

Dystrophy is a common skin condition in women and usually affects the vulva (entrance to the vagina) or anus. There are no known causative agents. Lotions, potions, soaps or perfumes cannot be blamed and it is not caused by any germ or sexual activity. It is a combination of conditions known as Lichen Sclerosis and leucoplakia.

Lichen Sclerosis is probably an auto-immune condition. This means that molecules called antibodies cause a biological reaction in certain areas of skin and the result is inflammation. Eventually, continued inflammation causes the skin to become thin. In severe cases the lips surrounding the vagina (called labia) begin to stick together and can bury the clitoris. The skin can tear easily but will heal again.

Leucoplakia is a skin response to irritation. This can happen in many parts of the body and the skin responds by becoming thicker and rougher.

Both conditions can cause itching, especially at night. The natural impulse is to scratch because this stimulates nerve fibres carrying pain messages and this swamps the itch sensation. Unfortunately relief from scratching is temporary and scratching causes more inflammation and further itching. Although it can make itching worse, scratching does not cause long-term damage.

Established dystrophy is not usually curable. The itching or soreness is variable and depends on the degree of inflammation. Treatment is to reduce the inflammation and make the symptoms more bearable. Most treatment is directed at alleviating the inflammation caused by lichen sclerosis as this is probably the cause of most of the discomfort.

Steroid creams

Steroids are used to treat all sorts of auto-immune diseases. They work by reducing the biological reaction between antibodies and the skin. This reduces the inflammation and itching. Giving steroids in a cream means that the treatment only affects the area it is applied to and has no other effects.

There are many types of steroids. For example, some athletes use illegal anabolic steroids and some diseases need treatment with cortico-steroid tablets. These have side-effects, but steroid creams are different and safe. They should not be confused with other sorts of steroids.

There are four different strengths of steroid creams. Generally, we recommend using the weakest cream which reduces symptoms. In the vulval clinic we often start with the weakest (Hydrocortisone) and then change, if symptoms persist to Locoid, Eumovate or Betnovate. In severe cases we use Dermovate. The ointment should be

used twice a day, morning and night. Do not become confused with the normal advice about long-term use of steroid cream. In most dermatological conditions, we discourage continued use but this does not apply to lichen sclerosis. It is safe to use steroids regularly on the vulva because it treats the cause, reduces inflammation and destruction of the skin and we think long-term use of steroids may even prevent thinning of the skin and reduce the thicker lesions.

Testosterone ointment

Testosterone ointment helps the vulval skin grow normally and it can be used to stimulate the formation of new and healthy skin. Unfortunately, the effects take at least six weeks to work. Regular use of Testosterone will not be rewarded by immediate relief and only causes a mild improvement in the long-term. Testosterone is not always helpful in lichen sclerosis but it is safe and has no side-effects. It needs to be used regularly twice a day. The only disadvantage is that it has to be applied to the vulva and you may be using steroid creams (which are more effective).

Soothing agents

Soothing Agents include:-

- Emollients,
- Local Anaesthetic Agents,
- Antihistamine Ointments
- Anti-Itch Ointments.

They help itching but have no effect on the underlying condition. Some work for some people and the only way to find out if the cream suits you is to try it.

Emollients

Emollients soothe, smooth and hydrate (moisturise) the skin. Their effects are short-lived but they are safe and can be used as often as necessary. There are hundreds of different emollients on the market and there is no evidence that one is any better than another. It is best to avoid hydrous wool fats (eg Lanolin) or ointments containing antiseptics, antibiotics or perfumes, as long-term use can sensitise the skin.

Popular emollients include Aqueous cream, Emulsiform, paraffin (Vaseline), Zinc, with or without castor oil or E45. Emollients can also be added to bath water (e.g. Bath E45, Emulsiderm or Oilatum).

Local anaesthetic agents

Local anaesthetic gels sometimes have a small numbing effect and can be useful at night and help you get to sleep. Unfortunately, the skin can become sensitive after prolonged use and this can make itching worse.

Antihistamine ointments

Topical antihistamines are not very effective for vulval dystrophy. This is because they are designed to reduce inflammation associated with allergies or skin bites, not the inflammation caused by lichen sclerosis or irritation caused by leucoplakia. Anthisan or Caladryl may be worth trying, but long-term use is not recommended as they can cause skin sensitisation.

Anti-itch ointments

Calamine cools the skin and this can relieve itching for a short while. It can be used as frequently as required but has no effect on the disease process. However, it is worth using if it provides some relief from the sensation of itching.

Compounds containing Crotamiton (e.g. Eurax) also reduce itching but like calamine, have no effect on the underlying disease.

Anti-itch tablets

Anti-histamine tablets have a general anti-itch effect. One disadvantage is that they can make you drowsy. This means they cannot be used if you need to operate machinery, drive or concentrate during the day but they can be used at night. They are only of limited use and their effectiveness is variable.

Disinfectants - alcohol and cleansants

These have no effect and are unnecessary.

Ultraviolet and x-ray treatment

There is some evidence that controlled use of superficial x-rays or ultraviolet light can bring relief from discomfort caused by chronic inflammatory idiopathic vulvitis. It can stimulate the skin to thicken and reduce symptoms temporarily. This does not mean that the vulva should be exposed to the sun. The vulva is rarely exposed and this combined with the thinness of the skin and lack of protective pigment means that there is a significant risk of sun burn even with moderate exposure. The dose of ultraviolet light has to be measured and controlled and should be given in hospital.

Homeopathy, acupuncture, herbal medicine

There is no evidence that homeopathy, acupuncture or herbal medicine make any difference to the condition. Homeopathy and acupuncture are safe and many people try them. Herbal medicines are promoted for many unremitting conditions. Provided unrealistic exceptions are not raised, little harm is likely to result from trying one of the variety of preparations. Techniques relying on the elimination of mythical toxins from the body are also popular. As chronic inflammatory idiopathic vulvitis is not due to any known toxin this method of alternative medicine has no scientific merit. However, Medicine is not omnipotent, does not have all the answers, and dietary changes do work for a limited number of conditions. It is not logical to believe that dietary changes affect chronic inflammatory idiopathic vulvitis but it does little harm to try.

Surgery

The affected area of skin can be removed but dystrophy usually returns to the vulva. Surgery cannot remove the underlying condition (antibodies causing skin inflammation).

Injections

Injections of interferon have been tried in the past but the results are disappointing. Steroids mixed with local anaesthetic are probably more effective but not superior to creams. For these reasons we rarely recommend injections.

Other conditions

Lichen sclerosis is usually limited to a small area of skin. On rare occasions the antibodies that cause inflammation can be associated with other proteins that cause other diseases. Although this is rare, it is worth having a blood test to detect the onset of such conditions. These antibodies can affect vitamin B12 absorption and the thyroid gland. Neither is severe because the treatment is simply to replace vitamin B12 or thyroid hormone, but it is good to identify any deficiency early before it causes symptoms.

Lichen sclerosis is also associated with skin cancer limited to the vulva. This is very rare. It is important to put this into perspective and the risk is only 2%. In other words, breast cancer is seven times more common in healthy women than vulval cancer in a woman with lichen sclerosis. More importantly, vulval cancer is a slow disease and usually causes bleeding, ulcers, skin cracks or a sudden increase in itching long before the cancer develops. For this reason it is worth someone inspecting your vulva every year (general practitioner or vulval clinic nurse) so that early changes can be identified and treated appropriately.

More Information

Informal support is available from the Vulval pain society (PO Box 20, Worsley, M28 7AN) and literature can be obtained from the National Vulvaodynia Association (USA), PO Box 19288, Sarasota, Florida, USA 34276-2288.

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2013