



Autoimmune Resource and Research Centre

Information Sheet

Lichen Sclerosus (LS) Fact Sheet

What is it?

Lichen Sclerosus (like-en scluh-ro-sus) is an uncommon, chronic skin condition that causes thin, white patches of skin most often in the genital area. Commonly it affects areas around the anus, the vulva in women and the glans penis in men but can be found anywhere on the body. It can cause itching, easy bruising, blistering, tearing, pain and permanent scarring.

Who does it affect?

The actual rate of occurrence in the population is unknown and is likely underestimated as LS can be asymptomatic, under recognised and/or under diagnosed. The female to male ratio is roughly 6 to 1 but it is also reported to be 10 times more common in women than men. It is possible but rare for children to be affected.

This condition can occur at any age but primarily affects women aged between 40 and 60 years around menopause. In both men and women there are two age peaks in presentations. In the female population it is more common in prepubertal and post-menopausal age groups. In males there are age peaks in younger males and adults.

Cause

There is no definitive cause of LS. There is evidence that there may be a genetic association with a family history reported in 12 % of cases.

In women there is evidence to suggest that autoimmune mechanisms are involved as there is an increased incidence of tissue specific antibodies and associations with other autoimmune diseases, particularly thyroid disease in women. In men there is no evidence of an association with autoimmune disease.

An association in males has been found with higher body mass index, coronary artery disease, diabetes mellitus and tobacco/nicotine use. It has also been associated with male micro incontinence due to urinary occlusion with the relationship thought to be related to an increase in moisture under the foreskin as LS rarely manifests in males circumcised at birth.

Symptoms

The symptoms are the same at any age of onset but will vary between individuals and depending on the area affected.

Vulval and Penile LS

Lesions in the genital area for men and women may include:

- In males LS usually affects the tip of penis becoming firm, white and scarred
- In women it usually affects the non-hair bearing inner areas of the vulva and can spread to the surrounding skin

- Appearance of small, slightly raised and shiny white spots
- Itchiness which is often severe, worse at night and may disturb sleep patterns
- Urinary symptoms and incontinence in women, difficulty in urinating in men due to erosions, fissures, scarring and narrowing
- Pain during sexual intercourse due to erosions, fissures, scarring and narrowing
- Follicular delling or plugging and hyperkeratosis throughout the genital and perianal area but rarely affecting the vagina or cervix directly
- Scarring, resorption of the labia minora, sealing of the clitoral hood and covering of the clitoris.

Extragenital LS

Extra Genital LS refers to white dry plaques on the inner thigh, buttocks, lower back, abdomen, under the breasts, neck, shoulders and/or armpits. It affects 10% of women with Genital LS and rarely (approx. 6%) of men and women with Extra Genital LS do not have Genital LS.

Lesions may resemble cigarette paper, as the skin is dry, wrinkled and thin (atrophic).

Hair follicles may appear prominent and contain dry plugs of keratin. Bruises, blisters and ulcers may appear without noticeable trauma.

Diagnosis

Experienced medical clinicians may be able to diagnose LS from appearance and symptoms only. A skin biopsy and histopathology may be used to confirm the diagnosis and to assess for other conditions including cancer and/or infections

Treatment

For accurate treatment patients are advised to become familiar with the location and appearance of their lesions. Photographs are useful in monitoring the lesions and the effect of treatment. Women may find the use of a mirror helpful when monitoring and applying treatments.

Some general measures that may be of assistance:

- Hygiene – wash once or twice daily with water and a non-soap cleanser
- Clothing – avoid tight, synthetic clothing
- Irritation – avoid rubbing or scratching, activities such as riding a bicycle or horse may increase symptoms
- Incontinence – seek medical advice and treatment, wear incontinence underwear or pads
- Use emollients (creams) to relieve dryness and itching or as a barrier to urine and faeces.

Topical steroid ointments are the primary treatment for LS. In severe cases when LS does not respond to topical treatment then intra lesion or systemic steroids may be prescribed.

Surgery may be required to relieve adhesions and scarring. Male circumcision is effective in LS that affects the tip of the penis.

Prognosis

LS is a chronic disease requiring long term follow up. Early diagnosis and treatment can limit the impact of the disease and may lead to long term remission.

References

ANZ Vulvovaginal Society

<http://anzvs.org/patient-information/lichen-sclerosus>

DermNet NZ – All about the Skin

<https://www.dermnetnz.org/topics/lichen-sclerosus/>

Genetic and Rare Diseases Information Centre, National Institute of Health, USA

<https://rarediseases.info.nih.gov/diseases/6905/lichen-sclerosus>

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