

Squamous Cell Hyperplasia and Lichen Planus

Information and advice for patients

Gynaecology

Squamous cell hyperplasia of the vulva

What is squamous cell hyperplasia of the vulva?

Squamous cell hyperplasia (SCH) is an abnormal growth of the skin of the vulva. It usually occurs before the menopause.

It is not an infection and you cannot pass this problem on to your partner.

What causes it?

The cause is largely unknown although anything that leads to chronic irritation of the skin can lead to the symptoms below. Irritants might include perfumed soaps, fabric conditioners and detergents used in the laundry of underwear or even excessive washing.

What are the signs and symptoms?

The main symptom is itchiness around the vulva, which may be pink or red, or have raised white patches. SCH usually affects the hood of the clitoris, the outer lips (labia majora), the groove between the outer and inner lips (labia minora) and the back of the entrance to the vagina. The affected skin may also extend to the thighs. Scratching causes thick, hardened patches on the vulva to appear.

How is squamous cell hyperplasia diagnosed?

A biopsy (under local anaesthetic) is often performed to diagnose this problem as many things can trigger itching on the vulva.

What treatments are available?

The symptoms generally stop with the correct treatment. The most common treatment is with powerful steroid creams. These should be used sparingly twice a day for several weeks. Your doctor will explain the treatment regime to you. This is a long term treatment so you will not see results straight away.

Once your symptoms have stopped, your doctor may advise you to start reducing the steroids with a view to stop altogether. Some women do require intermittent applications of steroid to remain in remission.

Benefits of steroid creams

In over 90% of cases, steroid creams, usually combined with a moisturiser, relieve the symptoms of itching. Once the symptoms have been relieved, a simple moisturiser (called an emollient) can maintain remission.

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Risks of steroid creams

The risk with steroid creams is that long term and unsupervised use can cause skin damage in themselves which include thinning of the skin and broken blood vessels.

Alternatives to steroid creams

A small amount of women find benefit from a simple moisturiser.

An alternative treatment is with a drug called tacrolimus, however this has side effects such as burning and soreness and requires careful surveillance and as yet remains very much a second line treatment.

Patients can help themselves by avoiding potential irritants such as perfumed soap, biological detergents, fabric conditioners, talcum powder etc. Shaving might also lead to irritation.

Symptoms to report

Squamous cell hyperplasia is sometimes seen next to areas of cancer, although the risk of developing cancer if you have squamous cell hyperplasia is small. Self-examination is important. You should alert your doctor if there is any worsening of your condition, if any lumps occur or if there is any bleeding from the vulva.

Lichen planus

What is lichen planus?

Lichen planus is another skin condition. It may affect the mouth and external genitalia too. It often involves the vagina as well as the vulva. It can resemble other vulval skin conditions.

What causes lichen planus?

Lichen planus is thought to be a condition caused by an abnormally functioning immune system in the skin of the vagina, vulva and sometimes elsewhere. You cannot pass this condition on to anyone else.

What are the signs and symptoms?

The skin of the vulva and vagina can become red, shiny and sore, almost as if the top layer of skin has been scraped off. This can lead to scarring and narrowing of the vaginal opening. Occasionally thickened plaques of skin can also be seen. Lichen planus may be difficult to diagnose hence the need to take biopsies when there is any doubt.

The thin mucous membranes inside the mouth and vagina lose their top layer when they become involved with lichen planus, so red erosions may develop here. Erosive lichen planus may be painful in the mouth and vagina and secondary infection may occur. If the areas touch one another, scarring may occur resulting in a narrowing of the vagina.

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How is lichen planus diagnosed?

It is diagnosed by biopsy, which is often performed under local anaesthetic. A small area of skin is taken and sent for analysis.

What treatments are available?

Lichen planus is often improved with steroid creams and ointments.

Benefits of steroid creams

The benefits of treatment include control of symptoms, reduced scarring and a reduced risk of long term damage to the vulva and vagina.

In over 90% of cases, steroid creams, usually combined with a moisturiser, relieve the symptoms of itching. Once the symptoms have been relieved, a simple moisturiser (called an emollient) can maintain remission.

Risks of steroid creams

The risk with steroid creams is that long term and unsupervised use can cause skin damage, this can lead to the thinning of the skin and broken blood vessels.

Not everyone responds to steroid creams and other types of steroid may be required (vaginal foam and or tablets). In some women steroids are not very effective and in these, other ways of suppressing the immune system may be considered.

Patients can help themselves by avoiding potential irritants such as perfumed soap, biological detergents, fabric conditioners, talcum powder etc. Shaving might also lead to irritation.

Once a remission has been achieved your doctor will gradually reduce the frequency and strength of steroids to see what is the least amount that you require to stay in remission. This will vary from patient to patient. If you do not respond to steroids, other treatments will be offered to you but these will not necessarily guarantee success.

Are there any alternatives?

Occasionally we may have to use steroid tablets or other tablets that dampen down the body's immune response. Some of these tablet treatments need careful monitoring with blood tests.

Some women find benefit from a simple moisturiser but these are a small minority. An alternative treatment is with a drug called tacrolimus, but this can also have side effects such as burning and soreness and requires careful surveillance and as yet remains very much a second line treatment.

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Symptoms to report

You should pay close attention to any changes in the vaginal discharge. If vaginal discharge occurs, it may indicate an erosion or secondary infection. Medication is usually given continuously. Regular visits to your doctor will be necessary.

Self-examination is important if you have lichen planus disease as there is a very small association with the development of vulval cancer. You should alert your doctor if there is any worsening of your condition, if any lumps occur or if there is any bleeding from the vulva.

Support groups and further information

The Vulval Pain Society (VPS) provides women with information on vulvodynia and other vulval disorders.

The Vulval Pain Society

PO Box 7804,
Nottingham,
NG3 5ZQ
www.vulvalpainsociety.org

National lichen sclerosus support group UK

www.lichensclerosus.org

National vulvodynia association

www.nva.org

Vulvodynia

www.vulvodynia.com

Interstitial cystitis association

www.ichelp.com

Contact details

If you have any questions or concerns you can contact:

Professor Luesley, Consultant Gynaecologist

Tel: 0121 507 5337

Monday – Friday, 9am – 5pm

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Sources used for the information in this leaflet

- Patient.co.uk Professional Reference, 'Lichen Planus', October 2011
- British Association of Dermatologists, 'Guidelines for the management of lichen sclerosus', 2010
- The Cochrane Library, 'Topical interventions for genital lichen sclerosus', December 2011

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5495 or email: swb-tr.swbh-gm-patient-information@nhs.net



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