Transgender Dermatology – a case of Lichen Sclerosus in a transgender female

Surgenor LA[1], McDonald L[1], Devereux C[2], Hutchinson S[2]

1. Royal Victoria Hospital, Belfast Health and Social Care Trust,, 2. Northern Health and Social Care Trust

Correspondence: laura.surgenor@belfasttrust.hscni.net

Introduction

Lichen sclerosus (LS) is a chronic auto-immune inflammatory condition with a predilection for genital skin. First described initially over a century ago, a paucity of knowledge still remains in our understanding of its exact pathogenesis and treatment. The development of the British Association of Dermatology (BAD) Guidelines on LS have aided the standardisation of care for patients suffering with this condition with treatment pathways delineated in the guidelines for male and female patients (Fig 1). Accurate diagnosis, management and monitoring are crucial to prevent complications including the small but recognised risk of malignant transformation to squamous cell carcinoma.

Transgender dermatology is increasingly recognised as an evolving sub-speciality, with a variety of skin conditions presenting in patients having undergone gender-affirming surgical and hormonal therapies and it is recognised that such patients can face unique challenges in diagnosis and management of their skin disease. This case discusses a rare case of vulval LS presenting in a patient having undergone male-female gender reassignment surgery.

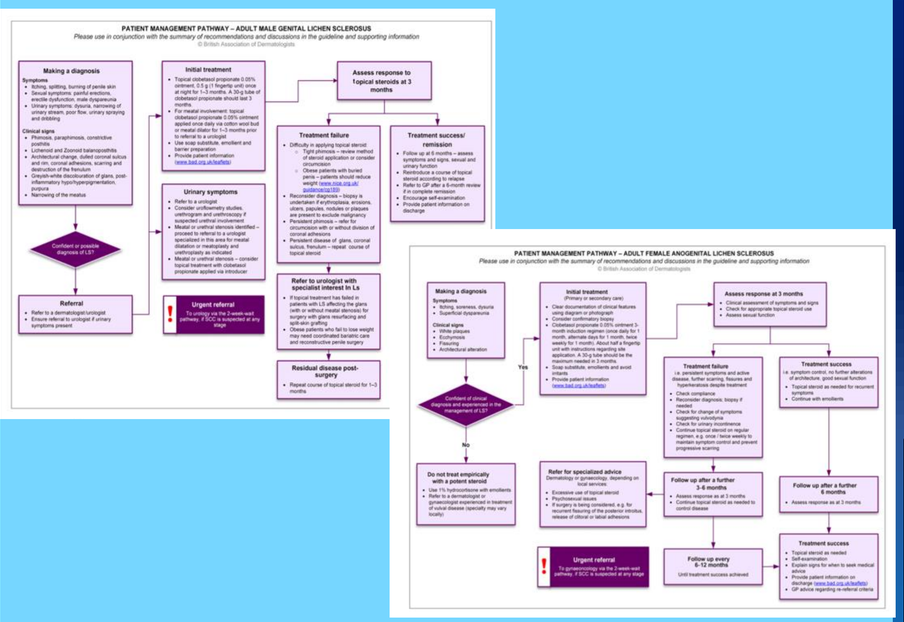

Fig 1. BAD Adult Patient Management Pathways for Lichen Sclerosus

Case History

A 42 year old patient initially presented to the general dermatology clinic with generalised plaque psoriasis and notable inverse site features with extensive perianal involvement. This presentation pre-dated subsequent planned gender re-assignment surgery. The genital disease was difficult to treat and required progression through multiple standard treatments including standard topical regimes, methotrexate, acitretin and ciclosporin to gain disease control.

The patient subsequently underwent male to female gender re-assignment surgery 3 years later. A neovaginoplasty was performed with reconstruction using the patient's penile skin. This surgically-constructed vulvo-vaginal tissue in transgender women is designed to closely resemble the vagina of cisgender women.

4 years following gender reassignment surgery the patient was diagnosed with psoriatic arthritis and the severity warranted the commencement of Humira® (adalumimab) under the care of the Rheumatology team. A good clinical response in joint disease was achieved and skin psoriasis remained well-controlled.

After a further year, however, the patient developed symptoms of intractable vulval itch and was referred to our tertiary specialist vulval dermatology clinic. Physical examination at that time revealed ivory white atrophic plaques and ecchymoses affecting vulval skin and a vulval biopsy subsequently confirmed features in keeping with LS. The patient's symptoms responded very well to a standard treatment and maintenance regime of topical Dermovate ointment and emollients and remains under long-term review with Dermatology.

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Discussion

The aetiology of LS is unknown with multiple causes postulated including genetic, hormonal and auto-immune factors, trauma and chronic irritation. A small number of reports have documented the presentation of LS in transgender women having undergone male-to-female sex reassignment surgery but it remains a rare presentation.

Whilst a clear history of genital psoriasis requiring systemic therapy was known in this case, this had been brought under control before the development of the LS and no clinical findings consistent with LS were evident prior to gender reassignment surgery. Trauma is a recognised predisposing factor for LS and it is possible that trauma/scarring from the surgery may have been an aetiological factor. Commencement of the anti-TNF therapy was not felt to have been contributory. This patient would also have undergone hormonal therapy as part of gender-affirming treatment, representing another possible risk factor for LS development.

The development of LS in this transgender female patient having undergone both hormonal and surgical treatments raises many interesting questions as to the exact pathophysiology of the condition in this context and it is likely to be complex and multi-factorial. This case highlights the need for clinicians to consider a broad differential and maintain a systematic approach to the diagnosis of vulval skin disorders in transgender patients to ensure presentations such as LS are recognised, investigated and managed appropriately.

References

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