



Women and
Children's Health

North Bristol **NHS**
NHS Trust

Lichen Sclerosus



Exceptional healthcare, personally delivered

Lichen Sclerosus (LS) is an itchy skin condition usually affecting genital skin, but it can occur elsewhere. It affects women more often than men and may run in families. The cause is unknown, but the condition is definitely not dangerous and not a cancer.

Women with LS can experience severe itching in the skin around the outside of the vagina and this can spread to the skin around the back passage. The skin can be red and inflamed, but more often it is whitened. Sometimes tiny purple blood blisters appear temporarily, and scratching may produce some raw patches. With time the skin can become more wrinkled, with some thickened areas developing.

Unfortunately the condition cannot be cured completely, but treatment is now available to slow its progression and relieve the symptoms.

Diagnosis

Sometimes the diagnosis of LS can be made clinically (by your doctor looking at the affected area and recognising the familiar signs). Treatment can then be started straight away. Sometimes the diagnosis is not immediately clear and your doctor may recommend taking a small biopsy of the affected skin. This is a simple procedure which can be done in the clinic. A local anaesthetic is used and a small dissolvable stitch is usually needed afterwards. The skin sample is then sent to the laboratory to be examined under the microscope to confirm the diagnosis.

Treatment

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

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. It is best not to apply an emollient (moisturiser) at the same time as any treatment cream as it may dilute their effect and spread the treatment preparation to areas that do not require it. Leave an interval of at least 30 minutes between moisturising and applying other treatments.

How to use a Strong Steroid Cream

You may be prescribed a strong steroid cream or ointment (usually Dermovate/Clobetasol Propionate) for your LS. Do not be alarmed that the manufacturers 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 irritation disappears before the end of two weeks daily use, or even stop using the treatment if the irritation 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 irritation settles.

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, women with LS can develop a skin cancer. If detected early treatment is very successful, so it is therefore important to report any lumps or unusual changes in your symptoms to your doctor.

References and Further Information

Website available:

www.lichensclerosus.org
[accessed May 2017]

<http://vulvalpainsociety.org/vps/>
[accessed May 2017]

British Society for the Study of Vulval Disease
<http://bssvd.org/>
[accessed May 2017]

**PATIENT
APPROVED** 

How to contact us:



**Department of Obstetrics and
Gynaecology
Cotswold Outpatients Department
Southmead Hospital
Bristol
BS10 5NB**



0117 414 6769



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.

© North Bristol NHS Trust. This edition published June 2017. Review due June 2019. NBT002510

Help to support North Bristol NHS Trust:



www.southmeadhospitalcharity.org.uk

Registered Charity Number 1055900



Join us as a foundation trust member and help shape the future of your local healthcare. Find out more:

www.nbt.nhs.uk/ft