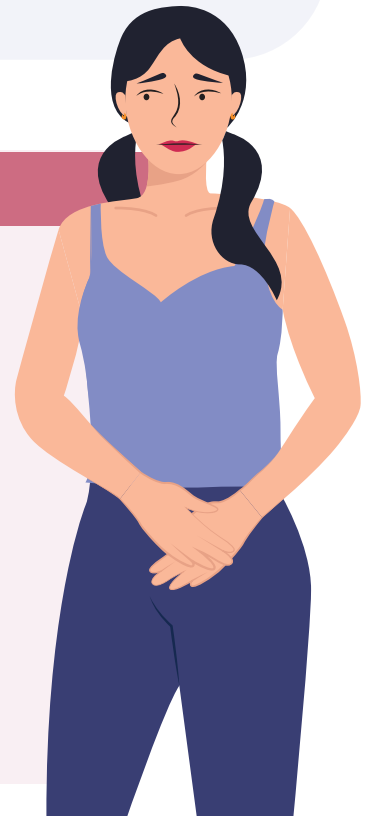


**Lichen simplex chronicus is a common, chronic skin condition of the vulva. Most people who have lichen simplex chronicus have severe itching of their skin.**

The itching is caused by inflammation which could be triggered by any skin irritation. This condition is thought to be related to atopic dermatitis or eczema.

75% of people with lichen simplex chronicus have a personal or family history of seasonal allergies, asthma or childhood eczema. It is not contagious.



## SYMPTOMS

**The most common symptom is intense itching**, which often leads to scratching or rubbing. Symptoms are often worse at night or just before people go to sleep.

Scratching and rubbing can lead to cuts on the skin which are painful and can burn when they come in contact with urine. The cuts can also get infected. Over time, scratching and/or rubbing leads to thickening of the skin. This is more likely if the itching has gone on a long time. The skin may be a normal colour, or look red, white, darker than normal and/or scaly.

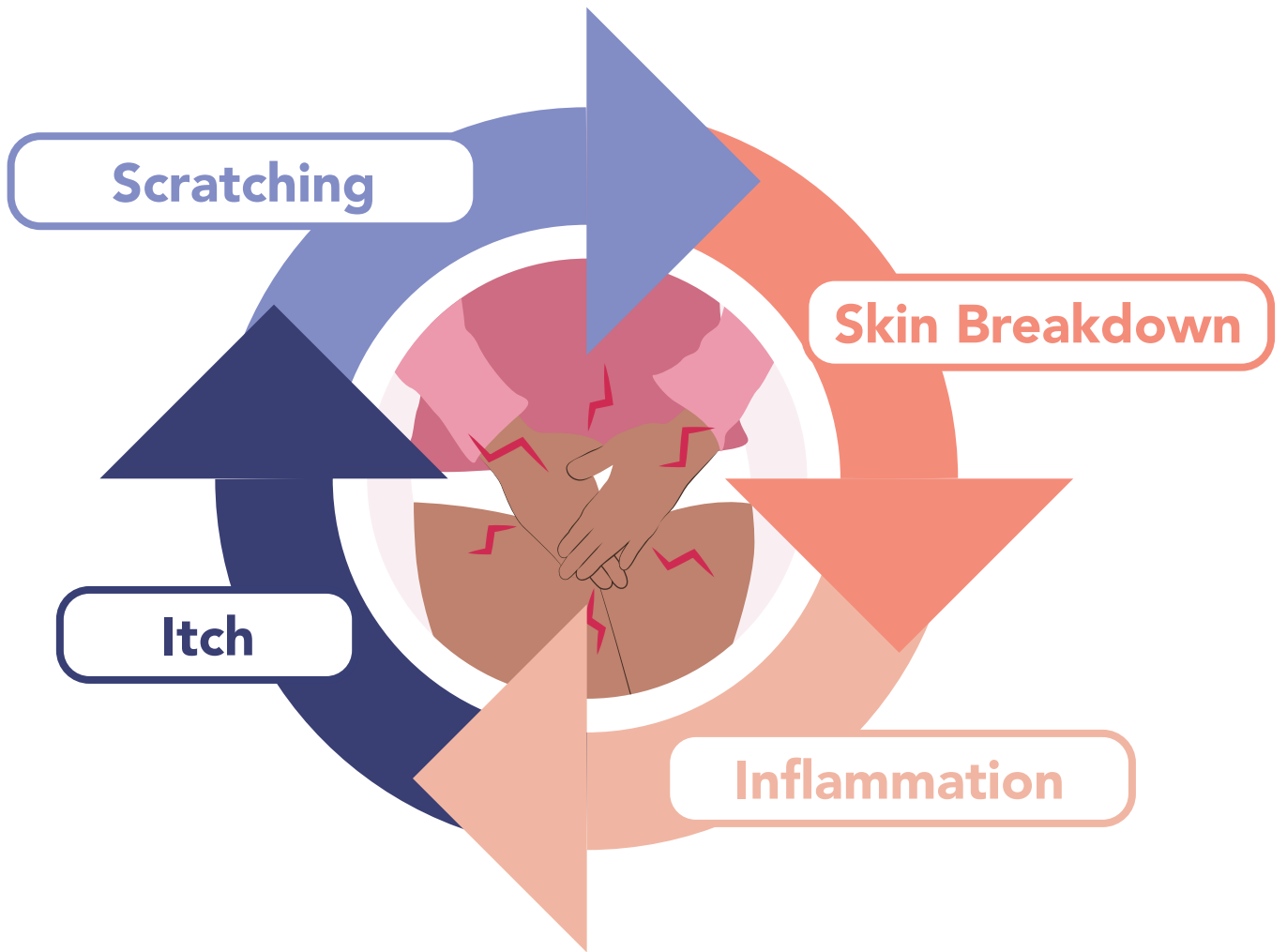
People can be itchy for days, months or years and the itchiness from lichen simplex chronicus can come and go.

## DIAGNOSIS

**The diagnosis can often be made after hearing someone's symptoms and an examination of the appearance of their skin.**

- The exam is very important to make sure that there isn't another skin condition present. This condition can occur on its own or along with other skin issues.
- A biopsy could be needed if the diagnosis is unclear or if there are areas that look concerning. A swab may be done to make sure you don't have any infections making the itching worse.

## The Itch-Scratch Cycle



The severe itching with lichen simplex chronicus often leads to scratching. Scratching provides relief at the time but causes the skin to release histamine and leads to worse itching (and then more scratching). Sometimes people don't realize they are rubbing or scratching in their sleep.

## Treatment for Lichen Simplex



### Breaking the Itch-Scratch Cycle

**This is key to treating lichen simplex chronicus.** Instead of scratching, try applying a cool compress or ice pack (do not apply ice directly to the skin, but wrap it in a tea-towel or other fabric). Your doctor may also suggest antihistamines, a pill to help decrease itch and night-time scratching. Keep nails trimmed short. The itching will continue if there is rubbing or scratching.



### Avoiding Triggers

It is often difficult to pinpoint an exact trigger, so at the beginning of treatment, your doctor will probably suggest avoiding these: heat, excessive sweating, tight clothes or underwear, topical products/wipes, shaving/waxing, pads/pantyliners, any scented products, soap and bubble bath, douching, condoms, certain lubricants



### Topical Steroids

A strong steroid ointment is often needed for 4-8 weeks after diagnosis to decrease inflammation and to help break the itch-scratch cycle. After this, it is common to need to use steroids for short periods of time if symptoms recur. When used appropriately, topical steroids are very safe. If topical steroids do not work for you, your doctor may suggest a type of medication called a calcineurin inhibitor.



### Vulvar Hygiene

Wear cotton underwear and no underwear at night. Trim pubic hair instead of shaving or waxing. Use cotton/hypoallergenic pads, if needed, or consider using tampons. Moisturize daily with petroleum jelly or coconut oil. Wash with water alone or non-soap cleansers. Wash with fingers only, gently, and pat dry. Warm water (not hot) in the shower and bath. Use hypoallergenic silicone or water-based lubricants for intercourse.

## FOLLOW UP

This condition is **not** associated with an increased risk of cancer or other long-term problems, so you will probably be seen once or twice to ensure your symptoms have improved. Symptoms tend to come and go. After your initial visits with your doctor, you should continue to avoid triggers, be careful with your vulvar care, and use the steroid ointment as needed for short periods of time.

If you notice any new skin changes (e.g., warts or ulcers, new dark spots, white spots, cuts that don't heal), or have symptoms that don't respond to topical treatment, you should see a doctor. It is important to remember that this condition can occur on its own or along with other vulvar skin conditions.

#### References

1. Diagnosis and Management of Vulvar Skin Disorders. *Obstetrics & Gynecology*. 2020; 136 (1): e1-e14. doi: 10.1097/AOG.0000000000003944

*This material is intended for use by Canadian residents only. It is solely intended for informational and educational purposes. The information presented in these handouts is not to be used as a substitute for medical advice, independent judgement, or proper clinical assessment by a physician. The context of each case and individual needs differ between patients and this material cannot be applied without consultation with a trained doctor. This information handout is not intended for the diagnosis of health concerns or to take the place of the care of a medical professional. This material reflects the information available at the time of preparation.*

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Reardon J, Diamond L, Uzelac A, Lim J, Selk A