The Yeast (Infection) That Won't Cease

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About a year ago, an otherwise healthy 8-year-old girl developed itching and discomfort in the perivaginal and perianal areas that persists despite use of anti-yeast creams (nystatin, clotrimazole) and OTC hydrocortisone 1%. It was diagnosed as a yeast infection, but the patient was referred to dermatology when all treatment attempts failed.

A well-defined, figure-8 pattern of white, atrophic skin surrounds the vaginal and perianal areas. Erosions can be seen on the more atrophic areas of the labia, along with faint patches of telangiectasias. The urethra is uninvolved, as is the immediate perianal skin.

A punch biopsy is obtained; it shows hyperkeratosis, epidermal atrophy, and scleroderma with a lymphocytic infiltrate.

The most likely diagnosis is

a) Resistant yeast infection
b) Fungal infection
c) Lichen sclerosus
d) Morphea

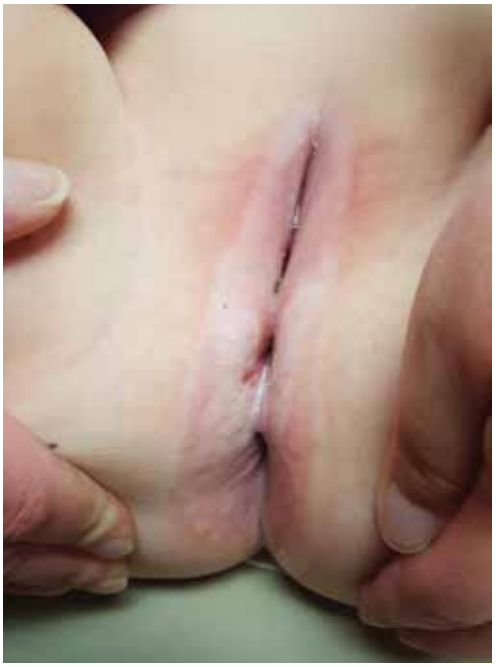
ANSWER

The correct answer is lichen sclerosus (LS; choice "c").

DISCUSSION

Thousands of patients with LS go undiagnosed for years just for the lack of a differential that includes it. An unusual (but not rare) condition, LS most commonly affects prepubertal girls and older women (around age 60). Left untreated, it can cause sclerosis of the urethra, introitus, and anus, interfering with urination, coitus, and bowel movements. Approximately 6% of LS cases involve nongenital areas (thighs, trunk, shoulders).

Males are affected far less frequently. Their version, *balanitis xerotica obliterans* (BXO), manifests as a form of phimosis in uncircumcised or incompletely circumcised patients. In addition to an inability to retract the foreskin, BXO leaves the glans dry and rough.



There is some evidence to suggest that LS is an autoimmune condition. In any case, it alters fibroblast function in the papillary dermis, leading to fibrosis of the upper dermis. This is thought to result from the hypoxemia and ischemia associated with increased GLUT1 and decreased vascular endothelial growth factor in the affected skin.

The best treatment (author preference) is a class I topical steroid cream or ointment (applied bid and tapered slowly as the situation allows). Circumcision helps boys with BXO a great deal, and topical steroid ointment can be used as needed for the glans.

Most cases of LS resolve over time, although some—especially those involving older patients—require ongoing treatment. Patients with chronic LS will need ongoing surveillance for local development of squamous cell carcinoma, with which it has been associated. **CR**