

Vulval lichen planus

An immune inflammatory condition that may overlap with lichen sclerosis, but with two important differences: it is usually painful rather than itchy, and it can involve the vagina as well as the vulva.

What it is

Lichen planus is an immune-mediated condition in which the body's own immune cells attack the surface layer of skin and mucous membranes. It can affect the mouth, the skin, the nails and the genital area, together or separately.

On the vulva it takes three forms. The **erosive** form is the one seen most often in gynaecology: bright red, raw areas at the entrance to the vagina, often with a fine white lacy border. There is also a less common thickened (hypertrophic) form, and a milder form with small purplish papules on the outer skin.

It is not infectious, not sexually transmitted, and not caused by anything you have done.

Symptoms

- **Pain, burning and rawness** — more prominent than itch, which is the reverse of lichen sclerosis
- Stinging when urine touches the skin
- Pain with sex, often severe enough to stop it altogether
- A sticky yellow or blood-stained vaginal discharge, if the vagina is involved
- Bleeding after sex
- Sore gums, or white lacy lines inside the cheeks

THE VAGINAL DIFFERENCE

Unlike lichen sclerosis, lichen planus can inflame the lining of the vagina itself. Left untreated, the raw surfaces can stick together and gradually narrow or close the vagina. This is the main reason the condition needs active treatment and regular review even when the pain is tolerable, and the reason that vaginal treatment and sometimes dilators form part of the plan.

Diagnosis

Diagnosis is made on the appearance and the history, but a **biopsy is needed more often than in lichen sclerosis** — the appearances overlap with several other conditions, and the diagnosis commits you to long-term treatment. Swabs may be taken when discharge, infection or candidiasis is suspected. These infections complicate the picture and respond to different treatment.



Mouth

Lacy white lines on the inside of the cheeks, or sore gums.



Vulva and vagina

Raw red areas at the entrance; the vagina can be involved and can scar closed if untreated.

Lichen planus commonly affects more than one site. Mention any mouth symptoms — sore gums or lacy white patches — as they are easy to overlook and worth treating.

Treatment

Erosive disease, or disease involving the vagina, should be looked after by a clinician or a multidisciplinary service experienced in vulval conditions — from the outset, not only once tablet treatment is being considered.

On the vulva: a strong steroid ointment, usually clobetasol propionate 0.05%, following the same reducing course set out on the *How to use your steroid ointment* sheet, then continuing maintenance adjusted to your symptoms and exam.

In the vagina: if the vagina is involved, a vulval specialist may prescribe steroids into the vagina. Often applied with an applicator/dilator or a specially supplied suppository/foam. These uses may be off-label or compounded in Australia; use only the named product, dose and route on your prescription. This aims to prevent adhesions in the vagina.

Dilators: used regularly, these keep the vagina open while the inflammation settles. They are a treatment, not a comment on your sex life, and they work.

If that is not enough: tacrolimus ointment, or tablet treatments such as methotrexate or a short course of oral steroid, are used for disease that does not respond. That step is taken with a specialist.

Smoking has broad health risks. Stopping smoking has broad health benefits and may reduce vulval-cancer risk.

What to expect

Lichen planus is generally more stubborn than lichen sclerosus. Expect improvement over weeks rather than days, expect to need maintenance treatment long term, and expect flares.

With treatment, many women become comfortable and keep normal sexual function. Scarring that has already happened does not reverse, but further scarring can usually be prevented — which is the argument for starting early and not stopping. But treatment can take time and some need long-term specialist care, pelvic-floor therapy and psychosexual support.

SEEK REVIEW PROMPTLY FOR

- A lump, an ulcer, or a sore that has not healed in two weeks
- A thickened or rough patch that is not settling with treatment
- The vaginal entrance becoming noticeably tighter
- New or increasing bleeding

CANCER RISK

A **small long-term risk** of vulval skin cancer has been reported in vulval lichen planus, though how large that risk is — and which pattern of disease carries most of it — remains uncertain. Persistent ulceration, a lump, hardening, or a change in texture needs prompt examination and usually a biopsy. Yearly review and a regular self-check are part of the plan.

YOUR FOLLOW-UP

Review at **three months**, then **at least yearly**, with a check of the vagina as well as the vulva. Mouth symptoms are worth mentioning to your dentist too.

SOURCES

1. DermNet. Erosive lichen planus (vulvovaginal).
2. International Society for the Study of Vulvovaginal Disease. Vulvar Lichen Planus. ISSVD patient handout.
3. Edwards SK, Lewis F, Fernando I, Haddon L, Grover D. 2024 British Association for Sexual Health and HIV (BASHH) UK national guideline on the management of vulval conditions. *Int J STD AIDS* 2025;36(5):346–71.
4. van der Meijden WI, Boffa MJ, ter Harmsel B, et al. 2021 European guideline for the management of vulval conditions. *J Eur Acad Dermatol Venereol* 2022;36(7):952–72.
5. Vieira-Baptista P, Pérez-López FR, López-Baena MT, et al. Risk of development of vulvar cancer in women with lichen sclerosus or lichen planus: a systematic review. *J Low Genit Tract Dis* 2022;26(3):250–7.