CONDITION

Lichen sclerosus type guttate scleroderma

A rare skin condition causing small, pale patches with features of lichen sclerosus and localized scleroderma.

WHAT IT IS
Drop-like patches of localized skin inflammation and hardening

BODY SYSTEM
Skin

MAIN SYMPTOMS
Small white spots, itching, skin thinning, skin firmness

WHAT CAUSES IT
Immune-system inflammation; exact trigger unknown

HOW IT IS DIAGNOSED
Skin examination and sometimes a biopsy

MAIN TREATMENT
Anti-inflammatory skin treatments, sometimes light or systemic therapy

CAN IT BE CURED?
Sometimes - inflammation settles; marks may remain

IS IT AN EMERGENCY?
Sometimes - inability to pass urine needs emergency care

LONG-TERM OUTLOOK
Often manageable, although colour and texture changes may persist

Overview

Lichen sclerosus type guttate scleroderma is a rare and somewhat historical name for a pattern of small, pale skin patches. "Guttate" means drop-like. "Scleroderma" means hard skin, but in this name it refers to localized scleroderma, also called morphea, rather than systemic sclerosis.

The terminology is not used consistently. A dermatologist may instead describe the condition as guttate morphea, extragenital lichen sclerosus, or an overlap between lichen sclerosus and morphea. These conditions can look similar under the microscope and may occasionally occur together.

Lichen sclerosus causes inflammation, thinning, and scarring of the skin. Morphea causes excess collagen, the material that gives skin strength, to build up in affected areas. Guttate

lesions are usually small and superficial, often appearing as several white or ivory spots on the trunk or limbs.

Localized scleroderma does not usually become systemic sclerosis. Systemic sclerosis is a different condition that can affect internal organs. However, identifying the exact type of skin condition matters because treatment, monitoring, and the risk of scarring differ.

Symptoms

The typical change is a group of small, round or oval patches. They may be only a few millimetres across or grow into larger areas. New spots can appear while older ones remain stable.

Affected skin may be:

Some patches have a faint pink, red, or purple edge while inflammation is active. Others cause no physical discomfort and are noticed mainly because of their colour or texture.

Guttate morphea-like lesions most often affect the upper trunk, chest, shoulders, or limbs. Lichen sclerosus can also affect the genital and anal skin. Genital involvement may cause intense itching, burning, painful cracks, or discomfort during sex. Scarring can change the shape of the genital skin or narrow an opening.

Symptoms differ from person to person. The number of patches does not always show how active the inflammation is.

- White, ivory, or lighter than the surrounding skin
- Smooth, shiny, wrinkled, or slightly depressed
- Firmer or thinner than nearby skin
- Itchy, sore, or sensitive

Causes and risk factors

The exact cause is unknown. Evidence suggests that the immune system mistakenly drives inflammation in the skin. This can alter collagen and other structures that support the skin.

The condition is not an infection. It is not caused by poor hygiene, and it cannot be passed through touch or sexual contact.

Genes may affect susceptibility, but the condition is not usually inherited in a simple or predictable way. Having a relative with lichen sclerosus or an autoimmune condition does not

mean that you will develop it.

Lichen sclerosus is associated with some autoimmune conditions, including autoimmune thyroid disease. This does not mean everyone with the skin condition needs broad testing. Testing is usually guided by symptoms and medical history.

Skin friction, injury, or repeated irritation may influence where lesions appear in some people. These factors are not proven to be the underlying cause.

Diagnosis

A dermatologist may recognize the pattern by examining the affected skin. They will look at the colour, surface, firmness, location, and distribution of the patches. They may also examine genital skin if you have symptoms there.

Because the name covers overlapping patterns, a skin biopsy is often helpful when the diagnosis is uncertain. During a biopsy, a small piece of skin is removed after the area has been numbed. A laboratory specialist then examines it under a microscope.

A biopsy may help distinguish lichen sclerosus or morphea from fungal infection, vitiligo, eczema, scars, and other causes of pale patches. Even with a biopsy, the features can overlap. The final diagnosis may therefore combine the examination findings with the biopsy report.

Blood tests do not confirm lichen sclerosus or guttate morphea. They may be used when symptoms suggest a related autoimmune condition or when systemic treatment is being considered.

Photographs and measurements can help show whether patches are spreading, becoming firmer, or responding to treatment.

Treatment and management

Treatment aims to calm active inflammation, relieve symptoms, limit new scarring, and maintain movement or genital function. It cannot always restore normal colour or texture after a patch has become inactive.

Strong anti-inflammatory corticosteroid like prednisone or hydrocortisone creams or ointments are commonly used for lichen sclerosus. These medicines reduce inflammation when used in the correct amount and for the recommended length of time. A clinician may later reduce how often they are used or recommend maintenance treatment, especially for genital disease.

For small, superficial morphea-like patches, treatment may include a topical corticosteroid or another anti-inflammatory skin medicine. Moisturizers can reduce dryness and friction, but they do not treat the underlying inflammation.

Light treatment, called phototherapy, may be considered when many areas are affected. It exposes the skin to controlled ultraviolet light in a specialist setting. It is not the same as using a sunbed.

Systemic medicines act throughout the body. They may be considered when morphea is widespread, rapidly progressing, deep, or affecting movement. These medicines require medical supervision and monitoring.

Other supportive measures may include treatment for pain or itch, physiotherapy when movement is limited, and sexual health or pelvic-floor support for genital symptoms. Surgery is rarely used while inflammation is active but may sometimes address established functional problems.

Do not stop prescribed treatment simply because the skin looks quieter. Inflammation can return, and follow-up helps determine whether treatment should continue or change.

Complications

Long-lasting inflammation can leave lighter or darker skin, thinning, firmness, or shallow depressions. These changes may remain after the active phase has settled.

Deep or extensive morphea can restrict movement if it crosses a joint. This is less typical of small guttate patches but is important if an area becomes tight or extends into deeper tissue.

Genital lichen sclerosus can cause scarring. This may lead to pain during sex, narrowing of the vaginal entrance, tightening of the foreskin, or difficulty directing or passing urine.

Genital lichen sclerosus is also associated with a small increased risk of squamous cell carcinoma, a type of skin cancer. This risk concerns genital disease rather than ordinary extragenital guttate patches. Persistent sores, lumps, thickened areas, or unexplained bleeding need assessment.

Changes in appearance, discomfort, and sexual symptoms can affect confidence and emotional well-being. These effects are valid reasons to seek support.

Prevention

There is no proven way to prevent lichen sclerosus type guttate scleroderma because its

underlying immune trigger is not known.

Gentle skin care may reduce irritation but cannot guarantee that new patches will not form. Avoid rubbing or scratching affected skin when possible. Fragrance-free moisturizers or barrier ointments may help protect dry or genital skin.

If you already have the condition, using treatment as advised and attending follow-up can reduce ongoing inflammation and help limit scarring. Avoiding tobacco may be particularly important when genital lichen sclerosus is present because smoking can add to skin-cancer risk.

The condition is not contagious, so there is no need to avoid close contact, sharing a home, or sexual activity for fear of passing it on.

Living with it and what to expect

The course can be difficult to predict. Some people develop a limited number of patches that gradually become inactive. Others have periods when new spots appear or old areas become inflamed again.

Active morphea often settles over time, but changes in colour, skin thickness, or texture may last for years. Lichen sclerosus, particularly on genital skin, often behaves as a long-term condition that can improve with treatment and later flare again.

Most people with small, superficial patches continue their usual work, exercise, and daily activities. The condition does not generally affect internal organs or shorten life. More extensive or deeper morphea may require longer treatment and closer monitoring.

Follow-up is tailored to the site and activity of the condition. Genital lichen sclerosus usually needs ongoing checks even when symptoms are controlled. Between visits, notice whether patches are spreading, changing texture, becoming painful, or developing a sore that does not heal.

Photographs taken in consistent lighting can help track visible changes. Emotional or sexual difficulties deserve attention alongside the skin symptoms.

When to get medical help

Arrange a routine appointment if you develop persistent white, shiny, firm, or thinning patches. Assessment is also appropriate for ongoing genital itching, painful sex, cracks in the skin, or changes in genital shape.

Contact your healthcare service promptly if:

Redness, warmth, pus, rapidly increasing pain, or fever may indicate an infection and should receive prompt medical assessment.

Seek emergency care if you become unable to pass urine. Severe swelling, rapidly spreading redness, or feeling seriously unwell with signs of infection also needs urgent care.

- A patch spreads quickly or becomes much firmer
- Pain, swelling, or restricted movement is increasing
- Genital scarring begins to interfere with sex or urination
- You notice a persistent ulcer, lump, thickened area, or bleeding
- Treated skin is worsening rather than improving

Common questions

Is this the same as systemic scleroderma?

No. The "scleroderma" in this name refers to localized hardening of the skin, usually classified as morphea. It does not usually progress to systemic sclerosis, which is a separate condition that can affect blood vessels and internal organs.

Is it the same as lichen sclerosus?

It may be classified as lichen sclerosus, guttate morphea, or an overlap of the two. The terms reflect subtle differences in appearance and biopsy findings. The location and depth of the inflammation are often more important for treatment than the exact label.

Can it spread to other people?

No. It is not caused by a contagious infection and cannot be passed through skin contact, shared objects, or sex.

Will the white spots go away?

Active inflammation may settle, but colour and texture changes can remain. Some areas gradually become less noticeable. Treatment is more likely to prevent further damage than to remove established marks completely.

Can I sunbathe to treat the patches?

Ordinary sun exposure is not a controlled treatment and can burn or damage the skin. Medical phototherapy uses carefully measured ultraviolet light under supervision. Sunbeds are not a substitute for phototherapy.

Does it cause cancer?

Extragenital guttate patches are not generally linked to skin cancer. Genital lichen sclerosus carries a small increased risk of squamous cell carcinoma, which is why ongoing monitoring and assessment of persistent sores or lumps are important.

Sources

- British Association of Dermatologists. Guidelines for the management of lichen sclerosus, 2018 . British Journal of Dermatology, 2018.
- British Association of Dermatologists. Morphea (localised scleroderma): Patient Information Leaflet . Updated 2024.
- Kirtschig G, Becker K, Günthert A, and colleagues. Evidence-based European guideline for the management of lichen sclerosus . Journal of the European Academy of Dermatology and Venereology, 2015.
- De Luca DA, Papara C, Vorobyev A, and colleagues. Lichen sclerosus: The 2023 update . Frontiers in Medicine, 2023.
- Papara C, De Luca DA, Bieber K, and colleagues. Morphea: The 2023 update . Frontiers in Medicine, 2023.
- DermNet New Zealand. Lichen sclerosus and Morphoea . Clinical reference pages reviewed in 2026.