

# LICHEN SCLEROSUS

## WHAT IS IT?

A long-lasting (probably lifelong) skin inflammation that involves the genital area in particular, including around the anus and sometimes towards the groins. It is an external condition, not affecting the vagina. It does not interfere with pregnancy and may even be improved by it.

It may occur at any age, but females are more often affected than males. It is not an infection, but damaged skin can be easily infected.

Most likely it has genetic and immune basis, and occasionally it occurs in families. Sometimes it is associated with other diseases related to the immune system e.g. diabetes or thyroid conditions.

Its effects can range from very mild to quite severe. In children, it may disappear at puberty.

In recent years it has become understood that the best treatment is using enough steroid ointment or cream to prevent all symptoms. If there is itch or tenderness, the condition is active and may cause complications. In Lichen sclerosis, topical steroid use does not thin the skin, and treatment will need to be used regularly for life.

## EFFECTS

Skin dryness through loss of oil producing skin glands and surface thickening.

Therefore a tendency to:

- itch
- skin splitting
- skin thickening
- other infections if damaged skin  
e.g. thrush  
bacterial skin infections

Occasionally there may be blood blisters. If untreated there can be some skin destruction but only externally.

The vagina stays normal.

The skin changes may include the following:

- covering over of the clitoris by skin
- loss of the inner lips (labia minora)
- bands of joined skin above and below the vaginal opening, often making the vaginal entrance small, with intercourse painful (these bands can be removed surgically)

Very strong topical steroid medication can stabilise these changes, and help smooth out the roughened skin, but cannot restore the inner lips or reverse the covering over of the clitoris (except in children. In boys the foreskin can be very tight, and may be released by these steroid creams).

The regular use of moisturisers in addition to the steroid medication can, help to stabilise the condition, once it is under control.

## RISK OF CANCER

This may be in about 2-3 % of cases. Recent knowledge suggests it may be more the result of long-term scratching than the disease itself (this is uncertain).

However, lifelong yearly assessment should be a minimum in all cases. Any new, thickened area that does not soften and decrease with more steroid ointment should be biopsied.

## ROLE OF SURGERY

Where the adhesion of the labia has produced tight bands that are strained and split with penetrative sexual activity, surgery is often helpful to release this tightness.

Surgery is **not** a substitute for ongoing steroid medication.

The following web links may provide more information.  
[www.lichensclerosus.org/](http://www.lichensclerosus.org/)  
[www.dermnetnz.org/](http://www.dermnetnz.org/)

This fact sheet is designed to provide you with information on Lichen Sclerosus. It is not intended to replace the need for a consultation with your doctor. All clients are strongly advised to check with their doctor about any specific questions or concerns they may have. Every effort has been taken to ensure that the information in this pamphlet is correct at the time of printing.