



Women and
Children's Health

North Bristol **NHS**
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Lichen Planus



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Lichen Planus (LP)

Lichen planus is an inflammatory skin condition which affects around 1-2% of the population. It commonly causes an itchy rash of small purplish bumps of different sizes, often crossed by white lines. It can affect a person's arms, legs, back, mouth and also the genital skin.

Lichen planus of the vulva and vagina commonly cause soreness, burning and rawness. Sometimes areas of skin break down causing "erosions". This can be associated with a sticky, yellow or green discharge. As sore areas heal, skin can become stuck together. Sometimes this can make the vaginal opening narrower, and might cause intercourse to become painful.

The cause of lichen planus is unknown. It may be an "autoimmune" reaction, where a part of a person's immune system is overactive. Lichen planus is not contagious and cannot be passed on to a sexual partner.

Treatment

There is no absolute "cure" for lichen planus. It often comes and goes over time. There are, however, medications as well as life-style changes that can help control some of the symptoms. Different treatments work for different people, and it may be that you need to try a few different things before you find something that helps.

Symptoms can be worsened by soaps. It is therefore best to wash your body and genital area with plain warm water, avoiding soaps and bubble bath and using aqueous cream as a soap substitute. It may help to wash your hair over the basin, so that shampoo does not contact the affected skin. Use aqueous cream also as a moisturiser after washing which can be extremely soothing if it is cooled before application. If intercourse is painful, try using a good lubricant such as KY jelly or Astroglide.

It may help to wear stockings instead of tights, or have some days where you wear a loose skirt without any underwear.

It has been found that some steroid creams can stop the inflammation caused by LP and prevent any scarring from worsening. They also provide relief from the soreness and irritation

The treatment should not be used continuously, but the suggested treatment period can be repeated if necessary, and the cream applied infrequently but regularly if symptoms are persistent.

You may be prescribed a strong steroid cream or ointment (usually Dermovate/Clobetasol Propionate) for your lichen planus. Do not be alarmed that the manufacturer's leaflet states that this treatment should not be used on the genital area. It does not take into account this particular condition. The treatment is very effective and perfectly safe to use on the genital skin, provided you follow the guidelines below:

Apply a small amount of the cream thinly to the affected area once a day for 2 weeks. A "small amount" is the amount of toothpaste that you would put on a toothbrush.

You can move onto the next step sooner if the soreness disappears before the end of two weeks daily use, or even stop using the treatment if the soreness has completely cleared.

For the following 2 weeks, use the cream once every other day (alternate days).

For 2 weeks after that, just use the cream twice a week.

If you still have a slight itch or soreness, continue to use the cream once or twice a week. You can stop the treatment once the symptoms have gone completely.

If the symptoms return, you can repeat the above course of treatment, stopping at any point once the symptoms settle.

If you have further flare-ups despite repeating the treatment, it

is safe to use the cream once or twice a week until we see you again, to keep the condition under control.

If you develop symptoms, which are still not controlled by the treatment, or you have any other concerns about your symptoms or treatment you should go back to your doctor or return to the hospital clinic.

Quantity

It is important that you do not use too much of the steroid creams. We prescribe 30 gram tubes, which should last at least 2-3 months. If you do get further supplies from your family doctor please keep a record of the amount used.

Side effects

Occasionally the cream can give a burning sensation when first applied, but usually this disappears in 10 minutes or so. If the burning carries on or is very severe, stop using the cream. The ointment form may suit you better, although it feels greasier.

Very rarely, an allergic reaction to one of the components of the cream can occur, and you will need to use another variety.

Follow up

Very rarely (approx 2%), women with lichen planus can develop a skin cancer. If detected early, treatment is very successful. It is therefore important to report any lumps, unusual changes in symptoms or non-healing areas to your doctor.

References

www.uklp.org.uk

accessed May 2017

This is a UK based patient support group for lichen planus with useful further information on the website

<http://vulvalpainsociety.org/vps/>

[accessed May 2017]

British Society for the Study of Vulval Disease

<http://bssvd.org/>

[accessed May 2017]

**PATIENT
APPROVED** 

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www.nbt.nhs.uk/gynaecology

If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.

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