



MUCOSAL DISEASES (ORAL, ANOGENITAL), EXTERNAL EYE DISEASE

VULVAL LICHEN SCLEROSUS: DIAGNOSIS AND MANAGEMENT

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Lichen sclerosus (LS) is a common cause of chronic vulvitis whose aetiology is still unknown although postulated to be auto-immune. It occurs in all age groups including children. It is significant in that it is a skin disease with potential serious complications which are preventable with treatment.

It presents with symptoms of itch, pain and dyspareunia which are disruptive and have a large impact on quality of life. The appearance is highly variable but a characteristic feature in many patients is loss of normal anatomy as a result of scarring.

LS rarely remits with treatment but if not treated 5% of patients will develop cancer and 50% will develop scarring.

Because the condition is highly variable and has many differential diagnoses in adults a biopsy is the best way to make a definitive diagnosis as the histological appearance is characteristic and present in almost all cases.

It is well known since the early 90's that topical corticosteroid can suppress the symptoms of LS but there has been little published regarding long-term prognosis and whether the course of the disease can be modified by treatment.

Our studies in adults and children show that complications can be prevented by treatment that is titrated individually to achieve normal skin colour and texture rather than aimed only at symptom control. On average it takes about 5 months to return the skin to normal with potent or super-potent topical corticosteroid. Subsequently a less potent preparation can be used regularly to maintain normal skin with minimal side effects. Patients should be followed up annually to check for complications and side effects and to monitor compliance. This methodology results in excellent symptom control and prevents scarring as well as malignant transformation.

Although many other treatments have been advocated for LS, none are as effective or as safe as topical corticosteroid. Surgery, CO2 laser, phototherapy, oestrogen HRT and intralesional corticosteroid have their place as adjunctive therapy but none can or should replace topical corticosteroid.

If diagnosed early and treated pro-actively LS has an excellent prognosis.

