

What is lichen sclerosus?

Lichen sclerosus is a common, itchy skin disease that affects genital skin and perianal skin. It may also occasionally affect the non-genital skin. It may occur in men and women and in both adults and children. Your symptoms may have lasted for many years. Lichen sclerosus may run in families. Lichen sclerosus causes white or red changes on the skin of the vulva which may become cracked, sore and itchy.

How is lichen sclerosus treated?

To switch off the lichen sclerosus we use a very strong steroid ointment. This will control the disease if used for the correct amount of time. When you obtain the packet of steroid cream from your chemist you will notice that the information leaflet inside says that it should not be applied to genital skin. This information is for people who do not have lichen sclerosus. If you have lichen sclerosus, then the treatment that will improve it is the very strong steroid cream and it is quite safe to use it.

The strong steroid ointment is called Dermal and should be used in the following way:

- Twice daily for four weeks
- Once daily for four weeks
- Every second day for four weeks
- Then as required

After this if your symptoms are clear you no longer need to use the steroid ointment. However, if the symptoms return then re-start the steroid ointment once per night for a few days until the symptoms settle (this usually should be within a week).

You should always tail off the steroids. So, if you need to use it once a day for a week because you get a flare up, then you should use it every other day for a week before you stop. If it comes back very quickly, then next time try tailing it off even more slowly.

It may be that the application of weaker steroid cream will decrease the frequency of the flares and this may be prescribed.

The most common weak steroid prescribed is 1% Hydrocortisone.

How much cream should I use?

You should use a bead of cream that would cover half your finger tip – about the size of a pea.

The strong steroid ointment can be absorbed into the body if very large quantities are used. It is therefore important to keep within the recommended amounts. A 30g tube should last you 2 – 3 months. If you do require further supplies please keep a record of the amount you use.

Try to avoid using moisturisers shortly before or after applying the steroid cream as this can dilute the effect.

Are there any side effects from using the steroid cream?

There may be a burning sensation when you first apply the treatment but this usually disappears within ten minutes. If the burning does not go away and is severe stop using the ointment as you may be sensitive to it.

What else can I do to help?

Treatment of lichen sclerosus also consists of protecting the vulval skin from irritation. The information leaflet 'Care of the Vulva' explains this. It is most important to avoid using soap and

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deodorants on the vulval skin. We recommend Aqueous cream or dermol 500 are used instead of soap for washing. You can also use the Epaderm or Diprobase soothe the area as often as necessary.

You can also try Lidocaine 5% ointment to numb the skin for a few hours.

How often will I be seen?

You will usually be seen in clinic approximately three months after your treatment has started. Following that you will need to be seen every six months or every year by either your own doctor or the vulval clinic.

For a very few women with lichen sclerosus, vulval skin cancer may occur. It is very important that if any lumps, small growths, ulcers or unusual changes occur you contact your doctor immediately, especially if they have not gone away completely after using the Dermol ointment daily for two weeks. You should not wait for your next appointment.

Is there anyone I can contact for further information?

National Lichen Sclerosus Support Group
2 Ivy House
Wantage Road
GREAT SHEFFORD RG17 7DA.

Useful Websites:

www.lichensclerosus.org
www.bssvd.org
www.issvd.org/patient-education
www.macmillan.org.uk