



ANZ Vulvovaginal Society

## **Vulval Lichen Planus (LP)**

Lichen planus is an uncommon skin disorder which can affect any part of the skin. In some patients it clears spontaneously after months or a year or two. In others it is more persistent. This fact sheet is about vulval and vaginal LP.

Rarely LP can affect what are called “mucosal surfaces”. This means the moist areas in the mouth and vagina. When LP is found in these locations it has a tendency to become raw and ulcerated. It is often very painful. When it is in the mouth it makes eating difficult and when it is in the vagina and vulva, sexual intercourse may become impossible because of pain. Oral (mouth) and genital LP often go together. In very rare cases LP may also involve the anus and the oesophagus (food tube from your mouth to your stomach).

## **What are the features of vulval and vaginal Lichen Planus?**

Vulval LP is a painful condition which can interfere with sexual intercourse. The vulva and vagina appear red and raw. There may be superficial ulceration of the entrance to the vagina and the surrounding vulva skin. The changes can also extend into the vagina. Often there is a heavy and sometimes bloodstained vaginal discharge. Scarring can result in reduction of the labia minora (inner lips of the vulva), partial closure of the entrance to the vagina. The walls of the vagina may also fuse together.

Sometimes vulval lichen planus shows white streaks and small lumps that are more typical of lichen planus that occurs on external skin.

## **How is Lichen Planus diagnosed?**

The diagnosis of LP can often be made just by looking but it is usually confirmed by taking a biopsy. This is a simple and quick test that can be performed in the office. A small sample, 2-3mm, of skin from the affected area is removed and sent for examination under the microscope. The results take about a week.

## **What is the cause of lichen planus?**

In most cases the cause of lichen planus is a mystery. Some cases are precipitated by the diseases Hepatitis C and B and by Hepatitis B immunisations. Most cases have no apparent cause. It is controversial whether LP is an “auto-immune” disease.

## **Can lichen planus give me cancer?**

There are rare reports of vulval cancer occurring in a woman with vulval lichen planus, but not enough for a definite link to be established.

There are no other diseases that are strongly associated with LP.

## **How is Lichen Planus treated?**

Initially LP is treated with potent cortisone ointments. If these on their own are not effective, your doctor may recommend treatment with newer medicines called topical immune modulators (TIMS). These include tacrolimus and pimecrolimus. They are very useful for long term treatment. When the vagina is affected, suppositories containing these medications are used.

For severe cases, treatment with medication that you take by mouth may be recommended. Such treatment includes oral cortisone and other immune modulating medicines such as methotrexate, mycophenolate mofetil and azathioprine. Other medications that are used include retinoids (a type of Vitamin A) and plaquenil. If you need medication by mouth, you should be referred to a specialist.

If scarring of the vulva and vagina has occurred you may need a simple surgical procedure to correct this.

## **How long will I need treatment?**

LP is a very chronic disease. You may be on treatment for many years or even for the rest of your life. The longer the disease is under good control, the easier it gets to keep it there.

## **Will I be able to have intercourse again?**

Once the disease is under very good control this is possible, however many patients find that because the vagina is involved, intercourse is very difficult. You may have to consider other ways to enjoy a sexual life with your partner. If this is a big problem, talk to your doctor about sexual counselling.

