clinic serves a diverse patient group with varied symptoms, highlighting challenges such as parental engagement and treatment adherence. Findings support expanding specialised services and developing national guidelines. Further data collection is planned for January–June 2025 to evaluate service efficacy.

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P03 Evaluation of patient outcomes from a novel paediatric vulval clinic in Oxford

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Abstract

Background

Our Oxford paediatric vulval clinic provides specialist care with a mean time to stabilisation of 6.8 ± 3.3 months. Increasing awareness of paediatric vulval conditions, e.g. lichen sclerosus—often misdiagnosed and common in prepubescent girls—promotes earlier treatment, reducing long-term complications, like scarring and dyspareunia. Evaluation of patient outcomes, symptom improvement, and referral pathways aims to improve practice and support development of services nationally.

Methodology

Retrospective data was collected over six months (November 2023–April 2024), including age, referral source, ethnicity, symptoms, investigations, and treatment plans.

Results

Twenty-two children were included, with a mean age of 10.4 ± 5.5 years. 63.6% of referrals were from GPs, with a proportion of these initially being seen in our paediatric