LICHEN SCLEROSIS ET ATROPHICUS IN YOUNG CHILDREN

by

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Lichen sclerosis et atrophicus affects women six times more often than men (Oberfield, 1961), the highest incidence being at about the age of 50 (Montgomery and Hill, 1940). Cases occurring during childhood are by no means rare (Aaronson, 1962; Chernosky *et al* 1957; Lascano *et al* 1964) yet in gynaecological practice they are quite uncommon. This paper describes two such cases, treated differently but with somewhat similar results.

Case 1

A young girl of 7 was seen in the gynaecological clinic in late 1964, suffering from intractable pruritus vulvae. Her general health otherwise was excellent. On examination she had a well-defined area of hypopigmentation involving the clitoris, labia, perineum, and perianal region (Fig. 1.), but not extending to the buttocks or thighs. There was marked excoriation, presumably due to scratching. There was no similar lesion in any other part of the body. A tentative diagnosis of Lichen Sclerosis et Atrophicus (L.S.A.) was made. A skin biopsy was taken from an area 5 mm. lateral to the left labium majus.

The report was as follows:—(Fig. 2).

"Sections show epidermal atrophy with some basal cell vacuolation; the upper dermis shows a marked homogenous hyaline appearance and contains few cells or vessels. It is demarcated from the lower dermis by a band of lymphocytes and histiocytes. Appearances are suggestive of L.S.A."

She was given a cream containing 0.025 per cent synthetic corticoid, Fluocinolone acetonide — (SYNALAR — I.C.I.) to be applied twice daily lightly to the affected area and massaged gently but thoroughly into the skin. The pruritus was very much better within a week and disappeared in two weeks. Six weeks later there was already evidence of returning pigmentation around the margins of the area and after thirteen weeks small patches of pigmentation were present. She was then completely free of symptoms. She was advised to continue the treatment and return in a further 6 weeks. This she failed to do.

Case 2

A 5 year old girl had had a yellowish vaginal discharge and itching for 5 weeks before her first visit to the clinic. No discharge was found on examination, and the usual causes of vaginal irritation were excluded. The only lesion present was an area of depigmentation involving the perineum and perianal skin with slight extension to the right labium. A clinical and histological diagnosis of L.S.A was made. The affected area was treated twice daily with Premarin vaginal cream (conjugated equine oestrogen 0.625 mg/gm.—Ayerst). Pruritus disappeared in one week. After 3 weeks there was suggestion of small brownish spots on the depigmented area. At the end of 7 weeks some deeper brown pigmentation of the 'healthy' area was seen, presumably due to Premarin cream overspilling. There were no breast changes. The patient failed to keep any further appointments.

Comments

Lichen Sclerosis et Atrophicus is a

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poorly understood disease. It usually involves the perineum, arms and groin, as well as the labia, clitoris and fourchette. The early lesions consist of polygonal flat whitish papules each with a comedo-like plug or central depression. These usually coalesce to form plaques which may later shrink and scarify (Janovski and Ames, 1963). Secondary changes due to infection and excoriation are frequently found. The aetiology is uncertain. Various treatments, from topical applications to irradiation and excision, have been tried with variable results.

Dvorak and Zavodil (quoted by Janovski and Ames, 1963) reported associated leukoplakia or L.S.A. in 10 per cent of cases of carcinoma of vulva. Wallace and Nomland (1948), and Collins and Osment (1959), maintain that only leukoplakia is premalignant. Wallace and Whimster (1951) reported 20 cases of L.S.A. Out of the 5 with associated leukoplakia, 2 developed carcinoma of the vulva. On the other hand, Oberfield (1961) did not find any case of squamous cell carcinoma in 22 cases of L.S.A. Although L.S.A. in itself is not believed to be a premalignant condition, an association with leukoplakia seems to increase the risk of subsequent malignancy. It is not known whether the children with L.S.A. tend subsequently to develop leukoplakia. A long term follow-up is the obvious answer but may not often be practicable.

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Figs. on Art Paper II