

# GPs can play a key role in diagnosing vulval lichen sclerosis

June 26 2023

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Primary care professionals should think beyond thrush and genitourinary

symptoms of menopause (GSM) when women present with vulval symptoms and consider the diagnosis of vulval lichen sclerosis (VLS), research led by the University of Bristol suggests.

The work is published in the *British Journal of General Practice*.

VLS is a chronic inflammatory skin condition and affects one in 70 women who visit a general gynecology clinic. The condition is painful and can restrict [daily life](#), such as going to the toilet, sitting, exercising, [sexual activity](#) and socializing, and can become cancerous if left untreated. Prevalence in the population remains unclear as the condition is underreported and underdiagnosed.

The study by the universities of Bristol and Warwick found that women with VLS often seek help on multiple occasions and are frequently given incorrect diagnoses and treatments for a range of conditions, such as thrush and GSM.

The researchers suggest when reviewing women with vulval symptoms, which can be non-specific, GPs should consider VLS if a patient answers yes to the following questions:

- Has the woman previously presented with these symptoms?
- Have swabs for candidiasis been negative?
- Has the woman been prescribed or self-treated with remedies for candidiasis or GSM?
- Does the woman report any white patches or a change in shape of their vulval skin?

Genital problems are distressing for women, difficult to talk about, and [early diagnosis](#) and intervention of VLS are crucial to reducing the impact on a woman's life.

The research team believe vulval symptoms should not be accepted as a normal part of aging or of being a woman. Examination in person, and not a virtual consultation, is key, ideally by someone with an interest in women's health.

Dr. Sophie Rees, Senior Research Associate in Qualitative Research in Bristol Medical School: Population Health Sciences (PHS) and lead author, said, "Early diagnosis and treatment are key to reducing the impact on women's lives, and preventing persistent symptoms of vulval lichen sclerosis, which if not treated can lead to complications. GPs can play a key role in a quick diagnosis and treatment, but women often report long delays to [diagnosis](#) despite repeatedly seeking help."

Dr. Sarah Hillman, NIHR Clinical Lecturer and Associate Professor Primary Care, University of Warwick, added, "Dr. Rees's work has highlighted the huge impact vulval disease (in this case lichen sclerosis) has on [women](#). The tips included for [health care professionals](#) are incredibly important and could lead to fewer missed diagnoses."

**More information:** Sophie Rees et al, Vulval lichen sclerosis in primary care: thinking beyond thrush and genitourinary symptoms of the menopause, *British Journal of General Practice* (2023). [DOI: 10.3399/bjgp23X732861](#)

Provided by University of Bristol

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