

## What is Lichen Planus?

**Lichen planus (LP)** is a skin condition that causes **chronic inflammation**. It is an **autoimmune disease** that starts when cells that normally fight infection mistakenly attack your own skin or **mucosa** (the soft, moist tissues inside the mouth, vulva, and vagina). We do not know what causes this change.

LP most commonly occurs:

- Inside the cheeks and along the sides of the tongue (oral LP).
  - o About half of the women with oral LP will also get **vulvar LP** (see page 2).
  - o Women can also have vulvar LP only.
  - o Vulvar LP occurs most commonly in women age 50-60.
- LP can also affect skin elsewhere on the body, the nails, and the scalp.
- In men, it can affect the penis.
- LP is not contagious and cannot be passed to a sexual partner.

### Definitions:

**Inflammation** is the body's response to injury, infection, or disease.

Heat, swelling, and pain are signs of inflammation.

**Chronic** means long-lasting.

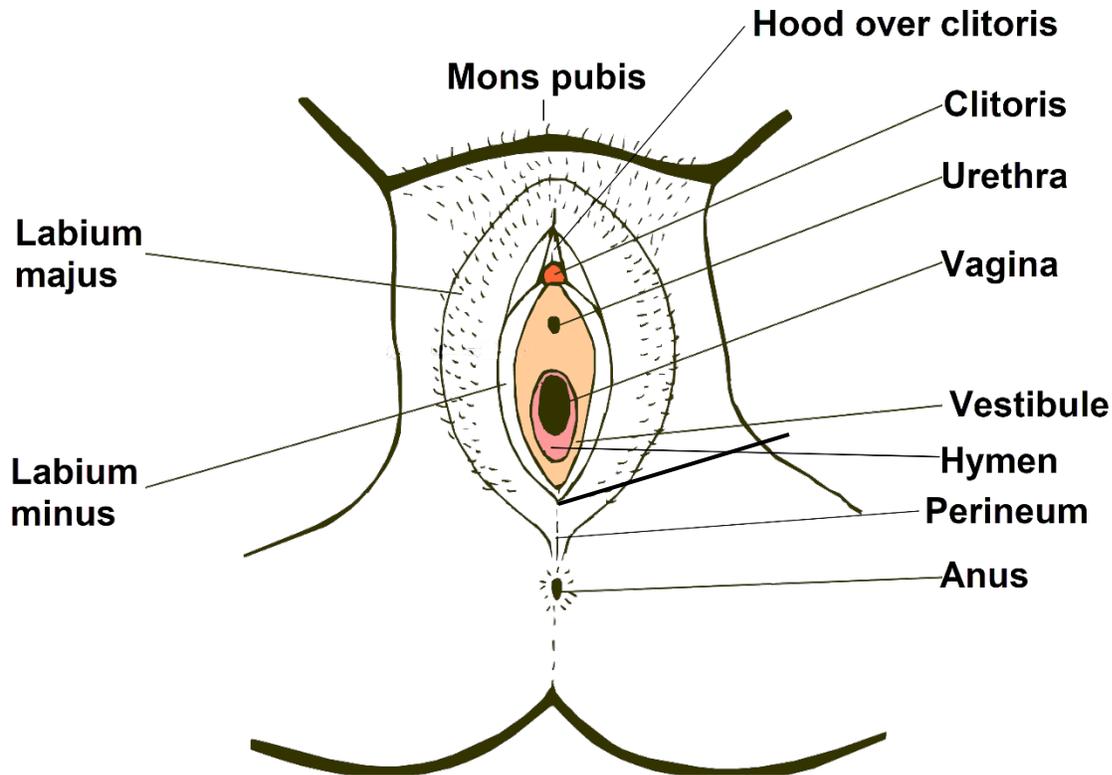
**Immune system** is the body's way to recognize and fight

- germs that cause disease
- harmful substances
- abnormal changes in your body such as cancer.

**Autoimmune disease** is a disorder that is caused by your immune system attacking part of your own body

The **vulva** is the part of the body that includes all the external female genital parts from where pubic hair grows (mons pubis) to the opening that stool

comes out of (anus). In between are the large outer lips (labia majora), small inner lips (labia minora), clitoris, the opening that urine comes out of (urethra), and the opening to the vagina (vestibule).



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## What are the symptoms of LP?

### Vulva

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

### Vagina

- Painful inflammation with yellow-green discharge

- Sides of vagina stick together and narrow the vagina
- Pain with sex, especially if it includes putting something in the vagina.

### **Mouth**

- 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**

- Thick, purple-colored, shiny areas that may have lacy, white lines or scales (color may also be yellow-brown or gray)
- Itching
- Most common on wrist, ankles, and low back

### **How is it diagnosed?**

Often, a diagnosis is made based on the way your vulva looks to the health care provider performing your exam. However, a biopsy must be done to make a definite diagnosis. A biopsy is also necessary if the area looks concerning for vulvar cancer. A **biopsy** involves removing a small piece of skin for laboratory diagnosis. You will get an injection of numbing medicine before the skin is removed. If vaginal LP is suspected, you may need an exam and vaginal biopsies done while you are under anesthesia.

### **How is it treated?**

There are different kinds of treatment for vulvar or vaginal LP, which may include skin creams, ointments or 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 you will likely need some form of treatment for the rest of your life.

**Definitions:**

**Topical medication** is something that is applied to the skin, like a cream or ointment.

**Oral medication** is something that is swallowed such as a tablet or capsule.

**Symptom relief**

While you are waiting for the treatment to take effect, symptoms can be reduced by:

- **Comfort measures**

Follow the comfort measures described in the “Comfort measures for all diseases” section of the Vulvar Diseases booklet

(<http://www.med.umich.edu/1libr/gyn/VulvarDiseasesBooklet.pdf>) or the “Comfort Measures for Vulvar Disease” handout.

- **Treatment of yeast or bacterial infections**

We will check for these and prescribe treatment if needed.

- **Vaginal lubricants**

You can use a lubricant to increase comfort during sexual activity. For more information, see the “Vaginal Lubricants” section of the Vulvar Diseases” booklet (<http://www.med.umich.edu/1libr/gyn/VulvarDiseasesBooklet.pdf>) or the “Vaginal Lubricants” handout.

- **Vaginal estrogen**

After menopause, 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, suppository tablets, and a long-acting silicone ring. We will help you choose one to start with. Research has shown that using vaginal estrogen does not increase the risk of getting breast or uterine cancer in women with no personal history of these cancers.

### **Topical steroid treatment**

We usually start treatment of vulvar LP with a strong steroid ointment called clobetasol that you will apply to the vulvar tissue with your finger. Squeeze a small, pea-sized amount on your finger and gently apply to the affected skin. We will show you what part of the vulva you should treat. The usual schedule after you are first diagnosed is:

1. Apply every day in the morning and at bedtime for 1 month

#### **Then:**

2. Apply every day at bedtime for 2 months.

It is very important to continue treatment on this schedule after itching stops. The symptoms you feel will stop before the inflammation is well-treated.

After your symptoms have stopped and we have seen on an exam that your vulvar skin has responded to treatment, we will give you a schedule for ongoing treatment. This may be daily use of a weaker topical steroid or a different schedule for using clobetasol ointment.

### **Vaginal steroid cream or suppositories**

If you have LP in your vagina, we often start treatment with hydrocortisone cream, or suppositories that you put in your vagina at bedtime. We may gradually increase the dose until we see that the treatment is working, and then gradually decrease the dose to a maintenance level.

### **Other treatments**

If treatment with a topical or vaginal steroid is not effective, there are other options that are usually not used as the first treatment. These include:

- Topical medicines that target a specific part of the immune system
- Steroid shots
- Oral steroids

We will coordinate with your dermatologist (skin doctor) to develop a plan if you need more complex treatment.

### **Dilators**

You may be taught how to use vaginal dilators to:

- Gradually open up the vagina if the vaginal walls are starting to stick together
- Prevent vaginal walls from sticking together after your normal vaginal length and size is restored by medical treatment or surgery.

For more information, see the “Vaginal Dilators” section of the Vulvar Diseases” booklet (<http://www.med.umich.edu/1libr/gyn/VulvarDiseasesBooklet.pdf>) or the “Vaginal Dilators” handout.

### **Surgery**

Surgical treatment may be recommended if scarring:

- Prevents vaginal intercourse
- Causes pain during intercourse
- Makes it difficult for you to pee (urinate).

Surgery is done under anesthesia. After surgery a soft dilator is left in the vagina for 2 days and then you return to the clinic to have it removed.

Following this, you will use a combination of hydrocortisone cream and vaginal dilators to keep the vagina open.

### **Follow-up**

We will see you back as needed until your treatment is effective. After that, you should return to the Vulvar Diseases Clinic every 6 months for a follow-up exam. The purpose of the exam is to

- Confirm that treatment is still effective

- Look for changes that should get biopsied to check for cancer (LP slightly increases your risk of getting vulvar cancer).

We want you to do regular self exams. Call or use the patient portal to send us a message if:

- You see something new
- Your symptoms come back
- You get new vulvar symptoms.

**Clinic phone number:**

(734) 763-6295

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Author: Diana Stetson PA-C  
Reviewers: Kathryn Welch MD  
Edited by: Karelyn Munro BA

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