

VULVAR LICHEN PLANUS

Lichen planus (LP) is a disease of the skin caused by inflammation. Vulvar lichen planus occurs most commonly in women 50-60 years old. It may affect both the vulva and the vagina, as well as the oral mucosa, skin, hair, nails, rarely the ear canal, eyes and esophagus. Women experience burning, soreness, and some itching as well.

Causes

The cause of LP is unknown. In some cases, it may be associated with an infection or medication.

Lichen planus is NOT infectious nor contagious.

Symptoms

Soreness, burning and rawness are the usual common symptoms. There may be itching. Painful sexual intercourse may also be a symptom due to narrowing of the vaginal canal. Problems with urination should be addressed urgently.

Signs

The vulva may appear raw, moist and red, with a white lacy pattern on the on the edges of the erosions. Scarring with loss of the clitoris and inner lips (labia minora) may be seen.

Diagnosis

The diagnosis is usually confirmed by a skin biopsy sent to the laboratory for analysis. This is a simple procedure done in the doctor's office with an anesthetic injected under the skin to be biopsied.

Treatment

Treatment usually takes time, as lichen planus is chronic and relapsing. Close follow up with you and your care-giver is important. Lichen planus is often managed with medication. There is no absolute cure for LP. However, However, it is possible that it will disappear completely, or come and go. Any infection or medication that serves as a trigger should be avoided.

Gentle vulvar care is advised, avoiding all irritating and fragrance products.

The usual treatment for LP is a strong topical steroid such as clobetasol or halobetasol ointment in a tapering fashion directed by your doctor. Steroid-sparing ointments containing calcineurin inhibitors such as tacrolimus may be an alternative. If the vagina is involved, a vaginal preparation containing steroid can be inserted into the vagina. For scarring and narrowing of the vagina, topical estrogen, dilators and physiotherapy of the pelvic floor are advised. Surgery may be needed to open the urethral or vaginal opening, if refractory.

If the ointments fail to control the inflammation, then prednisone tablets taken orally or steroid injection may be added. Medication that suppress the immune system may be added, such as methotrexate, acitretin (for post-menopausal women), cyclosporin or mycophenolate mofetil. These medications require monitoring by blood tests for their side-effects. There are precautions your doctor will discuss with you when using immunosuppressive medications. However, it is very important that you do not become pregnant on certain medications such as methotrexate as these are harmful to the baby.

Follow-up

Apart from scarring and narrowing of the vaginal opening and around the urethra, there is an increased risk of developing skin cancer in the area (approx. 3%). Hence, regular follow-up with your doctor is very important, frequently while on medications and at least once a year. Any new raised, thickened, red or white, bleeding or non-healing areas in your genital area should be examined by your healthcare provider.

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