



Saint Mary's Managed Clinical Service
Division of Gynaecology

Paediatrics and Adolescent Gynaecology Services

PATIENT INFORMATION LEAFLET

LICHEN SCLEROSUS (LS)

IN GIRLS AND YOUNG PEOPLE

This leaflet is for children, teenagers, and parents/carers. It aims to provide you with information to understand lichen sclerosus (LS). It explains what LS is, the causes and what treatment options are available.

WHAT IS LICHEN SCLEROSUS?

Lichen sclerosus (LS) is a long-term skin condition that most often affects the vulva (the outside genital skin) and sometimes the skin around the anus (back passage). It can make the skin sore, itchy, and delicate. It does not affect the inside of the vagina.

Some children develop patches of lichen sclerosus on non-genital skin, such as the wrists, upper trunk, breasts, neck, and armpits. These rarely cause symptoms.

IS IT AN INFECTION? CAN I CATCH IT FROM SOMEONE?

No. LS is not an infection, not sexually transmitted, and not contagious. You cannot catch it by sharing towels, swimming, hugging, or using the same toilet

WHY DO I HAVE LS?

Usually, there are no obvious reason why you have lichen sclerosus. It may be linked to how the immune system behaves, and sometimes it can be associated with other autoimmune conditions such as diabetes and thyroid disease. But you have done nothing wrong. Sometimes it can be seen running in families.

WHAT ARE THE SYMPTOMS OF LS?

Some children have no symptoms at all, but common problems include:

- Itching
- Soreness/burning
- Small splits/tears that can sting or bleed
- Pain when passing urine (wee) if the skin is cracked
- Constipation because pooing hurts if the skin around the anus is sore or split
- Discomfort with activities that rub the area, like cycling or horse riding.

WHAT DOES IT LOOK LIKE?

Often the skin can look:

- White, shiny patches
- Sometimes red or bruise-like (purple) areas
- The skin may look thin, wrinkly, or sometimes a bit thickened
- In some, it can form a "figure of eight" pattern if it affects the area around the vulva and anus.

HOW DO DOCTORS DIAGNOSE LS?

Usually, a clinician can diagnose LS by listening to symptoms and looking carefully at the skin. Sometimes a small skin sample (biopsy) is considered if the diagnosis is unclear or if an area is not improving.

It's normal to feel shy or embarrassed. Clinicians who see LS will try to make these examinations as easy as possible. You can ask for:

- A parent/carer to be with you
- A chaperone
- Explanations before anything happens
- To pause or stop if you feel uncomfortable

WHY DOES LS REQUIRE TREATMENT?

Treatment aims to:

- Calm the inflammation (the “angry” skin reaction)
- Stop itch/soreness
- Help the skin heal
- Reduce the chance of scarring or skin sticking over time

WHAT IS THE TREATMENT?

The most effective treatment is usually a strong steroid ointment, often clobetasol propionate 0.05% (common brand: Dermovate). This is used on the affected skin to settle inflammation and help the skin return to normal.

Important reassurance:

Even though the leaflet inside the box may warn about using steroids on genital skin, doctors use this treatment specifically for LS, and it is considered safe when used exactly as advised.

HOW TO APPLY IT?

Step 1: Use a gentle wash

- Warm water, or a soap-free moisturiser as a cleanser
- Avoid bubble bath and perfumed products

Step 2: Steroid ointment goes on the sore/white areas only

- Use a small amount (your clinician may describe “pea-size” or a small fingertip amount)
- Apply once daily at first, usually at night, for 4-12 weeks. Your clinician will advise you for how long, even if symptoms improve early
- Your doctor will discuss how many days a week to use the ointment after the first 4-6 weeks (for example, you may reduce to alternate days)
- Lichen sclerosus can flare up again, even after treatment. If this happens you can use the same ointment for a few days to control the symptoms.
- Using the ointment regularly (for example, 2 days a week) for the next 12 months may help to prevent future flare-ups.

Step 3: Moisturiser/barrier cream every day

- Moisturisers (emollients) help protect the skin and reduce irritation
- Don't put the steroid straight on top of moisturiser. Leave a gap (e.g., about an hour) or use them at different times of day to ensure proper absorption of the steroid.

WHAT TO AVOID?

Try to avoid:

- Soaps, bubble baths, talc, antiseptics, scented wipes, vaginal wash products
- Tight clothing that rubs (tight jeans/leotards/tights)
- Long time in wet swimwear
- Activities that cause rubbing if they trigger symptoms (cycling/horse riding)

Try instead:

- Loose clothing, cotton underwear
- Gentle washing (water or soap-free wash)
- A barrier ointment before swimming or if urine irritates

WILL LS GO AWAY?

For many children, LS improves around puberty, but in some it can continue into adulthood or become “quiet” then return later. That’s why follow-up matters.

WILL LS AFFECT ME IN THE FUTURE?

When treated well, LS should not stop you from having normal periods, sex, or having children later in life.

DO I NEED REGULAR CHECK-UPS?

Yes. Even when symptoms are stable, Regular reviews (often yearly) can detect early changes in skin shape.

CANCER RISK?

In adults with vulval LS there is a small risk of vulval skin cancer over many years. This is very rare in children.

WHEN TO GET HELP URGENTLY?

Contact your GP/clinic if:

- Symptoms suddenly worsen or don’t improve with the usual plan
- There is new discharge, increasing pain, or you think there may be an infection
- You develop a persistent sore, thickened area, lump, or ulcer
- Pooing is painful, and constipation is becoming a problem

If you require any further information or clarification, including clarification of terminology, please do not hesitate to talk to one of the doctors or nurses, who will be happy to discuss your concerns with you.

CONTACT DETAILS

Should you require any additional information or help please contact:



Benign Gynaecology

0161 701 4455 (Option 1)

USEFUL SOURCES

NHS:

<https://www.nhs.uk/conditions/lichen-sclerosus/>

British Association of Dermatologists:

<https://www.bad.org.uk/pils/lichen-sclerosus-in-female-children> British Association of Dermatologists

Children's Health:

<https://www.childrens.com/specialties-services/conditions/lichen-sclerosis>

North American Society for Paediatric and Adolescent Gynaecology:

https://www.naspaq.org/assets/docs/lichen_sclerosus_2020.pdf