Although the cause of lichen sclerosis is unclear, the disorder seems more common in certain families. Lichen sclerosis is not contagious and is not caused by infection. It affects the skin at the opening of the vagina, around the clitoris, and around the anal opening. The skin in this region becomes thin and parchment-like and appears white and shiny. Fissures, cracks, and bruising are common. This condition is progressive and if left untreated, significant scarring and narrowing of the vaginal opening and rectal opening can occur. Sexual relations or passage of stool can be extremely painful if the lichen sclerosis spreads.

The diagnosis of lichen sclerosis is made by taking a biopsy of the vulvar skin and examining the tissue under the microscope. Although there is no cure for lichen sclerosis, there is a treatment, which allows the skin to return to its normal condition. Unfortunately, this treatment must be continued on an indefinite basis to prevent recurrence of the disease.

Women with lichen sclerosis are at increased risk of vulvar cancer. Because of this, you should have your vulvar skin examined at least yearly.

Treatment of lichen sclerosis requires using a topical corticosteroid. The steroid cream is applied twice daily for 2-3 weeks and then decreased to once daily, usually at night, until symptoms subside.

You will probably start feeling much better in one month or less. Changes in the appearance of the vulva may be observed over several months. After symptoms subside, the dosage can be decreased to one to three times per week depending on your response.

Non-medical treatment for lichen sclerosis includes maintaining good hygiene, keeping the vulva dry, and protecting the skin from injury or irritating soaps, lotions or deodorants. Anti-itch compounds and antibiotic ointments should be avoided because they can cause irritation. Lanolin creams and hydrogenated vegetable oil often give relief and improve the involved skin.

Reference