# Vulvovaginal Lichen Planus Could this Be a Reason for Ending a 25 Years´ of Marriage? Case Report

## *VULVOVAJİNAL LİKEN PLANUS 25 YILLIK EVLİLİĞİN BİTMESİNİN NEDENİ OLABİLİR Mİ?*

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## Abstract

Lichen planus is an inflammatory mucocutaneous disorder that may involve mucosal surfaces, such as the oral, genital, and other mucosae, and the skin including the scalp and the nails. In this article we report a dramatic case of vulvovaginal lichen planus with painful lesions and dyspareunia where the diagnosis of the disease was late. We discuss that early diagnosis in such clinical admission with vulvodynia and dyspareunia is important also for healthy sexual life and social quality of life.

**Key Words:** Lichen planus; divorce; psychology

## Özet

Liken planus inflamatuar mukokutanöz bir rahatsızlıktır ve oral, genital ve diğer mukozaları, ve saçlı deri ve tırnakları tutabilir. Bu makalede ağrılı lezyonlar ve disparoni şikayetleri olan ve hastalık tanısını geç alan dramatik bir liken planus vakası sunulmaktadır ve vulvodini ve disparoni şikayetleriyle başvuran kadınlarda erken tanının sağlıklı cinsel yaşam ve sosyal yaşam kalitesi yönünden önemi tartışılmaktadır.

**Anahtar Kelimeler:** Liken planus; boşanma; psikoloji

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Lichen planus (LP) is an inflammatory mucocutaneous disorder that may involve mucosal surfaces, such as the oral, genital, and other mucosa, and the skin including the scalp and the nails.[1]

It is characterized by pruritic violaceous papules most commonly on the extremities of middle-aged adults.[2] Ocular, esophageal, bladder, nasal, laryngeal, otic, gastric, and anal involvement may occur. Although treatment of genital Lichen planus is quite challenging, therapeutic benefit in this painful, protracted condition can be obtained.[1]

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In this article we report a case of 44-year-old woman who presented with vulvar pruritis, vulvodynia, vaginal discharge and dyspareunia ongoing for three years. After vulvar biopsy the patient was diagnosed as lichen planus. In two years of disease symptoms with late clinical diagnosis and inappropriate treatment, she got a divorce with her 25 years husband- the reason declared as sexual problems. We discuss that early diagnosis in such clinical admission with vulvodynia and dyspareunia is important also for healthy sexual life and social quality of life.

## Case

A 44-year-old G5P3 woman presented to Ministry of Health Ankara Training and Research Hospital, Department of Gynecology and Obstetrics, with the symptoms of dyspareunia, vulvar pruritis, vulvodynia, vaginal discharge, oral and

vulvar eruptions-ongoing for three years. The vulvar eruptions were highly pruritic and painful.

Her history revealed that she visited many physicians in the last two years with similar symptoms and received different treatments for vulvar lesions, but had no relief. Not being followed by one physician during this period unfortunately ends up with lack of information related to her disease progression. She complained of pruritus, vaginal discharge and dyspareunia in her first admission, was diagnosed as vulvovaginal candidiasis by inspection and was recommended to use topical isoconazole nitrate cream (Travogen cream) and vaginal isoconazole nitrate ovule (Gyno travogen vaginal ovule). A month later she admitted to another physician with ongoing same symptoms and oral itraconazole capsule (Funit caps.) 400 mg/day was added to her topical treatment. She used oral capsules for one day and repeated the same treatment a week later. Her symptoms not relieving and even getting more severe she admitted to another physician. This physician recommended her topical betamethasone 17-valerate (Dermakort cream) treatment and asked her for a followup visit two weeks later. The patient benefited from this treatment to some extent. Her lesions got less painful and less pruritic, she mentions. She was unable to visit this physician or another for almost 6 months for social reasons. In this period her symptoms got worse again and she mentions she even thought of suicide in that period. She visited a gynecologist with these severe symptoms. She was recommended to use clobetasol 17-propionate (Dermovate cream) and followed up with the same treatment for almost 3 months. She mentions she had less lesions, less painful and less pruritic but still existing. For social reasons again she was unable to visit a physician for a few months and her symptoms started to aggrevate again. She admitted to our department with such a history. Unfortunately she was unable to give us a very detailed history as her history was more than two years and she comes from a low socio cultural level and felt difficulty about explaining her previous treatment approaches.

In her admission to our department her physical examination revealed disseminated vulvar and periclitoral eruptive papular lesions and vaginal lesions were mostly accumulated in lower 1/3 rd of vagina. No vaginal stricture was observed. Lesions observed in both buccal mucosae were white, reticular, disseminated plaques. Other physical examination was normal. She complained about oral lesions for the last few weeks, but she says that her current vulvovaginal lesions were very similar to previous ones. It is difficult for us to judge this as the patient was not examined by us previously.

The laboratory findings gave us white blood cell count as 7200 / µL, with no eosinophylia or monocytosis, biochemistry in normal limits and negative HIV, hepatitis B and C markers. The lesions were clinically differentiated from other sexually transmitted diseases and biopsy was planned. The same week she applied to our hospital she admitted to another hospital as well and were asked some diagnostic tests. She showed these tests to our department as well. Her pelvic ultrasonography and abdominal tomography was normal. Endometrial biopsy gave normal result. The vaginal gonococcal culture was reported as normal vaginal flora. VDRL-RPR was negative and Treponema pallidum hemagglutination test was negative as well.

The performed vulvar and vaginal biopsy was reported as lichen planus by the pathology department.

Consulting with the dermatology department oral prednisolon 40 mg/day was started due to refusal of further topical usage by the patient and severity of the symptoms.

The patient in her control in the first month still had the same symptoms but with less severity, and her physical examination was relatively better with less disseminated, less painful lesions, with milder eruptions. The patient did not allow any photos to be taken so we are unable to show the readers the clinical improvement we observed ourselves. Informed consent was taken warranting hiding her personal information.

## Discussion

In this article we report a dramatic case of vulvovaginal lichen planus with painful lesions and dyspareunia where the diagnosis of the disease was late. This case is worth mentioning for two reasons- first being a rare case of vulvovaginal lichen planus reported in the literature and second late diagnosis having a social impact in such a case. The case got a divorce in the two years of symptoms of dyspareunia– the spouse giving sexual problems as a cause in the court. We discuss that early diagnosis in such clinical presentation with dyspareunia is extremely important not only to relieve the patient's painful and disturbing symptoms, but also to protect her sexual life which could cause dramatic results as shown in our case.

Lichen planus is a papulosquamous disease of the skin and mucous membranes. In its classic presentation, it is characterized by pruritic violaceous papules most commonly on the extremities of middle-aged adults. It may be accompanied by oral and genital mucous membrane involvement and hair and nail involvement. Its course is generally self limited to a period of several months to years, but it may last indefinitely.[2] Lichen planus is worldwide in distribution with variable incidence.[3] Ocular, esophageal, bladder, nasal, laryngeal, otic, gastric, and anal involvement may occur.[1] In our case the patient presented with oral and vulvovaginal lesions with no additional involvement, the duration being three years.

Lichen planus tends to be intensely pruritic- as in our case.[2] When pruritus is present, it ranges from mild irritation to severe intolerable itching; hypertrophic lesions tend to itch severely.

Lichen planus of the vulva can occur as part of more widespread disease or in isolation. Its cause is unknown, but it can become chronic and has a potential for malignant change.[4] In our case no malignant change was observed in the vulvovaginal biopsy.

Involvement of the genitalia has been reported in 25 percent of male patients with LP; the percentage of genital involvement in females is unknown.[5] It is said that up to 65 percent of LP patients with cutaneous lesions have oral mucosal involvement.[6]

Although treatment of genital Lichen planus is quite challenging, therapeutic benefit in this condition can be obtained.[1] In a study by Cooper et al on 114 women with a definite diagnosis of erosive lichen planus of the vulva 75% of women improved with ultrapotent topical corticosteroid.[7] Due to refusal of topical treatment by the patient and considering the severity and dissemination of the symptoms oral prednisolon was started in our patient. Surgical reconstruction could be recommended for the patients with severe vaginal stricture but our patient was luckily not a candidate for surgery as she had no vaginal stricture.[8]

Our case has been suffering from painful vulvovaginal lesions for the last three years and unbearable itching mixed with this pain. The patient mentions raising suicidal thoughts and she got a divorce with her husband after two years of such symptoms – her husband giving her disease as a cause. Now we could treat the patient after the definite diagnosis with appropriate treatment, but could never make up the disturbed social life of her. The recognition of this disease will avoid unnecessary delay in the treatment of these patients.[9] Dyspareunia of long standing or in a more complicated relationship may require skills possessed by more highly trained professionals.[10]

Early diagnosis of lichen planus with painful vulvovaginal lesions is extremely important not only to treat the patient and relieve her painful symptoms, but to protect her social life as well.

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