

Quantity

When using steroid cream, you will need to use a small amount, about the same volume as you would use when applying toothpaste to your toothbrush.

It is important that you do not use too much of the steroid creams. We prescribe 30-gram tubes, which should last at least 2-3 months. If you do get further supplies from your GP/family doctor please keep a record of the amount used.

Are there any side effects from using 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 cream as you may be sensitive to one of its components. You should then change steroid cream.

What else can I do to help?

- Treatment of LS also consists of protecting the vulval skin from irritation.
- Avoid washing with soap and instead use an emollient soap substitute/cream.
- Avoid rubbing or scratching the area.
- Carefully dry yourself after passing urine to reduce the contact of urine with your skin.
- Using a moisturiser /emollient or yellow soft paraffin (such as Vaseline) as a barrier cream as often as necessary can protect your skin from exposure to urine and soothe the area.
- If sexual intercourse is painful because of tightening of the skin at the entrance to the vagina, the use of lubricants and, on occasions, vaginal dilators, will help.
- If you are a smoker, stop smoking to reduce the risk of cancer.

How often will I be seen?

LS is a long-term disease although it can usually be brought under control. When both you and the hospital doctor are happy that treatment is working well, there may be no need for repeated reviews at the hospital clinic. However, you will still need to be aware of any skin changes and what to do about them.

In very few women with LS a vulval skin cancer may occur. It is therefore very important that you consult your doctor immediately if any lumps, small growths, ulcers or unusual changes occur that do not go away completely after using the steroid ointment daily for two weeks.

Further information

British Society for the Study of Vulval Disease
www.bssvd.org/

Vulval Pain Society
**Lichen Sclerosus -
The Vulval Pain Society**

Contact the Vulval clinic secretary
Tel: 02921844087



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PATIENT INFORMATION LEAFLET

LICHEN SCLEROSUS

What is Lichen Sclerosus?

Lichen Sclerosus (LS) is a common, itchy skin disease that affects genital skin and the skin around the back passage.

It may occasionally affect non-genital skin and occur in male and female adults and children. Your symptoms may have lasted for many years. LS may run in families.

The cause is unknown, it is not due to an infection, it is not contagious and cannot be spread through contact including sexual intercourse.

The condition is definitely not dangerous and not a cancer.

People with LS can experience severe itching in the skin around the outside of the vagina and this can spread to the skin around the back passage. The skin can be red and inflamed, but more often it is whitened. Sometimes tiny purple blood blisters appear temporarily, and scratching may produce some raw patches.

With time the skin can become more wrinkled, with some thickened areas and scarring developing.

Diagnosis

The diagnosis of LS is usually made clinically (by your doctor looking at the affected area and recognising the familiar signs). Treatment can then be started straight away.

Sometimes the diagnosis is not immediately clear and your doctor may recommend taking a small biopsy of the affected skin. This is a simple procedure which can be done in the clinic. A local anaesthetic is used and a small dissolvable stitch is usually needed afterwards. The skin sample is then sent to the laboratory to be examined under the microscope to confirm the diagnosis.

Can Lichen Sclerosus be cured?

No treatment is sure to reverse the changes of lichen sclerosus completely. But the symptoms and signs of the disease can usually be well controlled with a skin moisturiser and a steroid application.

How can Lichen Sclerosus be treated?

Strong steroid ointments are used to stop the inflammation and also soften the affected skin. Please do not worry about the warning inside the pack, it might say 'not to use these ointments on genital skin'. These are very safe for this condition and you will be advised how and when to apply the steroid ointments safely, and moisturisers to help soften and protect the skin.

Steroid cream

If your GP suspects you have LS, it is recommended that you are prescribed a strong steroid cream to use on the affected skin. Initially, you will use the steroid cream

- Twice a day for 4 weeks
- Once a day for 4 weeks
- Twice a week for 4 weeks

You will need to use enough cream to apply a thin covering to the affected skin, and massage it into the area.

Moisturiser

Treatment of LS also consists of protecting the vulval skin from irritation. Please read Care of the vulva leaflet for more information.

How long can I carry on using steroid creams?

The use of steroid creams to the sensitive skin of the vulval area should be kept to the minimum strength and amount that will keep the inflammation under control. Once the condition is under control, it is often possible to use a steroid cream as infrequently as once or twice a week and still remain comfortable. Other people find that they do not need regular steroid creams, but instead use a regular moisturiser and just add in the steroid cream occasionally for a few days when symptoms come back. You can continue to use steroid creams like this for a few years, but will need to be aware that you are using the minimum necessary.

It is best to find a strength and frequency of application of steroid cream or ointment which is enough to keep your itch or soreness under control.

It is not necessarily better to avoid using a steroid, as uncontrolled inflammation of the skin can lead to increased skin damage.

Typical steroid regime

We recommend using a medium strength steroid such as Mometasone twice weekly for maintenance (when your symptoms are well controlled). With flare ups you will need to use a more potent steroid cream such as Eumovate or Dermovate (or similar) twice daily for 1-2 weeks and then daily for a further 1-2 weeks. This regime of infrequent use when symptoms are few and increasing the use with exacerbations of symptoms can be maintained for many months and years.

If you develop symptoms, which are still not controlled by the treatment, or you have any other concerns about your symptoms or treatment you should go back to your doctor or return to the hospital clinic.