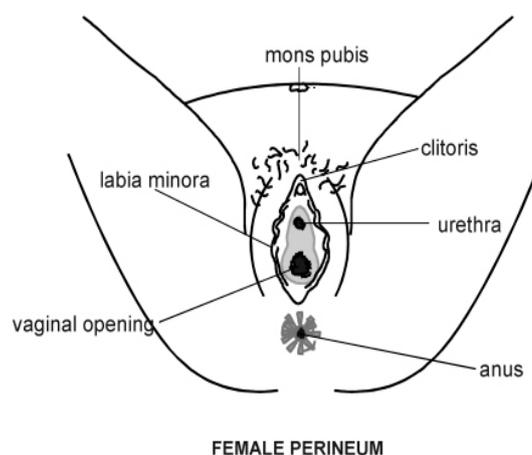


## Vulval intraepithelial neoplasia (VIN)

### What is vulva?

The vulva is the skin covered area of the female genitalia. It is made up of the area surrounding the vaginal and urethral opening which is called the vestibule, the labia minora (vaginal lips), clitoris, labia majora (skin area outside vaginal lips) and pubic area.



### What is Vulval intraepithelial neoplasia (VIN)?

This is a skin condition of the vulva. It is not cancer.

However, it is classed as a pre-cancerous condition, as in some women VIN may develop into vulval cancer (after several years).

What happens is that the cells of the skin of part, or several parts, of the vulva become abnormal and change in their appearance.

Vulval means affecting the vulva. Intraepithelial means that the condition is limited to within the skin cells (epithelium is a medical word for the top layer of skin). Neoplasia means abnormal growth or overproduction (proliferation) of cells.

### What causes VIN?

VIN is seen in women of all age groups, but commonly seen in women in their 40s. The exact cause is not known, but following factors are associated with it:

- Human Papilloma Virus (HPV) – There are several types of HPV. Type 16 and 18 are associated most commonly with VIN. They can also cause abnormal cells in the cervix, anus and vagina.
- Smoking – VIN is more common in smokers.
- Immunosuppression – VIN is sometimes seen in women who are immunosuppressed due to medical problems or on drugs causing immunosuppression.
- Other skin disorders – VIN is seen in women who are affected by a skin condition called lichen sclerosus or lichen planus. Usually it is seen in older women above 60 and not associated with HPV.

### What are the symptoms of VIN?

The symptoms do vary from woman to woman. Some have no symptoms and the area of VIN is noticed on a routine visit to the doctor. Other women complain of vulval pain or itching which can be quite severe. Others have painful sex and some women notice a lump or thickening of the vulval skin.

### How VIN is diagnosed?

VIN is diagnosed by a vulval biopsy, where usually a small pea-sized amount of skin is removed from the affected area. The procedure is carried out under local anaesthetic. Please read the vulval biopsy leaflet on the Trust website for further information.

[www.royalberkshire.nhs.uk/patient-information-leaflets/](http://www.royalberkshire.nhs.uk/patient-information-leaflets/) (under G for 'Gynaecology').

### What is the treatment for VIN?

Surgery: Removal of the area has advantages and disadvantages. Removing the area will hopefully cure localised areas that could develop into cancer if left untreated. The disadvantages relate to having the surgery and recovery from the skin removal.

Topical cream treatment: Imiquimod (Aldara) cream uses the immune system to attack the areas of VIN. This means it uses the body's natural defences to kill the pre-cancer cells in the skin. It does this by releasing a number of chemicals called cytokines. This cream is useful in those cases where VIN affects different sites on the vulva and skin area near the anus. Imiquimod is useful in women who have recurrence, in spite of multiple attempts of surgical excision.

Other treatment: Ablation treatments are alternatives to surgery. Ablation means destroying the affected area. It can be done using a high-energy beam (laser) or a tiny electrical current passed through a probe (diathermy).

### VIN and risk of cancer

In untreated VIN patients the risk of vulval cancer is around 15% (15 women in every 100). If VIN is treated, the subsequent risk of developing cancer is around 3-5% (3-5 women in every 100) So long term follow-up is important.

If you have any queries, please contact our Colposcopy Office on 0118 322 7283. One of the doctors will get in touch with you.

For more information about the Trust, visit our website at [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

This document can be made available in other languages and large print upon request.

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