

# Lichen sclerosus

A long-term inflammatory skin condition of the vulva. It is common, it is treatable, and treatment does more than relieve the itch — it protects the tissue from scarring, and appears to lower the small risk of skin cancer in the affected area.

## ~1-3 in 100

women may be affected — probably more, as it is under-diagnosed

## Any age

most often after menopause, but also in girls before puberty

## ~1 in 10

have a family member affected

## Lifelong

controllable, but does not go away permanently

## What it is

Lichen sclerosus is inflammation of the vulval skin that makes it pale, fragile and finely wrinkled, sometimes with thickened patches. It most often affects the inner, hairless parts of the vulva and the skin around the anus, sometimes in a figure-of-eight pattern.

We do not know exactly what causes it. It behaves like an autoimmune condition — the immune system acting against the body's own skin — and it is more common in people who have thyroid disease or other autoimmune conditions. About one in ten affected women has a relative with it, and friction or rubbing can trigger new patches.

### WHAT IT IS NOT

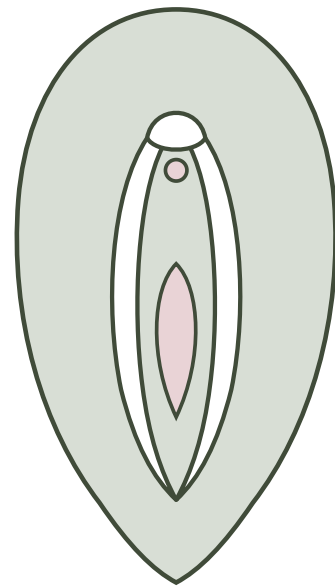
- **Not an infection.** You cannot catch it or pass it on, including to a sexual partner.
- **Not a sexually transmitted infection.**
- **Not caused by poor hygiene,** though soap makes it worse.
- **Not a cancer** and not a pre-cancer, though it carries a small increased risk, covered overleaf.

## Symptoms

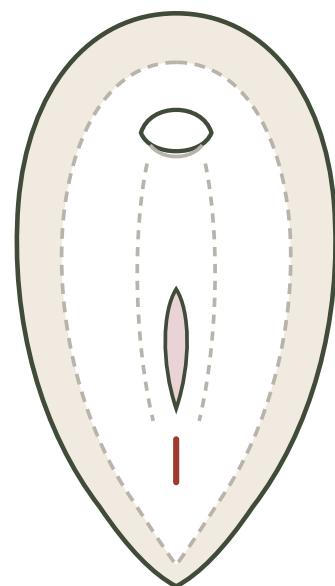
- **Itch** — often intense, and characteristically worse at night
- Soreness, burning, or a raw feeling
- **Splitting** of the skin, especially at the back of the entrance or with sex
- Pain with sex, stinging passing urine, and bruising after scratching
- In children, constipation and pain on opening the bowels is a common presentation

Some women have no symptoms at all, and it is found during an examination for another reason.

## Usual shape



## With lichen sclerosus



Untreated inflammation gradually changes the shape of the vulva. These changes are largely permanent, which is why early and continuing treatment matters.

## How it is diagnosed

Usually by examination alone. Early on it is the colour and texture that have changed; a **change in the shape** of the vulva is the most specific sign, but a later one. A biopsy is not always needed; but it is worth doing when the appearance is atypical, when there is a thickened or ulcerated area, or when the skin has not responded to treatment.

## Treatment

Strong steroid ointment — usually **clobetasol propionate 0.05%** — works in the great majority of women. Read *How to use your steroid ointment* alongside this sheet; in outline it is nightly for four weeks, alternate nights for four, twice weekly for four. Lifelong maintenance at the frequency and strength that keeps examination findings controlled; twice weekly is a common starting schedule. With gentle vulval care permanently alongside. If the skin does not settle there are other options, but specialist review is needed.

## The cancer risk, honestly

A small number of women with lichen sclerosis develop a skin cancer of the vulva in the affected area. Older figures put the lifetime risk at **up to about 5%**, drawn largely from women whose disease was untreated or poorly controlled; more recent evidence suggests the risk is **substantially lower in women who use their ointment regularly**. Two things follow. Treatment is not only about comfort — and a monthly look at your own vulva is worth the minute it takes, because these cancers are very treatable when found early.

### YOUR FOLLOW-UP

A review at **three months** after starting treatment, then **at least once a year** for as long as you have the condition. Come sooner if the skin changes, if symptoms return and do not respond to a fortnight of nightly ointment, or if anything worries you.

## Living with it long term

A condition to be controlled rather than cured. Treated properly, most women are comfortable and the skin stops changing.

- **Keep up the maintenance ointment** even when you feel well. This is the single most important thing you can do.
- **Follow the vulval care advice** — soap and wipes undo the ointment's work.
- **If you smoke, stopping helps** — smoking increases the risk of vulval cancer.
- **Sex:** use lubricant generously. If the entrance has narrowed, dilators or pelvic floor physiotherapy help considerably — it is common and very treatable.
- **Thyroid:** thyroid disease is more common in women with lichen sclerosis, so we check thyroid function if your symptoms, or your personal or family history, suggest it.

### HAVE THESE CHECKED PROMPTLY

- A lump, wart-like growth, or a hard area
- An ulcer or sore that has not healed within two weeks
- A thickened, rough or raised patch, particularly one not settling with treatment
- New bleeding, or persistent pain in one particular spot

Do not wait for your next scheduled appointment.

## SOURCES

1. Lewis FM, et al. British Association of Dermatologists guidelines for the management of lichen sclerosis, 2018. Br J Dermatol 2018;178(4):839–53.
2. Yeon J, Oakley A, Fischer G, et al. Vulval lichen sclerosis: an Australasian management consensus. Australas J Dermatol 2021.
3. Kirtschig G, et al. EuroGuiDerm guideline on lichen sclerosis, 2024–25 (AWMF 013-105).
4. Day T, Mauskar M, Selk A, et al. Lichen sclerosis: ISSVD practical guide to diagnosis and management.
5. British Association of Dermatologists. Lichen sclerosis in females — patient information leaflet, September 2022.