

## VULVAL LICHEN SCLEROSIS- Guidance for Primary Care

### HOW TO DIAGNOSE?

**Symptoms:** vulval itching, splitting, dysuria, superficial dyspareunia, discomfort, pain, soreness

**Signs:** Porcelain white plaques/papules  
Subcutaneous purpura  
Erosion, Cracks, fissures  
Fusion, adhesions, loss of anatomy

### INITIATE TREATMENT

Clobetasol Propionate, 0.05% (Dermavate Ointment, 30 gms tube)

- A pea size unit (0.5gms) once a night for 4 weeks
- Alternate nights for 4 weeks
- Twice a week for 4 weeks

(a 30 gms tube should last 12 weeks)

+ Emollients/Soap substitute  
+ use lubricants with intercourse  
+ avoid irritants  
+ treat incontinence  
+ give out patient information leaflets

[www.bad.org.uk](http://www.bad.org.uk)  
[www.lichensclerosis.org](http://www.lichensclerosis.org)

### TREATMENT EVALUATION

See at 3 months then at 9 months  
Assess response and steroid use  
(Aim for 1-2 tubes (30-60 gms) Clobetasol propionate annually)

Advise patient to adjust use according to symptoms

**Consider maintenance therapy of twice a week**

### UNCOMPLICATED PATIENTS

Successful treatment with improvement of symptoms and signs

### ANNUAL REVIEW

If patients using 30-60 gms Clobetasone propionate annually  
Check symptoms and signs  
Encourage emollient use

If patient becomes complex (see box) during follow up

### REFER TO VULVAL CLINIC/SECONDARY CARE

### COMPLEX PATIENTS

- Symptoms despite initial treatment
- Uncertain diagnosis
- **Suspicious lesion-lump, ulcer, induration-2 week referral**
- Symptomatic scarring
- Psychosexual problems
- Clitoral pseudocyst