



3156 State St.
Medford OR, 97504
541-773-9772

Lichen Sclerosis

LS is a complex and chronic inflammatory dermatosis (skin condition). It is thought that multiple factors can be the cause of LS, including auto immune and genetic factors. Infection and trauma may also be linked though these last two possible causes are associated with data that is controversial. Lichen Sclerosis can occur at any age, and typically has an increase in girls before puberty (5 to 15%) and in post-menopausal women (50 to 60%)

It often begins with a non-specific irritation of the vulva which progressively increases in severity leading to pain, dyspareunia (painful intercourse) and dysuria (painful urination). Vulvar itching is often the first reason a women will present for evaluation. As many as 1/3 of women with LA are diagnosed before they have any symptoms at all by skin changes noted during their routine gynecological exams.

Vulvar tissue can appear wrinkled, whitened, thinned, shiny, or waxy. The Labia minora (small lips) can be reabsorbed and become smaller or not visible much at all. The hood over the clitoris can appear fixed or flattened. LS affects the vulva and the perineal area. It does not affect the tissue inside the vagina.

LS has been associated with increased circulating antibodies. Up to 34% of patients with LS also have an autoimmune disease such as Hashimoto's Thyroiditis, Alopecia Areata, or Vitiligo.

Treatment of the condition should be started after a biopsy confirms the diagnosis. Use of topical treatment before diagnosis can resolve the cell changes that confirm the diagnosis.

Goals of treatment for LS are to prevent disease and prevent scarring, to improve your symptoms and to prevent vulvar cancer. Vulvar exams every six months and also when you have problems is the current recommendation for ongoing surveillance.

Women with LS have a 3 to 5% increased risk of developing genital cancer in their lifetime. 60% of all vulvar Squamous Cell Cancers arise from an area of tissue affected by LS. Squamous cell carcinoma of the vulvar is seen less inpatients with early diagnosis of LS, and with consistent use of topical steroid treatment. Controlling inflammation appears to be key to decreasing risk of cancer.

SKP 2015 Stats from Sexual medicine Review Volume 3 2015