SYMPTOM

Genital sores - female

Genital sores are blisters, ulcers, cracks, or tender spots on or around the vulva.

WHAT IT FEELS LIKE
Tender, itchy, burning, or sometimes painless spots

WHERE IT IS FELT
Vulva, vaginal opening, or nearby groin skin

MOST COMMON CAUSES
Friction or irritation, ingrown hairs, genital herpes

WHEN IT IS URGENT
Fever, severe worsening pain, or difficulty passing urine

USUALLY LASTS
Days to weeks, depending on the cause

SEE A DOCTOR IF
Any unexplained sore, especially after new sexual contact

Overview

Genital sores are areas of broken, raised, or inflamed skin on or around the vulva. The vulva is the external genital area, including the labia and the skin around the vaginal opening.

A sore may be a blister, shallow ulcer, crack, scab, pimple-like bump, or raw patch. Some are painful or itchy, while others cause little discomfort.

There are many possible causes. These include friction, skin irritation, ingrown hairs, infections, and inflammatory skin conditions. A sore's appearance alone may not show what caused it. New or unexplained sores are best assessed by a healthcare professional, particularly if there has been recent sexual contact.

What it may feel or look like

Genital sores may appear alone or in a group. You might notice:

Other symptoms may include unusual vaginal discharge, pain when passing urine, swollen glands in the groin, fever, or feeling generally unwell.

Try not to rely on photographs or appearance alone. Different conditions can look similar, and

more than one cause can be present at the same time.

- Small blisters containing clear or cloudy fluid
- Open, shallow ulcers or raw patches
- Painful cracks in skin folds
- Pimple-like bumps around pubic hairs
- A firm or painless ulcer
- Crusting, bleeding, swelling, itching, or burning

Common causes

Friction and irritation can damage delicate vulval skin. Possible triggers include sexual activity, tight clothing, sweat, shaving, sanitary products, soaps, wipes, deodorants, and laundry products. The skin may look red, cracked, or raw.

Ingrown hairs and folliculitis affect hair follicles, often after shaving or waxing. Folliculitis means inflammation around a hair root. It usually causes one or more tender, pimple-like bumps, sometimes with a visible hair or small amount of pus.

Genital herpes can cause painful blisters that break into shallow sores. Tingling, burning, swollen groin glands, or flu-like symptoms may occur, especially during a first episode. Herpes can also be mild and resemble a small cut, rash, or ingrown hair.

Dermatitis and other itchy conditions can lead to scratches or painful skin splits. Dermatitis means inflamed skin. It may follow contact with an irritating product or an allergic reaction. Thrush usually causes itching and discharge rather than ulcers, but scratching or severe inflammation can break the skin.

Less common causes include syphilis, which may begin with a firm, often painless sore. Non-sexually acquired ulcers can sometimes appear after an illness. Conditions such as lichen sclerosus, lichen planus, Behçet disease, or Crohn disease can also affect genital skin. Rarely, a persistent sore may be related to abnormal vulval cells or cancer.

When to seek medical care

Arrange an appointment with a primary care clinician or sexual health clinic for any new, unexplained genital sore. This is especially important after a new sexual contact or if the sore is painless, keeps returning, spreads, or does not heal.

Seek same-day medical care if you have:

Go to an emergency department if the pain or swelling is rapidly becoming severe, the skin turns grey, purple, or black, or you become confused, faint, or extremely unwell. These features can indicate a serious tissue infection, although this is uncommon.

- Fever or feel significantly unwell
- Severe or rapidly worsening pain or swelling
- Difficulty passing urine
- Spreading redness, warmth, or pus
- New sores during pregnancy
- A weakened immune system and new genital sores

How the cause is found

A healthcare professional will ask when the sores appeared, whether they hurt or itch, and whether they have happened before. They may ask about new products, shaving, medicines, other illnesses, and recent sexual contact. These questions help guide testing and should be handled confidentially.

They may examine the vulva and nearby skin. If a blister or ulcer is present, a swab can test for herpes. Blood tests may check for syphilis and, when appropriate, HIV or other infections. Testing is useful because examination alone may not identify the cause.

A persistent or unusual-looking area may need review by a gynaecologist or dermatologist. Occasionally, a small skin sample called a biopsy is taken under local anaesthetic.

Treatment and self-care

Treatment depends on the cause. Antiviral medicine can shorten or control herpes episodes. Bacterial infections may need antibiotics like amoxicillin or doxycycline . Inflammatory skin conditions may require a prescribed cream or ointment. Syphilis needs antibiotic treatment even if its sore disappears.

While waiting for assessment:

Passing urine while pouring lukewarm water over the vulva may reduce stinging. Do not apply antibiotic, antifungal like fluconazole or terbinafine , steroid like prednisone or hydrocortisone , or numbing creams unless advised, as the wrong product may irritate the skin or make the

cause harder to identify.

Avoid sexual contact involving the affected skin until the sores have healed and you know the cause. Condoms and dental dams lower the risk of many infections but do not fully protect skin that they do not cover.

- Wash gently with lukewarm water and pat dry
- Avoid scented soaps, wipes, bubble baths, and deodorants
- Wear loose clothing and breathable underwear
- Avoid shaving, waxing, squeezing, or picking the area
- Use a cool compress wrapped in clean cloth for discomfort
- Follow label directions for non-prescription pain relief if safe for you

What to expect

Sores caused by mild friction, shaving, or irritation often improve after the trigger is removed. Deeper inflammation or infection may take longer.

Herpes sores generally heal, but the virus remains in the body and may cause later episodes. Recurrences are often milder than the first episode. Treatment can help manage symptoms and reduce outbreaks.

A syphilis sore can heal without treatment, but the infection remains and may progress. This is why a painless or disappearing sore still needs assessment.

Return for medical review if treatment is not helping, sores recur often, or an area repeatedly cracks, bleeds, changes colour, or fails to heal.

Common questions

Does every genital sore mean a sexually transmitted infection?

No. Friction, shaving, skin reactions, and inflammatory conditions can all cause sores. However, herpes, syphilis, and some other infections can look similar, so testing may be needed.

Can I tell herpes from an ingrown hair?

Not reliably. An ingrown hair often forms a bump around a hair follicle. Herpes more often causes grouped blisters or ulcers, but it can also resemble a single pimple or small cut.

Should I pop a blister or bump?

No. Squeezing or opening it can increase pain, introduce bacteria, and interfere with testing. Keep the area clean and let a healthcare professional assess it.

Can I be examined during my period?

Usually, yes. Menstrual bleeding does not normally prevent examination or swab testing. Contact the clinic if you are unsure about its arrangements.

Sources

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