

Vulval dermatitis and lichen simplex

Eczema of the vulval skin. It is one of the most common cause of a persistently itchy vulva, and it is kept going by a cycle of itching and scratching that has to be broken from both ends.

What is happening

Dermatitis (eczema) of the vulva is inflammation of the skin surface. Something irritates or sensitises the skin, the skin itches, scratching damages it further, and the damaged skin itches more.

When this goes on for months, the skin responds by thickening. That thickened, leathery, deeply lined skin is called **lichen simplex**. It is not a separate disease — it is what chronic scratching does. Scratching often happens in your sleep, which is why many women say they “don’t scratch” and still wake with the skin excoriated.

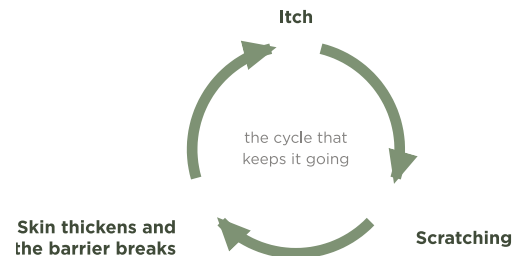
Common triggers

- **Irritants:** soap, shower gel, bubble bath, wipes, “feminine hygiene” products, antiseptics, urine, sweat, daily panty liners, friction from tight clothing
- **Allergens:** fragrance, preservatives in creams, topical anaesthetics (the “-caine” products sold for itching), tea tree oil, rubber and dyes
- **A tendency to eczema** elsewhere — hay fever, asthma, childhood eczema
- **Another condition underneath:** thrush, psoriasis, or lichen sclerosus. Treating the dermatitis without finding what started it usually fails.

Over-the-counter anti-itch creams are a frequent culprit. Many contain anaesthetics or preservatives that sensitise the skin, so the cream bought to stop the itch ends up causing it.

What it looks like

- Redness, sometimes with mild swelling
- Scratch marks, and small splits or cracks
- Skin that is thickened and leathery, with exaggerated skin lines
- Patches that are paler or darker than surrounding skin — this settles slowly after the inflammation is controlled



Each part of the cycle feeds the next. Treatment has to interrupt it in more than one place at once.

SWAP THESE FIRST

Soap, shower gel, bubble bath	→ A soap substitute, or plain water
Wipes and hygiene washes	→ Rinse with water, pat dry
Anti-itch or “-caine” creams	→ A plain unperfumed ointment
Daily panty liners	→ Cotton underwear, changed daily
Fabric softener, scented powder	→ Unperfumed liquid, rinsed well

Every product that touches the skin counts, including the ones bought to help.

Unlike lichen sclerosus, dermatitis does **not** change the shape of the vulva. The inner lips, the clitoral hood and the entrance stay as they were. That distinction is one of the things being looked for during your examination.

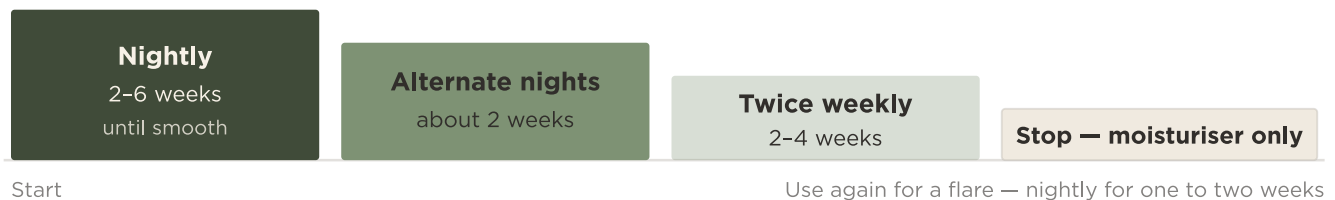
Breaking the cycle

Four things happen at once.

- 1 **Remove every irritant.** Stop all soap, wipes and washes, and stop any over-the-counter cream you have been using. Follow the *Looking after your vulval skin* sheet exactly for at least a month. This alone resolves a proportion of cases.
- 2 **Steroid ointment to settle the inflammation.** A mild-to-moderate steroid ointment is usually enough for dermatitis. Thickened lichen simplex often needs a potent steroid for a few weeks before stepping down over several weeks to 2-3 months. Use it nightly until the skin is comfortable and no longer thickened — commonly two to six weeks — then reduce. The schedule below sets out the doses; the *How to use your steroid ointment* sheet shows how to apply it.
- 3 **Stop the night-time scratching.** This is the step most often skipped, and often the one that makes the difference. Keep your fingernails short and smooth. A sedating antihistamine at night, taken for a few weeks, reduces scratching during sleep — we can prescribe or advise on this. But can impair driving and increase falls. Cotton gloves in bed sound absurd but work well.
- 4 **Moisturise heavily and permanently.** A plain ointment several times a day repairs the barrier and reduces the itch in its own right.

Using the steroid ointment

Apply a thin film of **a quarter to half a fingertip unit** to the affected skin at night. Dermatitis usually settles on a **mild to moderate** ointment; thickened lichen simplex generally needs a **potent** one for the first few weeks. Step down only once the skin is comfortable and no longer thickened.



WHAT TO EXPECT

The itch usually eases within one to two weeks. Thickened skin takes longer — six to twelve weeks to return to normal texture. Colour changes settle last, sometimes over many months, and are not a sign that treatment has failed.

Most people need to keep up the gentle care and the moisturiser indefinitely, and can come off the steroid entirely or use it occasionally for flares.

COME BACK IF

- There is no improvement after four to six weeks of proper treatment
- The itch returns every time you stop the ointment
- The skin becomes weepy, crusted or smelly — that suggests infection
- You develop a lump, an ulcer, or a sore that will not heal

Persistent dermatitis that does not respond may need patch testing to identify a contact allergy, a swab, or a small biopsy.

SOURCES

1. DermNet. Lichen simplex of the vulva.
2. DermNet. The itchy vulva (pruritus vulvae).
3. Drummond C. Common vulval dermatoses. *Aust Fam Physician* 2011;40(7):490-6.
4. British Association of Dermatologists. Lichen simplex — patient information leaflet, August 2023.
5. International Society for the Study of Vulvovaginal Disease. Contact Dermatitis of the Vulva; Genital Itch for Women.