



Skin Damage from Chronic Irritation or Scratching

Chronic irritation and scratching can cause skin damage to the vulva. Confusingly, this may be called many different things like **Eczema**, **Lichen Simplex Chronicus (LSC)**, **Chronic Dermatitis** or **Squamous Cell Hyperplasia**. Some of these diagnoses require that a biopsy of the vulva has been performed; others are based just on clinical opinion after history and physical examination. Many things can trigger irritation of the vulva. For instance, scratching alone can lead to changes on the vulva that can be seen on physical exam or self-inspection. Often the original event that precipitated irritation and itching is unknown. Sometimes it is a vaginal infection, sometimes it is a contact irritant and sometimes it is a nervous itch. Regardless, the skin becomes irritated and inflamed, therefore beginning the “Scratch-Itch” cycle. Once this cycle is perpetuated, it is difficult for the vulvar skin to heal and the changes persist.

When a biopsy is performed, it can greatly assist your practitioner in finding a diagnosis that can lead to successful treatment. **Lichen simplex chronicus (LSC)** and **Squamous Cell Hyperplasia** are 2 diagnoses that can be rendered after a skin biopsy. These are essentially similar entities and are defined as abnormal thickening of the skin of the vulva. Two thirds of patients who develop this condition are premenopausal. Moisture, chronic scratching, scrubbing, allergens, and medications may cause variations in the appearance of the lesions. The size of the lesions ranges from small to large, red to white, excoriated to eroded, and most frequently involve certain areas of the vulva like the hood of the clitoris, the labia majora, the interlabial sulcus (space between major and minor lips) outer aspect of the labia minora, and the perineal body (space between anus and vaginal opening). Lesions may also extend to the lateral (outer) surface of the labia majora and even to the thighs. When the skin becomes thick, hardened patches on the vulva may appear, sometimes like a callus.

The itching and irritation generally stops when the skin heals. It often takes weeks or months for these conditions to develop therefore it usually takes time for improvement or healing to begin. The skin may require long-term treatment with steroid creams or ointments in addition to removing any contact or environmental irritants. These creams or ointments are rubbed into the vulvar tissue regularly. The goal of treatment is to heal the skin by breaking the scratch-itch cycle. At times, oral medications are used to help break the hypersensitivity the skin has developed due to the chronic changes. These medications range from oral anti-histamines, sedatives and neuropathic modulators.

Rarely, when these inflammatory conditions have been ongoing for years, benign changes can sometimes be observed next to lesions of invasive squamous cell carcinoma (SCC). The risk of development of invasive cancer for women treated for LSC, Chronic Dermatitis or Squamous Cell Hyperplasia is minimal. Thus it is important to monitor the vulvar skin and attend follow-up visits. Random biopsies may be necessary if the skin does not show signs of improvement or is suspicious for SCC.

In summary, these skin changes are treatable conditions of the vulva. The majority of women will respond nicely to topical steroid treatment of the vulvar skin and have relief of their itching and irritation. Keeping scheduled follow-up appointments and monitoring the vulva for signs of change are important for the health of your vulva.



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