

Quantifying topical steroid use for patients with vulval lichen sclerosis

This table is to support health professionals in quantifying the amount of topical steroid (usually Dermovate ointment) used by patients attending for an LS review. Management of lichen sclerosis flare-ups is with an 'initial treatment' regime until symptoms subside and patients can be returned to maintenance therapy either twice a week or as required. Please refer to the BSSVD crib sheet for more information on discussion points with the patient and consideration of other causes of flare-ups eg candida. *Aim for 30-60gm use per year. Higher amounts may warrant a more frequent review and/or possible referral to secondary care*

Stage of treatment	Amount of very potent steroid	Frequency of application	Total amount used (approx) and tube size	Comments
Initial treatment	One FTU Finger tip unit = 0.5gm (tip of the finger to the first crease)	Daily 4 weeks Alt days 4 weeks Twice week 4 weeks	25gm (ie most of a 30gm tube in three months)	Suggest a clinical review at 3 and 6 months following start of treatment. This may be hospital or general practice setting.
Maintenance scenario one Good control (no flare ups)	One FTU	Twice week	52mg (ie much of a 60gm tube in 12 months)	Assume patient confident with self management Assumption of optimal drug delivery. Continue with management See one year
Maintenance scenario two Acceptable control (flare up once every three months)	One FTU	Twice week maintenance For flare-up daily treatment until flare-up subsides (eg 28 days use with flare up = 14gm)	56gm for 4 flare-ups a year (approx.) 36 mg in total maintenance (ie much of a 100gm tube in 12 months)	Assume patient confident with self management Assumption of optimal drug delivery. Continue with management See one year or consider referral Patient initiated visit if decline in control Discuss with the patient
Maintenance scenario three Poor control (monthly flare ups- near daily symptoms)	One FTU	For flare up daily treatment until flare-up subsides (eg 28 days use with flare up = 14gm)	168gm for 12 flare ups a year (approx.) (ie much of two 100gm tube in 12 months)	Consider referral as poor control Change of steroid? Look for underlying reason for poor control. Continue to monitor. Assumption of optimal drug delivery.

Further reading – BAD Guidance on the management of lichen sclerosis [link](#)

Date of publication 26.3.23. For review 26.3.24