



LICHEN SCLEROSUS

Lichen sclerosus is a benign (noncancerous) disorder of the skin of the vulva. It can occur in women of any age, but is most common in postmenopausal women (women who have already gone through menopause). It is a very common vulvar disorder and has been estimated to account for approximately 10% of office visits for vulvar symptoms. However, it affects less than 17% of adult women.

Q. WHAT IS LICHEN SCLEROSUS?

A. Lichen sclerosus is a benign disorder of the skin of the vulva. It can occur at any age. Characteristics are thinning of the surface of the skin and constriction of the vagina. The skin may even have a paper-like appearance. There may be small tears (fissures) on the surface of your skin. If you have recently attempted intercourse there may be larger tears that may have bled at the time of intercourse.

Q. HOW IS LICHEN SCLEROSUS DIAGNOSED?

A. The diagnosis of lichen sclerosus is made by clinical exam and biopsy of affected areas. Suspicion of lichen sclerosus is confirmed by a small biopsy of the area. After injecting the area with a small amount of lidocaine (a local numbing agent) your physician will take one or several small biopsies. The size of these biopsies ranges from 3 to 5 millimeters. You should experience little discomfort as he or she obtains these biopsies. It will take approximately 2 weeks for the biopsy sites to heal. During the time of healing you should notify your physician if you notice any redness, swelling, significant pain, or persistent bleeding at the biopsy sites, or if you begin running a fever.

The biopsy samples will be sent to a pathologist who will evaluate them under a microscope. If the biopsies confirm lichen sclerosus your physician will recommend treatment.

TREATMENT OF LICHEN SCLEROSUS

Standard initial treatment of lichen sclerosus involves using high doses of topical steroids (steroids that are applied as a cream) to the affected areas. One of the most common steroid creams is Temovate (also known as clobetasol). Your physician will ask you to use this cream on the affected area twice a day for 2 to 3 weeks. Then he or she will slowly have you decrease the frequency of use of the cream. For example, he or she may have you use it once a day until the symptoms decrease, and then use it on an as-needed basis only. Most women notice an improvement in symptoms by the end of one month of use of steroid cream. The

treatments may be continued on a long-term basis as long as they are limited to 1 to 3 times per week.

If topical treatment with steroids is not effective, there are alternative options such as topical testosterone or progesterone therapy. The success of these treatments is debatable. Some women complain of side effects of testosterone therapy including acne and excess hair growth.

Surgical excision of scar tissue is sometimes an option with lichen sclerosus. To date, the effectiveness of surgical excision has not been proven, since at least 80% of women who undergo excision would experience a recurrence, and this does not appear to reduce the incidence of a cancer forming.

Many nonmedical options to control the symptoms of lichen sclerosus are available. Keeping skin clean and dry, keeping skin lubricated (such as with vegetable oil), and taking sitz baths will relieve symptoms.

WHAT ARE THE LONG-TERM RISKS OF LICHEN SCLEROSUS?

Women with vulvar lichen sclerosus are at slightly increased risk of vulvar cancer. Studies have shown that a woman's risk of developing invasive squamous cell carcinoma second to vulvar lichen sclerosus is very low--2% to 5% over many years. The risk of vulvar cancer is probably low (1.5 cases per 100,000 women). In some children, the lichen sclerosus gradually will disappear at menarche. However, in the majority of cases, the condition will persist into--and perhaps throughout--adult life.

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