

Lichen Sclerosus Characterized by Distressing Vulvar Itching in Postmenopausal Women

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ABSTRACT

Vulvar lichen sclerosus (LS) causes intractable itching, pain, burning, and dyapareunia and tissue scarring. Vulvar pruritus is a common symptom that significantly affects the quality of life (QOL) of affected women. In everyday life, anogenital itching is intractable. It not only impairs the QOL but may also cause sexual dysfunction. Many medications available only relieve the symptoms, so far. Therefore, early detection of vulvar LS, subsequent and sustained treatment, as well as patient support and timely intervention are required.

Introduction

Generally, approximately 20% of the population suffer from chronic skin itching. In 10% of such cases, the female genitalia are affected, specifically, the vulva [1-3]. The most common cause of vulvar pruritus is vulvar and vaginal candidiasis followed by chronic dermatoses, including lichen sclerosus (LS) (also known as lichen sclerosus et atrophicus) and vulvar eczema. Vulvar LS causes intractable itching, pain, soreness, and dyapareunia and tissue scarring (the source of introitus narrowing, burying of the clitoris, and atrophy of the labia minora), most often affecting postmenopausal women [4-6]. The vulvar itching may worsen at night with cracking and bleeding in the vulva-perineal area. Rarely, vulvar LS is asymptomatic and detected on routine examination [7].

Diagnosis

A physical examination is critical to differentiate vulvar LS from

other causes of vulvar pruritus (Table 1). Vulvar LS commonly impairs the vulvar and perianal areas with characteristic appearance of ivory-white plaques of patches with shiny surface. The lesions progress on the inner aspects of labia majora, labia minora and clitoris, with narrowing of the introitus and ecchymosis of bleeding due to scratching. Perianal lesions may occur 30% of cases [6]. For the experienced physicians the clinical picture is often diagnostic and histological biopsy-evidence is not required. Whitish and shiny changes in the skin in the anogenital area paired with itching point to vulvar LS. When the clinical picture is ambiguous or the physician is unfamiliar with the disease, a biopsy from a typical lesion may be recommended. Some experts postulate that a biopsy is also helpful to confirm the clinician's diagnosis and if in doubt, an expert who is familiar with the disease should be consulted. When the clinical and histological findings differ, repeat examinations must be performed with a full-thickness punch biopsy techniques.

Table 1: Differential diagnoses of vulvar pruritus.

Differential Diagnosis	Chief Symptoms	Clinical Features	Prevalence
Lichen sclerosus	Itch, burning, dyspareunia	Ivory-white plaques of patches, glistening surface, scarring, atrophy	<3%
Candida infection	Itch, increased vaginal discharge (curd-like, no odor)	White plaques, erythema	<15%
Eczema	Itch	Erythema with poorly margination, lichenification	<10%
Psoriasis	Itch (mild)	Erythema with well-demarcated margination, fissures	<3%
Lichen planus	Pain, itch	Erosive erythema, reticulated hyperkeratosis (the edge of the lesion)	<1%
Vulvar intraepithelial neoplasia	Itch, burning, soreness	Papules and nodules, white and red plaques	<0.1%

Treatment

Vulvar LS responds to the potent to ultrapotent topical corticosteroids applied for 3 months. Dosage recommendations may vary, but the dosage most often reported is daily application to the affected area for one month, followed by 4 weeks to minimize flare-ups. Overuse of superpotent topical corticosteroids may induce atrophy and striae as early as 2-3 weeks following daily application. If the initial 3 months treatment with topical steroids does not lead to the desired full remission, a complete circumcision should be considered. This procedure is reported to lead to permanent, lifelong remission in over 90% of cases [4]. A long-term treatment lasting for years or decades may improve the symptoms, even with few complaints. Individually adapted long-term treatment with corticosteroid applications for once or twice a week results in the suppression of symptoms in over 90%. When vulvar LS is in remission after initial treatment, individually adjusted long-term treatment with a minimal amount of potent steroid ointment is instructed.

Prognosis

This disorder is a chronic inflammatory dermatitis that can be managed with therapy. Since scarring is irreversible, main treatment goal is to prevent further progression of disease and further scarring. Squamous cell carcinomas occur in connection with vulva, not with extravulvar LS. Patients with vulvar LSA have a slightly increased risk of developing a squamous cell carcinoma, defined as an estimated lifetime risk of approximately 3 to 5 % [4-6]. Unlike human papilloma virus (HPV)-associated squamous cell carcinoma in the vulvar area, HPV is usually undetected in vulvar LS-associated cancers. P53 oncogenes, chronic inflammation and oxidative DNA damage are thought to contribute to malignant transformation [8-10].

Comments

Vulvar pruritus is a common symptom that significantly im-

pairs the quality of life (QOL) of affected women. In daily life, anogenital itching is intractable. It not only impairs the QOL but may also cause sexual dysfunction. Many medications available only relieve the symptoms, so far. Therefore, early detection of vulvar LS, subsequent and sustained treatment, as well as patient support and timely intervention are required. Additionally, patients should be monitored closely for progression of symptom resolution or lesion appearance.

References

1. Woelber L, Prieske K, Mending W, Schmalfeldt B, Tietz HJ, et al. (2020) Vulvar pruritus-causes, diagnosis and therapeutic approach. *Dtsch Arztebl Int* 116(8): 126-133.
2. Caro Bruce E, Flaxman G (2014) Vulvar pruritus in a postmenopausal woman. *CMAJ* 186(9): 688-689.
3. Raef HS, Elmariam SB (2021) Vulvar pruritus: a review of clinical associations, pathophysiology and therapeutic management. *Front Med (Lausanne)* 8: 649402.
4. Kirtschig G (2016) Lichen sclerosus-presentation, diagnosis and management. *Dtsch Arztebl Int* 113(19): 337-343.
5. Kwok R, Shah TT, Minhas SF (2020) Recent advances in understanding and managing lichen sclerosus. *1000Res*. 9:F1000 Faculty Rev)-369.
6. Nair PA (2017) Vulvar lichen sclerosus et atrophicus. *J Midlife Health* 8(2): 55-62.
7. Caro Bruce E, Flaxman G (2014) Vulvar pruritus in a postmenopausal woman. *CMAJ* 86(9): 688-689.
8. Higgins CA, Cruickshank ME (2012) A population-based case-control study of aetiological factors associated with vulvar lichen sclerosus. *J Obstet Gynaecol* 32(3): 271-275.
9. Mannweiler S, Sygulla S, Winter E, Regauer S (2013) Two major pathways of penile carcinogenesis: HPV-induced penile cancers overexpress p16ink4a, HPV-negative cancers associated with dermatoses express p53, but lack p16ink4a overexpression. *J Am Acad Dermatol* 69(1): 73-81.
10. Van Nieuwenhof HP, van Kempen LC, de Hullu JA, Bekkers RM, Bulten J, et al. (2009) The etiologic role of HPV in vulvar squamous cell carcinoma fine-tuned. *Cancer Epidemiol Biomarkers Prev* 18(7): 2061-2067.

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