



Genital Lichen Simplex Chronicus (eczema, neurodermatitis, dermatitis)

Lichen simplex chronicus (LSC), or eczema, is a common skin condition that is very itchy. Although not dangerous in any way, both the itching, and the pain from rubbing and scratching, can be miserable. Eczema/LSC of the genital area most often affects the scrotum of men, the vulva of women, or the rectal skin of both. Many people with eczema/LSC have had sensitive skin or eczema/LSC on other areas of the skin at some point, and many have a tendency towards allergies, especially hay fever or asthma.

The skin usually appears red or dark, and thick from rubbing and scratching, sometimes with sores from scratching.

The cause of eczema/LSC is not entirely clear. However, eczema/LSC starts with irritation that triggers itching. Often, at the office visit with the health care provider, the original infection or other initial cause of irritation is no longer present. Common triggers include a yeast or fungus infection, an irritating medication, moisturizer or lubricant, a wet bathing suit, anxiety or depression, over-washing, panty liners, sweat, heat, urine, a contraceptive jelly, an irritating condom, or any other activity or substance that can irritate the skin and start the itching.

Although rubbing and scratching often feel good at first, rubbing irritates the skin and ultimately makes itching even worse, so that there is more scratching, then more itching, then more scratching. This is called the “itch-scratch cycle.”

Treatment is very effective and requires clearing any infection and avoiding irritants as well as using a strong cortisone. In addition to the elimination of creams, unnecessary medications, soaps, over-washing, etc, the irritation from rubbing and scratching must be stopped. Many people can keep from scratching during the day, but much rubbing and scratching occurs during normal sleeping hours, when people do not realize they are scratching. Although there are no effective anti-itch pills, a medication that produces a very deep sleep can stop nighttime scratching and help to break the itch-scratch cycle. Other irritants to avoid include soap, and washing should be limited to once a day with clear water only. Some irritants, such as sweat in overweight people, and urine in incontinent people, can be hard to avoid.

Eczema/LSC usually improves very quickly with a very strong or ultrapotent topical corticosteroid ointment, also called cortisone, or steroid (but not the same kind of steroid as those illegally used by some athletes.) The corticosteroid is applied very sparingly once or twice a day to start. This is very safe medication when used in the correct amounts and for the correct length of time. A small pea-sized amount usually covers the entire genital area. The use of too much medication or for too long can cause over-thinning of the skin, so that a check of the skin by a health care provider after a month of treatment is generally required.

Stopping the medication as soon itching and irritation improve is a common mistake, because eczema/LSC recurs quickly if the skin has not yet returned to normal. Once itching is controlled

and the skin has lost its redness and thickness, the corticosteroid should be gradually used less and less before being stopped. Otherwise, when the corticosteroid is stopped abruptly and too soon, the itching and itch-scratch cycle return.

After the corticosteroid has been discontinued, a patient with LSC/eczema remains at risk for recurrence of itching, because the genital skin is an area with ongoing irritation from normal sweat, friction, sexual activity, etc. A patient with eczema/LSC should not be surprised with itching returns, but immediate treatment can prevent the return of the itch-scratch cycle and LSC/eczema.