CONDITION

Lichen planus sclerosus atrophicus

A long-term inflammatory skin condition causing pale, fragile patches, usually around the genitals or anus.

WHAT IT IS
Chronic inflammatory skin condition, usually affecting genital skin

BODY SYSTEM
Skin, especially genital and anal skin

MAIN SYMPTOMS
White patches, itching, soreness, fragile or scarred skin

WHAT CAUSES IT
Immune-driven inflammation; exact trigger unknown

HOW IT IS DIAGNOSED
Skin examination and sometimes a skin biopsy

MAIN TREATMENT
Strong topical corticosteroid ointment

CAN IT BE CURED?
No - treatment controls, not removes, the tendency

IS IT AN EMERGENCY?
Sometimes - inability to pass urine needs emergency care

LONG-TERM OUTLOOK
Usually controllable, but scarring and cancer risk require follow-up

Overview

The name lichen planus sclerosus atrophicus is an older and potentially confusing term. In modern medical language, it usually refers to lichen sclerosus . Despite the similar name, lichen sclerosus is not the same condition as lichen planus, although the two can sometimes look alike or occur together.

Lichen sclerosus is a long-term inflammatory skin condition. It most often affects the vulva, the skin around the anus, the foreskin or the head of the penis. Less often, it appears elsewhere on the body.

Affected skin may become white, smooth, thin or easily damaged. Ongoing inflammation can lead to scarring and changes in the shape or flexibility of genital skin. These changes can affect comfort, sexual activity or urination.

Lichen sclerosus is not contagious. It is not a sexually transmitted infection, and it is not caused by poor hygiene. It can occur at any age and in people of any sex.

Treatment matters because it can control symptoms, help prevent further scarring and reduce the chance of complications. Most people can manage the condition with appropriate treatment and follow-up.

Symptoms

Symptoms differ according to the area affected. Some people have visible skin changes without much discomfort, while others have persistent itching or pain.

Common changes include:

On the vulva, lichen sclerosus may affect the labia, clitoral hood and the skin between the vagina and anus. The vagina itself is usually not affected. Scarring can make the vaginal opening feel narrower or cause the inner labia to shrink or fuse. Sexual contact, tampon use or pelvic examinations may become painful.

Around the anus, inflammation and small cracks can make bowel movements painful. Children may avoid passing stool because of the discomfort, which can contribute to constipation.

On the penis, the condition commonly affects the foreskin and glans, or head of the penis. The foreskin may become tight and difficult to retract. Erections or sexual activity may be painful. If scarring affects the opening where urine leaves the penis, the urinary stream may become narrow, spray or weaken.

Lichen sclerosus outside the genital area usually causes pale patches on the trunk, upper arms, shoulders or thighs. These patches may be symptom-free or mildly itchy. Scarring is generally less troublesome there than on genital skin.

- Pale, porcelain-white or shiny patches
- Itching, burning, tenderness or soreness
- Skin that splits, bruises or bleeds easily
- Small cracks, blisters or raw areas
- Tightening, thickening or scarring of the skin

Causes and risk factors

The exact cause is not known. Evidence suggests that the immune system contributes to the

inflammation. The immune system normally protects the body from infection, but in lichen sclerosus it appears to react abnormally within the skin.

The condition is more common in people who have certain autoimmune conditions, particularly autoimmune thyroid conditions. Having an autoimmune condition does not mean that you will develop lichen sclerosus.

Hormonal and inherited factors may also play a part. The condition can occur in more than one member of a family, but it does not follow a simple pattern of inheritance.

Repeated irritation, moisture or friction may worsen symptoms in skin that is already affected. These factors are not considered the underlying cause.

Lichen sclerosus is not caused by sexual activity, a sexually transmitted infection or inadequate washing. It cannot be passed to a partner through skin contact.

Diagnosis

A clinician can often recognize lichen sclerosus by examining the affected skin and asking about your symptoms. You may be examined by a primary care clinician, dermatologist, gynaecologist, urologist or another clinician familiar with genital skin conditions.

A skin biopsy may be needed when the appearance is unusual, the diagnosis is uncertain or treatment has not worked as expected. A biopsy removes a small piece of skin after the area has been numbed with local anaesthetic. A laboratory then examines the sample under a microscope.

Biopsy is also important when an area is persistently thickened, ulcerated or otherwise concerning for a precancerous or cancerous change. Not everyone with typical lichen sclerosus needs one.

There is no blood test that confirms lichen sclerosus. Blood tests may sometimes be used to look for an associated condition, such as thyroid disease, when symptoms or medical history suggest it.

Other conditions can resemble lichen sclerosus. These include eczema, psoriasis, vitiligo, infections, lichen planus and precancerous skin changes. This is one reason to have new genital skin changes assessed rather than trying to identify the cause yourself.

Treatment and management

The main treatment is a strong or very strong topical corticosteroid , usually supplied as an

ointment. This is an anti-inflammatory medicine applied directly to the affected skin. Treatment generally begins with a structured course and may continue less often as maintenance therapy.

When used as directed on the correct area, topical corticosteroids are usually effective and can be used safely for lichen sclerosus. They reduce itching and soreness and help prevent further scarring. Concern about skin thinning sometimes leads people to use too little, but uncontrolled lichen sclerosus can itself make skin fragile and scarred.

A clinician or pharmacist should show you where and how to apply the treatment. If symptoms continue, the diagnosis, application technique and amount being used may need review. A different anti-inflammatory cream or ointment may be considered when corticosteroids like prednisone or hydrocortisone are not suitable or have not provided enough control.

Simple skin care can reduce irritation. A bland emollient, which is a fragrance-free moisturising ointment or cream, may soothe and protect the skin. Soap substitutes can be less irritating than scented soaps, shower gels, wipes or bubble baths. Loose clothing and well-fitting underwear may reduce rubbing.

Pain during sex may improve as inflammation settles. Lubricants can reduce friction. Persistent pain may also involve scarring or tightening of pelvic floor muscles and may need specialist assessment.

For penile lichen sclerosus, circumcision may be recommended when the foreskin is scarred or tight, or when medicine has not controlled the condition. It can clear disease limited to the foreskin in some people. Scarring at the urinary opening or within the urethra may require urology treatment.

Surgery is not a routine treatment for vulvar inflammation. It may be considered for specific complications, such as severe scarring that obstructs the vaginal opening. Lichen sclerosus can return in operated skin, so inflammation still needs control.

Complications

Scarring is the main long-term complication. Once established, scar-related changes may not fully reverse with medicine, although treatment can often prevent them from getting worse.

Vulvar scarring may alter the labia or cover the clitoris. Narrowing at the vaginal entrance can contribute to painful sex or difficulty with penetration. Penile scarring can tighten the foreskin or narrow the opening for urine. Anal discomfort can contribute to constipation, particularly in children.

Repeated scratching or fragile skin can cause cracks, bleeding and secondary infection.

Increasing discharge, pus, warmth or rapidly worsening pain may suggest infection and needs assessment.

Genital lichen sclerosus is associated with a small increased risk of squamous cell carcinoma , a type of skin cancer. Most people with lichen sclerosus do not develop cancer. Good control of inflammation and continued monitoring are important because suspicious changes are easier to assess when noticed early.

A persistent ulcer, firm lump, thickened area, crusted patch or unexplained bleeding should not be assumed to be an ordinary flare.

Prevention

There is no proven way to prevent lichen sclerosus from developing. It is not caused by something you did, and it cannot be prevented through hygiene, diet or avoiding sexual contact.

Treatment may help prevent consequences of the condition. Controlling inflammation can reduce skin injury and limit further scarring. Regularly noticing changes in the affected area can also help identify complications early.

Avoiding fragranced products, harsh cleansers and repeated friction may reduce irritation, but these steps do not remove the underlying tendency to inflammation.

Living with it and what to expect

Lichen sclerosus often follows a long-term course, with quieter periods and occasional flares. Symptoms may settle completely with treatment, but the tendency for inflammation can remain even when the skin feels comfortable.

Skin colour and texture may not return fully to their previous appearance. Existing scars may remain, while active redness, splitting and itching are more likely to improve. Starting effective treatment before substantial scarring develops offers the best chance of preserving normal skin function.

Many people need maintenance treatment and periodic examinations over the long term. Follow-up is used to check symptom control, scarring, treatment technique and any new skin changes. Your follow-up plan may change depending on which area is affected and how stable it is.

Children may improve around puberty, but the condition can persist or return later. Continued

observation is therefore important even when symptoms settle.

Lichen sclerosus does not prevent most people from having relationships, sexual activity, pregnancy or an active daily life. Pain, embarrassment or anxiety can still have a real effect. If intimacy remains uncomfortable after the inflammation is controlled, support may include a genital skin specialist, pelvic health physiotherapist or psychosexual therapist.

Learning the usual appearance of your skin can make self-checking easier. The goal is not constant checking, but noticing a persistent change that is different from your normal pattern.

When to get medical help

Arrange a routine medical appointment if you develop persistent white genital patches, itching, splitting or pain. You should also seek assessment if a foreskin becomes difficult to retract, sex is painful, or your urinary stream changes.

If you already have a diagnosis, arrange follow-up when symptoms return, your treatment no longer controls them, or you are unsure how to use the prescribed ointment.

Seek prompt medical assessment for:

These changes do not necessarily mean cancer or a serious infection, but they should be examined.

Go to emergency care if you cannot pass urine despite needing to. Acute urinary retention can damage the bladder and kidneys if it is not relieved.

- A sore or ulcer that does not heal
- A new firm lump or persistently thickened area
- Unexplained bleeding, crusting or a rapidly changing patch
- Increasing difficulty passing urine
- New discharge, spreading redness or worsening pain

Common questions

Is lichen planus sclerosus atrophicus the same as lichen planus?

Usually not. The older phrase generally refers to lichen sclerosus. Lichen planus is a separate inflammatory condition that may affect the skin, mouth, genitals or nails. Because the names and appearances can overlap, check which diagnosis was intended if this older term appears in your records.

Is lichen sclerosus contagious?

No. You cannot catch it through sex, shared towels, toilets or ordinary skin contact. It does not need to be treated as a sexually transmitted infection unless testing identifies a separate infection.

Can lichen sclerosus go away completely?

Symptoms and active inflammation can settle, sometimes for long periods. The underlying tendency often remains, and genital disease may need maintenance treatment and monitoring. Circumcision can clear penis-only disease in some people, but this does not apply to every case.

Does lichen sclerosus turn into cancer?

Most cases do not. Genital lichen sclerosus does carry a small increased risk of squamous cell carcinoma. Persistent ulcers, lumps, thickening or bleeding need prompt assessment rather than waiting for the next routine visit.

Can I have sex if I have lichen sclerosus?

Yes, if it is comfortable for you. Active inflammation or scarring can make sexual contact painful. Treatment, lubrication and avoiding friction during a flare may help. Persistent pain deserves assessment because inflammation, scarring and pelvic floor tension may each need different support.

Is strong steroid ointment safe on genital skin?

It is generally safe when the correct medicine is applied in the advised amount and pattern. These ointments are the standard first treatment because uncontrolled inflammation can cause more damage than appropriately supervised steroid use. Report ongoing irritation, worsening symptoms or uncertainty about application.

Sources

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