



Imiquimod treatment for VIN

This leaflet is to explain the treatment option for Vulval Intraepithelial Neoplasia (VIN) using imiquimod. If you have further questions please call us on 0118 322 7283 and one of the doctors will get in touch with you.

What is imiquimod cream?

Imiquimod cream is a 5% skin cream which works as an immune response modifier, which means that it stimulates your own immune system to fight the HPV infection.

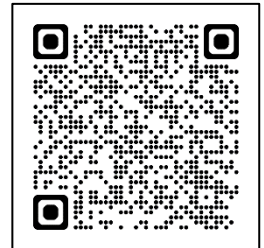
This drug is proven to be effective against abnormal pre-cancerous cells (VIN) and genital warts.

Why have I been given this treatment?

You have been given imiquimod cream to treat your vulval intraepithelial neoplasia (VIN).

VIN means there are abnormal cells in the skin of your vulva. These abnormal cells ARE NOT cancerous, but in a small number of women they may develop into cancer over many years, if not treated. For more information, read the leaflet on 'Vulval Intraepithelial Neoplasia (VIN)' on the Trust website leaflet catalogue which can be accessed here:

https://www.royalberkshire.nhs.uk/media/rfejpdp/vin-vulval-intraepithelial-neoplasia_gynae.pdf



How does imiquimod work?

Imiquimod cream causes inflammation of the skin which helps to get rid of the abnormal cells. So while using this cream, you may experience redness and soreness in the area where the cream is applied. The inflammation generally subsides within a few weeks after stopping the cream.

How to use the cream?

Start by using the cream once a week and then increase the frequency until you are using it three times a week. If it is very uncomfortable after the first use, wait until the symptoms subside before using the cream again. Be guided by how severely you react. If you can manage three times a week, do so, but if not, use it as often as you can manage. It is expected that you should use this cream for up to 16 weeks.

Imiquimod cream should be left on for 6-10 hours, so put it on before bed and wash it off in the morning using Diprobase or Dermol 500, which we will give you. You may also use these emollients as moisturisers.

Squeeze imiquimod onto your fingertip. Using a mirror to identify the area to be treated, rub the cream in gently until it has vanished. Use just enough to cover the area and note this may not be the whole sachet. Wash your hands thoroughly after using imiquimod.

DO NOT have sex on the night you use the cream, even with a condom, as imiquimod weakens the latex of the condom. DO NOT take it by mouth or allow it to come in contact with your eyes. DO NOT share your cream with anybody else.

What are the side effects of imiquimod cream?

Imiquimod takes time to be effective. The skin reaction is worst in the third week of application. Skin tends to become red and swollen within a week of application of the cream. Skin may crack, peel, blister or scab. Inflammation is a good sign as the cream works by causing skin inflammation. Typically, the more the inflammation, the better the outcome. Rarely, it may ulcerate and get infected. If the skin becomes too sore, reduce the frequency of using the cream. Take a break for one week and then re-start applying.

Allergic reactions are very rare. There is a small risk of scarring or hair loss.

Other side effects are flu-like symptoms, generally feeling unwell, and worsening of autoimmune diseases have been reported. Paracetamol is the preferable drug for pain relief.

What other skin care measures should be taken?

As imiquimod works with your immune system it can take time to work as it works by causing the skin inflammation.

Following general vulval care principles might help to soothe the vulval skin.

- Use Dermol or Diprobase emollient cream liberally in between imiquimod treatments.
- Keep a tub in the fridge and apply cold emollient cream to soothe irritation of the affected area.
- Maintain the usual care for vulval skin. For example, don't use soap or wash underwear in biological powder. Use cotton undergarments.

If you need to visit your GP, inform them of your treatment. Stop using imiquimod, if your reaction is severe and you are unable to tolerate it.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

M Pereira, RBFT Consultant O&G, October 2018

Reviewed: January 2025

Next review due: January 2027