

You have been told that you are suffering from lichen sclerosis.

What is lichen sclerosis?

Lichen sclerosis is a common, itchy skin disease that affects genital skin and the skin around the back passage. It may also occasionally affect the non-genital skin. It may occur in men and women and in both adults and children. Your symptoms may have lasted for many years. Lichen sclerosis may run in families.

Lichen sclerosis causes white or red changes on the skin of the vulva which may become cracked, sore and itchy.

How is lichen sclerosis treated?

To switch off the lichen sclerosis we use a very strong steroid ointment. This will control the disease if used for the correct amount of time.

When you obtain the packet of steroid cream from your pharmacist you will notice that the information leaflet inside says that it should not be applied to genital skin. This information is for people who do not have lichen sclerosis. If you have

lichen sclerosis, then the only treatment that will make it improve is a very strong steroid cream and it is quite safe to use it.

The strong steroid ointment is called Dermovate ointment or Propaderm ointment and should be used in the following way:

Twice daily for four weeks
Once daily for four weeks
Alternate days for four weeks

Then as required

After this if your symptoms are clear you no longer need to use the steroid ointment. However, if the symptoms return then re-start the steroid ointment once per night for a few days until the symptoms settle (this usually should be within a week).

You should always tail off the steroids. So, if you need to use it once a day for a week because you get a flare up, then you should use it every other day for a week before you stop. If it comes back very quickly, then next time try tailing it off even more slowly.

How much cream should I use?

You should use a bead of cream that would cover half your finger tip – about the size of a pea.

The strong steroid ointment can be absorbed into the body if very large quantities are used. It is therefore important to keep within the recommended amounts. A 30g tube that has been dispensed should last you 2 – 3 months. If you do require further supplies please keep a record of the amount you use.

Try to avoid using the moisturisers shortly before or after applying the steroid cream as this can dilute the effect.

Are there any side effects from using the steroid cream?

There may be a burning sensation when you first apply the treatment but this usually disappears within ten minutes. If the burning persists and is severe stop using the ointment as you may be sensitive to one of its components. You should then change to the other ointment that you have not yet used i.e. Propaderm if you have been using Dermovate.

What else can I do to help?

Treatment of lichen sclerosus also consists of protecting the vulval skin from irritation. The information leaflet 'Care of the Vulva' describes this. It is most important to avoid using soap and personal deodorants on the vulval skin and we usually recommend that Hydromol or dermol 500 are used instead of soap for washing. You can also use the Hydromol or Diprobase to soothe the area as often as necessary.

Lidocaine 5% ointment can numb the skin for a few hours.

How often will I be seen?

You will usually be seen in clinic approximately three months after your treatment has started. Following that you will need to be seen every six months or every year by either your general practitioner or the vulval clinic.

In a very few women with lichen sclerosus a vulval skin cancer may occur. It is therefore very important that if any lumps, small growths,

ulcers or unusual changes occur that do not go away completely after using the Dermovate ointment daily for two weeks you should consult your doctor immediately. You should not wait for your next appointment.

Is there anyone I can contact for further information?

National Lichen Sclerosus Support Group
2 Ivy House
Wantage Road
GREAT SHEFFORD RG17 7DA.

www.lichensclerosus.org

www.bssvd.org

www.issvd.org/patient-education

www.macmillan.org.uk

Lichen Sclerosus

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