Lichen Sclerosus ET Atrophicus
Lichen sclerosus (LS) encompasses the disorders known as lichen sclerosus et atrophicus, balanitis xerotica obliterans (LS of the male glans and prepuce), and kraurosis vulvae (LS of the female labia majora, labia minora, perineum, and perianal region). Lichen sclerosus is an inflammatory dermatosis that primarily affects the genital and perianal regions, although extragenital lesions may occur with or without coexisting genital lesions.

Lesions of LS are characterized by white polygonal papules that coalesce to form plaques. Comedo-like plugs may be visible. The skin may become thickened and atrophic, leaving a smooth, porcelain-white plaque. Solitary or generalized lesions may become bullous and hemorrhagic.
In male patients, involvement of the glans and prepuce often results in phimosis. Although the literature

In female patients, contiguous involvement of the labial, perineal, and anal areas has been described clini
or "keyhole" lesions (165). Many cases of childhood LS in girls resolve by menarche (166). If lesions persist, atrophy of the skin, which rarely itches, there is often severe pruritus in the vulvar region.

The premalignant potential in LS has been debated extensively and remains ill defined. The most recent large...
recognized by finding pale superficial dermal collagen, as compared with hypocellular compacted deep collagen.
The salient histologic findings in cutaneous lesions of lichen sclerosus et atrophicus are (a) hyperkeratosis with thickening of the epidermis, (b) thinning and atrophy of the dermis, (c) subepidermal edema and homogenization of the collagen in the upper dermis, and (d) an inflammatory infiltrate in the mid-dermis.

Histopathology.
The hyperkeratosis is so marked that the horny layer is often thicker than the atrophic stratum malpighii, which may be irregularly thinned or atrophied. In such proliferations, hydropic degeneration of the basal cells usually is pronounced.

Keratotic plugging of appendageal ostia is often associated with atrophy and disappearance of appendages.
Lichen sclerosus et atrophicus

Beneath the epidermis is a broad zone of pronounced lymphedema. Within this zone, the collagenous fibers...
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Except in lesions of long duration, an inflammatory infiltrate is present in the dermis. The younger the lesion, the more likely it is to be of long duration. In some cases, an overlap of morphoea and lichen sclerosus may be seen, demonstrating the histologic changes of both disorders in their respective locations of the dermis.
Pathogenesis. Changes in the dermal matrix have been detected in LS. Collagen fibrils lack cross-striation, and in cross sections they sometimes have the appearance of empty tubes, suggesting degeneration.
The frequent finding of human papillomavirus alterations in lesions of LS have lead some to consider LS changes in cases of other chronic vulvar dermatitides. It has been hypothesized that persistent antigen may lead to the presence of CD8/CD57-positive T cells, which may playa role in tissue remodeling and fibrosis though cytokine elaboration.
In the epidermis, intercellular edema separates epidermal cells that show degenerative changes. There

*Differential Diagnosis*
Very early lesions may resemble lichen planus because of the apposition of the inflammatory infiltrate to the basal...

Old lesions of lichen sclerosus et atrophicus with thickening and eosinophilia of the collagen bundles in the...

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