



Dr Dalene Barnard
gynaecologist and obstetrician

Lichen sclerosus

Lichen sclerosus is a skin disease that occurs more often on the vulva than any other area of the body. 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.

Lichen sclerosus usually causes itching, and in later stages, easy bruising, tearing of skin, and pain. Skin affected by lichen sclerosus is usually white, and sometimes there is a fine, crinkled texture. When untreated, lichen sclerosus often causes scarring, and the opening of the vagina can narrow. About 1 out of 30 women with untreated vulvar lichen sclerosus develops a skin cancer in the area.

Usually, lichen sclerosus does not affect other areas of skin, but about 1 woman in 10 has a few scattered white spots in other areas. Lichen sclerosus on these other areas almost never itches or causes symptoms in any way.

In the past, lichen sclerosus was treated with testosterone ointment, which was not very useful for most women. Fortunately, more recent research shows that a very-high-potency cortisone (steroid, corticosteroid) ointment usually returns the skin to its original colour and texture, although it does not reverse scarring. The usual medications are Clobetasol propionate, (Deovate or Xenovate) difluorason diacetate, betamethasone or halobetasol, used once or twice a day. Over-the-counter hydrocortisone is not nearly strong enough to clear lichen sclerosus.

Most women need 3-5 months of daily strong corticosteroid treatment. Women are generally examined every month while using this medicine daily, because sometimes the skin can thin from too much corticosteroid. After the skin has returned to a normal texture, women use the cortisone about three times a week to prevent return of lichen sclerosus. There is a slight increase of trivial skin infections during the first few weeks until the skin returns to normal. Also, the medication can irritate the skin of some patients. Therefore, brief setbacks are common during the first month or two. Ultimately, women with lichen sclerosus do extremely well. After the lichen sclerosus is controlled, visits should be made with a health care provider every 6 months. This is to examine for return of lichen sclerosus or for signs of side-effects for the cortisone. Also, the health care provider needs to ensure that scarring is not occurring, and that there are no early signs of cancer. With regular check-ups and use of topical steroid, these should not become problems.

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Dr Dalene Barnard • MBChB, FCOG, MMed(O&G) • Gynaecologist and Obstetrician • Pr No: 0684406
T: +27 (0)12 367 4454 • E: +27 (0)12 367 4079 • F: +27 (0)12 367 4279

Kloof Mediclinic, Suite 117, Jochemus Street 511, Erasmuskloof Ext 3, Pretoria, 0048

PostNet Suite 1110, Private Bag X10, Elarduspark, 0047, South Africa

E-mail: sister@gyne.co.za • admin@gyne.co.za • accounts@gyne.co.za • Web: www.dr dalenebarnard.co.za