



LICHEN SIMPLEX

What are the aims of this leaflet?

This leaflet has been written to help you understand more about lichen simplex, what it is, its causes and treatment options.

What is lichen simplex?

The term 'lichen' is Latin and means a plant, a moss covering trees. Lichen simplex describes a response of the skin to being repeatedly scratched or rubbed over a long period of time (also called lichen simplex *chronicus*). A plaque (thickened area of skin) of rough skin forms, with increased markings and sometimes little bumps around hair follicles. There may be only one plaque of lichen simplex or many plaques.

Lichen simplex can affect any age group, but is most common in adults and unusual in children.

What causes lichen simplex?

Different skin complaints, infections which cause itch and persistent scratching can lead to the development of lichen simplex. Itchy skin conditions include for example eczema, irritant or allergic dermatitis and psoriasis. Lichen simplex can also form in response to the itch of dry skin or a persistently scratched insect bite. Itching due to conditions such as fungal skin infections and varicose veins can also lead to lichen simplex. Lichen simplex is more common in people who feel anxious or stressed. Damage to the nerves, e.g. due to back injury, herpes zoster infection (shingles) or stroke can lead to lichen simplex. Sometimes, no cause can be identified.

Is lichen simplex hereditary?

Lichen simplex itself does not run in families, but some of the skin diseases leading to lichen simplex do, such as eczema or psoriasis.

What are the symptoms of lichen simplex?

Lichen simplex can be sore, but is more often very itchy. This itch usually comes in bursts, is worse at times of rest and at night. The itch then prompts scratching, which in turn aggravates the skin (called itch-scratch cycle) and may lead to superficial skin infection (impetigo).

What does lichen simplex look like?

Lichen simplex has increased skin markings called lichenification and can show little bumps around hair follicles. It feels dry, thickened and rough to the touch. The affected skin often looks scaly, red and can over time become more pigmented than the surrounding skin, especially in darker skin types.

Areas more commonly affected by lichen simplex are those within easy reach of scratching, for example the nape of the neck (lichen 'nuchae', Latin for neck), the front of the legs, outer arms and genitals.

How is lichen simplex diagnosed?

Lichen simplex is diagnosed by taking history and examining the skin. Skin scrapings may be taken to exclude a fungal infection (ring-worm).

If a contact allergy is suspected, you may be patch-tested to find out if you are allergic to anything coming in touch with your skin. If the diagnosis is not clear, a skin sample may need to be taken under a local anaesthetic (a biopsy) for examination under the microscope.

Is lichen simplex serious?

Although lichen simplex is not cancerous or infectious, the itching can affect sleep and quality of life. Depending on the affected area, a plaque of lichen simplex may be found unsightly or embarrassing.

Can lichen simplex be cured?

Lichen simplex will settle with appropriate treatment but may come back when this is stopped, unless an underlying cause can be found and treated.

How can lichen simplex be treated?

The itch-scratch cycle needs to be broken in lichen simplex. Any specific underlying problem e.g. a fungal infection or contact allergy needs to be treated.

Treatment of lichen simplex may require a combination of ointments, creams and sedating antihistamine tablets. Soap, shower gel or bubble bath should be avoided. A soap substitute (e.g. emulsifying ointment) is applied prior to the bath or shower and then washed off to clean the skin. Frequent application of moisturizers is helpful.

Occlusion of the affected skin with a dressing, plaster or bandage may help relieve the itching. Occlusion can also be achieved with frequent application of bland ointments.

Treatment of the skin inflammation:

A course of strong (e.g. betamethasone) or super-strong (e.g. clobetasol propionate) steroid ointment or cream is often required. Steroid impregnated tape can be useful, as it also occludes the affected area. Sometimes, steroid injections (e.g. triamcinolone) help thickened plaques of lichen simplex.

Tacrolimus and pimecrolimus (so-called calcineurin inhibitors) are licensed as creams / ointments to treat eczema and may reduce itch.

Coal tar creams or ointments can also be useful maintenance treatment, because they have anti-inflammatory properties. Tar bandages additionally offer occlusion.

Treatment of infection:

If the skin is broken or infected, an antibiotic or antiseptic cream can be used and combined with a steroid. Antibiotics should only be applied short term to avoid the development of antibiotic resistance. Antiseptics may also be used in form of a wash to prevent and treat infection of the skin.

Treatment of the itch:

Cooling creams containing menthol can be soothing, but sting if the skin is broken.

Doxepin (antihistamine) cream may be useful, if the area is not bigger than the palm of the hand. Application to a larger sized area may cause drowsiness.

Sedating antihistamine tablets, e.g. hydroxyzine, low-dose doxepin (antidepressant in higher doses) can help to break the itch-scratch cycle and aid sleep if taken before bed-time. Care must be taken when used during the day, as they may cause drowsiness and interfere with the ability to drive or operate machinery.

Psychological therapy to change the scratching behaviour or to reduce tension and stress can be helpful. Different methods ranging from cognitive behavioural therapy to hypnosis have been employed.

Self care (What can I do?)

Avoid anything which may irritate the area. This can be contact with clothing made from wool or synthetic fibre – cotton and silk are best. Nails should be kept short to avoid accidental damage of the skin. Make a conscious effort not to scratch. Whenever the skin feels itchy, apply a moisturizer instead.

Where can I get more information about lichen simplex?

Web links to detailed leaflets:

<http://www.dermnetnz.org/dermatitis/lichen-simplex.html>
<http://emedicine.medscape.com/article/1123423-overview>
<http://patient.info/doctor/lichen-simplex-chronicus>

A list of skin-related charities and support groups can be found at:

<http://www.bad.org.uk/for-the-public/patient-support-groups>

For details of source materials used please contact the Clinical Standards Unit (clinicalstandards@bad.org.uk).

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

**BRITISH ASSOCIATION OF DERMATOLOGISTS
PATIENT INFORMATION LEAFLET
PRODUCED DECEMBER 2015
REVIEW DATE DECEMBER 2018**

