



Lichen Planus

Lichen planus is a common skin condition that sometimes affects the genital skin. This is especially common on the vulva and in the vagina of older women who have gone through menopause. However, this occasionally affects men, most often the head of the penis of uncircumcised men. Lichen planus can affect rectal skin of both men and women as well. This skin problem does not affect the genital area of children. Patients with lichen planus of genital skin usually have lichen planus of the mouth also, especially the insides of the cheeks, or sometimes on the gums, but other areas of the skin are generally not affected.

Lichen planus usually looks like red patches, but sometimes there is white skin, or white streaks. The skin can be itchy, but usually there is soreness and burning as well. Sexual activity is often painful or may be impossible. Untreated lichen planus eventually can cause scarring, and, occasionally, narrowing of the opening to the vagina in women. In men, the foreskin can scar to the head of the penis.

Lichen planus is caused by 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.

Lichen planus improves with treatment. For men, circumcision is the best treatment. For those that do not clear with circumcision, or who are already circumcised, remaining lichen planus is treated by a very strong topical corticosteroid, also called a cortisone, or a steroid (but not the same kind of steroid as used illegally by some athletes).

Women require not only a very strong corticosteroid, but also attention to any vaginal infection, avoidance of irritating products such as creams, panty-liners, and soaps, and local replacement of estrogen when low estrogen has thinned the vaginal skin.

The corticosteroid (most often used is clobetasol ointment) is applied very, very sparingly once or twice a day. If the skin feels greasy after medication is applied, too much is being used. This is very safe medication when used in the correct amount and for the correct length of time. When too much medication is used, or when medication is used for too long, the skin can thin and become irritated and red. Therefore, a health care provider should examine the area monthly initially. The itching and irritation usually improve within a few days. Mild lichen planus sometimes clears altogether, whereas severe lichen planus may only improve a moderate amount.

Although lichen planus usually improves with a corticosteroid, it is not cured. Therefore, if the medication is stopped, itching and irritation reappear (but, occasionally, lichen planus simply disappears without explanation.) Scarring continues, sometimes even before itching or irritation returns. At times, the corticosteroid ointment does not improve the skin enough, so some patients need additional medications by mouth or injection to become comfortable. These medications include methotrexate, mycophenylate mofetil, azathioprine, cyclosporine, griseofulvin,

hydroxychloroquine, cyclophosphamide, etanercept, and adalimumab. There is no good research for any treatments of genital lichen planus, but experience has shown that these are sometimes very useful.

Because lichen planus often affects the inside of the vagina, most women need to use a corticosteroid inside the vagina. Corticosteroids can be used in the vagina by inserting a rectal hydrocortisone suppository into the vagina at bedtime (there are no corticosteroids designed for the vagina.) Because women with lichen planus are usually post-menopausal, they have thinning of the vagina due to low estrogen as well as lichen planus. Therefore, postmenopausal women with lichen planus of the vulva and vagina should use an estrogen cream, tablet, or ring inserted into the vagina. Or, estrogen replacement by oral medication or patch are other alternatives.

Lichen planus is not cured with treatment. However, it improves. Most patients become comfortable, although some require time and trying several medications before the best combination of therapy is discovered. Patients should be followed carefully to evaluate for scarring and side effects to medications. Lichen planus of genital skin increases the risk of skin cancer of this area. Although skin cancers are uncommon, this is another reason that the area should be evaluated at least twice a year, even when doing well. Occasionally, after vulvar lichen planus is improved or cleared with therapy, discomfort remains. A pain syndrome called vulvodynia can be triggered by any injury or inflammation of the vulva, including lichen planus, and this may need to be addressed in those women.