

15. Vulval lichen sclerosis

Dear [Dr ____],

Advice and guidance response pertaining to [Patient name].

Vulval symptoms are non-specific and vulval conditions can overlap. Symptoms are often associated with anxiety, shame and stigma and it can take time for patients to present. Vulval lichen sclerosis (VLS) is underdiagnosed and often undertreated. Vulval examination is essential.

Common symptoms of VLS are severe itching, pain and dyspareunia. Signs include pallor/whitening of the skin, crinkly skin/texture change, bleeding under the skin, fissuring and scarring.

If symptoms are suggestive of vulval lichen sclerosis, start **treatment** with a very potent topical steroid – Clobetasol propionate 0.05% ointment (once daily for one month, alternate days for one month, then twice weekly/as required titrating to normal skin texture/colour and symptoms) Apply to all affected areas. Reassure the patient that very potent steroids are safe in this condition, VLS has the potential to do much more harm to the vulval skin than a topical steroid.

(if peri/post-menopausal) Consider topical oestrogen in peri/post-menopausal group.

Advise that VLS is a long term condition that needs long term management, including general vulval care: avoiding over washing, soaps, gels, hair removing creams, tight synthetic clothing. A bland greasy emollient can help restore skin barrier function.

Enquire about urinary incontinence (associated with LS) and manage [accordingly](#).

Consider co-existent candidiasis (particularly in those on HRT or using topical oestrogens) and if necessary take a swab from the vulva/vagina to investigate for this.

Uncomplicated VLS that responds well to treatment does not always require referral to secondary care if the diagnosing clinician is confident about the diagnosis and can provide ongoing support and review.

If the patient is happy to do so, advise that a baseline self-photograph can be very helpful for future management, in case of onward referral.

Consider referral to secondary care (vulval clinic) if:

- Diagnosis uncertain
- Symptoms persist despite treatment
- There is severe scarring/architectural change
- Psychosexual impact
- Severe incontinence
- Poor control of VLS (increases the risk of malignancy)

Urgent referral:

- Concern about VIN or malignancy
- Any new evolving lesion (papule, nodule, ulcer, erosion)

Relevant guidance:

BAD vulval care <https://cdn.bad.org.uk/uploads/2021/11/19174105/Vulval-skincare-PIL-May-2023.pdf>

BAD PIL VLS <https://cdn.bad.org.uk/uploads/2021/12/19174014/LICHEN-SCLEROSUS-FEMALE-SEP-2022.pdf>

BAD LS guidelines (<https://doi.org/10.1111/bjd.16241>)

BSSVD guidance for follow up of VLS <https://bssvd.org/wp-content/uploads/2019/05/Lichen-Sclerosus-Follow-Up.pdf>

Patient resources:

<https://www.lichensclerosusguide.org.uk/>

[https://www.issvd.org/application/files/4516/8366/1295/07EN -
VulvarLichenSclerosus2020_V2.pdf](https://www.issvd.org/application/files/4516/8366/1295/07EN_-_VulvarLichenSclerosus2020_V2.pdf)

If referring back, please state that the referral has already been through Advice and Guidance and include previous correspondence so we don't duplicate advice.

With kind regards,

[Responding clinician name and role]