Pearls to Manage Lichenoid Vulvar Eruptions

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Conflicts of interest
Author Up To Date

Little evidence based treatment
Too few studies done on genital disease.

Most treatments discussed are “off-label”

Objectives

1. Identify the vulvar lichenoid diseases
2. State their clinical features
3. Initiate management of these conditions

White Vulvar Conditions

Lichen Sclerosus
Lichen Planus
Lichen Simplex Chronicus
Mucous Membrane Pemphigoid
Vulvar Intraepithelial Neoplasia
Vitiligo
Biopsy to confirm diagnosis

Lichen Sclerosus
- Commonest cause of chronic vulvar disease
- See whiteness, tissue thinning and scarring
- Prevalence 1:300 - 1:1000
- Age – 2 peaks
  - Childhood and peri menopause
- 3-5% → SCC

Lichen Sclerosus
- Precancerous if not treated
- Chronic - no cure yet
- Causes significant, hidden sexual dysfunction
- Treatment with corticosteroids decreases risk of scarring and cancer
Squamous Cell Carcinoma (in LS)
3-5% Risk SCC 60% Vulvar SCC have LS

Diagnosis Lichen Sclerosus
- Made clinically
- Biopsy adults - “passport stamp” to care
  - Homogenized superficial dermis
  - Underlying lichenoid infiltrate
- Photo document if possible - very helpful for follow up
- NO BIOPSY FOR CHILDREN

Lichen Sclerosus
- Consistent topical steroids use prevents scarring and cancer
- There is no “one fits all” corticosteroid regime

Do not only treat according to symptoms
LS can be symptom free with ongoing scarring!

Lichen Sclerosus: Treatment
- Super potent Topical Steroid Ointment -
  - QD or BID until tissue is as normal as possible
  - (not just symptom control)
  - Use milder steroids for keratinized and perianal areas - triamcinolone 0.025%
    - then use mildest effective steroid strength for maintenance
- Duration of therapy: LIFELONG 1-7 d a week
- LS can be symptom free with ongoing scarring

Pearl: Use estrogen (vulva and vaginal) for postmenopausal women

JAMA Dermatol. 2015 Oct;151(10):1061-7
Lichen Sclerosus: Treatment Summary

- Confirm the diagnosis with biopsy and adults
- Explain why it is vital to treat
- Start treatment with a super potent topical corticosteroid ointment
- Continue treatment daily until the skin texture has returned to normal
- Pallor may never completely resolve
- Long-term regular treatment is necessary
- Treatment should continue even if asymptomatic
- Follow-up regularly once or twice a year - patients often stop treatment!
- Aim of treatment is keep the skin is normal as possible

Alternate treatments for lichen sclerosus

- Calcineurin inhibitors - less effective, expensive and irritating
- Intraleosonal triamcinolone - effective for thick skin areas and poorly responsive areas
- Surgery - important for cancer and helpful for adhesions
- Systemic treatment - inadequate data but systemic corticosteroids and methotrexate can be helpful
- Laser treatments - can be helpful for hyperkeratosis but no good studies and results variable depending on the type of laser
- Platelet rich plasma - data inadequate
- Phototherapy - helpful but anecdotal evidence only - best for generalized lichen sclerosus

Lichen Simplex Chronicus

End Stage of the cycle
Itch → Scratch → Itch

Worse with: heat, humidity, stress and irritants
Associations - Atopic dermatitis, Psoriasis, Lichen Sclerosus, Contact Dermatitis

Scratching feel so good!

Characteristics of Lichen Simplex Chronicus

- Relentless pruritus
- Dyspigmentation
- Excoriations
- Crusts
- Lichenification of tissue
- Hair loss
- May be unilateral or bilateral (right handed?)
- “Years of itching” “Nothing helps”

The Diagnosis is Clinical.

STOP SCRATCHING

Takes 6-8 weeks thin and clear

Look for more than one problem

Contact +/- Infection +/- Dermatosis
5 principles of treatment

1. Remove all irritants from the vulva (follow gentle vulvar hygiene practices)
2. Soak and seal with plain petrolatum
3. Stop scratching at night: hydroxyzine, doxepin, amitriptyline
4. Treat the inflammation with steroids:
   - Systemic - intramuscular triamcinolone 1 mg/kg up to max 80 mg/dose or oral prednisone 21 to 20 day steroid taper
   - Topical steroid - clobetasol propionate 0.05% OINTMENT twice a day x 2 weeks, once a day x 2 weeks, then once a day 3x a week for two weeks
5. Treat the superinfection
   - Cephalexin 500 mg x twice a day x 1 week
   - Fluconazole 150 mg PO q 72 h x 3 doses

Dr. Claire Danby

Lichen Planus

- An autoimmune, cutaneous hypersensitivity reaction in older women - 50 - 60 years
- Much less common than Lichen Sclerosus

- Affects - skin, scalp, nails
  - Mucous membranes - oral, genital, anus
  - Esophageal, urinary tract
- 2-3% SCC
- Always Examine the Vulva & Vagina & Mouth: 50% of oral and skin LP cases have vulvovaginal LP

Lichen Planus Patterns

- Erosive - 75%
- Classic - White, lacy
- Hypertrophic - rare

Lichen Planus Diagnosis

Morphology
Onset - gradual, chronic
Location
Correlate with biopsy that can be reported as "lichenoid"
Pathology often non specific - positive 70%

Lichen Planus Treatment

Confirm diagnosis - biopsy
- Stop irritants
- Educate patient
- Stop scratching
- Control infection
- Stop any drugs causing lichenoid or fixed reactions - beta blockers, NSAIDs, thiazides, statins, sulfas

Control inflammation
- Super potent topical steroid ointment
- Intralesional, vaginal or systemic corticosteroids
- Topical tacrolimus (Protopic®) 0.03%, 0.1% oint - burns

Treatment Pearls (LCS or any vulvar itch)

1. For recurrent infection:
   - Swab skin folds for C&S to identify organisms
   - R/O MRSA, Candida
2. Look for concurrent conditions - (LSC + psoriasis, contact, other)
3. For recurrence
   - Review treatment plan - no irritants, assess compliance
   - Patch test
   - Use a daily topical - 2.5% HC or triamcinolone 0.025% ointment alternate with super potent steroid
   - Stop scratching
**Difficult Lichen Planus**

**Systemic Corticosteroids:**
Triamcinolone 1 mg/kg (Kenalog 40®) IM q 4 wks x 3 doses
Prednisone 40-60 mg PO OD, tapered dose - 21 day taper 3 weeks off and repeat for 2 to 3 courses

**Intravaginal** - work with Gyn - corticosteroids and dilators may be needed

**Systemic Treatment** - consider combinations -
Start with prednisone and add one of these -
Mycophenolate mofetil, Methotrexate, Acitretin or Cyclosporine

Get Help

**Pearls for Vulvar Lichen Planus**
1. Always check vulva and vagina in oral or skin LP cases in women
2. Biopsy may be non-specific - find an interested pathologist
3. Do not rely on topical treatment alone - use systemics
4. Work closely with gynecology

**Nonresponsive, itchy, burning, biopsy proven LS**

**Why No Better ???**
- Washing 3-4 times a day with face cloth - scrubbing with irritating soap
- Rubbing with every urination
- Pads for incontinence
- Perfumed wipes

**Pearl** - look for irritant contact

**Look for missing anatomy and concurrent conditions**

- Everything white is not Lichen Sclerosus
- Treatment of LS is **lifelong**, prevents scarring, and cancer
- Lichen simplex chronicus often related to contact dermatitis - r/o irritants and contact
- Lichen planus - oral and skin - check vulva/vagina