

Understanding lichen sclerosus and lichen planus of the vulva

Gynaecology

Information for patients

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Introduction

This leaflet is about 2 skin problems that affect your private parts (vulva).

1. Lichen sclerosus is an uncommon skin condition. Around 1 in every 1000 women is affected. It most commonly affects the vulva (genital skin).
2. Lichen planus is a fairly common condition. Around 1 in every 50 people develop lichen planus. It mainly affects the skin. It causes an itchy rash. In some cases it affects the mouth, genitals, hair, nails and other parts of the body.

These skin changes are not cancerous. They are not infectious. For about 1 in 100 people they may lead to cancer over many years.

Most of the treatments available control the symptoms. They do not reverse the skin changes that have already happened. It is important to tell your doctor if the treatment is not working, or if you develop any lumps or unusual skin changes.

What causes lichen sclerosus or lichen planus?

We do not know exactly. We think the body's immune system may attack itself. This may be started by an infection, irritation or may run in families. About 1 in 4 people with lichen sclerosus has another autoimmune disease, such as thyroid disease, vitiligo or pernicious anaemia.

How do the conditions affect me?

The skin in the affected area is usually very itchy and sore. The symptoms are worse at night. Sometimes the skin may split causing stinging and pain or even bleeding. This can make it difficult or painful to have sex.

People often mistake the itching for thrush. Sometimes it can be years before a diagnosis is made.

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Lichen planus: painless white streaks or painful red sore areas on the vulva and entrance to the vagina.

Lichen sclerosus: the skin around the vulva and back passage may have white patches. The skin may appear crinkly. You may have shallow ulcers. The skin can stick to itself (adhesions). These change how the vulva look. They can narrow the entrance to the vagina. The inner lips (labia) can fuse to the outer lips (labia). The hood of the clitoris can be stuck down to the clitoris.

How is it diagnosed?

Diagnosis is usually made by your symptoms and looking at the vulva. Sometimes we may need to take a biopsy sample from the affected area to make sure it is not something else.

How is it treated?

There is no cure. We aim to control the symptoms and stop the skin changes from getting worse.

A strong steroid ointment or cream reduces swelling. You need to use the ointment or cream regularly for 3 months. Irritation tends to ease after 2 weeks or so. The skin may take more than 3 months to heal. Some women need more than 8 months of treatment.

The symptoms might flare up again after you have finished the course. If that happens you can start another 6 week course until you see your doctor.

General advice

Use a moisturiser (emollient) cream or ointment every day. Use this instead of soap to clean the area. It is also soothing. Avoid bubble baths, scented soap, detergents, perfumes contacting the vulva. These may irritate the skin and make symptoms worse.

Lubricants and vaginal dilators are useful if having sex is painful.

More information

Lichen sclerosus support group: scan the QR code or go to lssupportnetwork.org/

British Association of Dermatologists: www.bad.org.uk



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