

# Genital Lichen Simplex Chronicus (LSC) or Genital Eczema

Lichen simplex chronicus (LSC), or eczema, is a common skin condition that is very itchy. Although not dangerous, both the itching, and the pain from rubbing and scratching, can significantly impact quality of life. Eczema/LSC of the genital area most often affects the vulva and rectal skin and can involve redness, scaling, fissures, or cuts in the skin. It is rare to have abnormal discharge or vaginal symptoms in LSC. Many people with eczema/LSC have had sensitive skin or eczema/LSC on other areas of the skin at some point, and many have a tendency towards allergies such as seasonal allergies, food allergies, asthma, or eosinophilic esophagitis.

The cause of eczema/LSC is very likely multifactorial; however, eczema/LSC incites often with irritation triggering itching. Often, at the office visit with the health care provider, the original infection or other initial cause of irritation is no longer present. Common triggers include a yeast infection, an irritating medication (either OTC or prescription), a moisturizer or lubricant, a wet bathing suit, over-washing, panty liners, sweat, heat, urine, a contraceptive jelly, an irritating condom, anxiety/depression, or any other activity or substance that can irritate the skin and start the itching. Although rubbing and scratching often feels good at first, rubbing irritates the skin and ultimately makes itching even worse, so that there is more scratching, then more itching, then more scratching. This is called the “itch-scratch cycle.”

Treatment is very effective and requires clearing any infection and avoiding irritants as well as using a strong cortisone. In addition to the elimination of creams, unnecessary medications, soaps, over-washing, etc., the irritation from rubbing and scratching must be stopped. Many

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people can keep from scratching during the day, but much rubbing and scratching occurs during normal sleeping hours, when people do not realize they are scratching. I like to tell patients that telling someone to “stop scratching” is like telling a woman who is dilated 10cm not to push. It is often done unconsciously. Pills that target neuropathic itching such as gabapentin or nortriptyline work the best for this type of itching. In addition to calming the nerves, they produce sleepiness that helps to halt nighttime scratching. Other irritants to avoid include soap, and washing should be limited to once a day with clear water only. Some irritants, such as sweat and urine can be difficult to avoid.

Eczema/LSC usually improves very quickly with a very strong or ultrapotent topical corticosteroid ointment, also called cortisone. The steroid is applied very sparingly (tee-tiny amount) once or twice a day to start. This is very safe medication when used in the correct amounts and for the correct length of time. A small pea-sized amount usually covers the entire genital area. The use of too much medication or for too long can cause thinning of the skin.

Stopping the medication as soon as itching and irritation improve is a common mistake, because eczema/LSC recurs quickly if the skin has not yet returned to normal. Once itching is controlled and the skin has lost its redness and thickness, the corticosteroid should be gradually used less and less before being stopped. Otherwise, when the corticosteroid is stopped abruptly and too soon, the itching and itch-scratch cycle return.

After the corticosteroid has been discontinued, a patient with LSC/eczema remains at risk for recurrence of itching, because the genital skin’s topography lends itself to ongoing irritation from normal sweat, friction, sexual activity, etc. A patient with eczema/LSC should not be surprised when itching returns, but immediate treatment can prevent the return of the itch-scratch cycle and LSC/eczema.