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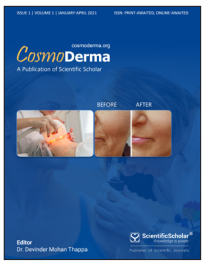

Visual Treats in Dermatology

Anogenital lichen sclerosus

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A 51-year-old female presented with 6-month history of ivory-white atrophic confluent plaques distributed around the vulval and perianal skin in a figure of eight appearance [Figure 1], associated with intractable pruritus and dysuria, for 1 year. Based on the history and clinical findings, a diagnosis of anogenital lichen sclerosus was made. The patient was started with topical clobetasol propionate 0.05% ointment once daily application. The patient showed symptomatic improvement at 2-week follow-up.

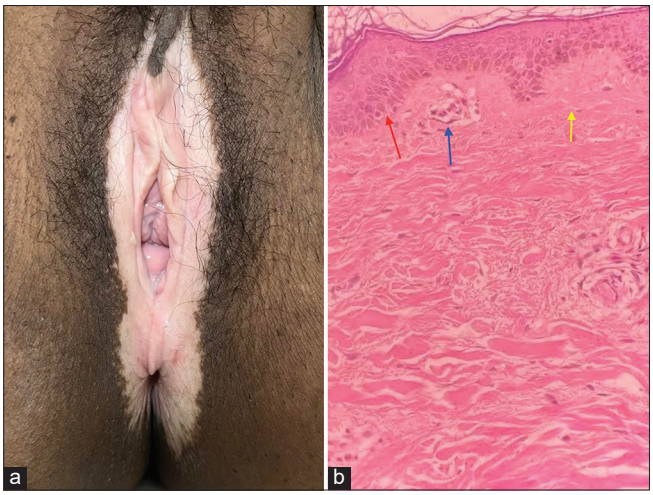

Figure 1: (a) Characteristic "figure of 8" appearance of anogenital lichen sclerosus, (b) Histopathology examination of the involved vulval skin (H&E stain; ×10) revealed epidermal atrophy with hydropic degeneration of basal cell layer (red arrow), dermal edema and subepithelial hyalinisation of collagen (yellow arrow), and with focal inflammatory infiltrates consisting of predominantly lymphocytes in the superficial dermis (blue arrow).

Lichen sclerosus, also known as lichen sclerosus et atrophicus, is a chronic inflammatory skin disease, commonly involves the anogenital skin, and associated with an increased risk of scarring and genital cancer. Lichen sclerosus is more of a clinical diagnosis. Rarely, it may progress to squamous cell carcinoma approximately in 3–6% females and 2–8% males. It generally shows a good response to high-potency topical steroids.[1]

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

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Conflicts of interest

There are no conflicts of interest.

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