



# Lichen Schlerosus

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## **What is Lichen Schlerosus?**

Lichen Sclerosus is a skin disease that occurs most often on the vulva. The cause is unknown. However, many physicians believe that it occurs when the immune system, that part of your body that fights off infection, becomes overactive and attacks the skin.

## **What Are the Symptoms?**

Lichen Sclerosus usually causes itching, and in later stages, easy bruising, tearing, and pain. Skin affected by lichen sclerosus is usually white and sometimes there is a fine, crinkled texture. If untreated, lichen sclerosus often causes scarring with the labia minora (the inner lips of the vulva) disappearing completely. The opening of the vagina can narrow, and scar tissue can cover the clitoris. Usually, lichen sclerosus does not affect other skin, but about one woman in 10 has few scattered white spots in other areas. Those spots almost never itch or cause symptoms in any way.

## **The Risks**

Patients with lichen sclerosus that are not treated have a slightly increased risk of skin cancer in the vulvar area. Otherwise, lichen sclerosus is not associated with other diseases or health problems.

## **The Treatment**

In the past, lichen sclerosus was treated with testosterone ointment. Fortunately, there is now excellent treatment of this disease. A very high potency cortisone cream or ointment usually returns the skin to its original color and texture, although it does not reverse scarring.

The usual medications are Temovate, Psorcon, or Diprolene, used once or twice a day. There is a slight increase of trivial infections during the first few weeks until the skin returns to normal, especially for women who are postmenopausal and not receiving estrogen replacement, and in girls before puberty. Also, the medication can irritate some patients. Therefore, brief setbacks are common during the first month or two, but don't get discouraged. Ultimately, women with lichen sclerosus do extremely well.

Most women need about four months of daily ultrapotent cortisone treatment. They should be examined every month while using this medicine daily, because sometimes the skin can thin from too much cortisone. After your skin has returned to a normal texture, you will need to use the cortisone about three times a week to prevent return of lichen sclerosus. Also, you should follow-up with your doctor every six months. This is to watch for any early skin cancers, return of lichen sclerosus, or signs of side effects from the cortisone.