MID-CHARLOTTE
DERMATOLOGY

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Lichen Sclerosus (LS)

Lichen sclerosus (sometimes called lichen sclerosus at atrophicus, or LS&A) is a skin condition that is most common on the vulva of older women who have gone through menopause. However, lichen sclerosus sometimes affects girls before puberty as well as young adult women, and the penis of uncircumcised males. In females, lichen sclerosus often affects rectal skin also. Only about one in 30 women with vulvar LS experience LS on skin away from the genital area, and when this occurs, it is usually on the back, chest, or abdomen. Lichen sclerosus almost never appears on the face or hands.

The causes of lichen sclerosus are not completely understood, but a main cause is an over-active immune system. The immune system, that part of the body that fights off infection, becomes over-active and attacks the skin by mistake. Why this happens is not known. Older women with lichen sclerosus generally also have an underactive thyroid, so thyroid tests should be performed yearly. Lichen sclerosus runs in some families as well.

Lichen sclerosus of the vulva, rectal skin, or penis typically appears as white skin that is very itchy. The skin is also fragile, so that rubbing and scratching can cause breaks, cracks, and bruises which then hurt. Sexual activity is often painful or may be impossible. Untreated lichen

sclerosus eventually can cause scarring, and, occasionally, narrowing of the opening of the vagina in women. In boys and men, the foreskin can scar to the head of the penis. Also, untreated lichen sclerosus is associated with skin cancer of the vulva in about one out of thirty women, and there is an increased risk of skin cancer of the penis with untreated lichen sclerosus also. Well controlled lichen sclerosus is at much less risk for both scarring and cancer.

Lichen sclerosus usually improves very quickly with treatment. For boys and men, circumcision usually cures this disease. Women require not only a very strong corticosteroid (cortisone), but often also attention to any vaginal infection, low estrogen, or substances that irritate the area. These include irritating creams, unnecessary medications, soaps, and over-washing. 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.

Otherwise, the most common irritant is rubbing and scratching. Many people can keep from scratching during the day, but much rubbing and scratching occur 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 allow the skin to heal.

For all girls and women, and for men either awaiting circumcision or who have not cleared adequately, the best treatment is a very strong topical corticosteroid ointment, also called cortisone, or steroid (but not the same kind of steroid as used illegally by some athletes.) The corticosteroid (most often used is clobetasol ointment) is applied very, very sparingly once or twice a day to start. If the skin feels greasy after medication is applied, too much is being used.

When too much medication is used, or when medication is used for too long without careful follow-up, the skin can thin and become irritated and red. However, cortisones are very safe medications when used in the correct amounts and for the correct length of time. Some patients and providers use milder corticosteroids/cortisones or treat only when the skin is itchy or painful to avoid side effects, but this allows the lichen sclerosus to remain active although more comfortable. These women often experience unnecessary and silent progressive scarring and a greater cancer risk than women with well controlled LS. Therefore, a health care provider should examine the area monthly while medication is being used daily to assess for progress and side effects. The itching and irritation usually improve within a few days. With ongoing use of the corticosteroid, the color and strength of the skin gradually return to normal.

Lichen sclerosus usually is well controlled with a corticosteroid, but it is not cured. Therefore, if the medication is stopped, itching and irritation reappear. Scarring continues, sometimes even before itching or irritation return. Daily use of the corticosteroid usually is needed for two to four months for the normal color and strength to return. When the skin is controlled, either application of the strong corticosteroid ointment is decreased to about once a day, three days a week, or a milder corticosteroid ointment is used daily ongoing.

Occasionally, patients do not improve enough with the corticosteroid ointment. These patients can be treated with the application of tacrolimus (Protopic^{R}) or pimecrolimus (Elidel^{R}) twice a day. These medications do not cause thinning of the skin, but they are often irritating. Also, there are concerns about long-term use possibly increasing the risk of skin cancer in this skin.

Occasionally, lichen sclerosus is well controlled with treatment, but symptoms of irritation continue. This can result from irritation from medications or over-washing, an infection that is unrecognized, low estrogen, or scarring. Also, infrequently, women experience a pain or irritation syndrome (called vulvodynia) triggered by the lichen sclerosus, but different and good therapies in the event of this uncommon occurrence are available.

Nearly all patients do extremely well following treatment for lichen sclerosus. Even when lichen sclerosus is completely controlled, however, patients should be followed every six months to be sure the disease remains controlled, to detect side effects of the medication, and to examine for very early skin cancers.