



Lichen sclerosus

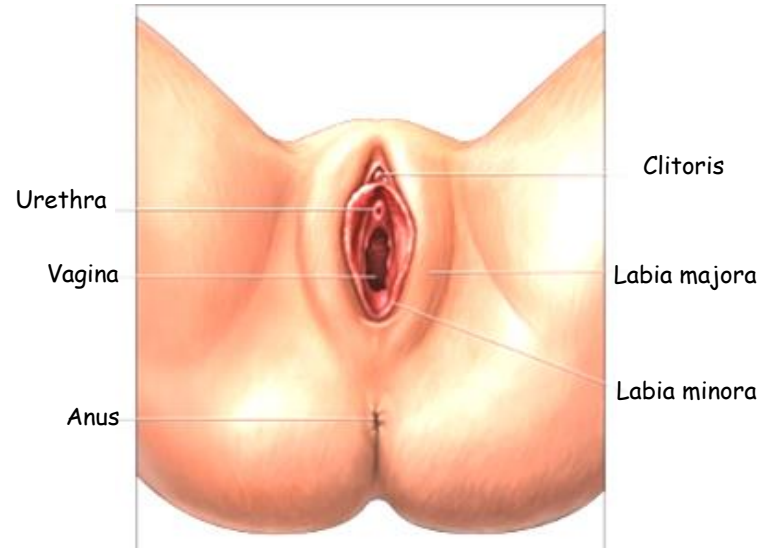
What is it?

Lichen sclerosus (LS) is a chronic inflammatory, non-infectious skin disease that usually affects the anogenital region but may also be extragenital, e.g. on hands / arms, back, mucous membrane of the oral cavity. Causes of the disease are still not exactly understood. Current research suggests that LS is an autoimmune-induced disease in genetically predisposed patients. In the case of those affected, antibodies and immune cells were found that destroy the body's own structures and thus lead to skin changes. Previous infections, especially with *Borrelia burgdorferi*, irritations / traumata of the vulva and hormonal factors are also discussed as causes. Women are affected more often than men. Typically, LS is first detected either in pre-adolescents or in post-menopausal women, but can in principle occur at any age and with familial disposition. Frequently, the first nonspecific changes are not noticed and therefore the disease is often discovered late or as an auxiliary finding. In the process, white, porcelain-like scarring and shrinkage of the labia, the ostium vaginae and the clitoris may occur. These can narrow body orifices in advanced stages and cause pain during bowel movements, urination and sexual intercourse. Men with LS usually suffer from phimosis. A rare complication of genital LS is the development of a malignant tumor (vulvar cancer). In order to prevent complications, the early diagnosis, therapy and check-ups are of great importance.



Self-examination of the external genitalia

Helpful for the inspection of the vulva (see fig.) is a hand mirror.



What to look for in general

- Changes in the skin color of the vulva (for example white spots, red spots or increased pigmentation)
- Skin changes, e.g. verrucae, blisters, ulcers
- Complaints such as burning, itching, pain

Indication for LS

- Itching, burning in the genital area
- Scratch marks (superficial skin and mucosal injuries) which can inflame secondarily
- Complaints during sexual intercourse, especially during penetration or soreness afterwards
- whitish scarring / spots (depigmentation)
- thin, shiny, dry mucous membrane, cracks of the skin
- Agglutination of the labia majora and labia minora, narrowing the vaginal introitus
- accumulated bacterial and / or viral fungal infections caused by locally disturbed immune defence

for further information and help:
www.lichensclerosus.ch
Lichen Sclerosus Association
 Awareness campaigns/Self-help groups/
 Information platform
 Founded in Switzerland, active
 throughout Europe



What you can do about it

LS is a chronic condition that, while not cured, can be controlled by adequate therapy. Early therapy can significantly reduce the risks of late effects such as destruction of anatomical structures and development of vulvar cancer. Depending on the symptoms, stage and response of the disease, there are various treatment options. Already existing atrophies can not be reversed by the therapy, but a progression can be delayed.



Treatment Options

In general, skin-irritating, perfumed soaps / creams should be avoided. Gentle hygienic care and use of fatty ointments can already provide relief. As a rule, additional therapy with local anti-inflammatory medication is necessary. Means of choice are specific highly potent cortisone-containing ointments (steroids) that are to be applied over a long time. The aim of the therapy is to create freedom from symptoms and to prevent further exacerbations. If local cortisone preparations are not tolerated or do not provide adequate relief, newer drugs such as calcineurin antagonists (tacrolimus, pimecrolimus) are available. Alternative options, such as photodynamic therapy, UVA, specific physiotherapy, dilatation, laser therapy or PRP, show symptom relief and a better quality of life in individual cases, although their effectiveness has not yet been demonstrated. Surgeries should only be performed for vulvar cancer / precancerous lesions or significant constriction of vaginal entry with restrictions on intercourse or urine release.



Psyche

For many people with LS the diagnosis is not only connected with physical, but also with emotional pain. Restrictions in everyday life and of sexuality are subject to mental challenges: Evident changes of the vulva and the therewith associated pain during intercourse; fear of the next exacerbation burden the self-esteem of many sufferers. It is only too often that one's own sense of shame and lack of understanding of one's fellow human being complicate the conversation about the intimate subject. Sharing with other LS sufferers, advice and encouragement create relief. Psychologists, self-help groups or even anonymous forums offer relevant means.



The most important points at a glance

- LS is a chronic, non-contagious skin disorder
- Important for early detection is the regular self-examination
- Typical complaints are burning, itching, pain during intercourse, whitish discoloration, agglutination of the labiae
- If there are any indications to LS, consult a specialist
- LS is not curable, but easy to treat
- Regular medical check-ups to detect and treat possible complications (vulvar cancer, infections) at an early stage
- Get help

Flyer created by Prof. Dr. Andreas Günthert



www.gyn-zentrum.ch