

Lichen planus

Information and advice for patients

Gynaecology

What is the condition?

Lichen planus is an inflammatory condition that can occur anywhere on the skin, but mainly affects the genital area and the mouth in some people. It is a rare condition (1 in 4000) and typically affects 25–60 year olds.

What causes it?

It is not understood yet exactly what causes lichen planus but there seems to be an underlying abnormal autoimmune response where the body works against itself. Very occasionally, some medications can trigger lichen planus lesions.

What are the symptoms?

The outer layers of the skin of the vulva and vagina break down to form painful red areas called erosions. Soreness and burning inside the vagina are common and this can be associated with painful sex. Scarring can cause loss of the inner lips of the vulva (labia minora) as well as narrowing of the vaginal opening. This narrowing can make intercourse and vaginal examinations impossible. Some women report an increase in vaginal discharge, which may also be blood-stained after intercourse.

- Sore red lesions may be seen in the mouth.
- Lichen planus is non-infectious; you cannot pass it on to anyone else.

How is it diagnosed?

Lichen planus is diagnosed by taking a biopsy (a very small piece of skin) to be analysed in the laboratory. This is usually performed in the clinic with local anaesthetic.

How is it treated?

It is important to avoid all soaps and bubble baths and to use a soap substitute. Using an emollient regularly helps to moisturise the skin.

First line treatment to vulval lesions is applying steroid ointments, initially on a daily basis. Your doctor will advise on weaning the dose once control of symptoms has been achieved. For vaginal disease, a steroid foam suppository can be inserted into the vagina three times a week. Benefits of treatment include symptom control, reduced scarring and prevention of long term damage to the vulva. If scarring of the vagina is a problem, your doctor may advise that you use vaginal dilators.

Occasionally steroids are prescribed as a tablet. If symptoms are resistant to steroid treatments other medications can be used that suppress the immune system.

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Once the condition is well controlled you will need to have check-ups as rarely (in 3% of cases) a skin cancer can develop from a background of inflammation. Self-examination is important and if you develop an ulcer or lump that does not respond to treatment you must consult your doctor.

Contact details

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Monday to Friday, 9am to 5pm

Further information

Vulval pain society

PO BOX 7804

Nottingham NG3 5ZQ

www.vulvalpainsociety.org

UK Lichen Planus

www.uklp.org.uk

Sources of information

- BASHH UK National Guideline on the Management of Vulval Conditions Feb 2014
- Schorge, Schaffer, Halvorson, Hoffman, Bradshaw and Cunningham, 'Williams Gynecology' 2008

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5303 or email: swb-tr.swbh-gm-patient-information@nhs.net



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