Vulvar Lichen Planus

Vulvar Lichen Planus (LP) is a chronic inflammatory condition, commonly diagnosed between ages 50 to 60. LP is a condition that can *also occur in the mouth, vagina, esophagus, and on other skin areas*.

ORAL LICHEN PLANUS

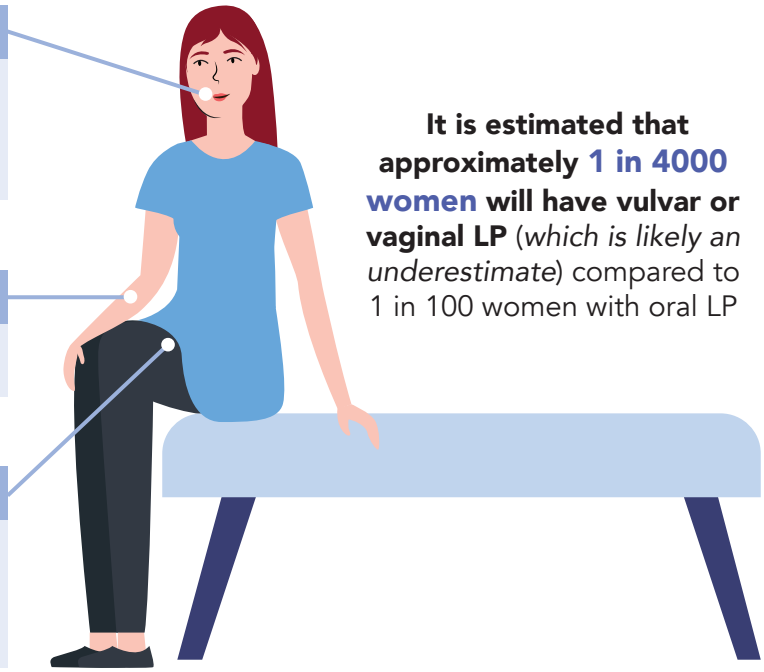
In the mouth, it may appear as white lacey streaks on the inside of the cheeks or sore areas along the gum and tongue.

SKIN LICHEN PLANUS

On the skin, it typically appears as a purple rash.

VULVAR LICHEN PLANUS

On the vulva, it can appear as raw red areas with a white lacy pattern, small purple lesions, or erosions that may extend into the vagina.



It is estimated that approximately 1 in 4000 women will have vulvar or vaginal LP (*which is likely an underestimate*) compared to 1 in 100 women with oral LP

There are three subtypes of **vulvar lichen planus**

Papalosquamous LP
Small purple lesions

Erosive LP
Typically presents with raw red areas (erosions) on the vulva with white lacey patterns (also known as *Wickham striae*). These erosions may also extend into the vagina, and occasionally the vaginal entrance may narrow and the inner walls of the vagina may stick together. There may be anatomical changes such as loss of the labia minora (inner folds) and scarring over the clitoris. The labia majora (big folds) are usually not affected.

Hypertrophic LP
Thickened lesions

Symptoms of Lichen Planus

The cause of LP is not clear, but it is thought to be an autoimmune (T-cell mediated) disease. **Lichen planus is not contagious or infectious.**

- Most women with vulvar LP present with vaginal burning or soreness, and on occasion, itching.
- Due to the symptoms of vulvar LP, women can also commonly experience painful intercourse.
- In severe cases, scar tissue can form and it may become impossible to have penetrative sex.

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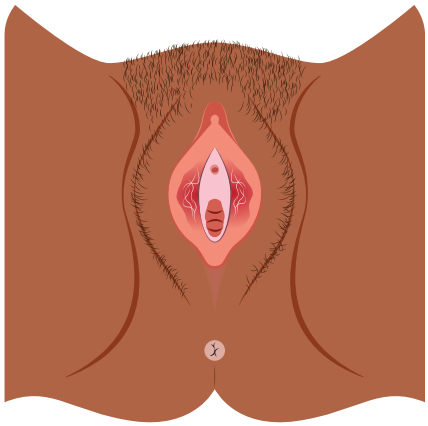

How is this skin condition diagnosed?

A full examination in the doctor's office should include a speculum examination to look inside the vagina (*if it is not too painful*) and an examination of the inside of the mouth to look for mucosal changes.

Although the diagnosis is typically made clinically, a biopsy sample of the vulvar skin can help establish the diagnosis and rule out other pre-cancerous lesions. **The clinical examination is still the most important part of diagnosis** as biopsy results can be non-specific.

Treatment of Lichen Planus

Currently there is no cure for LP, but treatments exist to manage symptoms and prevent the progression of disease. As the first step of all vulva health, it is important to stop all irritants to the vulva, including avoiding the use of soap and scented products.

MAINSTAY OF TREATMENT

Strong Topical Steroids

The first line treatment for vulva LP is applying strong topical steroids to the genital skin. For example, use of **clobetasol** or **betamethasone diproprionate ointment** once to twice per day for three months. Contrary to common belief, the use of topical steroids on the vulva is safe and side effects are uncommon. The topical steroid regimen is then tapered and many women will need to continue on a maintenance therapy.

Intralesional Steroids Injections | Oral Steroids

For more advanced vulvar LP, other routes of steroids may be necessary. This can include injection of steroids into the erosions and starting oral steroids.

Alternative Treatments

- **Steroid-Sparing Agents** – If further treatment is necessary, steroid-sparing agents such as ointments containing calcineurin inhibitors may be recommended (e.g. tacrolimus, pimecrolimus).
- **Other Oral Treatments** – In addition, other oral treatments (e.g. methotrexate, cyclosporin, mycophenolate mofetil) may be used. *Additional healthcare providers (such as dermatologists) are usually involved when starting on these oral treatments.*

In some cases, LP does improve on its own and may disappear completely.

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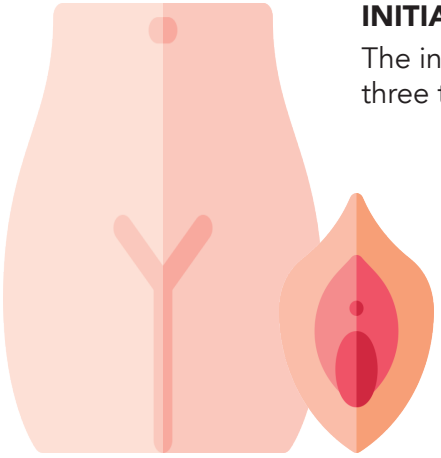
TREATMENT FOR **VAGINAL INVOLVEMENT**

Vulvar lichen planus can extend up into the vagina. The treatment of vaginal LP differs slightly from vulvar LP.

Initial Management	If LP extends into the vagina, steroid creams or compounded steroid suppositories can be used inside the vagina.
Severe Scarring	In severe cases of scarring of the vagina or narrowing of the vaginal entrance, **pelvic floor physiotherapy** and **vaginal dilators** may largely be beneficial. First the inflammation needs to be under control with steroids. • Vaginal dilators, often found in a set of incremental sizes, can be used inside the vagina to help break down scar tissue in order to keep the vagina open. • Using estrogen cream (up to three times per week) with the vaginal dilator can help with the dilation process.
Surgery	Surgery to correct vaginal scarring is **rarely indicated**, and if performed will continue to require follow-up vaginal dilation therapy.

Follow-up for Lichen Planus



INITIAL FOLLOW-UP

The initial follow-up after diagnosis may be every three to six months until symptoms are well controlled.

ONGOING CARE

Annual follow-up for stable disease is recommended to monitor for any suspicious areas on the vulvar skin, including bleeding or non-healing regions.

- There is a 3-5% risk of vulvar cancer with lichen planus.
- The diagnosis of pre-cancer or cancer of the vulva is made on biopsy of suspicious changes on the skin.

References
1. Cooper SM, Arnold SJ. Vulvar lichen planus. Up to Date. 2021 Oct.

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