

Erosive Lichen Planus



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KEYWORDS

- Erosive lichen planus • Vulva • Mucosal lichen planus • Scarring

KEY POINTS

- Erosive lichen planus is a painful, scarring condition of the vulva, oral mucosa, and rarely other mucous membranes.
- Untreated, lichen planus can lead to vaginal stenosis, vulvar agglutination, and rarely squamous cell carcinoma of non-hair-bearing skin.
- Topical treatment helps most patients, but systemic therapy may be needed for severe disease.

INTRODUCTION

Lichen planus is a T-cell-mediated chronic inflammatory mucocutaneous condition with a myriad of clinical manifestations. Erosive lichen planus is an uncommon, painful condition of mucous membranes that leads to irreversible scarring when left untreated and can rarely progress to squamous cell carcinoma (SCC).¹ The oral mucosa is the most common site of involvement, and genital mucosa is the second most common area affected.² Taking a thorough past medical history and detailed physical examination is imperative; when any variant of lichen planus is suspected, a total body skin examination, including all mucosal areas, hair, and nails, should be performed. Aggressive early management with potent topical steroids often improves symptoms, but patients may require more than one treatment modality to prevent long-term sequelae. Patients with erosive lichen planus will require long-term management by a multidisciplinary team to optimize outcomes.

PATIENT HISTORY

The importance of taking a thorough history cannot be overemphasized. Although patients may present only for vulvar concerns, other mucosal sites are often involved; providers should ask for a complete review of symptoms.

Vulvar Disease

In one review, more than 92% of patients presented with burning or pain, whereas itch was found in 50%.³ Both acute and chronic erosions of lichen planus can lead to

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Obstet Gynecol Clin N Am 44 (2017) 407–420

<http://dx.doi.org/10.1016/j.ogc.2017.04.004>

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dyspareunia, dysuria, or pain with defecation. Copious vaginal discharge, vulvar soreness, or difficulty urinating are other chief complaints. Unfortunately, these symptoms may be incorrectly attributed to candidiasis for years before a correct diagnosis is made.⁴

Patients may try various home remedies to alleviate their symptoms before seeking help from a provider; this may complicate the clinical picture, especially if patients use benzocaine or other numbing agents. These agents may lead to allergic contact dermatitis and even secondary ulcers or erosions. At the first visit patients should bring a list of everything they use in the vulvar area: topical medications, over-the-counter creams, soaps, douches, and lubricants.

Oral Disease

The oral cavity is the most common site of involvement of lichen planus.

Oral lesions precede genital lesions in one-third of patients; the conditions occur simultaneously in almost half of patients.² Patients may be asymptomatic or present with intractable burning or pain, inability to eat acidic foods, bleeding gums, swelling, or irritation. They may be diagnosed with oral lichen planus by their dentist but not associate this with current vulvar symptoms.

Other Mucosal Sites

The esophageal, ocular, and otic mucosa can rarely be involved and are likely under recognized. Therefore, all patients with documented erosive lichen planus should be screened for dysphagia, hearing loss, dry eye, or blurred vision. Like vulvar disease, if left untreated, these can lead to scarring and significant damage.

Psychosocial History

Patients with erosive lichen planus often exhibit signs of depression and poor quality of life and note impact on sexual functioning.^{5,6} Providers should screen for these complications and consider referral to mental health experts when creating management strategies.

PHYSICAL EXAMINATION

It is not uncommon for patients to delay presentation for years because of anxiety and embarrassment. When this occurs, late-stage scarring and loss of normal architecture can obscure diagnosis (**Fig. 1**). When patients present with vulvar pain and burning, lichen planus should be on the differential diagnosis before entering the examination room. After a detailed vulvovaginal examination is done, and lichen planus is suspected, other commonly affected areas should also be examined.

Vulvovaginal Examination

Patients should be positioned in stirrups for a proper and thorough examination. There are 3 types of lichen planus that occur on the vulva: papulosquamous (**Fig. 2**), hypertrophic, and erosive. Erosive lichen planus is the most common subtype on the vulva.⁶ Characteristic features of erosive lichen planus include well-demarcated pink-red erosions (**Fig. 3**), often with a white hyperkeratotic linear border or surrounding Wickham striae (**Fig. 4**). Erosions and inflammatory skin changes are most often seen at the introitus (90%), followed by vagina (20%–38%), vulva (37%), and perianal skin (8%).^{7,8} These erosions may be difficult to appreciate for some providers. Careful examination of the vulva will reveal subtle changes in color or texture: take your time. Providers that are rushed during this step may miss an early clue to erosive lichen

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