VULVAR LICHEN PLANUS

What is it?

Lichen planus (LP) is a disease of the skin caused by inflammation. Vulvar lichen planus occurs most commonly in women 50-60 years old. It can affect the genital area including both the vulva and the vagina. The most common symptoms are burning and soreness. Some women describe itching as well. Lichen planus causes a rash of small purplish bumps, often on the arms, legs, or back. It can affect the mouth (oral disease) with a whitish pattern or loss of the mouth surface. In some cases, the nails and the scalp are also involved. It is possible to have the disease in one area without ever having a problem elsewhere. Many patients with vulvovaginal LP have LP in the mouth as well and sometimes on other areas of the skin.

How common is it?

It is estimated that 1 in 4000 women will have vulvar or vaginal LP compared to 1 in 100 who may have oral LP. About 50% of women who have oral lichen planus may have vulvar or vaginal LP but the diagnosis may be missed as dentists do not generally enquire about genital symptoms and the mouth may not be routinely examined in those presenting with genital disease.

What causes LP?

The cause of LP is unknown. There may be a problem with the immune system, the system that protects a person from diseases. In LP, the system is overactive and can act against itself (this is called an auto-immune reaction). In some cases, it is possible that an infection or medication can start this reaction. We do not know why the lesions develop in some parts of the body and not others. LP may be associated with other auto-immune conditions such as thyroid disease, vitiligo (white patches on the skin), and alopecia areata (patches of hair loss) Lichen planus is NOT infectious or contagious and cannot be passed to a sexual partner or to another part of your body.

What are the symptoms and what do I see?

Soreness, burning and rawness are very common symptoms. Less commonly, Itching is present. If the outer layers of the skin break down (erosions), these areas appear moist and red. There may be a white lacy pattern on the vulva. This pattern can also be seen around the edges of the erosions. The vulva may appear pale white or pink/red. Scarring with loss of the inner lips (labia minora) may be seen. The clitoris may be buried under scar tissue. There may be shiny, red, raw areas. Intercourse can be painful if the vagina is involved or there is scar tissue narrowing the entrance of the vagina. Erosions can occur inside the vagina in a patchy or generalized pattern. Some women have a sticky, yellow or yellow-green discharge, which can be bloodstained, especially after intercourse. The vaginal entrance may become smaller if the inner walls of the vagina or the skin around the entrance stick together when it heals.

This is one reason why intercourse can be painful or even impossible. Sometimes it is difficult for a healthcare provider to perform an internal examination. On rare occasions, the skin may have thickened areas. These may have a warty appearance. If the skin is affected in other parts of the body, the rash is usually on the inside of the wrist, the forearms and the ankles. The spots are a purple color and you may see some fine white streaks on the top of the spots. A similar white, lacy streaking may be seen inside the mouth, but there may not be any symptoms. There may be sore, red, ulcerated areas around the gum margins, tongue and inside of cheeks. Occasionally LP can affect the tear ducts and esophagus (the tube that carries food from the mouth to the stomach). If you experience excessive watering of the eyes, difficulty in swallowing or it feels as if food gets stuck, you should tell your doctor about this.

How is LP **diagnosed?**

Doctors familiar with the condition may diagnose it by looking at the skin and seeing the characteristic appearance. The diagnosis is usually confirmed by taking a small piece of skin to be sent to the laboratory and then looked at under a microscope. This is called a biopsy. This is a simple procedure that can be done in the healthcare provider's office after numbing with an anesthetic injected into the skin of the vulva or vagina to be biopsied. Sometimes it might be necessary to do a more extensive examination under general anesthesia.

How is LP **treated?**

There are many treatments used to treat lichen planus. Treatment needs to be selected to fit your problem. Different people respond to different things. The medications will control but often will not cure the LP. Treatment is a long process and close follow up with you and your care-giver is important. Lichen planus is often managed with medication as there is no absolute cure for LP. However, in some cases, LP seems to come and go of its own accord and it is possible that it will disappear completely.

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The usual treatment for LP is a strong topical steroid. Occasionally, ointments containing calcineurin inhibitors are used (tacrolimus, pimecrolimus).

These are treatments that are used to treat other types of inflammation on the skin such aseczema. These will help some people but may sting when they are first applied. If the vagina is involved, then a vaginal steroid preparation can be inserted into the vagina. For scarring and narrowing of the vagina and/or the entrance into the vagina, physiotherapy of the pelvic floor or dilators are advised. Only rarely is surgery needed. If the ointments do not control the inflammation, then steroid tablets taken orally or some types of steroid injection can be helpful. Medication to lower the overactive immune system may be needed. Examples of these are methotrexate or cyclosporine or mycophenolate mofetil. These medications require blood tests to monitor their side-effects and this will all be discussed with you if you require them. Women on steroids can have a safe pregnancy. However, it is very important that you do not become pregnant if you are taking any of the other drugs discussed above, as they can be harmful to the baby.

What should **I watch for?**

As LP is a long lasting inflammatory skin condition, there is an increased risk of developing local types of skin cancer in the area compared to women without LP. The risk is about 3 percent. Any new raised, bleeding or non-healing areas in your genital area should be reported to your healthcare provider.

It is important that your LP is monitored and that you attend for follow-up visits with your healthcare provider at least once per year.

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