



## **LICHEN SCLEROSUS in Females**

### **What are the aims of this leaflet?**

This leaflet has been written to help you understand more about lichen sclerosis (LS). It tells you what it is, what causes it, what can be done about it, and where you can find out more about it.

### **What is lichen sclerosis?**

Lichen sclerosis is a chronic inflammatory skin condition which can affect any part of the skin, but in females it most often affects the vulva skin and the skin around the anus. It can start in child- or adulthood and affect girls or women of any age.

### **What causes lichen sclerosis?**

The cause of lichen sclerosis is not fully understood. It is felt to be a type of autoimmune condition in which the person's immune system reacts against the skin. Sometimes it is associated with other diseases in which the body's immune system attacks normal tissues such as the thyroid gland (causing an over- or underactive thyroid gland) or the insulin-producing cells in the pancreas (causing diabetes).

Lichen sclerosis is not due to an infection – the disease is not contagious, so sexual partners cannot pick it up.

Friction or damage to the skin can bring out lichen sclerosis and make it worse. This is called a 'Koebner response'. Irritation from urine leakage can make the problem worse.

### **Is lichen sclerosis hereditary?**

Rarely, lichen sclerosis can occur in relatives.

## **What are the symptoms of lichen sclerosis?**

Many patients have none, but the most common symptom of lichen sclerosis is itching. As a rule the patches on the general skin surface seldom itch much, but those in the genital area do, and can also be sore if the skin breaks down or cracks. In the genital area, the scar-like process can tighten the skin, and this can interfere with urination and with sexual intercourse. Tightening of the skin around the anus can lead to problems with constipation.

## **What does lichen sclerosis look like?**

In females the most common site of involvement is the vulva skin. The skin has a white shiny appearance which can sometimes become raised and thickened. When there is also involvement of the anus it is described as a figure of eight pattern, Skin fragility may lead to easy bruising, blisters and erosions. There is a small risk of developing a skin cancer in affected areas in the vulva. These can look like lumps, ulcers or crusted areas.

In areas away from the genital skin, lichen sclerosis look like small ivory-coloured slightly raised areas, which can join up to form white patches. After a while the surface of the spots can look like white wrinkled tissue paper. The most common sites are the bends of the wrists, the upper trunk, around the breasts, the neck and armpits.

## **How will lichen sclerosis be diagnosed?**

The diagnosis of lichen sclerosis can usually be made from the typical appearance of the condition. Sometimes a small skin sample may be taken and checked under the microscope to confirm the diagnosis, especially if there is an open sore or a thickened area of skin. This is known as a skin biopsy and requires a local anaesthetic injection and possibly stitches to close the wound, leading to a small scar.

## **Can lichen sclerosis be cured?**

No treatment is likely to reverse the changes of lichen sclerosis completely, but the symptoms and signs of the disease can usually be well controlled with the application of creams to the affected skin. Occasionally it may go away around the time of puberty.

## **How can lichen sclerosis be treated?**

A variety of treatments are available for lichen sclerosis:

- Strong steroid ointments such as clobetasol propionate (Dermovate®) and diflucortolone valerate (Nerisone forte®) are used to stop the inflammation and also soften the affected skin. Please do not worry about the warning inside the pack, where it might say not to use these ointments on genital skin - your dermatologist will advise you how and when to apply the steroid ointments safely.
- Moisturisers help to soften and protect the skin.
- The fragile skin of lichen sclerosis may be more susceptible than normal skin to infection with Candida yeasts (thrush) or bacteria, and may split or even bleed. Your doctor will treat these problems if they arise.
- Rarely, a small operation may be needed to divide adhesions if the skin sticks together.

## **Self Care (What can I do?)**

- Avoid washing with soap and instead use an emollient soap substitute/cream.
- Carefully dry yourself after passing urine to reduce the contact of urine with your skin.
- Using a moisturiser or yellow soft paraffin as a barrier cream can protect your skin from exposure to urine.
- If sexual intercourse is painful because of tightening at the entrance to the vagina, the use of lubricants and, on occasions, vaginal dilators, will help.
- Keep an eye on your skin. Cancer of the vulva may be a little more likely to occur in lichen sclerosis that has been present for many years than in normal skin. Lifelong regular self-examination is very important for all females who have or have had genital lichen sclerosis. If any skin change develops which does not respond to steroid creams, in particular any skin thickening, soreness or ulceration lasting more than two weeks, you need to tell your doctor without delay. You may need a biopsy to test for skin cancer.
- If you are a smoker, stop smoking to reduce the risk of cancer.

## Where can I get more information about lichen sclerosis?

*Web links to detailed leaflets:*

[www.niams.nih.gov/Health\\_Info/Lichen\\_Sclerosus/default.asp](http://www.niams.nih.gov/Health_Info/Lichen_Sclerosus/default.asp)  
<http://dermnetz.org/immune/lichen-sclerosus.html>

*Link to patient support group:*

*National Lichen Sclerosus Support Group (NLSSG)*

E-mail: [admin@lichensclerosus.org](mailto:admin@lichensclerosus.org)

Web: [www.lichensclerosus.org](http://www.lichensclerosus.org)

*Published guidelines for the management of lichen sclerosis:*

[British Journal of Dermatology 2010; 163:672-82](#)

For details of source materials use please contact the Clinical Standards Unit ([clinicalstandards@bad.org.uk](mailto:clinicalstandards@bad.org.uk)).

**This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.**

*This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel*

**BRITISH ASSOCIATION OF  
DERMATOLOGISTS  
PATIENT INFORMATION LEAFLET  
PRODUCED AUGUST 2004  
UPDATED MARCH 2010, JANUARY 2014  
REVIEW DATE JANUARY 2017**

