



VULVOVAGINAL DISORDERS

A PATHWAY TO DIAGNOSIS AND TREATMENT

LICHEN SIMPLEX CHRONICUS

What is Lichen Simplex Chronicus?

This skin condition is caused by chronic scratching. Often, a yeast infection or exposure to an irritant, eczema, psoriasis, contact dermatitis, or any skin condition that causes itching, sets off the scratching or rubbing which may take place at night, during sleep. Lichen simplex chronicus (LSC), itself, is very itchy, and as a result of the constant scratching, the skin gets thickened. Small nerve endings under the skin become sensitized and itch more, creating an itch-scratch-itch cycle. Heat, sweat, stress, tight clothing, and menstruation often make the symptoms worse.

What are the signs and symptoms?

- Chronic itching and/or burning of the vulva.
- Waking up at night scratching
- Skin that is pink to dusky red or purple color
- Swollen or thickened skin that may look white
- Thick skin with increased skin markings (skin is like leather) – lichenification
- Skin cuts and abrasions from scratching, that may cause weeping and crusting on the skin
- Raw, wounded skin

What causes LSC?

The most common causes are yeast infection, eczema or a skin irritant. There are many things that may irritate the vulvar skin. These may start the problem or keep it going.

- Laundry detergents
- Fabric softeners/dryer sheets
- Panty liners/pads
- Adult or baby wipes
- Scented, colored toilet paper
- Feminine anti-itch creams
- Bath soaps, lotions
- Excessive washing
- Bubble baths, oils
- Feminine sprays, powders perfumes
- Douches
- Condoms with lubricants or spermicides
- Contraceptive jellies, creams, foams, sponges
- Tight clothes, thongs, synthetic underwear or pantyhose

Once the skin is open and weeping, it is easily infected and this causes more irritation.



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How is LSC diagnosed?

Your health care provider will take a detailed history of everything that you have been doing and everything you have been using on your skin. S/he will examine your vulva carefully for skin changes that are seen with this condition. Sometimes a small sample of the typical skin (biopsy) will be taken for diagnosis. Skin swabs and vaginal discharge may be examined to look for infections. Patch testing may be suggested to check for specific allergies.

What is the treatment for LSC?

The goal is to break the “itch-scratch-itch” cycle, so the skin will heal. This condition develops over a period of time and it will take some time for it to get better. Scratching tears the skin and must stop or the skin will not heal.

- *Stop all irritation*
 - Use gentle hygiene/washing only, with little to no soap. Do not use face cloths, loofahs, sponges, etc.
 - Wear loose, cool clothes, avoid synthetic fabrics; avoid thongs and jeans.
 - Keep fingernails short and filed smooth or wear white, cotton gloves to bed.
- *Heal the skin*
 - Do cool/lukewarm soaks or compresses, in a sitz bath or tub for 5-10 minutes twice a day to start. This will hydrate the skin and soothe it. After soaking, seal in moisture with a thin film of plain Vaseline Petroleum Jelly or plain mineral oil.
- *Reduce Inflammation*
 - Stop inflammation with a topical steroid ointment used twice a day for 2 weeks then decrease as instructed.
 - Topical, super-potent steroids are used: clobetasol proprionate 0.05%, or halobetasol proprionate 0.05% ointment, 1-2 times a day for 2-4 weeks, then decreased to Monday/Wednesday/Friday for 2 weeks. Sometimes, the less potent Betamethasone Valerate 0.1% is used in the same timeframe. If possible, this will be stopped, or decreased to a less potent steroid.
 - If the condition is severe, the steroids may be given by pills or injections.
 - For severe itching, a systemic corticosteroid injection may be given
- *If any kind of infection is present, treat with antibiotics, anti-yeast, or anti-viral medications as directed by your clinician*
 - Cefadroxil (Duricef) 500 mg, 1tab orally in the morning and 1 at night for 7 days, to fight bacteria
 - Fluconazole (Diflucan) 150 mg orally x 1, and again in one week to prevent yeast. Some women need weekly fluconazole prevention for at least six months if yeast has been a recurrent problem.
- *Antihistamines or sedatives may be taken at night to help with itching*
 - Doxepin (antidepressant) or hydroxyzine (antihistamine) are given at low doses: 10 mg to 50 mg orally, at night, to help sleep and prevent night time scratching.
 - Other anti-anxiety medications (SSRIs) may also be used, such as fluoxetine (Prozac) or citalopram (Celexa) 20 mg in the morning.



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Remember that it may take several weeks for the skin to improve. It is fairly common for the itching to flare up once in a while. Do not be discouraged if it recurs. If the condition continues, or is hard to resolve, the history will be reviewed again and we will look for a contact dermatitis or other allergens. You will learn what you need to do to help prevent relapses.