

What is Vulval Intraepithelial Neoplasia?

Vulvar Intraepithelial Neoplasia (VIN) is a skin disease in which abnormal cells occur in the vulvar area.

V	Vulval	VIN may occur anywhere on the vulva and in more than one place at a time. It can affect the skin around the clitoris and the opening to the vagina as well as the labia.
I	Intra-epithelial	This means the disease is limited to the skin and does not go any deeper.
N	Neoplasia	The cells in the skin are abnormal.

VIN occurs in different stages:

- VIN 1: mildly abnormal skin cells
- VIN 2: moderately abnormal skin cells
- VIN 3: severely abnormal skin cells
- Cancer: when the abnormal cells go deeper than the skin, also called invasive or malignant.

Most women who are diagnosed with VIN have VIN3.

VIN is not cancer. If it is not treated, VIN may get better, stay the same or get worse.

Only about 4% of women who are treated for VIN develop cancer. It is usually a slow process that takes many years.

What causes VIN?

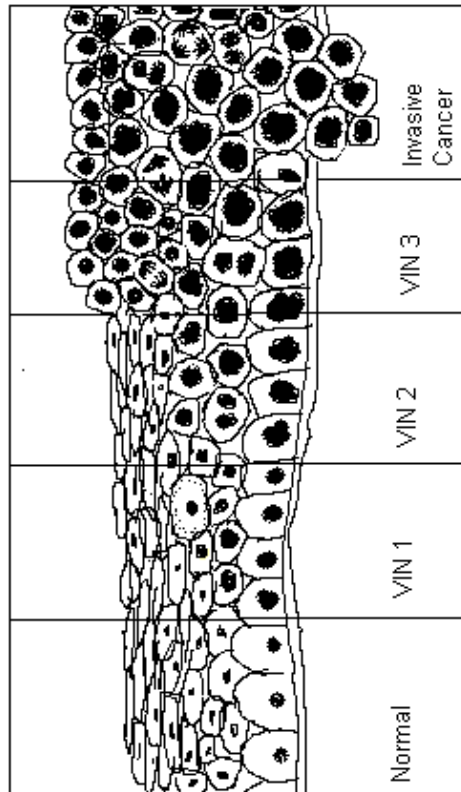
VIN is most commonly caused by certain types of the human papillomavirus (HPV). These “high risk” types of HPV can cause

abnormal cells or even cancer in the cervix, vagina, vulva or anus.

- There are other, “low risk” types of HPV that can cause warts or even verrucas. Warts are very common and having warts does not mean you are at increased risk of having cancer.

Most women will probably come into contact with HPV infection at some point in their life. It is spread by skin to skin contact.

- Usually HPV cannot get through the skin on the vulva. If there are any breaks in the skin (for example after accidental scratching, maybe as a result of a yeast infection) then the virus may get in.
- If the virus enters the skin, the body’s own immune system may fight off the infection and you would never know that you have had it. If the virus is not cleared it may cause abnormal cells and eventually cancer.



Some cases of VIN are not caused by HPV infection. In some cases this can be associated with lichen sclerosis.

What does it feel like?

It may be itchy, burning, painful or swollen. There may be no symptoms at all. Sex may be very painful and is often impossible. It is common to feel upset, angry and guilty.

How is VIN diagnosed?

Your doctor will carefully examine the vulva. VIN may appear white, red or brown. The skin may be slightly swollen. It may look like other conditions such as warts.

The only way to be sure if the skin is affected by VIN is to take a small biopsy. This can often be done in the clinic, with local anaesthetic.

- The sample of skin is sent to the lab to check for abnormal cells (neoplasia). It will check that there is no cancer present by checking that the abnormal cells are limited to the skin (intraepithelial) and do not go any deeper. The results of the biopsy will be available in about 2 weeks.

Can I get it anywhere else?

The same condition on the cervix is called Cervical Intraepithelial Neoplasia (CIN). This is much more common than VIN. CIN is detected by having regular smear tests.

It may also affect the in the vagina (VAIN) or the anal canal (AIN).

What can I do to help myself?

Reducing any itching or pain: The information leaflet ‘Care of the Vulva’ has some helpful general advice. Avoid using

soap and use **Hydromol** for washing and as a soothing moisturiser. **Lidocaine 5% ointment** can be used to soothe pain, although it may sting when first applied.

Stop smoking: Giving up smoking may reduce the risk of VIN coming back in the future.

How is VIN treated?

The treatment for VIN will depend on where the disease is, how widespread it is and what problems it is causing. Options include:

Conservative management There is a very small risk of a cancer developing. You would be closely followed up, so that any cancer could be picked up early and would be treated with surgery. This may be an option if your symptoms can be controlled with simple measures (see below).

Treatment with Imiquimod This can be used for treating VIN and has about a 50% success rate. See leaflet on Imiquimod for VIN for more details.

Surgery For small single lesions this can be straightforward. There is a risk of wound infection, delayed healing and scarring. If the VIN is more extensive, then reconstruction of the vulva may be needed, moving skin from nearby to cover up the area removed.

How often will I be seen?

VIN is a condition that may come back after treatment. Following successful treatment you will need to be seen every six months or every year in the VIN clinic.

In a very few women with VIN, a vulval skin cancer may occur. It is therefore very important that if any lumps, small growths, ulcers or unusual changes occur you should contact the hospital for an urgent appointment or consult your own doctor immediately. You should not wait for your next appointment.

Why have I got VIN?

VIN occurs in women of all ages, often between the ages of 30 and 50 years old.

It is not caused by lack of cleanliness or to promiscuity

➤ VIN is more common in women who have reduced immunity, for example after having a kidney transplant, or because they are affected by HIV. Smoking may slightly reduce your immunity.

Most women with VIN do not have any other medical problems.

Is there anyone I can contact for further information?

There is a large amount of information available on the internet. As VIN is not common, not all of the information is accurate or up to date. If you put VIN into a “Google search” you will find a large variety of information. If this raises any questions, please feel free to write them down and ask when you come to the clinic.

Macmillan have information about VIN on their website: www.macmillan.org.uk

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