Vulvar Lichen Sclerosus

Lichen Sclerosus (LS) is a chronic inflammatory condition which mostly affects the genital skin, involving the vulva, but not the vagina. LS can also occur in extra-genital skin in up to 15% of people.

This condition impacts approximately 1% of women, with most women being diagnosed around the age of menopause. However, this condition can occur at any age, as well as in men. The cause is likely autoimmune and there may also be a genetic component as it can occur more often in families.

Symptoms of Lichen Sclerosus

Discomfort	**The most common symptoms of LS include itching, burning, or pain during sexual intercourse.** The itching can become severe, and with persistent scratching, this can lead to cuts that are painful.
Anatomy	LS can occur anywhere on the vulva and perianal skin, and may also present with changes to anatomy. Over time, affected skin can become **pale, thin, and develop white patches**. This skin is fragile and can crack. Progressive disease can cause **distortion of normal vulvar anatomy** including scarring, loss of labia minora ("inner lips"), fusion over the clitoris, and narrowing of vaginal opening.
Function	As a result of anatomical changes, many individuals can experience a disruption of function as a result, including **inability to properly urinate, painful sexual intercourse, and painful bowel movements**.

How is this skin condition diagnosed?

The diagnosis of LS can often be made based on your symptoms and examination of the skin around the vulva and anus.

A skin biopsy is sometimes required to confirm a diagnosis of LS.

- The biopsy can be performed in an office setting, under local freezing, and the small sample of the skin is then sent to the laboratory for examination.
- For a skin biopsy to be accurate, steroids applied to the skin should be avoided on the vulva for at least four weeks prior.

v.12.22.2021
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Treatment Options for Lichen Sclerosus

Lifelong therapy for LS is required as it is a chronic condition for which there is currently no cure.

First-Line Treatment
- **Ultra-Potent Topical Steroids**
  - Clobetasol Diproprionate

Maintenance Treatment
- **Mid-Potent Topical Steroids**
  - Mometasone Furoate

The topical steroid should be applied to the entire vulva, and in a *figure-of-eight pattern* if there is involvement of the anus.

Contrary to common belief, **the use of topical steroid on the vulva is safe and side effects are rare**. After initial treatment with daily ultra-potent steroid application, often the strength of steroid and/or the number of times per week the steroid is applied can be reduced for maintenance therapy (e.g. Mometasone 2-3x/week). Sometimes this regimen may be modified. **Consistent use of topical steroids is key to controlling symptoms and preventing progression of disease.**

Second-Line Treatment
- **Oral Steroids**
- **Intralesional Steroids**
- **Immunomodulators**

Most respond to topical steroids, however these options can modify the immune response by reducing inflammation. Your doctor will discuss if these are right for you.

± Surgical Intervention — Surgical intervention for vulvar lichen sclerosus is considered in extreme cases of scarring with functional limitations.

Research does not support the uses of protein rich plasma, low oxalate diets, or lasers for LS treatment.

Follow-up for Lichen Sclerosus

The initial follow-up plan after a diagnosis of vulvar LS and initiation of treatment is **individualized to your needs until your symptoms improve**. Afterwards, there should be life-long annual visits to examine the skin for any progressive, pre-cancerous, or cancerous changes. The diagnosis of pre-cancer or cancer of the vulva is made on biopsy of suspicious changes on the skin.

Purpose of Treatment

The purposes of treatment for vulvar LS include:

- **Symptom Control** – to provide relief of symptoms such as itching, burning, or pain during intercourse
- **Preventing Disease Progression** – to preserve the normal anatomy and function of the vulva
- **Prevention of Vulvar Cancer** – approximately 5% of vulvar LS will progress to vulvar cancer (also known as *vulvar squamous cell carcinoma*) if left untreated

Unfortunately, anatomical skin changes that have already occurred prior to starting treatment are irreversible.

References
1. Cooper SM, Arnold SJ. Vulvar lichen sclerosus. Up to Date. 2021 Feb.

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