Tower Bridge Hospital London

Tower Bridge Hospital London
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020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · WOMEN'S HEALTH

Vulval itching and lichen sclerosus *if antifungals have not worked, it is not thrush*

Persistent vulval itching is commonly treated as thrush for months or years before anyone examines the skin. Lichen sclerosus is the diagnosis most often missed, and delay matters — untreated it causes permanent scarring and carries a small risk of cancer, both of which treatment prevents.

Arrange assessment promptly if you have

- a **lump, ulcer or sore that has not healed in four weeks**
- a **persistent white, red or dark patch** that is thickening or changing
- **bleeding not related to periods**, or pain that is worsening
- itching that has **not responded to two courses of antifungal treatment**
- **changes in the shape of the vulva**, narrowing of the entrance, or splitting skin
- any of these **after the menopause**

Vulval cancer is uncommon but is diagnosed late in a great many women, usually because symptoms were treated repeatedly without examination. Any non-healing lesion needs looking at and often a small biopsy. This is quick, done under local anaesthetic, and settles the question.

It is probably not thrush

Recurrent thrush is real, but it is over-diagnosed on symptoms alone and self-treated relentlessly. If antifungal treatment has not worked, the diagnosis is wrong — and the correct answer is an examination, not a third packet from the pharmacy. Common alternatives are lichen sclerosus, eczema or contact dermatitis, psoriasis, lichen planus, low oestrogen after the menopause, and occasionally something that needs a biopsy.

Lichen sclerosus

- A long-term inflammatory skin condition, most common after the menopause but occurring at any age, including in girls.
- **Intense itching**, often worst at night.

- **White, thinned, crinkly or shiny skin**, sometimes with bruising or small tears.
- **Soreness, splitting and pain with sex**, and stinging on passing urine where skin is broken.
- Over time, **architectural change** — loss of the labia minora, burying of the clitoris, narrowing of the entrance. This is what treatment prevents, and it does not reverse once established.
- It is **not contagious, not sexually transmitted**, and not caused by anything you did.

Treatment

Strong steroid
ointment, and it is safe here

3 months
of a reducing regimen to gain control

Long term
maintenance once or twice a week

- **A potent or very potent steroid ointment** is the treatment. Many women are afraid of it and use too little; under-treatment is the main reason it fails.
- **A fingertip unit covers the whole vulva.** A 30g tube should last around three months at maintenance.
- **Continue maintenance indefinitely**, usually once or twice weekly. Stopping when symptoms settle allows scarring to progress silently.
- **An emollient as a soap substitute**, used daily — this alone improves symptoms considerably.
- Vaginal oestrogen may be added after the menopause.
- Review at three months, then at least annually to check the skin and adjust treatment.

Skin care that helps everything

Do

- Wash once a day with water or a plain emollient
- Wear cotton underwear; none at night
- Use a barrier ointment before swimming or exercise
- Use lubricant for sex, and treat splitting promptly
- Check your own skin monthly with a mirror

Avoid

- Soap, shower gel, bubble bath, feminine washes and wipes
- Perfumed products, panty liners worn continuously
- Tight synthetic clothing and prolonged damp swimwear
- Repeated over-the-counter antifungals without a diagnosis
- Scratching — use a cold pack or emollient from the fridge instead

The cancer risk, in proportion

Lichen sclerosus carries a small increased risk of vulval cancer — in the region of a few per cent over a lifetime. **Good treatment substantially reduces that risk**, which is one of the strongest arguments for maintenance therapy rather than treating flares only. It is a reason to be reviewed annually and to report any new lump or non-healing area, not a reason for alarm.

Why come to us. This needs someone to look, unhurriedly and without embarrassment — which is precisely what is hardest to arrange. We offer women's health appointments seven days a week with a **female clinician available on request**, examination and swabs taken on site, prescription steroid treatment at the right potency with a clear regimen, biopsy under local anaesthetic arranged where anything needs excluding, and annual review so the skin is monitored rather than forgotten.

Someone who will actually look, unhurriedly

Female clinician available, swabs and biopsy on site.
Seven days a week.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Women's Health** · **Dermatology** · **Minor Surgery** · **All patient leaflets**

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This leaflet is based on current NHS, NICE CKS and British Association of Dermatologists guidance on lichen sclerosus and vulval conditions. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.