

# Lichen Sclerosus

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**What is it?** Lichen sclerosus is a relatively common skin disorder that causes white patches of skin to develop. It can affect men and women. It can occur anywhere on the body but often involves the skin surrounding the genitalia and anus. It is not contagious.

**Why me?** It is likely an autoimmune condition – there is no known cause. Sometimes there is a family history of this skin condition. In women, it is often seen at the time of the menopause or before puberty but can occur at any age.

**What are the symptoms?** The main symptom is itch and an urge to scratch the skin. Some women do not have symptoms. Lichen sclerosus usually causes the skin to become white, thin and crinkled. There is often a “figure of 8” pattern around the vulva and anus. The skin may crack or tear which causes discomfort when urinating or having bowel movements. Many women experience sexual discomfort and may be unable to have comfortable sexual penetration. With long standing inflammation there may be eventual changes to the appearance of the vulva. For example, the small hairless lips can thin and flatten, and the glans of the clitoris becomes hidden under the skin. The large hair bearing lips may stick together and entry to the vagina (not the vagina itself) may become narrowed resulting in difficult inserting anything into the vagina.

**How do you diagnose this condition?** Often the presenting symptoms and the physical appearance of the vulva are enough for an expert to make a diagnosis. However, a skin biopsy may be needed to make a definite diagnosis. A skin biopsy is done in the office under a local anaesthetic.

**How do you treat this condition?** It is important to follow the guidelines regarding appropriate skin care and vulvar hygiene. The most successful treatment are topical steroid ointments. This will reduce the inflammation and heal the skin. Sometimes surgery is needed to correct the changes to the vulvar architecture.

**How much to use?** We recommend patients use ½ Fingertip Unit (FTU) per application; 1 FTU is the amount of ointment expressed from a tube with a 5 mm nozzle, applied from the distal skin crease of the index finger to the tip, so ½ FTU is half that amount. A 30-g jar will last you at three months when you begin therapy and is safe even if you are pregnant. You will have been prescribed: Mometasone Furoate 0.1% or Clobetasol Propionate 0.05%

**First month:** Once at day (morning or night), apply a thin layer of the ointment to the affected areas, not forgetting the skin around the anus if this is involved too. Your symptoms should be greatly improved after 1 month.

**Second month:** Apply on alternate nights.

**Third month:** Apply twice a week (eg. Mondays and Thursdays or on weekends Saturdays & Sundays). You should follow up with your doctor after you have finished 3 months of treatment.

**What are the goals of therapy?** The goals of therapy are; (1) improve your daily symptoms so that you are comfortable and the skin condition does not interfere with your activities, (2) heal the skin – fissures and erosions will clear (whitening may regress but it may remain), and (3) prevent further changes to the skin and vulvar architecture.

**How long do I need to use this medication?** After 3 months of therapy, you should only need to use your ointment 2-3 times per week. You will need to use the steroid long term. This is a chronic skin condition that can not be cured but can be well managed. Regular use of this medication will result in better symptom control, prevent further changes to the skin, and may reduce your risk of developing a skin cancer.

**What do I do if I have a flare-up?** Flare ups are common. Please follow the skin care recommendations to decrease the likelihood of this happening. If you have an increase in itch, restart a daily application for 1-2 weeks until your symptoms resolve. If the symptoms do not resolve after one week of therapy, and or your symptoms increase, stop your medication and see a doctor – you may have another issue (For example, a yeast infection). Once your symptoms improve go back to regular 2-3 times per week application. It is important to note that you should not use daily therapy for any longer than 4 weeks at a time. There are alternative medications if the steroid medication is not helpful (for example, topical tacrolimus).

**Who do I see for follow up?** You should see a doctor after your first 2-3 months of treatment. It may take up to one month for your symptoms to resolve once you start treatment, and up to three months for the skin to heal. If you are still having symptoms, such as daily burning and or sexual discomfort, please discuss with your doctor at the follow up appointment. It is common to have a secondary diagnosis (for example, low estrogen or vulvodynia) that needs to be addressed. Once your condition is stable, we recommend that you see a health care provider once per year. While there is a small association of this skin condition with vulvar skin cancer, this risk is very low. The doctor will review your symptoms and inspect the vulvar skin. Please see a doctor sooner if you develop any new lesions (ulcers, bumps) that do not go away after a week.

Specific recommendations to you:

