

Instruction for steroid use

The amount of steroid ointment to use is a finger-tip unit, which is a line of ointment from the last joint in your index finger onto your finger tip. Use the steroid ointment as follows:

- Twice a day for 4 weeks
- Once a day for 4 weeks
- Gradually reduce this until you can use it occasionally or not at all
- Some women need to continue to use the ointment once a week, this is not a problem as long as a 30g tube lasts at least 3 months.

If symptoms return after the 4-month course, you can use the ointment every night for 2 weeks to treat the flare-up and then try to reduce the frequency, as above.

It is normal to notice stinging for a few minutes after applying the cream. However, if you notice stinging in the area for more than 1-2 hours after applying the cream, you may have become sensitive to one of the ingredients. There are several alternative creams and you should contact your clinic for advice.

Further Information

National Lichen Sclerosus Support Group:
www.lichensclerosus.org

British Association of Dermatologists:
www.bad.org.uk

This leaflet is available in large print,
Braille and on tape.
Please contact the Eye Department Liaison Officer
on 0151 604 7289



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Lichen Sclerosus

Patient Information Leaflet

What is lichen sclerosis?

Lichen sclerosis is a chronic inflammatory skin condition which can affect any part of the skin, but in females it most often affects the vulva skin and the skin around the anus. It can start in child or adulthood and affect girls or women of any age.

What causes lichen sclerosis?

The cause of lichen sclerosis is not fully understood. It is felt to be a type of autoimmune condition in which the person's immune system reacts against the skin. Sometimes it is associated with other diseases in which the body's immune system attacks normal tissues such as the thyroid gland (causing an over- or underactive thyroid gland) or the insulin-producing cells in the pancreas (causing diabetes). Lichen sclerosis is not due to an infection - the disease is not contagious, so sexual partners cannot pick it up. Friction or damage to the skin can bring out lichen sclerosis and make it worse. Irritation from urine leakage can make the problem worse.

What are the symptoms of lichen sclerosis?

Many patients have none, but the most common symptoms of lichen sclerosis are itching and soreness often worse at night. In the genital area, the scar-like process can tighten the skin, and this can interfere with urination and with sexual intercourse. Tightening of the skin around the anus can lead to problems with constipation.

What does lichen sclerosis look like?

The skin has a white shiny appearance which can sometimes become raised and thickened. Skin fragility may lead to easy bruising, blisters and erosions. It may also cause the vulva to shrink and the entrance to the vagina to become narrower.

How will lichen sclerosis be diagnosed?

The diagnosis of lichen sclerosis can usually be made from the typical appearance of the condition. Sometimes a small skin sample may be taken and checked under the microscope to confirm the diagnosis, especially if there is an open sore or a thickened area of skin. This is known as a skin biopsy and requires a local anaesthetic injection and possibly stitches to close the wound, leading to a small scar.

Can lichen sclerosis be cured?

No treatment is likely to reverse the changes of lichen sclerosis completely, but the symptoms and signs of the disease can usually be well controlled with the application of creams to the affected skin.

In affected children it may go away around the time of puberty.

Are there any long-term risks associated with Lichen Sclerosis?

There is a small increased risk in vulval cancer with a 2-4% life time risk. Therefore it is important to check your own vulva about once a month for any lumps or ulcers and report to your doctor any pain or itching that is not improved by the steroid treatment.

How can lichen sclerosis be treated?

A variety of treatments are available for lichen sclerosis:

- Strong steroid ointments such as clobetasolpropionate (Dermovate) are used to stop the inflammation and also soften the affected skin. Please do not worry about the warning inside the pack, where it might say not to use these ointments on genital skin - as long as you are not using more than 30g in 3 months it will not damage the skin.
- Moisturisers help to soften and protect the skin, such as Hydromol and Balneum plus, these can be used several times a day.
- Use of a soap substitute to clean the vulval area such as Dermol.
- If itch is a problem an antihistamine may help, non-sedating in the day such as loratidine, and a sedating anti-histamine at night such as Phenergan.
- Rarely, a small operation may be needed to divide adhesions if the skin sticks together.
- Vaginal dilators may be useful if narrowing of the vaginal entrance is a problem.

