

Women and Children's Care Group
Patient Information

What is Lichen Sclerosus?



What is lichen sclerosis?

Lichen sclerosis is a chronic inflammatory skin condition which can affect any part of the skin, but it most often affects the genital skin (vulva) and the skin around the anus.

What is the cause of lichen sclerosis?

The cause is not fully understood. It can be associated with other diseases in which the body's immune system attacks normal tissues such as an overactive or underactive thyroid gland, or diabetes, but it has not been proven that it is an auto-immune condition in itself.

Lichen sclerosis is not contagious and cannot be spread through contact, including sexual intercourse.

Friction or damage to skin triggers lichen sclerosis and can make it worse. Irritation from urine leakage or wearing incontinence pads or panty liners can make the problem worse.

What are the symptoms?

The most common symptom of vulval lichen sclerosis is itching, which may be severe and may be very sore if the skin breaks down or cracks. In the genital area, the scar-like process can tighten the skin which can interfere with urination and sexual intercourse.

Can lichen sclerosis be cured?

There is no permanent cure for lichen sclerosis, but the symptoms and signs of the disease can be well controlled with the application of creams to the affected skin.

What can I do?

- Avoid wearing tight trousers and tights. Women with lichen sclerosis find loose cotton underwear more comfortable.
 - Avoid using soaps, gels, bubble baths and scented products. Aqueous cream should be used instead of soap to clean the skin around the vagina and the anus.
 - Using a moisturiser or yellow soft paraffin (such as Vaseline) as a barrier cream can protect your skin from exposure to urine.
 - If sexual intercourse is painful, the use of lubricants may help.
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How can lichen sclerosis be treated?

- A course of strong steroid ointment (Clobetasol propionate 0.05%), applied sparingly half a finger-tip size, instructions as below:
 - once daily for 1 month
 - then alternate days for 1 month
 - then twice a week for 1 month
 - then use as needed for recurrent symptoms
- Moisturisers help to soften and protect the skin
- Rarely, a small operation may be required to divide adhesions if the skin sticks together.

When should I worry?

If any skin changes develop which do not respond to steroid creams, in particular any skin thickening, soreness or ulceration lasting more than 2 weeks, you need to tell your doctor without delay.

Who should I contact?

Your General Practitioner is your first port of call. Should they need a second opinion, you will be referred to see a gynaecologist.

Where can I get more information about lichen sclerosis?

1. British Association of Dermatologists website.
2. Vulval pain society.
3. Royal College of Obstetrics and Gynaecology Patient Information Leaflet Skin Conditions of the Vulva.
4. lichensclerosis.org.

Other sources of information

NHS Choices

The UK's biggest health website, certified as a reliable source of health information: www.nhs.uk

Patient UK

Evidence based information on a wide range of medical and health topics.
www.patient.co.uk

Patient Advice and Liaison Service (PALS)

PALS will act on your behalf when handling patient and family concerns, they can also help you get support from other local or national agencies. PALS, is a confidential service.

Princess Royal Hospital, Tel: 01952 282888

Royal Shrewsbury Hospital, Tel: 0800 783 0057 or 01743 261691

Website: www.sath.nhs.uk

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