Lichen Sclerosus

Background

Vulval irritation is a common complaint, and **Lichen Sclerosus** is probably the commonest cause. It is a poorly understood condition affecting the vulval skin of females at any age from childhood to old age, but the peak incidence is around the age of 50. It can cause intense irritation and sometimes pain.

The cause of Lichen Sclerosus is unknown, but it is thought to be an auto-immune skin disease. This means that the body produces antibodies that fail to recognise parts of the body as "self", in this case the vulval skin, and a reaction to this part starts. We do not know what triggers this process. There is quite a strong link between lichen sclerosus and other autoimmune diseases such as thyroid disease, pernicious anaemia and vitiligo. About 25% of Lichen Sclerosus sufferers will have a personal or family history of autoimmune disease.

The main symptom is itching, but there may also be pain, especially with intercourse. The vulva can look white, and there is thinning and scarring with loss of surface folds and features in established cases. The skin, being thinner, is prone to splitting, especially at the back of the vaginal opening during intercourse. The whole vulval skin and skin around the anus may be involved, or it may be just affecting a small area. If the skin around the anus is involved it may cause discomfort during bowel motions. About 20% of women have white patches elsewhere on the body, which may itch, but often do not. Lichen Sclerosus is a skin condition only and does not extend into the vagina.

Diagnosis

This is usually made on clinical grounds although a biopsy (when a small piece of skin is taken from the affected area under local anaesthetic in the outpatient clinic) can be helpful when there is clinical uncertainty or failure to respond to treatment. The biopsy site should heal very quickly; occasionally a small dissolvable stitch is needed.

Treatment

There is no known cure, although most women are substantially improved and quite comfortable with treatment. The recommended treatment is with an ultra potent steroid like clobetasol propionate (Dermovate®) steroid ointment. A peanut sized amount should be rubbed gently into the affected skin. It is important to continue this treatment even if, as expected, the irritation stops within two weeks. Most women with affected skin will respond to this treatment.

How to use the Dermovate ointment?

Dermovate ointment should be used once nightly for a month. You should then continue with the same ointment on alternate nights for a month, and then twice weekly in the third month. On the other days replace the steroid with an emollient cream (see self help section). The ultimate aim is to stop the steroid entirely and replace it with the emollient cream.

If symptoms return after the 4-month course, you can use the clobetasol cream/ointment every night for 2 weeks to treat the flare-up and then try to reduce the frequency, as above.

If symptoms keep coming back quickly when you stop using the cream, you may prefer to use the cream regularly once or twice a week for a long term. Long-term use is safe as long ***as one 30 g tube lasts at least 3 months***. More than this may cause skin thinning.

Self help

Do not use soap on the genital area and avoid bath additives and biological washing powders, as these are irritants. Washing the vulval area with water only causes dry skin and makes itching worse. Use a soap substitute like aqueous cream to clean the vulval area. Avoid using sponges or flannels to wash the vulva and shower rather than bath.

Emollients can be used as moisturisers throughout the day. These products can be bought in 500 g tubs or in 100 g tubes over the counter or on prescription from your family doctor. Using one of these moisturisers every day can help relieve symptoms. Even when you do not have symptoms, using a moisturiser will protect the skin and can prevent flare-ups.

Follow up

Once the condition is controlled it is important to be aware of possible problems. Either the hospital clinic or, more likely, your own doctor will keep an eye on the problem, but you should report any changes in symptoms or appearance to your doctor, such as lumpiness or ulceration. There is a small risk of developing cancer in areas affected by lichen sclerosus in later life. The exact risk is unknown but may be 2 to 5%. Self examination of the vulval area is recommended. A leaflet on vulval self examination is available for your information.

Childhood Lichen Sclerosus

This is rarer than adult Lichen Sclerosus. There is often a figure of eight whitening pattern in the genital area extending round the anal margin. Many cases disappear in puberty, but some persist. Treatment is as for adults, but with weaker steroid preparations. Most doctors would not biopsy a child's skin.

Other information can be obtained from:
The Vulval Pain Society, PO Box 7804, Nottingham, NG3 5ZQ
Email: info@vulvalpainsociety.org.uk
Website: https://vulvalpainsociety.org.uk

Or, The British Association of Dermatology at
https://www.skinhealthinfo.org.uk/condition/vulval-skincare/

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