

Case: Dr O'Mahony, Nurses Sarah Ellis and Dianne Harvey (Dermatol referral)

This 19 year old attended A&E two months ago with some vaginal bleeding and it was diagnosed as a vaginal tear when she was examined there and she was reassured there was nothing to be done. She then saw her GP as it kept happening. Her GP gave her Canesten HC which brought about a slight improvement. Her GP then found her to be chlamydia positive and referred her to us.

On examination, she has clinically very obvious Lichen Sclerosus involving labia, clitoris and introitus. There doesn't appear to be any perianal involvement.

For some symptomatic relief, I am giving her 1% Hydrocortisone.

No family history of eczema or psoriasis.



Note the pale atrophied vulval skin, the almost complete disappearance of the labia majora and minora, the distinct line showing where they have sealed together and disappeared. The clitoris is still visible but the clitoral hood was adherent and that would have progressed. With the narrowed introitus its easy to see how sex would be painful and splitting would occur. Intensive (BD) treatment with a very potent steroid for months, with regular review is needed. Continued Rx for life is usually necessary.

