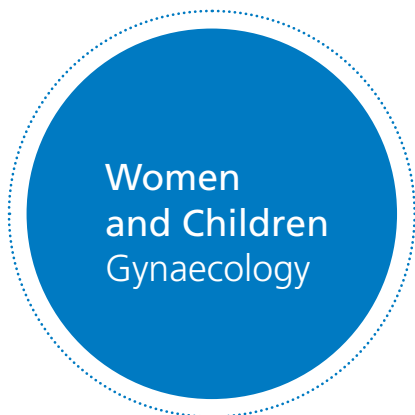


Lichen Planus

Patient Information



Women
and Children
Gynaecology

What is Lichen Planus?

This is an inflammatory skin condition which can occur anywhere on the skin including the scalp, the palms of the hands and the soles of the feet. It also affects the mucous membranes in the mouth and the genital area.

On the skin of the trunk and limbs, the rash consists of small, flat topped purplish spots. It looks different in the mouth and in the genital area.

There is a rare variant of lichen planus which affects only the mouth and genital area. When this condition affects the genital area, the changes characteristically involve the vagina and the inner aspects of the vulva (called the vestibule), and the area can look red, blistered and eroded. The condition can cause considerable soreness, pain and discomfort.

The cause of lichen planus is unknown. Fortunately, it does not affect general health and is **not** infectious. It may burn itself out in a year or two, but can persist for much longer.

Sometimes the diagnosis is confirmed by biopsy, when a tiny piece of skin or mucous membrane is cut out. If necessary, this will be done under local anaesthetic so it will be painless.

What does the treatment involve?

First, it is important to stop using all soaps and bubble bath preparations and to use a soap substitute such as **Aqueous Cream**. This helps to retain moisture in the skin to help keep it soft and supple.

The most successful treatment then involves the use of steroid ointments.

The two most common ointments prescribed are: Dermovate or Propaderm which you should use as follows.

First month:

- Apply once daily (usually at night)
- A thin layer of ointment should be applied to the affected areas, not forgetting the skin around the anus if this is also involved. The ointment may need to be inserted into the vagina if this is also affected.

Second month:

- Apply alternate nights.

Third month:

- Apply twice weekly.

How long do I continue with the treatment?

After three months you should only need to use your steroid ointment once or twice a week as a maintenance dose.

If your symptoms return, increase to the number of applications that did control them.

For example, if your problems return when you are using the ointment on alternate nights, you need to go back to applying the ointment every night.

How much ointment should I use?

A small amount of any substance put on the skin can be absorbed and it is important to keep within the recommended amounts. Do not overuse it.

You need to apply only a thin layer of the ointment to the affected areas.

The 30 gram tube that is usually prescribed should last between two and three months and is quite safe.

If you do need to get further supplies from your own GP please keep a record of the amount you use. We will ask how much ointment is needed to control your symptoms when you next come to the clinic.

What about side effects?

There may be a burning sensation when you first apply the ointment but this usually disappears within 10 minutes.

If the burning persists and is severe, stop using the ointment ... you may be sensitive to one of its components. If this happens, you will need to change to the other ointment listed on page three and will need to get it prescribed by your own GP.

Is there anything I can do to help myself?

Various self-help remedies have been found to be effective in relieving some of the symptoms relating to some vulval disorders.

Your condition may be helped by following the advice given below:

- Avoid wearing tight restricting clothes. This includes tight jeans and underwear.
- Try to avoid wearing tights, especially in warm weather (wear stockings or go without).
- Cotton underwear is cooler and more comfortable than synthetic fibres.
- Avoid using biological detergents when washing underclothes. Also, wash underwear on the hottest wash possible and do not add scented fabric conditioners. Rinse well.
- Avoid using soap and bubble-bath products as they tend to have a drying effect on the skin and can increase irritation and soreness of affected areas. We suggest using Aqueous Cream as a soap substitute for washing.

What about follow-up?

Normally, you will be reviewed after the first 12 weeks of your treatment to see if things are improving.

Once your skin condition is stable you will usually be left to keep an eye on things yourself.

Very rarely, a skin cancer can develop from long-standing chronic inflammation. If you do develop an ulcer or a small growth that does not respond to treatment after a month, you must consult your doctor without delay.

Comments, compliments, concerns or complaints

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However we do appreciate that there may be an occasion where you, or your family, feel dissatisfied with the standard of service you receive. Please do not hesitate to tell us about your concerns as this helps us to learn from your experience and to improve services for future patients.

Patient Advice and Liaison Service (PALS)

This service aims to advise and support patients, families and carers and help sort out problems quickly on your behalf.

This service is available at The James Cook University Hospital and the Friarage Hospital Northallerton, please ask a member of staff for further information.

All information contained in this booklet, as advised by: The Gynaecology Medical and Nursing Team at The James Cook University Hospital.

The James Cook University Hospital

Marion Road, Middlesbrough, TS4 3BW. Tel: 01642 850850

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