

Lichen Sclerosis

Lichen sclerosis is a condition characterized by thinning of the skin, inflammation, itching and pain. It occurs in all age groups, but is typically found in the genital region of postmenopausal women. Usually the affected skin will be white and can be hard or soft. Well-developed classic lesions have a crinkled “cigarette paper” or parchment like appearance. Fissures may develop in the natural folds, as well as splitting the skin. The vaginal opening may become very small so as to preclude intercourse. Reddened areas with very small capillaries may become evident (especially with someone who is scratching).

Much confusion surrounds the diagnosis of lichen sclerosis, and can sometimes be misdiagnosed or confused with carcinomas of the vulva. Diagnosis can be made with colposcopy and biopsy of the affected tissue. Before any treatment is undertaken, biopsies should be taken, especially from sites of fissuring, ulceration, and thick plaques. Approximately 4-8% of lichen sclerosis patients have later been diagnosed with vulvar carcinoma. However, lichen sclerosis itself is a benign condition. After the diagnosis and any malignant potential of the lesions have been determined, a search should be made for all possible aggravating factors and should be treated accordingly.

Vulvar lichen sclerosis is considered chronic or long lasting and requires long-term treatment. The cause is unknown and the condition has been thought to be associated with numerous etiologies.

- Chronic trauma
- Allergy
- Nutritional deficiencies
- Chronic vaginal infections, such as yeast
- Autoimmune diseases

The goal of any therapy is to control the symptoms and improve the quality of life with minimal adverse affects. Basic therapy includes the following daily hygienic measures:

- Avoid constrictive undergarments or clothing
- Wear white cotton underpants only
- Do not use toilet tissue or towels
- To dry the vulva area use a hair dryer (cool setting) each night before applying prescribed creams

Treating symptoms may include the following:

- Inflammation:
 - First Line: Clobetasol 0.05% applied twice daily for 4 weeks, then daily for 3 months.
 - Second Line: Topical calcineurin inhibitors are currently recommended as second-line therapy for VLS. Topical Elidel (pimecrolimus) cream 1% is an immunosuppressant agent that inhibits T-cell activation and significantly improves the symptoms of itching burning, and inflammation
- Thin tissues: Testosterone Propionate ointment applied daily to thicken the skin

When following a conservative regime, most patients remain asymptomatic and do not need to fear carcinoma. All patients must have adequate and regular follow-up studies, even though they remain free of symptoms. General recommendations:

- Vulvar self exam monthly
- Report any changes to your physician
- Minimum 6 month office examinations
- Colposcopy and biopsy as indicated for any new change in the tissues