

# International Society for the Study of Vulvovaginal Disease - Founders lecture\*

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## **“Thirty-five years of a worthwhile endeavor: the ISSVVD”**

*In Purgatory, canto VII of the Divine Comedy, Dante said to Virgilius after arriving at the top of the hill,*

*“how good and rewarding it is to look back”...*

*It really is, and trying to fulfill the friendly demand of our dear President Ron Jones for this Congress of the ISSVD in this magnificent stage of Queenstown in New Zealand, beneath the Southern Cross, I will share with you, my fellows and friends, a look back at the first steps of the pioneer Founding Fathers, to remember who they were and what they thought.*

*Also, I will finish with what we all have accomplished, implicating an evaluation of the contributions of this multidisciplinary international group to the medical science of the 20<sup>th</sup> century as well as my hopes for the 21<sup>st</sup> century and my recommendations to the ISSVD leaders.*

### ***The first steps: the foundation of the Arch***

The idea of organizing an international group of physicians interested in the study of vulvar diseases was first conceived during the Sixth World Congress of the International Federation of Gynecology and Obstetrics (FIGO) in New York City in April of 1970. The program listed a luncheon conference on vulvar disease chaired by Ray Kaufman. When we arrived we discovered that the famous Ray had broken his leg and that Herman Gardner, his partner of the Gardnerella fame, was taking his place. The attendees were Eduard Friedrich, Cecil Wright, Kane Zelle, Pedro Figueroa Casas and myself. The shared interest and enthusiasm was so strong that a “retreat” was organized by the group in a hotel room following the luncheon conference. The private symposium lasted two days and included slide projections, discussion of current issues and stirring ideas.

The projection table viewer property of Herman Gardner used in the luncheon conference and in the retreat is the one you see on this podium and I am giving it now, as a present, to President Jones as well as the gavel I used as first chairman.

There, the idea was born and Herman proposed that I chair the organizing committee and Ed Friedrich serve as executive secretary. For a while we were concerned together with Ed because some people thought that “the world had enough societies for tax write-off purposes and cocktail excuses”... But, lest people thought we agreed with this, we set out to give more noble purposes to the ISSVD and we kept on designing the logo, seeking adhesion to the project of leading experts in the field, building the founding document and organizing the inaugural session for May 1971.

The logo was conceived as giving the vulva the beautiful title of “*Gates of Life*” so the symbolic heraldic icon was supposed to be an *Arch*.

We discussed with Ed if it should be roman or gothic. Finally gothic won and here I want to quote Friedrich’s memorable 1983 description of the *Foundation of the Arch*: “although the structure appears to be a finished edifice, we are more like one of the great cathedrals of Europe in its unfinished state. Those who struggled with the early foundations... rarely lived to see the completed structure... they depended on those who came afterward to achieve the fulfillment of their vision”.

The globe and the laurel were inspired by the FIGO logo and the blue and white colors from the Argentinian ones. The kabbalistic frontispice was the signature of the founding fathers.

The inaugural session on May 5th, 1971 was held at the 19<sup>th</sup> Annual Meeting of the American College of Obstetrics and Gynecology in San Francisco. It was attended by 14 founding members: Hermann Gardner, Guillermo di Paola, Eduard Friedrich, Ray Kaufmann, Donald Woodruff, George Morely, Vincent Capraro, John Gosling, Harold Tovell, Albert Lash, Ernest Franklin, William Fetherston, Kane Zelle and V. Cecil Wright.

The Charter Document, expressing the essential philosophy of the ISSVD, was signed and the first slate of officers to serve until the next Congress in 1973 was nominated. Three committees were established: one for the by-laws, the terminology and one to oversee the program for the next meeting.

The International Society had been launched.

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The first World Congress under my responsibility as President was in the Atalaya Park Hotel, Costa del Sol, Spain. There were around 35 Fellows. Our recruitment had been successful and very “international” with Americans, Argentini-ans, French, Spanish, Swedish, Chilean and British. We had a microscope to interchange pathology slides, good presentations, business meetings and a very elegant and amusing banquet. Needless to say, I had to learn the famous early American Robert’s rules (“Those who are in favoar say aye and those who are against say nay”). The program pattern of three days was established and taking an idea from my dear wife Irene, the second day the afternoon was free to allow for personal friendly communication of the fellows. This wise strategy, as you can see, has survived for 35 years!

### **The Pioneers: Who were they? Herman L. Gardner (1912-1982)**

Born in Fort Worth, Texas, he was a clinical professor of Obstetrics and Gynecology at Baylor College of Medicine, senior author of “Benign Diseases of the Vulva and Vagina”, first edition in 1969, great leader of the Central Association of Obstetricians and Gynecologists, awarded by the International bacteriologists giving his name Gardnerella to the Hemophilus Vaginalis in 1948. He was founding father of the ISSVD, the third president, organizer and director of the Biennial Conference on Diseases of the Vulva and Vagina sponsored by Texas University in Houston that keeps on today, also a devoted methodist dedicated to the good of community affairs by providing homes for the care of unwed mothers and abused and homeless boys, and a successful cattle rancher and leader of the International Angus Breeders Association.

His wonderful ranch “Willows Spring”, near the Rio Grande in Texas, was many times the general quarters of the ISSVD Executive Council.

You can observe in this picture a curious band of *Arch* cowboys before going to the nearby town to have some drinks and learn square dancing.

Herman was deeply devoted to his splendid wife LeNan and family.

He used to say “that official academic affiliation was good but not essential. Only a curious mind and the willingness to observe, record and correlate are needed to achieve good scientific results”.

He really had the “*aequanimitas*” which permitted him to tolerate humbly success and enjoy the affection of his friends.

### **Eduard Georg Friedrich Jr. (1940-1985)**

Born in Chicago, he was educated by the Jesuits, and was a perfect product of the Johns Hopkins medical education. He was an associate professor of Gynecology and Obstetrics of The Medical College of Wisconsin under Prof. Richard Mattingly. Then he became full proffesor of Ob-Gyn at the University of Florida in Gainesville in the late seventies. He was the author of a magnificent book “Vulvar Disease” in 1976 whose unique foreword serves to get an idea of the kind of person he was: “Dedication to god. The ultimate source of all diagnostic and therapeutic ability; before whom it is fitting to place the first fruits of the harvest”.

Other written proof of his outstanding intelligence, updated science and homespun philosophy was his more important quotation of Goethe “One truly sees only that which one already knows” and then, in discussing malignancy of the Bartholins gland, he alludes to the low index of suspicion with the comment “Hoofbeats usually means horses, not zebras!”. Founding Father of the ISSVD and devoted secretary-general for ten years by his personal and irreducible decision, his contribution to the Society was gigantic.

The founding document was a 75% product of his talented Shakespearean-Jesuitic style. We became very close friends and I used to call him, alluding to his German ancestry, “Echte Grosse Freund (EGF), which means truthful great friend, and he liked it very much. We worked together not only for the ISSVD but for many subjects as dystrophies and in the first proposal of a surgical staging system for vulvar cancer. We were such good friends for me it is almost impossible to express everything that I feel. Taking Peter Lynch’s words I quote “He was a very talented scientist with consumate teaching skills, remarkable administrative abilities, great love for his masters, family, patients and friends and last but not least a poet”. Peter published a wonderful booklet with 26 EGF poems in 1983.

I want today to remember him in his best way, that is, sharing with you one of his poems.

#### **“Friends”**

**What joy to see a friend again  
After a lapse of years or so  
And feel as if there’d been no time  
Tween warmth of them and present glow**

**Like picking up the story line  
When opening a book once more  
Rejoining the unfolding tale  
The chapters known that went before  
Or like a white and hard-edged cloud  
That billows in a summer sky**

**With energy from deep inside  
Expanding to a nascent high**

**Reunion now of heart and mind  
Atmosphere of true elation  
Sharing all our inner selves  
In mutual appreciation**

His capacity as a poet and writer was not only classic but also popular American, as the example I want show you of the Chicago "Doughnut Lover's Creed" by EGF

**As you wander thru life brother -  
Let this be your goal  
Keep your eye upon the doughnut -  
And not upon the hole**

### **Jean Hewitt (1920-1990)**

Born in Paris, he was the son of a great symphonic orchestra conductor. He fought in the Resistance during the II World War and was married to an exceptional woman Nadine, daughter of Russian immigrants to France. She got the *Croix de Guerre* from General de Gaulle for her courage during the Resistance. Jean studied at Paris University and became Chief of Dermatology of the Hopital Brocca where he started his interest in vulvar disease. He became *Professeur Agregé* and Chief of the Service at the Tarnier Clinic. I observed there, during my frequent visits, the refinement of the French dermatologic liturgy using the magnifier mounted in Christofle silver and baptizing the fingers in the silver bowl with "blessed water" after the examinations. He was a Founding Father of the ISSVD and the first President-dermatologist. He was a man of great philosophic, literary and musical culture, a very rigorous pathologist, excellent clinician and his outstanding human qualities were very much appreciated by his patients and his friends and collaborators.

His books were very successful: "La peau, ses fonctions, ses lésions, ses relations pathologiques" (1975), "Pathologie de la vulve" with Huguier in 1970 (through which we got in touch with him recruiting him through the phone for the ISSVD) and "Maladies de la vulva" with Monique Pellisse and Bernard Panel in 1987. He held in high degree the three virtues of the Roman patricians: *gravitas*, *dignitas* and *pietas* and had a fantastic *gauloise* sense of humor.

The pictures show him and Nadine in the gala dinner of the Congress at the Chateau D'Artigny after the concert of "Cornes de chasse", and both with Irene and myself (the men disguised as Mexican *bandidos*) in the Plaza Mayor of Cuernavaca during the Cocoyoc Congress. With Irene we will never forget the last time we saw them during a visit to Veau Le Vicomte. Before we had lunch at a small restaurant near Parc Monceau, where Jean devoured a pyramide of *fruits de mer*, with his inimitable smile of pleasure and then we performed a promenade traversing the beauty (*plus que française*) of the geometrical park of Le Notre lighted by the dying sun of May. It was for us an unforgettable joy of the shared pleasure of true friendship. Let us remember him now with a Jane Taylor rhyme:

**"How pleasant it is, at the end of the day  
No follies to have to repent;  
But reflect on the past, and be able to say,  
That my time has been properly spent".**  
Rhynes for the Nursery (1806) "The way to be happy"

### **J. Donald Woodruff, Sr. (1912-1996)**

Born in Sparrows Point, Maryland, he got his MD at Johns Hopkins University and completed his residency in Ob-Gyn at the Hopkins Womens Clinic. He served in the II World War as a urologist in Normandy. He made significant contributions to gynecologic pathology. A great disciple of Emil Novack he combined clinical and surgical skills with microscopic diagnosis. Always very interested in vulvar pathology, he was a greatly respected teacher for me during my residency at Hopkins and also for Friedrich. We recruited him for the ISSVD and he was the second president. A physically imposing man with a deep voice and ruddy complexion, Don was known for his ability to recite poetry for hours. One night, staying at Hermans Ranch in Texas, we slept in the same room with Jean Hewitt and as Jean was having insomnia Don recited for him, almost an hour, the famous "The Raven" by Edgar Allan Poe, producing a fantastic hypnotic effect. John Hopkins Hospital dedicated the Woodruff Lecture Hall in his honor and before his death the JDW Chair was established in 1993.

He was a great pathologist, clinician and surgeon, a devoted husband of the dear Bettye, and an outstanding master in medical knowledge and leadership.

I have had the privilege today remembering the four pioneers that went back to the House of the Lord but it does not mean that I forget the invaluable contributions to the Society of Ray Kaufman, Ed Wilkinson, Peter Lynch, Mario Sideri, Monique Pelisse, Michel Roy and many other builders of our *Arch*.

### What they thought?

First of all the ISSVD was a pioneer organization in the field of interdisciplinary teamwork. Since the early beginning the majority of gynaecologists recognized the need of working with dermatologists and pathologists concerned with vulvar disease.

Today this idea is common place and you can discover many scientific societies that are based on such a concept as the International Gynecological Cancer Society where gyn-oncologists work with medical oncologists and radiotherapists in the field of gynecological cancer, sharing a well balanced rotation of the government of the Society.

There are so many important things that gynecologists have learned from dermatologists and pathologists and reciprocally in this kind of congregated work.

To realize the progress made after so many years, we need to remember the state of the art of vulvar pathology, before 1970 and what the Founding Fathers thought about it.

We thought that the vulva during most of the 20<sup>th</sup> century was neglected and at the same time treated with exaggerated aggression by gynecologists. This famous cartoon of a Sioux Indian gynecologist, that a talented *Baltimorean* medical student drew for Don Woodruff in the sixties, gives us the perfect explanation of the situation.

At the same time dermatologists cultivating a fascinating specialty developed an extraordinary expertise in observing, describing and classifying. They became very jealous of such expertise and the terms they coined. Before 1970 it was clear that the concept and pathological description of white lesions of the vulva, among the most important dermatological schools of the World (German, French, English), were chauvinistic minded and thus confused and controversial. Do not forget that words are sounds that condition human actions. Gynecologists confused about the dangers of premalignant predisposition recurred frequently to the "prophylactic" vulvectomy for white lesions.

That was in part due to the heavy weight of the traditional concepts of kraurosis and leukoplakia and the unclear dermopathological terminology.

The procedure was aggressive and futile because after a certain period of time pruritus and white lesions recurred. The impact of vulvectomy in body image and sexuality was terrible. Carcinoma in situ of the vulva began to be recognized as a real premalignant lesion in those days. But again a list of different names was given to the same pathological description according to different dermopathologists or gyn-pathologists. And again the same therapy, vulvectomy, was recommended because the tendency in some cases was recurrence or reappearance.

To mention another state of the art of the times, invasive vulvar cancer was treated following the management recommended by Taussig and Way on both sides of the Atlantic Ocean. A very good survival rate had been achieved with the en bloc radical vulvectomy and bilateral inguinofemoral lymphadenectomy, butterfly-like incisions of the skin that implied an enormous resection and sometimes the heavy burden of lymphedema.

The main concern in those days was quantity of life and quality of life was not considered as a priority.

In Hamlet, act 4, scene 3, line 9 explains what the reason was

**"Disease, desperate grown,  
By desperate appliance  
Are relieved or not at all"**

The times inspired by the martial dictum: "*Non est vivere sed valere vita*" (which means what is important is not only to live but to make life worthy of living) giving the needed importance to quality of life which was one of the main concerns of the Founding Fathers.

### What have we accomplished?

Some dear fellows as Mario Sideri, Ray Kaufman, Monique Pellise, Peter Lynch, Olle Franckman, Ed Wilkinson and Dale Brown who I consulted recently (asking them their opinion about accomplishments) were in accord that:

The ISSVD has created an interdisciplinary international attention to the vulva and its diseases, proven by:

- the publication by its fellows of more than 28 textbooks (list follows);
- uncountable number of meetings and postgraduate courses all over the world providing communication and education for colleagues and ISSVD fellows;
- eighteen world congresses on biannual bases in North and South America, Europe and Oceania;
- most of the special care devoted today to managing vulvar diseases is due to the ISSVD;
- it is surprising how a small group of experts has profoundly changed the way to operate in the field;
- very few people, but very dedicated ones, joined us to unveil after 35 years, "the secret vulva";
- a "scientific vulvar network" has been established which has shown to all, the road to follow.

I agree with these important achievements of our Society but I want to go more deeply in the evaluation of our accomplishments.

Vulvar cancer is the most infrequent of the gynecologic cancers and non malignant/premalignant vulvar pathology is also infrequent in gynecological practice. Thus we have always been immersed in the dilemma between *evidence and beliefs*. We also have to consider *benefits versus harm with the best available evidence*. So we have sometimes faced difficulty because of recruitment problems to get the necessary number of cases to obtain evidence in the context

of randomized studies. However we have tried to do our best, producing collaborative retrospective and prospective studies with standard conditions whenever possible.

Now I would like to try to define some of the accomplishments without pretending to cover all the spectrum of the ISSVD contributions.

### **The end of prophylactic vulvectomy in lichen sclerosus (LS)**

The first published terminology in 1976 for vulvar dystrophies, that was disliked by so many distinguished fellow dermatologists in the eighties, was for its time a great clarification and by the same token, a practical application of a term – the talented invention of the great Jeffcoate, to save us from the confusion originating since the end of the 19<sup>th</sup> century by the German, French and English dermatologic struggle.

We followed 120 LS cases for ten years (1969-1978) treated with 2% topical testosterone ointment for six to eight weeks two or three times a day and then once or twice a week for an indefinite period of time. Sometimes, because of the macerating tendency of ointments, ulceration occurred. Then testosterone was discontinued and corticoid cream was applied for a week or two. Pruritus was cured with this treatment in 95% of the cases and dyspareunia in 75%. Clitoral hypertrophy and increased libido were observed in 12% of the cases and only one case developed an invasive cancer after discontinuing treatment and follow-up for two years. The ISSVD practically demonstrated that the malignant potential of LS was no worse than the 4%, mainly when it was accompanied by epithelial hyperplasia as demonstrated by Rodke, Friedrich and Wilkinson. The etiology of LS is still unknown and our case of LS of the vulva recurrent in the normal skin of a myocutaneous graft as well as the Whimster case, quoted by Jeffcoate, of interchanging healthy skin of the thigh with LS of the vulva suggested something we had not known, as local warmth and moisture peculiar of the vulvar environment may act as predisposing agents.

The recognition of lichen sclerosus as a probable autoimmune disease – a kind of mysterious one – that has a biological behavior in the vulva different from the rest of the body, with some malignant potential, prone to recurrences, and responsive to topical steroid therapy was very important. It should be treated medically to avoid scratching and can be very much helped with a good doctor – patient relationship, representing, in my opinion, a very good prophylaxis for vulvar cancer and the avoidance of unjustified surgical aggression to quality of life, as prophylactic vulvectomy.

Medical treatment and careful follow-up was the new paradigm and the Sioux Indian was very much upset.

### **The establishment of an effective medical treatment for lichen sclerosus**

When lichen sclerosus was recognized, medical treatment started after 1966 with topical testosterone after good long-term follow-up data of a study by Williams, Richardson and Hathcock in 57 cases of vulvar dystrophy.

Friedrich reported in 1971, that topic testosterone at 2% in benign vulvar dystrophy with a double-blind study showed superior performance of a drug over placebo in symptom relief, histologic reversal and gross appearance.

Zelle, di Paola, Balaña, Belardi and Gomez Rueda also demonstrated the benefits of such therapy. We were very happy with the new way of treating pruritus, the biblical “*itch for which you will find no cure*” and at the same time avoiding scratching which according to Jeffcoate and Way, the nail trauma was the main carcinogenetic agent in invasive cancer.

Unfortunately it did not work perfectly and testosterone sometimes produced clitoral hypertrophy and increased libido in elderly patients.

Then Sideri, Bracco *et al.* Lorenz and Kaufman, and many other fellows demonstrated through randomized studies in the nineties, that super potent steroids like clobetal were very effective for LS. They remarked that it was indispensable to properly use the amount and duration of therapy because otherwise undesirable effects as skin atrophy and teleangiectasis develop rapidly.

### **The definition and recognition of vulvar intraepithelial neoplasia as a confirmed precursor of invasive vulvar cancer through a better understanding of its biologic behavior**

During the past 30 years there has been an enormous increase in the reported incidence of vulvar intraepithelial neoplasia and a relative increase in invasive cancer in women under 50 years of age.

Many factors could explain these facts. The increasing tendency to perform biopsies in questionable symptomatic or asymptomatic lesions, the high degree of suspicion or “oncologic alert” in cases with invasive or intraepithelial malignancies of the lower genital tract and also the appearance in our panorama of HPV infection. Changes in sexual behavior, smoking and immunosuppression secondary to AIDS are also important explanations.

The two kinds of VIN finally established by the ISSVD, one HPV-related in young women and the other not HPV-related in older women, have clarified the issue very much.

The first can regress in some instances coincidental with pregnancy and the other never regresses. We all contributed to the recognition of some special facts about VIN: possible progression to invasive, exceptional but possible regression, past or present history of lower genital tract intraepithelial or invasive cancer, multifocal or unifocality according to age, etc.

However Ron Jones and his co-workers contributed immensely to these issues thanks to their intelligent and careful study of a special population, provided by special circumstances. They demonstrated that VIN left untreated progresses to invasive carcinoma in 87.5% within eight years. Middle aged or elderly women with VIN with a biopsy, as the only treatment, developed cancer within two to eight years.

From the point of view of pathology, the Chafe and Wilkinson discovery of unsuspected early stromal invasion in 13 of 69 pathological studies of VIN demonstrated that VIN is without any doubt a premalignant condition.

I also want to show you the results of a study, produced by many centers in earlier times, that show a practical way of multicentric recruitment of cases for a definite purpose. In this situation we compared recurrences of VIN treated with simple vulvectomy or local incision, showing almost the same percentage of recurrences with both methods in unifocal lesions. That was the end of simple vulvectomy as standard treatment of unifocal VIN lesions and again a great deception for the Sioux Indian.

### **Recognition of the special conditions needed to safely avoid lymphadenectomy in certain cases of invasive cancer**

The battle for an individualized reduction of aggression in the treatment of invasive cancer was more complicated. We fought in the field to try to avoid lymphadema, a common complication of systematic inguinofemoral bilateral lymphadenectomy.

In the early seventies, a famous paper of the MD Anderson Center by Franklin and Rutledge stated that in their experience of 21 cases, never were positive inguinofemoral nodes observed when the depth of invasion was 5 mm or less calling it "microcarcinoma".

Personally, after reading that paper, I treated a case of vulvar cancer with 3 mm of depth of invasion without lymphadenectomy. The patient died a year after with multiple local and distant metastases.

Terribly concerned, I studied retrospectively a group of cases of the so-called vulvar "microcarcinoma" from our clinic, discovering that in 11%, positive nodes were observed. Immediately after, a worldwide study demonstrated the same finding. The ISSVD was a leading agency organizing an international cooperative task force to establish the safest depth of invasion compatible with avoiding lymphadenectomy.

The task force chaired by Barry Kneal produced an ISSVD warning in 1986 about the danger of considering vulvar microcarcinoma – the one with 5 mm of depth of invasion. Here, let me remark again that nomenclature was misleading because the word microcarcinoma was promoting an erroneous procedure.

The ISSVD Task Force conclusion was that 2 cm of diameter of the lesion and 1 mm of depth of invasion measured from the nearest papillae to the deepest point of invasion was the only instance that allows lymphadenectomy to safely be avoided. Later the GOG and Neville Hacker collected new worldwide studies that were in agreement with the ISSVD task force study.

Finally after some delay, the FIGO Cancer Committee accepted to modify the 1988 FIGO surgical staging of vulvar cancer at the Montreal 1994 FIGO World Congress.

Now Stage Ia is recognized, as defined by the ISSVD, and represents one of the important contributions of our Society to FIGO.

### **Providing international order in terminology and classifications**

The ISSVD has established terminology and classification in three areas: intraepithelial neoplasia, vulvar pain and non-neoplastic epithelial disorders. Throughout the years our nomenclature has been modified to incorporate new knowledge and to meet the changing needs of our members and others who care for patients with vulvar disease. In most instances, our recommendations have been well accepted by other groups and generally have achieved widespread use. Since this information is well known, I will not spend more time on it here and I recommend reading the outstanding Ed Wilkinson Presidential Address about the the history of ISSVD terminology published in our journal in 1989, which explains how this important function of the Society developed through almost the first 20 years.

### **A serious intent in understanding vulvar pain mechanisms and classifying vulvar pain disorders**

In the last years a great interest arose in many of our Fellows to study vulvodynia and provoked vestibulodynia (vestibulitis) in all aspects and Libby Edwards, Hope Haefner, Elizabeth Stewart, Marylin McKay and M. Moyal-Baracco were the more dedicated researchers in the field.

Others had faced the psychological aspects like Dennerstein, the electromyography for its diagnosis and treatment like Glazer, the therapy like Marinoff and our friend Eva Rylander the etiology.

Barranco and Lynch wrote a very interesting historical perspective last year on the efforts of the ISSVD to clarify vulvodynia.

Fourteen old and new fellows of the ISSVD produced the Vulvodynia Guidelines in 2005, which describes the know-how rules to help patients with this deceptive and deteriorating disease that still needs more clarification.

Now after the accomplishments of the 20th century I would like to mention my hopes for the 21st century and my recommendations for the ISSVD.

**My hopes are:**

- that HPV vaccines will eliminate Condyloma acuminata, VIN, SVC, VAIN and SVagC in females under 50;
- that the perfected technique of the sentinel node will prevent lymphadenectomy in 80% of vulvar cancers with clinically negative inguinal nodes.

**My recommendations to the ISSVD are:**

- to stress clinical and therapeutic research for vulvovaginal manifestations of STD;
- to keep on clarifying the important but complicated field of vulvar pain;
- to perfect nomenclature always remember that words produce actions, so the proper medical words are supposed to be chosen to produce proper medical actions;
- to encourage multicentric trials to improve the level of evidence of vulvar disease research.

Now for your happiness I will conclude this lengthy presentation.

Jorge Luis Borges, the most important Argentinian writer, used to say that **“memory is a strange mixture of remembrances and forgetfulness”**. I hope that my memory had been balanced enough **to remember the best and forget the least**.

I cannot refrain my impulse to show you the amusing drawing from a Venetian artist of 1848 (discovered by our fellow and friend Antonio Onnis), that caricatures a “famous congress”. I have to say that Scientific Societies can be frivolous. Maybe we can recognize in the engraving ourselves and/or friends and colleagues because we all have our quota of ambition, self-sufficiency, pomp and circumstance due to our human condition but all this can be forgiven, if it is accompanied by the real hippocratic concern for our patients, protecting them from evil.

**The ISSVD is and was a worthwhile endeavor!**

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