

Lichen Planus

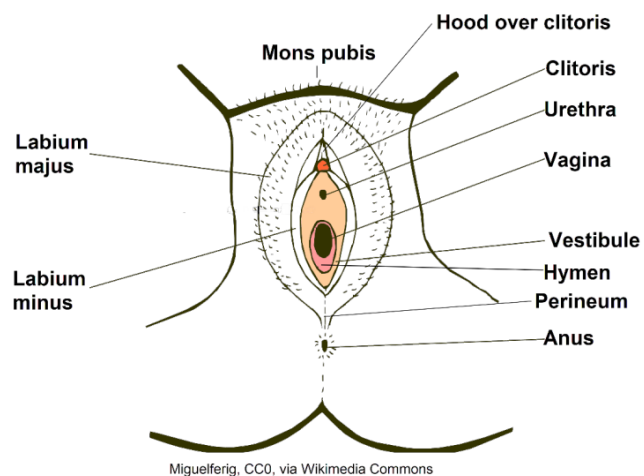
What is lichen planus (LP)?

Lichen planus (LP) is a skin condition that causes **chronic inflammation** (long-lasting redness, swelling, and pain). It is an **autoimmune disease** that starts when your cells that normally fight infections attack your own skin or **mucosa** (the soft, moist tissues inside the mouth, vulva, and vagina). We do not know what causes LP. The most common places on the body that are affected by LP are inside the cheeks and along the sides of the tongue.

About half of the women with oral (mouth) LP will also get vulvar LP.

At times, LP affects only the vulva or the vagina. Vulvar LP occurs most commonly in women aged 50-60.

- The **vulva** is the part of the body that includes all the external (outside the body) genital parts. It covers the area from where pubic hair grows (the **mons pubis**) to the opening that stool comes out of (the **anus**). The vulva includes the large outer lips of skin (**labia majora**), small inner lips of skin (**labia minora**), the clitoris, the opening that urine comes out of (**urethra**), and the opening to the vagina.



LP can also affect skin in other places on the body, including the nails, scalp, and penis. LP is not an infectious disease, meaning that it can't be passed to someone else.

What are the symptoms and signs of LP?

Vulvar LP

- Painless white patches with a lacy or crisscross pattern
- Burning pain, a sore or raw feeling, and sometimes itching
- Bright red patches
- Open sores that can go deep into the mucosa
- Scarring that can completely cover the clitoris, narrow the vaginal opening, or cause loss of the labia minora tissue

Vaginal LP

- Painful inflammation with yellow or green discharge (fluid)
- The walls of the vagina stick together and narrow the vaginal opening
- Pain with sex, especially when putting something in the vagina

Oral (mouth) LP

- Painless white patches with a lacy or crisscross pattern on the inside of the cheeks and lips
- Red, raw, painful sores on the tongue and the inside of the cheeks or lips
- Red, swollen, and painful gums

Skin LP

- Thick, purple, shiny areas that may have lacy white lines or scales (the color may also be yellow, brown, or gray)
 - Common areas for skin LP are on the wrist, ankles, and lower back.
- Itching

How is lichen planus (LP) diagnosed?

- Often, your provider can diagnose LP based on the way your vulva looks during an exam.
- Sometimes your provider may do a **biopsy** (removing a small piece of skin for lab testing) to confirm an LP diagnosis if typical treatments aren't working for you, or if they want to check for precancer or cancer. You will get an injection of numbing medicine before the skin is removed.
- If your doctor thinks you may have vaginal LP, you may need an exam and vaginal biopsies done while you are under **anesthesia** (medication that makes you sleep and prevents you from feeling pain). This is rare.

How is LP treated?

There are different kinds of treatment for vulvar or vaginal LP, from creams or ointments to surgery. Your treatment will depend on the severity of your disease. We will work with you to make a plan that works best for you. Lichen planus is a chronic illness, so it is likely you will need some form of treatment for the rest of your life.

Symptom relief

While you are waiting for your treatment to start working, you can reduce uncomfortable symptoms in the following ways:

- **Comfort measures:** Comfort measures are things you can do to decrease irritation, itching, and pain to your vulva. We have created a handout with information on comfort measures that you can read online at: bit.ly/MM-ComfortMeasuresVulvarDisease.
- **Treatment for yeast or bacterial infections:** If your provider thinks you may have an infection, they will test for these and prescribe treatment for you if needed.
- **Vaginal lubricants:** You can use a lubricant to increase comfort during sexual activity. For more information, read the “Vaginal Lubricants”

section of our Vulvar Diseases booklet

(www.med.umich.edu/1libr/Gyn/VulvarDiseasesBooklet.pdf) or the “Improving Sexual Health: Vaginal Lubricants, Moisturizers, Dilators, & Counseling” handout (bit.ly/MM-VaginalLubricants).

- **Vaginal estrogen:** After **menopause** (when people stop getting a monthly period), vaginal tissue can become thin, dry, and easily irritated. If we think this is part of what is causing your symptoms, we may prescribe vaginal estrogen to treat this.
 - There are different kinds of vaginal estrogen products including creams, suppositories, and a long-acting silicone ring. We will help you choose one to start with if needed.
 - Research has shown that using vaginal estrogen does not increase the risk of getting breast or uterine cancer.

Topical steroid treatment

We usually start vulvar LP treatment with a strong steroid ointment called clobetasol that you will put on your vulva using your finger. We will show you what part of the vulva you should treat.

- Squeeze a small, pea-sized amount on your finger and gently spread it on the affected skin.
- Usually, after you are first diagnosed with vulvar LP, you will put this on once a day for 3 months. It is very important to continue treatment on this schedule after itching stops. The symptoms you feel will stop before the inflammation is fully treated.
- After your symptoms (burning, itching, pain, etc.) have improved, and we have seen that your vulvar skin has responded well to the treatment, we will give you a schedule for ongoing treatment. This may be daily use of a weaker topical steroid (**topical** means that it is a medication that is put on the skin, like a cream or ointment) or a different schedule for using the clobetasol ointment.

- You will need to continue using a topical steroid long-term to help prevent your symptoms from returning. This will also reduce your risk of developing cancer in the area affected by LP.

Vaginal steroid cream or suppositories

If you have LP in your vagina, we often start treatment with hydrocortisone cream or **suppositories** (medication that you insert into your vagina) that you'll use at bedtime. We may slowly increase the dose until we see that the treatment is working, and then slowly decrease the dose to a level that you'll use regularly.

Other medications

If treatment with a topical or vaginal steroid is not effective, there are other options. These include:

- Topical medications that target a specific part of your immune system
- Steroid shots
- Oral steroids

For more serious cases of LP, we may recommend more treatment and medications from your dermatologist, such as oral medications that target the immune system.

Vaginal dilators

Dilators are smooth, tube-shaped devices with a rounded end made of plastic or silicone. They come in different sizes. We may teach you how to use vaginal dilators to:

- Slowly open up your vagina, if your vaginal walls are starting to stick together
- Prevent your vaginal walls from sticking together after your vaginal length and size returns to normal after medical treatment or surgery

For more information, read the “Vaginal Dilators” section of our Vulvar Diseases booklet (www.med.umich.edu/1libr/Gyn/VulvarDiseasesBooklet.pdf) or the “General Dilator Instructions” handout (www.med.umich.edu/1libr/Gyn/GeneralDilatorInstructions.pdf).

Surgery

We may recommend surgery if you have scarring from LP that:


- Makes it difficult for you to urinate (pee)
- Limits your sexual function
- Limits you having pelvic exams, Pap testing, or tests for other conditions

We will put you under anesthesia for surgery. After surgery, you will have a soft dilator in the vagina for 2 days, and then you’ll come back to the clinic to have it removed. After this, you will use a combination of hydrocortisone cream and vaginal dilators to keep the vagina open.

What kind of follow-up do I need to do for LP treatment?

- We will continue to meet with you as needed until your treatment is effective. After that, you should get an exam of your vulva done every 6 months. The purpose of the exam is to:
 - Make sure the treatment is still effective
 - Look for changes that should get biopsied to check for cancer (LP slightly increases your risk of getting vulvar cancer)

Where can I find more information on lichen planus (LP)?

Resource	QR code
International Society for the Study of Vulvovaginal Disease www.issvd.org/resources/vulvar-lichen-planus	

For more detailed information about surgical management and outcomes, you can read the articles listed below. If you'd like, you can ask our staff to provide you with copies:

- **Surgical Management of Vulvovaginal Agglutination Due to Lichen Planus** by Pamela S Fairchild and Hope K Haefner. American Journal of Obstetrics and Gynecology, 2016, Volume 215 (2), pages 251-252.
- **Outcomes After Lysis of Adhesions and Dilator Placement for Treatment of Vulvovaginal Agglutination Due to Lichen Planus** by Colin B Russel, Kathryn C Welch, Natalie S Saunders, Hope K Haefner, and Payton C Schmidt. Journal of Lower Genital Tract, 2023, Volume 27 (2), pages 152-155.

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