

LICHEN SCLEROSUS (LS)

Lichen sclerosus (LS) is a genital skin disease, that can also affect other areas of the skin less frequently. It may last a lifetime, and hence need to be controlled to avoid scarring and disfigurement. It also has approximately 5% chance of developing into skin cancer. It usually starts around menopause in women, but may also present in children and males. It occurs in approximately 1 in 1000 women.

LS is not an infection. It is not contagious, and therefore not a sexually transmitted disease.

Cause

The cause of LS is unknown. It may have an autoimmune process underlying it, and is associated with thyroid disorders or vitiligo.

Symptoms

Itching is the most common symptoms. There may be pain or a burning sensation, including on intercourse and bowel movement. It may interfere with sexual intercourse and occasionally even cause problems with urination. It does not usually involve the vaginal canal.

Signs

By itself, LS appears as white skin patches with a crinkly texture. It may be patchy or extend from the labia to the anus.

It can be worsened by skin irritation, like scratching, resulting in open areas or fissuring. Infection with bacteria can result from scratching. There can be red, purplish or bruised areas, or cracks in the skin (fissures), from scratching or infection.

There may be scarring with loss of the clitoris, adhesion of the labia, or rarely narrowing of the urethra.

White crinkly patches may be seen on the skin elsewhere such as the breast, abdomen, and back.

Diagnosis

LS is diagnosed by examining the affected areas. It may be confirmed by taking a skin biopsy. The skin biopsy, usually 4mm in diameter, is taken after numbing the skin with local anesthetic and sent to the laboratory for microscopic analysis.

Treatment

The symptoms and signs of LS are usually controlled well by the use of a potent steroid ointment such as clobetasol as first-line treatment. This will help prevent scarring and the risk of skin cancer. However, severe scarring with loss of architecture may not be reversed. In general, a pea-sized amount of the ointment is used to treat the vulvar skin. Treatment will be tapered from twice a day to once a day to 3X / week. It should not be stopped unless advised by your doctor, as LS can come back.

It is important not to scratch, and keep your nails short and filed. Petroleum jelly, cool compress or sedating antihistamine at bedtime, as advised by your doctor, can help. It is important to use hypoallergenic skin products, as recommended by your health care provider, and treat the vulva gently.

Painful intercourse can be aided with hypoallergenic lubricants and vaginal moisturizers. However, painful sexual penetration should be avoided. The symptoms of itch, burning and painful intercourse can also be improved further by topical estrogens in menopause, prescribed by your doctor.

Follow up

Patients with genital LS respond quickly to strong steroid ointments over a few weeks. However, they need to be followed up long-term by their doctor, as the condition can recur. It is important to treat any recurrence early to prevent scarring and the risk of skin cancer. Any non-healing sore, persisting despite steroid treatment, should be evaluated by your doctor. We recommend self-examining the genital skin at least monthly. Patients with genital LS should have a genital examination by their doctor at least annually.

Reference: International Society for the Study of Vulvovaginal Disease Patient Information Committee Revised 2014

