CONDITION

Lichen sclerosus

Lichen sclerosus is a long-term inflammatory skin condition that usually affects the genital or anal area.

WHAT IT IS
Long-term inflammatory skin condition

BODY SYSTEM
Skin and genital area

MAIN SYMPTOMS
Itching, white patches, soreness, skin splitting

WHAT CAUSES IT
Immune system changes with an unknown trigger

HOW IT IS DIAGNOSED
Skin examination, sometimes confirmed by biopsy

MAIN TREATMENT
Strong topical corticosteroid treatment

CAN IT BE CURED?
No, but treatment usually controls it

IS IT AN EMERGENCY?
Sometimes, if you cannot pass urine

LONG-TERM OUTLOOK
Usually manageable with treatment and lifelong monitoring

Overview

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

The affected skin may become pale or white, fragile, itchy, or sore. Repeated inflammation can cause cracks and scar tissue. In the genital area, scarring may gradually change the shape or movement of the skin and sometimes affects sex or urination.

Anyone can develop lichen sclerosus. It is more often recognised in women after menopause, but it can occur at any age, including childhood. It also affects men and boys.

Lichen sclerosus is not a sexually transmitted infection. It is not contagious, and you cannot

pass it to another person through sex, touch, towels, or toilets. It is not caused by poor hygiene.

Treatment matters because it can relieve symptoms, reduce inflammation, and help prevent further scarring. Lichen sclerosus is also linked to a small but important increased risk of a type of skin cancer called squamous cell carcinoma. Cancer is not inevitable, but ongoing treatment and checks are recommended.

Symptoms

Symptoms can develop gradually and may come and go. Some people have visible skin changes without much discomfort. Others have severe itching or soreness.

Common genital or anal symptoms include:

On the vulva, the skin may look thin, crinkled, or shiny. Over time, scarring can make the inner folds of the vulva smaller or less distinct. The skin over the clitoris may tighten, and the vaginal opening may narrow. Lichen sclerosus usually affects the outside genital skin rather than the inside of the vagina.

On the penis, it often affects the foreskin and head of the penis. The foreskin may become tight and difficult to pull back, a condition called phimosis. Erections may become painful, and urine may spray or flow less freely if scarring develops near the opening.

Changes may be less obvious on darker skin tones. The area can still look lighter than nearby skin, but redness, purple areas, or changes in texture may be more noticeable than a clearly white patch.

Lichen sclerosus outside the genital area may cause pale, slightly raised, or crinkled patches, often on the upper body. These patches may itch but are less likely to scar.

- Itching, which may be worse at night
- Smooth, pale, or white patches of skin
- Soreness, burning, or tenderness
- Small cracks, splits, bruises, or bleeding
- Pain during or after sex
- Pain when passing urine if urine touches cracked skin
- Constipation or painful bowel movements when anal skin is affected

Causes and risk factors

The exact cause is not known. Lichen sclerosus appears to involve the immune system mistakenly driving inflammation in the skin. It is not clear what starts this process.

Some people with lichen sclerosus also have an autoimmune condition, in which the immune system reacts against part of the body. Thyroid conditions are one example. This association does not mean that everyone with lichen sclerosus has another immune condition.

Genetic susceptibility may play a part because the condition sometimes affects more than one person in a family. It is not inherited in a simple or predictable way.

Hormone changes, skin injury, pressure, friction, and repeated irritation may influence where symptoms appear or make them worse. They have not been proven to be the single cause.

Lichen sclerosus is not caused by sex, washing too little, or using a shared bathroom. Although infections or skin irritation can occur at the same time, lichen sclerosus itself is not an infection.

Diagnosis

A healthcare professional will usually diagnose lichen sclerosus by asking about your symptoms and examining the affected skin. The examination may include the vulva, skin around the anus, or the penis and foreskin, depending on where your symptoms are.

There is no blood test that confirms lichen sclerosus. Blood tests may sometimes be used to check for an associated condition, such as thyroid problems, when your symptoms or medical history suggest this may be useful.

A skin biopsy may be recommended if the appearance is unusual, the diagnosis is uncertain, treatment is not working as expected, or there is concern about a precancerous or cancerous change. During a biopsy, the area is numbed and a small skin sample is removed for examination under a microscope.

A biopsy is not always needed when the symptoms and skin changes are typical. It is used less often in children unless there is significant uncertainty.

Other conditions can resemble lichen sclerosus, including eczema, vitiligo, infections, lichen planus, and changes caused by low oestrogen after menopause. An examination helps separate these conditions because their treatment may differ.

Treatment and management

The main treatment is a strong topical corticosteroid, usually supplied as an ointment.

"Topical" means it is applied directly to the skin. This treatment reduces inflammation, relieves itching and soreness, and lowers the risk of further scarring.

You will usually be shown where and how to apply the ointment. Treatment often begins more frequently and is then reduced according to how the skin responds. Many people need ongoing maintenance treatment even when symptoms have settled.

Strong corticosteroids like prednisone or hydrocortisone can sound concerning because overuse may affect skin. However, genital lichen sclerosus itself makes skin thin and fragile. When the prescribed amount is applied to the correct area and reviewed appropriately, corticosteroid treatment is considered effective and generally safe.

Emollients can also help. These are fragrance-free moisturising products that protect the skin and may be used as soap substitutes. They do not control the inflammation by themselves, so they do not replace corticosteroid treatment.

Practical measures may reduce irritation:

Other anti-inflammatory skin treatments may be considered by a specialist when corticosteroids are unsuitable or have not worked as expected. Persistent symptoms should be reassessed rather than managed by repeatedly changing products without checking the diagnosis.

Surgery does not treat the underlying inflammation. It may be used for complications caused by scar tissue. Circumcision can help men or boys whose lichen sclerosus is mainly affecting a tight, scarred foreskin. Selected vulval procedures may be considered when scarring causes major narrowing or functional problems, but inflammation still needs medical treatment afterward.

- Wash gently with water or a fragrance-free soap substitute
- Pat rather than rub the area dry
- Avoid perfumed washes, deodorants, and wipes on affected skin
- Use lubricant during sex if friction causes discomfort
- Wear clothing and underwear that do not rub the area

Complications

Scarring is the main long-term complication. It can continue even when day-to-day symptoms are mild, which is one reason regular treatment and follow-up matter.

Vulval scarring can change the shape of the labia, cover the clitoris, or narrow the vaginal

opening. This may cause pain with sex, reduce sexual comfort, or make examinations difficult.

Penile scarring can tighten the foreskin or narrow the urine opening. This may cause painful erections, difficulty pulling back the foreskin, spraying of urine, or problems emptying the bladder.

Lichen sclerosus is associated with an increased risk of squamous cell carcinoma in the affected genital skin. Most people do not develop cancer. Warning changes include a persistent sore, ulcer, lump, thickened area, crust, or patch that looks or feels different from your usual lichen sclerosus.

Emotional and sexual effects are also possible. Ongoing itching, visible skin changes, or painful sex may affect sleep, confidence, relationships, or intimacy. These effects are part of the condition and are reasonable to discuss during follow-up.

Prevention

There is no proven way to prevent lichen sclerosus from developing. Its likely immune and genetic influences are not things you can control.

Treatment can help prevent complications after the condition has appeared. Using prescribed anti-inflammatory treatment, reducing irritation, and attending follow-up can lower ongoing inflammation and limit further scarring.

Lichen sclerosus is not caused by poor hygiene, so more frequent or forceful washing will not prevent it. Scrubbing and fragranced products may make irritation worse.

Living with it and what to expect

Lichen sclerosus is usually a long-term condition. Symptoms may improve greatly with treatment, but inflammation can return. Some people need maintenance treatment for years, even when the skin feels comfortable.

Treatment can often relieve itching and heal cracks. Pale colouring or existing changes in skin shape may remain. Established scar tissue does not always reverse, so early recognition and consistent treatment are helpful.

Follow-up is used to check that treatment is controlling inflammation, review any side effects, and look for scarring or suspicious skin changes. The frequency of review is based on your symptoms, treatment response, and any previous complications.

You may be encouraged to become familiar with the usual appearance of your skin. A mirror

can help with checking areas that are hard to see. The purpose is not to inspect constantly, but to notice a persistent new lump, sore, thickened patch, or other change between appointments.

Sex may remain comfortable, especially when inflammation is controlled. If it is painful, stopping when pain occurs, using lubricant, and discussing ongoing symptoms can help prevent repeated splitting. Pelvic floor therapy or specialist sexual health support may help when pain, muscle tightening, or fear of pain continues after the skin inflammation improves.

In children, symptoms may lessen around puberty, but this does not guarantee that the condition has permanently gone away. Follow-up may still be needed because lichen sclerosus can persist or return.

Most people can continue their usual work, exercise, relationships, and daily activities. The course is not identical for everyone, but good symptom control is often possible with appropriate long-term care.

When to get medical help

Arrange a routine appointment if you develop persistent genital or anal itching, white skin changes, repeated splitting, painful sex, or a tightening foreskin. These symptoms have several possible causes and need an examination rather than self-diagnosis.

If you already have lichen sclerosus, arrange follow-up when symptoms return, treatment does not seem effective, or applying treatment causes an ongoing problem. Changes in urination, worsening tightness, or increasing pain also need review.

Seek prompt medical assessment for:

These changes do not automatically mean cancer, but they may need examination and sometimes a biopsy.

Seek urgent or emergency care if you cannot pass urine. Acute urinary retention can damage the bladder and kidneys if it is not relieved.

- A sore or ulcer that does not heal
- A new lump, thickened patch, or crusted area
- Persistent bleeding not explained by a small fresh split
- A clear new change in colour or skin texture
- Rapidly worsening scarring or narrowing

Common questions

Is lichen sclerosus an STI?

No. It is not a sexually transmitted infection and cannot be passed to a partner. Sexual friction may irritate affected skin, but sexual contact does not cause the condition.

Can lichen sclerosus be cured?

There is no reliable permanent cure. Treatment usually controls inflammation and symptoms, and it helps prevent further damage. Symptoms can return, so maintenance treatment and follow-up are often needed.

Does lichen sclerosus turn into cancer?

Most people with lichen sclerosus do not develop cancer. The condition does raise the risk of squamous cell carcinoma in affected genital skin. Controlling inflammation and having persistent new changes examined are important parts of long-term care.

Can I still have sex with lichen sclerosus?

Yes, if sex is comfortable for you. Active inflammation or scar tissue can make penetration painful or cause splitting. Treatment, generous lubricant, and avoiding sex that hurts may help. Persistent pain should be assessed rather than pushed through.

Will the white patches go away?

Inflammation, itching, and skin fragility often improve with treatment. The colour may improve more slowly or remain pale. Existing scarring or changes in skin shape may not fully reverse.

Can men and children get lichen sclerosus?

Yes. Men and boys may develop white, tight, or sore skin on the foreskin or head of the penis. Children can develop genital or anal itching, soreness, bleeding, or painful bowel movements. These symptoms should be assessed carefully because they can have several causes.

Sources

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