

Lichen Sclerosus (LS)

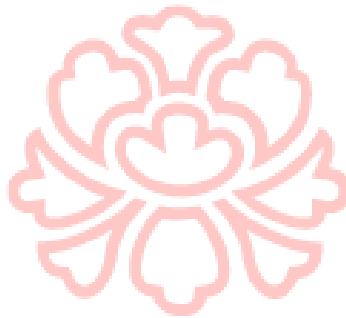
Lichen sclerosus (LS) (sometimes called lichen sclerosus et atrophicus, or LS&A) is a skin condition that impacts the vulva and skin around the anus. It generally starts at two points in life - either in childhood or after menopause. About 25-30% of people will also experience LS on non-genital skin. Usually on their abdomen, back, buttocks, arms, or legs.

We do not fully understand what causes LS, but there does seem to be some genetic component to it. It is thought that it is an autoimmune type of condition where the immune system becomes overactive and tries to fight against itself. Many people with LS also have an underactive thyroid, so it is important to check thyroid function at the time of diagnosis and periodically throughout your life.

Lichen sclerosus is usually very itchy, but it can also be painful or cause burning, irritation, and scarring of the vulvar skin. It can make penetrative vaginal sex very painful. It can also make having a bowel movement painful or itchy if it impacts the perianal skin as well. Because of this itching, many people rub and scratch the area (which is understandable!), and this can cause breaks in the skin called "fissures." These fissures are like papercuts and can be extremely painful. When left untreated, LS can cause scarring of the vulva leading to the clitoral hood and labia to fuse together. This usually does not impact arousal or ability to achieve orgasm, but it can make sexual encounters uncomfortable. LS also increases the risk for skin cancer of the vulva called differentiated vulvar intraepithelial neoplasia (DVIN) or squamous cell carcinoma (SCC). If LS is treated properly and continuously, the risk of cancer is very low. As a precaution, an Ob/Gyn, primary care doctor who practices gynecology, or dermatologist should check the area every six months.

LS is controlled but not cured. Initially, medication will be used daily (generally for 6 or so weeks), and then once the rash improves, it can be used three times weekly for prevention. Sometimes,

local injections of steroid into the skin are necessary to get the rash under control, but the vast majority of the time, if the medication is used properly, symptoms can be controlled.



Becca Joy, M.D.