PIPADOR REVISION

MRCOG Part 1 Revision Notes

Lichen Simplex Chronicus

PATHOLOGY • LECTURE 360

VISUAL EXAMINATION REVISION NOTES

2026 Edition

360

MRCOG PART 1 REVISION NOTES | PATHOLOGY

Lichen Simplex Chronicus

Pathophysiology, histology, differential diagnosis and management of vulval lichen simplex chronicus

Itch–scratch	Lichenification	No atrophy	No ↑ cancer
Self-perpetuating cycle	Thick, leathery skin	Unlike lichen sclerosus	Benign condition

■ KEY FACTS: Learning objectives

- Describe the pathophysiology and histology of lichen simplex chronicus (LSC).
- Distinguish LSC from other vulval dermatoses.
- Describe management.

360.1 Pathophysiology and histology

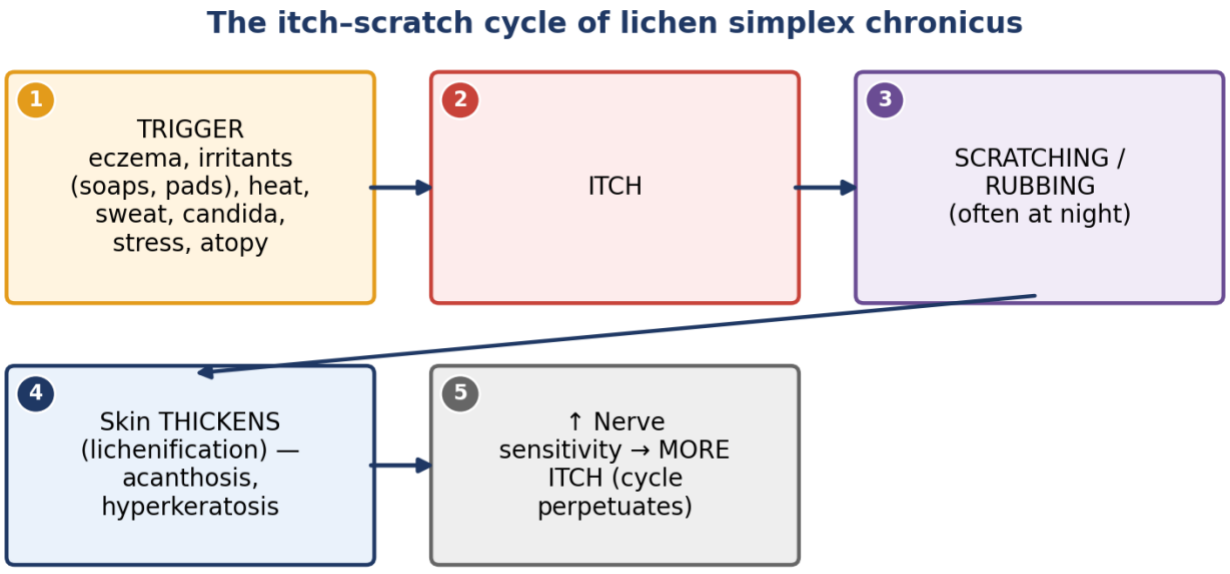


Figure 360.1 — The itch–scratch cycle

- Histology: **acanthosis** (epidermal thickening), hyperkeratosis, parakeratosis
  - Elongated rete ridges
  - Vertical collagen streaks in papillary dermis — **no atrophy, no homogenisation**.
- May be primary (atopy) or secondary — superimposed on lichen sclerosus, psoriasis, candidiasis or contact dermatitis (biopsy if diagnosis uncertain).

360.2 Differential diagnosis

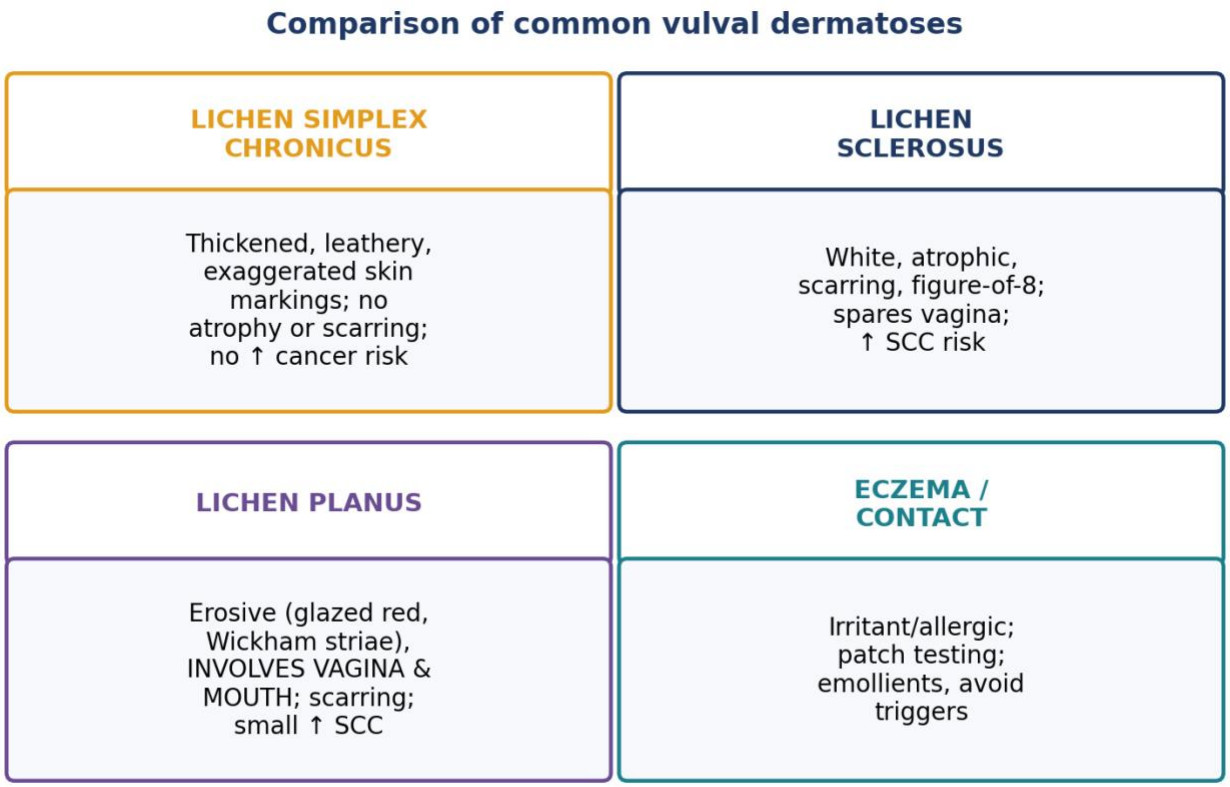


Figure 360.2 — Comparison of vulval dermatoses

360.3 Management

Step	Details
Remove triggers	Soap substitutes/emollients, avoid irritants (wipes, perfumes, pads), cotton underwear, treat infection
Break the itch–scratch cycle	• **Potent/ultra-potent topical steroid** (e.g. clobetasol) for 4 weeks then taper • Cool compresses • Keep nails short
Night-time scratching	Sedating antihistamine (hydroxyzine) or low-dose amitriptyline
Patch testing	If contact allergy suspected
Psychological	Address stress, anxiety, depression

360.4 Must-know summary

■ EXAM TIP

- Itch–scratch cycle → lichenification (acanthosis, hyperkeratosis).
- No atrophy/scarring; not pre-malignant.
- May overlie other dermatoses — biopsy if atypical.
- Emollients, avoid irritants, potent steroids, night-time sedation.

■ MNEMONIC / MEMORY AID

LSC — 'Leathery, Scratched, Chronic itch'.