

Genital Dermatology

VULVAL DERMATOLOGY

Patient information

British Association of Dermatologists leaflets available at www.bad.org.uk for

- Vulval skin care
- Lichen Sclerosus
- Vulvodynia
- Vestibulodynia

Patient support group:

British Society for the Study of Vulval Disease website www.bssvd.org

Lichen Sclerosus

General Points

- Uncomplicated vulval lichen sclerosus can be managed in primary care and diagnostic biopsies are only required if there is diagnostic doubt, or failure to respond to treatment
- However, it is preferable that no super potent topical steroid has been used for 4 weeks prior to biopsy

Treatment

- Appropriate vulval/genital skin care advice, including use of soap substitutes, emollients and avoidance of irritants.
- Use of lubricants for sex and or topical oestrogens if indicated, if sexually active.
- Super potent topical steroid (eg Dermovate ointment) applied at night, every night for the first month, alternate nights in the second month and in the third month and thereafter at a frequency which keeps their symptoms under control. (A 30g tube should last 3 - 4 months)

Referral Criteria

- Diagnostic uncertainty
- Complicated Lichen Sclerosus
- Lichen planus
- Any vulval or genital dermatosis not responding to treatment
- Vulval or genital pain syndrome
- Pigmented vulval or genital lesions
- Vulval or penile intraepithelial neoplasia

References

British Association Dermatologists' Guidelines for the Management of Lichen Sclerosus 2010

SM Neill, FM Lewis, FM Tatnall and NH Cox