

LICHEN SCLEROSUS

Lichen Sclerosus (sometimes called lichen sclerosus atrophicus, or LS&A) is a skin condition that is most common on the vulva of older women who have gone through menopause. However, lichen sclerosus sometimes affects girls before puberty, as well as young adult women, and the penis of uncircumcised males. In females, lichen sclerosus can affect rectal skin also. Only rarely does lichen sclerosus affect skin outside the genitalia, and this is usually the back, chest or abdomen. Lichen sclerosus almost never appears on the face or hands.

The causes of lichen sclerosus are not completely understood, but a main cause is an over-active immune system. The immune system, that part of the body that fights off infection, becomes over-active and attacks the skin by mistake. Why this happens is not known.

Lichen sclerosus typically appears as white skin that is very itchy. The skin is also fragile, so rubbing and scratching can cause breaks, cracks and bruises that hurt. Sexual activity is often painful or impossible. Untreated, lichen sclerosus can cause scarring and, occasionally, narrowing of the opening of the vagina in women. In boys and men, the foreskin can scar to the head of the penis. Untreated lichen sclerosus is also associated with skin cancer of the vulva in about one in thirty women. There is also an increased risk of skin cancer of the penis in men. These risks can be lowered when lichen sclerosus is well-controlled.

Irritating creams, unnecessary medication, soaps and over washing should be avoided. Washing should be limited to once daily with clear water only. Some irritants, such as sweat in overweight people and urine in incontinent people can be more difficult to avoid. Otherwise, the most common irritant is rubbing and scratching. While most people are able to keep from scratching during the day, this kind of irritation can occur during the night when may rub or scratch the area without realizing it. Although there are no effective anti-itch medications, a medication that produces a very deep sleep can prohibit nighttime irritation.

Lichen sclerosus usually improves very quickly with treatment. For boys and men, circumcision usually cures this condition. Treatment in women usually requires the use of a very strong corticosteroid (typically, Clobetasol), as well as attention to any vaginal infection, low estrogen or other things that can irritate the genital area. The corticosteroid is a topical medication that is applied VERY sparingly once or twice a day to start. The skin should not feel greasy after the medication has been applied. It is important that this medication be used EXACTLY as it is prescribed. Using too much of the medication, or using it too often or for too long, can cause the skin to become thin and irritated. Itching and irritation usually begin to improve within a few days, but the area should be examined by a provider at least monthly while the medication is being applied on a daily basis. With ongoing use of the corticosteroid, the color and strength of the skin should gradually return to normal. Lichen sclerosus can be effectively controlled, but not cured, with the use of a corticosteroid. Once the skin returns to its normal state, use of the corticosteroid is usually reduced to 3-4 days per week, or a milder corticosteroid, which can be used daily for a longer period of time, is prescribed.

Occasionally, patients do not improve significantly using a corticosteroid. In these cases, patients can be treated with the application of tacrolimus (Protopic®) or pimecrolimus (Elidel®) twice daily. These medications do not cause thinning of the skin; however, some patients find them irritating. There are also concerns about the effects of the long-term use of these medications.

When lichen sclerosus is well-controlled, but symptoms of irritation persist, patients should consider the role their medications and hygiene products. Infections, low estrogen levels and scarring also can cause irritation. Infrequently, women can experience a pain/irritation syndrome (vulvodynia), triggered by the lichen sclerosus, but this condition can also be well-controlled.

Nearly all patients do very well following treatment for lichen sclerosus. Even when fully controlled, however, patients should continue to be followed by a healthcare provider.