

skin condition of Lyme disease – lichen sclerosis –may be perceived as child sexual abuse

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Subj: interesting –LS may be perceived as child sexual abuse

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".....LS in children is histologically identical to that in adults.⁵⁵ However, it represents a special subset of LS for several reasons. Ten percent to 15% of LS cases occur in children, the majority of which involve the female genitalia.⁵² Again, the incidence is uncertain because of delay or failure to diagnose LS, masking of LS by secondary changes,⁹⁵ a tendency for spontaneous involution, and a reluctance to seek medical care for what may be perceived as child sexual abuse.⁹⁶ Because of the traumatic appearance of hemorrhagic and bullous LS, it is discussed in the pediatric literature as an entity often confused with sexual abuse.^{21, 97–103} However, it cannot be assumed that the diagnosis of LS excludes sexual abuse. In a 7-year-old girl initial improvement with treatment was followed by dramatic worsening and subsequent confirmation of sexual abuse.¹⁰⁴....."

Lichen Sclerosus

... of destruction and regeneration causes sclerosis in late ... and associated with LS include

lichen planus, 19,222 ... 234,288 Researchers have found spirochetes in the

...

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Lichen Sclerosus

Jeffrey J. Meffert, Brian M. Davis, and Ronald E. Grimwood.

".....In accordance with this standardization in nomenclature, the term lichen sclerosus will be used unless it is unclear that all data and opinions in some older reports refer exclusively to LS and not a blend of LS and other disease entities (often the case in discussions of "leukoplakia"

and "kraurosis").

The controversy about the relation of LS to lichen planus (LP) and scleroderma began early and continues to this day. Hallopeau believed that LS is a form of LP because of occasional oral findings.¹⁷ Others counter with the histologic features of oral lesions so typical of LS that the existence of "oral LS" is recognized^{18–25} even as the sole manifestation.²⁶ Until recently, some authors still argued for a close relation of LS with LP, proposing that if enough sections were cut in a biopsy specimen, typical LP would be found.²⁷ Others, while accepting LS as a distinct entity, suggest that Hallopeau's original cases were really atrophic LP.¹⁷ Although most recent reports do not link LS and LP except as coincidental findings, the association of LS and morphea (localized scleroderma) remains a topic of research and debate and will be discussed in detail later.

Divisive to the establishment of consistent principles of diagnosis and treatment was the parallel work on the nature and therapy of different medical disciplines. The gynecologic literature predates Hallopeau with Breisky's description of "kraurosis vulvae" in 1885.¹³ The urologic literature dates back to Stühmer's description¹⁴ of balanitis xerotica obliterans in 1928. Ormsby and Mitchell²⁸ first connected LS with kraurosis vulvae in 1920, and Freeman and Laymon,^{29,30} made the same association with balanitis xerotica obliterans in 1941. Table I chronicles key events leading to our current understanding of LS....."

".....Lichen sclerosus, usually appearing in the dermatologic literature under the names of lichen sclerosus et atrophicus, balanitis xerotica obliterans, and kraurosis vulvae, is an inflammatory disease with a multifactorial origin. A past association of lichen sclerosus and genital squamous cell carcinoma is not as close as once thought. Once considered primarily a surgical problem, especially when the genitals are involved, lichen sclerosus will respond to a variety of systemic and topical therapies.

Lichen sclerosus (LS), usually reported in the dermatologic literature as lichen sclerosus et atrophicus, is an inflammatory disease of unknown cause and incompletely characterized pathogenesis. Beginning with the initial case reports at the turn of the century, there has been much confusion in the literature because of the plethora of terms used to describe LS....."

".....Year Event Key reference no.(s)

- 1875 Weir's report of possible vulvar and/or oral LS as "ichthyosis" 2
- 1885 Breisky describes kraurosis vulvae 13
- 1887 Hallopeau describes series of extragenital LS (and one possible vulvar case) 1, 3–5
- 1892 Darier formally describes classic histopathology of LS 6, 7
- 1900–present Concept that scleroderma and LS are closely related 72, 73, 222, 227, 231, 290, 358
- 1901 Pediatric LS described 9, 53, 95, 96, 101, 103
- 1913–present Concept that scleroderma is not closely related to LS 45, 145, 148, 158, 238, 240, 281
- 1920 Taussig establishes vulvectomy as treatment of choice for kraurosis vulvae, a premalignant condition 93, 183–185; also 79, 186, 191, 196

- 1927 Kyrle defines LS ("white spot disease") as entity sui generis 359
- 1928 Stühmer describes balanitis xerotica obliterans as postcircumcision phenomenon 14
- 1936 Retinoids (vitamin A) used in LS 47, 195, 341, 349, 352, 353
- 1945 Testosterone used in genital LS 87, 92, 160, 254, 337, 338, 342
- 1961 Modern use of corticosteroids 21, 102, 165, 254, 337, 338, 342
- 1966 Jeffcoate presents argument against vulvectomy for simple LS 119; also 51, 198, 209
- 1971 Progesterone used in LS 254, 338, 344, 345
- 1971 Wallace defines clinical factors and epidemiology of LS for all later reports 21
- 1976 Friedrich defines LS as a dystrophic, not atrophic condition; "et atrophicus" dropped 15
- 1976 International Society for Study of Vulvar Disease classification system. "Kraurosis" and "leukoplakia" no longer to be used 16, 181, 182
- 1980 Fluourinated and superpotent steroids used in LS 54, 56, 96, 101–103, 254
- 1981 Studies into HLA serotypes and LS 44, 217, 273, 275–77, 279
- 1984 Etretnate and acetretin used in LS 25, 149, 343, 354–357

- 1987 LS linked with Borrelia infection 232, 233, 256, 289, 290
....."

".....LS in children is histologically identical to that in adults.⁵⁵ However, it represents a special subset of LS for several reasons. Ten percent to 15% of LS cases occur in children, the majority of which involve the female genitalia.⁵² Again, the incidence is uncertain because of delay or failure to diagnose LS, masking of LS by secondary changes,⁹⁵ a tendency for spontaneous involution, and a reluctance to seek medical care for what may be perceived as child sexual abuse.⁹⁶ Because of the traumatic appearance of hemorrhagic and bullous LS, it is discussed in the pediatric literature as an entity often confused with sexual abuse.^{21, 97–103} However, it cannot be assumed that the diagnosis of LS excludes sexual abuse. In a 7-year-old girl initial improvement with treatment was followed by dramatic worsening and subsequent confirmation of sexual abuse.¹⁰⁴....."

".....A study of risk factors for LS revealed that nonsmokers were significantly more likely to have LS than smokers. The authors conjecture that this is caused by the androgen-elevating effect of cigarette smoking.³⁰⁶....."

"..... Careful attention to hygiene is recommended, and efforts to treat coexistent vaginal infections^{102,321} or balanitis are essential. Because of the possible role of spirochetes in some cases of LS and morphea, many recommend empirical treatment with antispirochetal antibiotics such as penicillin or doxycycline.^{184,232,233,291} The utility of this therapy in LS remains to be defined....."

".....CONCLUSIONS AND UNANSWERED QUESTIONS

The true incidence of LS is unknown. Significant underreporting is

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