

LICHEN SCLEROSUS (LS)

Lichen sclerosus, or LS (sometimes called lichen sclerosus et atrophicus) is a skin condition that occurs very commonly in older women who have gone through menopause. Yet LS sometimes affects girls before puberty, young adult women, and males as well. **It is not contagious.**

The cause of LS is not well understood, but it is likely due to an **over-active immune system**. The immune system is the part of the body that fights off infections and intruders, but it can become over-active and attack the vulvar skin by mistake. Why this happens is not known.

LS of the vulva and anal skin typically appears as **white skin** that is **very itchy**. The skin is also fragile, so that rubbing and scratching can cause breaks, cracks, and bruises which then hurt. **Sexual intercourse is often painful** or impossible.

Untreated LS can cause scarring and occasionally narrowing of the opening of the vagina. LS is associated with skin cancer of the vulva in about one out three women, but **well treated LS is at much less risk for both scarring and cancer** (3-4%).

In some cases, if the appearance of the skin is not conclusive for LS, a small piece of tissue, a **biopsy**, can be performed in the office, after the application of a local anesthetic. It is sent to the lab for testing and confirmation. Spotting or light bleeding is common afterwards for 1-3 days. Soap and water can be used to wash the vulva, and polysporin cream can be applied as well. It heals very fast.

Lichen sclerosus usually **improves very quickly with treatment using a corticosteroid ointment**. It is also important to treat any vaginal infection, low estrogen skin changes and practice proper vulvar skin care.

The most effective corticosteroid is called **clobetasol** ointment, which should be applied very sparingly twice a day to start, then reduce to once a

day after 4-6 weeks, and finally 3 times a week for another 3-4 months for a total of 6 months. The itching and irritation usually improve within a few days. With ongoing use of the corticosteroid, the color and strength of the skin can become normal.

When too much clobetasol is used, or when the ointment is used for too long without careful follow-up, the skin can thin down and become irritated and red (from the overdose of clobetasol). However, corticosteroids are very safe medications if used properly.

Lichen sclerosus usually is well controlled with a corticosteroid, but it is **not always cured**. Hence if the medication is stopped, itching and irritation may reappear.

Some women need a **maintenance therapy**, which involves the use of a weaker corticosteroid call **mometasone**, or the intermittent use of clobetasol, once or twice a week, or on weekends.

Substances that can irritate the area, such as unnecessary creams, medications, soaps, and over-washing, should be avoided.

My recommendation is continued monitoring with your family physician, or in my office, with the following schedule for assessments:

- One month after initiating treatment
- One month after completing the 6-month treatment
- Every 6 months for another year
- Yearly thereafter

If there is a change, such as increased itching, bleeding or an unusual discharge, an earlier assessment may be necessary. Please note that a new referral from your family physician may be required after 6 months.

Dr Roberto Leon