

EuroGuiDerm Guideline for Lichen sclerosus

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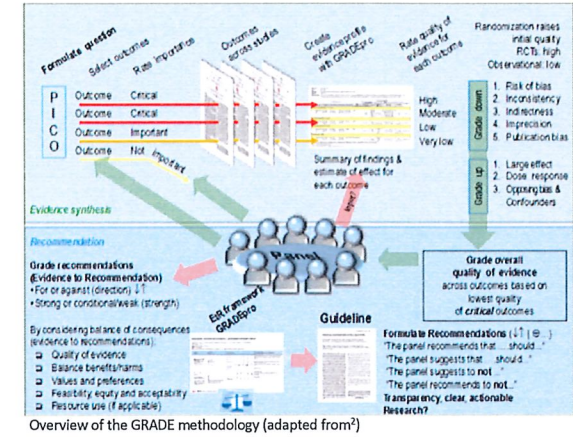
Lichen sclerosus – Main facts

- Inflammatory skin disease
- Involves typically the anogenital site
- Symptoms: e.g. itching, soreness, sexual and urinary dysfunction
- Signs: e.g. whitening of the genital skin, redness, oedema, fissuring, scarring, shrinkage, fusion of structures
- Associated with an increased risk of genital cancer
- Huge impact on the quality of life
- Underdiagnosed and undertreated

Consensus-based chapters and recommendations		Evidence- and consensus-based chapters and recommendations	
Definition of disease / Histopathology / Genetic predisposition / Immunological findings / Associated diseases		Topical treatment with emollients	UV therapy
Epidemiology	Lichen sclerosus in pregnancy	Topical and intralesional corticosteroids	Photodynamic therapy
Clinical presentation and sequelae of disease	Pain in lichen sclerosus	Topical calcineurin inhibitors	Laser therapy
Trigger factors	Follow-up	Topical retinoids	Cryotherapy
Diagnosis / Differential diagnoses	Patient education programs	Topical hormone preparations	Systemic treatment
Aims of treatment / Assessment of the treatment success	Interdisciplinary management / Improvement of care	Platelet rich plasma	Surgical interventions
Skin care and basic therapy	Future research / Upcoming treatments		



- Methods**
- Developed in accordance with the EuroGuiDerm Methods Manual v1.3¹
 - Interdisciplinary panel of experts
 - Systematic review of the evidence in collaboration with the British Association of Dermatologists (BAD)
 - Development of recommendations using the GRADE (Grading of Recommendations Assessment, Development, and Evaluation) methodology²



Women with genital lichen sclerosus

We recommend ultrapotent or potent topical corticosteroids	↑↑
We recommend co-treatment with emollients	↑↑
We suggest topical calcineurin inhibitors as second choice or as an additional treatment if topical corticosteroids are contraindicated or insufficient (off label)	↑
We suggest intralesional corticosteroids for the treatment of topical steroid-resistant hyperkeratotic lesions (provided malignancy has been excluded)	↑
We suggest UVA-1 therapy as a second choice treatment, taking into account carcinogenicity and practicality	↑
We suggest acitretin, taking into account teratogenicity, if systemic therapy is needed (off label)	↑
We suggest de-adhesion / synechiolysis / perineoplasty in women who have a persistent introital stenosis that causes mechanical problems in voiding or sexual intercourse, despite guideline-conform treatment with topical steroids	↑

Girls with genital lichen sclerosus

We recommend ultrapotent or potent topical corticosteroids	↑↑
We recommend co-treatment with emollients	↑↑
We suggest topical calcineurin inhibitors as second choice or as an additional treatment if topical corticosteroids are contraindicated or insufficient (off label)	↑

Men with genital lichen sclerosus

We recommend ultrapotent or potent topical corticosteroids	↑↑
We suggest co-treatment with emollients	↑
We suggest circumcision, preferably removing the complete foreskin, if guideline-conform treatment with e.g. steroids in men with phimosis caused by lichen sclerosus fails	↑
We suggest frenuloplasty in combination with intralesional triamcinolone or alternatively, a complete circumcision if guideline-conform treatment with e.g. steroids in men with scarring or shortening of the frenulum caused by lichen sclerosus fails	↑
We suggest urethroplasty using oral mucosa grafts in men with urethral stricture due to lichen sclerosus causing mechanical problems in voiding or sexual intercourse	↑
We suggest topical calcineurin inhibitors as second choice or as an additional treatment if topical corticosteroids are contraindicated or insufficient (off label)	↑
We suggest acitretin if systemic therapy is needed (off label)	↑

Strength	Wording	Symbols	Implications
Strong recommendation for the use of an intervention	"We recommend ..."	↑	We believe that almost all informed people would make that choice.
Weak recommendation for the use of an intervention	"We suggest ..."	↑	We believe that most informed people would make that choice, but a substantial number would not.

Boys with genital lichen sclerosus

We recommend ultrapotent or potent topical corticosteroids	↑↑
We suggest co-treatment with emollients	↑
We suggest circumcision, preferably removing the complete foreskin if guideline-conform treatment with e.g. steroids in boys with phimosis caused by lichen sclerosus fails	↑
We suggest frenuloplasty in combination with intralesional triamcinolone, or alternatively, a complete circumcision if guideline-conform treatment with e.g. steroids fails in boys with scarring or shortening of the frenulum caused by lichen sclerosus	↑
We suggest topical calcineurin inhibitors as second choice or as an additional treatment if topical corticosteroids are contraindicated or insufficient (off label)	↑

Patients with extragenital lichen sclerosus

We recommend UV therapy	↑↑
We suggest ultrapotent or potent topical corticosteroids	↑
We suggest methotrexate, taking into account teratogenicity if systemic treatment is needed in adult patients (off label)	↑
We suggest co-treatment with emollients	↑

References
 1 European Center for Guidelines Development, European Dermatology Forum. EuroGuiDerm Guideline and Consensus Statement Development Manual, Version 1.3; February 2020.
 2 Schunemann H, Brozek J, Guyatt G, Oxman A. GRADE handbook for grading quality of evidence and strength of recommendations. Updated October 2013 ed. The GRADE Working Group; 2013.