

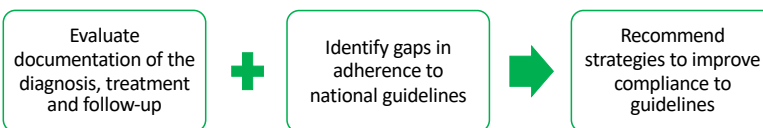
Management of Vulval Lichen Planus at Whipps Cross Hospital

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Background

- The current national management guidelines follow the 2014 UK National Guideline on the Management of Vulval Conditions by the BASHH and BSSVD.
- We conducted a retrospective audit of 20 patients with vulval lichen planus seen at Whipps Cross Hospital between February and October 2024.

Aims and Objectives



Audit Standard	Whipps Cross Hospital Compliance
Diagnosis of Lichen Planus	Clinical diagnosis – 5 biopsy confirmed
Record of diagnosis/subtype	85% had subtype recorded
Autoimmune screen (inc TFTs)	40% tested
Patient information provided	Routinely provided but not documented
Topical steroids	100%
Systemic therapy	100% when indicated
Follow up in 2-3 months	70% - clinic capacity constraints noted
Written information to GP	100% achieved through clinic letters

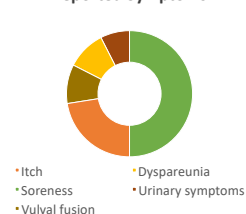
Conclusion

Management of vulval lichen planus at Whipps Cross largely followed national guidelines, with good symptom control reported in most patients. Key gaps were related to documentation rather than care delivery, particularly in hygiene advice, sexual health assessment, and providing patient information leaflets. Introducing a structured proforma for vulval lichen planus could improve the consistency of clinical documentation.

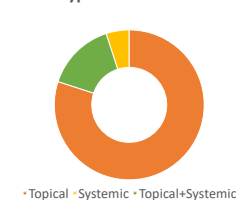
References: 1. Edwards SK, Bates CM, Lewis F, Sethi G, Grover D. 2014 UK national guideline on the management of vulval conditions. Int J STD AIDS. 2015 Aug;26(9):611-24

Results

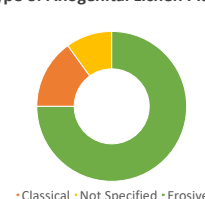
Reported Symptoms



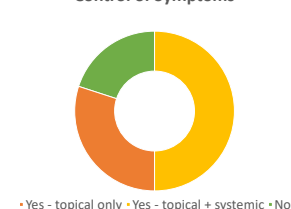
Type of Treatment



Type of Anogenital Lichen Planus



Control of Symptoms



Key Findings

- Diagnosis and treatment aligned well with BASHH/BSSVD guidelines.
- Most patients (14/20) reported good symptom control, which emphasises effective treatment
- The majority (90%) had symptoms over 12 months, suggesting diagnostic delay - this could be at the level of the patient or primary care.

- Clinical features include 40% had vulval and oral lichen planus and 85% had vulval fusion or scarring. This highlights the extent of the condition and need for MDT input.
- Although hygiene practice is routinely discussed in the clinic, only 35% had this documented in their notes.

Recommendations

- Implementing a structured proforma for lichen planus to aid consistent documentation of key aspects including hygiene advice, autoimmune screening, sexual health and follow up.