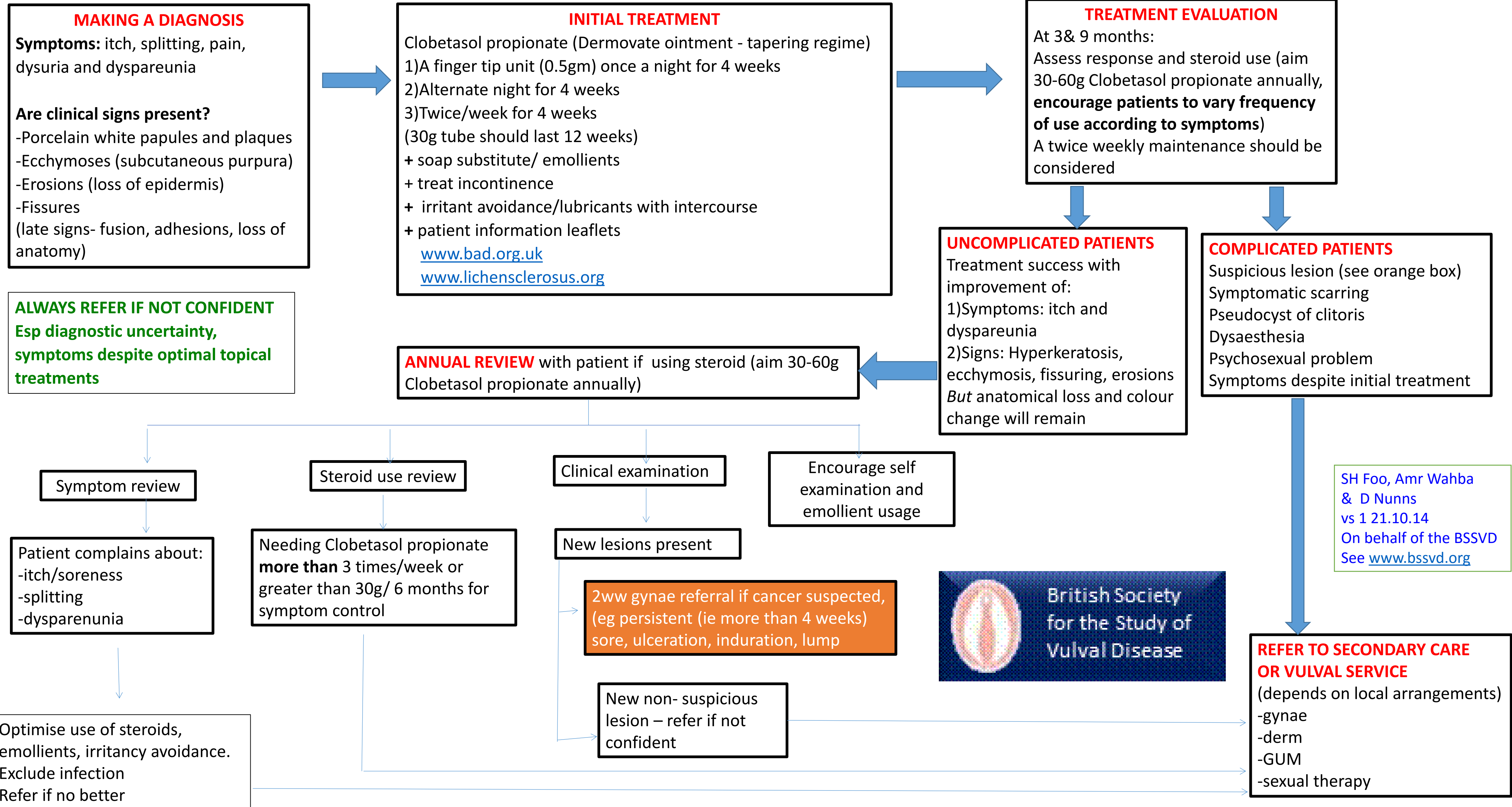


# VULVAL LICHEN SCLEROSUS- GUIDANCE FOR HEALTH CARE PROFESSIONALS (HOSPITAL TEAM OR GP SPECIAL INTEREST)



**MAKING A DIAGNOSIS**  
**Symptoms:** itch, splitting, pain, dysuria and dyspareunia  
**Are clinical signs present?**  
 -Porcelain white papules and plaques  
 -Ecchymoses (subcutaneous purpura)  
 -Erosions (loss of epidermis)  
 -Fissures  
 (late signs- fusion, adhesions, loss of anatomy)

**ALWAYS REFER IF NOT CONFIDENT**  
**Esp diagnostic uncertainty, symptoms despite optimal topical treatments**

**INITIAL TREATMENT**  
 Clobetasol propionate (Dermovate ointment - tapering regime)  
 1)A finger tip unit (0.5gm) once a night for 4 weeks  
 2)Alternate night for 4 weeks  
 3)Twice/week for 4 weeks  
 (30g tube should last 12 weeks)  
 + soap substitute/ emollients  
 + treat incontinence  
 + irritant avoidance/lubricants with intercourse  
 + patient information leaflets  
[www.bad.org.uk](http://www.bad.org.uk)  
[www.lichensclerosus.org](http://www.lichensclerosus.org)

**TREATMENT EVALUATION**  
 At 3& 9 months:  
 Assess response and steroid use (aim 30-60g Clobetasol propionate annually, **encourage patients to vary frequency of use according to symptoms**)  
 A twice weekly maintenance should be considered

**UNCOMPLICATED PATIENTS**  
 Treatment success with improvement of:  
 1)Symptoms: itch and dyspareunia  
 2)Signs: Hyperkeratosis, ecchymosis, fissuring, erosions  
*But anatomical loss and colour change will remain*

**COMPLICATED PATIENTS**  
 Suspicious lesion (see orange box)  
 Symptomatic scarring  
 Pseudocyst of clitoris  
 Dysaesthesia  
 Psychosexual problem  
 Symptoms despite initial treatment

**ANNUAL REVIEW** with patient if using steroid (aim 30-60g Clobetasol propionate annually)

Symptom review

Steroid use review

Clinical examination

Encourage self examination and emollient usage

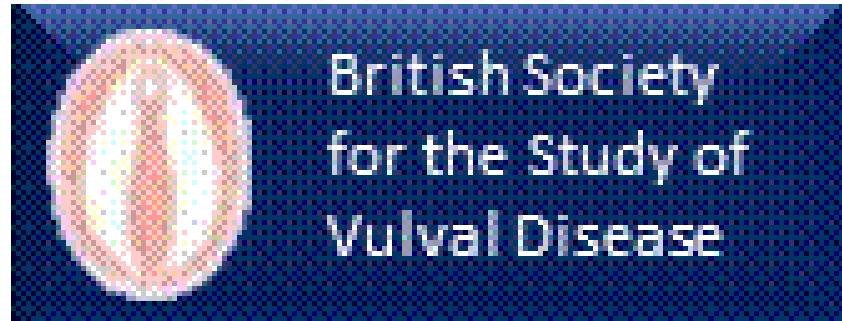
Patient complains about:  
 -itch/soreness  
 -splitting  
 -dyspareunia

Needing Clobetasol propionate **more than 3 times/week** or greater than 30g/ 6 months for symptom control

New lesions present

2ww gynae referral if cancer suspected, (eg persistent (ie more than 4 weeks) sore, ulceration, induration, lump)

New non- suspicious lesion – refer if not confident



SH Foo, Amr Wahba & D Nunns vs 1 21.10.14  
 On behalf of the BSSVD  
 See [www.bssvd.org](http://www.bssvd.org)

**REFER TO SECONDARY CARE OR VULVAL SERVICE**  
 (depends on local arrangements)  
 -gynae  
 -derm  
 -GUM  
 -sexual therapy

Optimise use of steroids, emollients, irritancy avoidance. Exclude infection Refer if no better