



Patient Information

Vaginal Intraepithelial Neoplasia (VAIN)

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What is VAIN

VAIN is a condition in which there are changes in the skin of the vagina. VAIN is not cancer. For some women VAIN is temporary and goes away naturally. Sometimes changes can be more severe and there is a chance that cancer may develop after many years.

VAIN can occur in just one area of the vagina, but more often it affects several different areas at once (it's multifocal). If only one area is affected, it's most often the upper third of the vagina, towards the neck of the womb (cervix). It can affect women of any age, but is more common in women over 50.

How did I get it?

One of the commonest causes of VAIN is the human papilloma virus (HPV). HPV is a skin virus that is transmitted by close skin contact such as during sexual intercourse. There are many different strains of HPV. VAIN is associated with "high risk" types 16 and 18. If high risk HPV enters the skin the body's own immune system may fight off the infection and you would not know you ever had HPV. If the body does not clear HPV it may go on to develop abnormal cells. and VAIN. HPV is often found in women referred to the colposcopy clinic with abnormal smears because it can co-exist with Cervical Intraepithelial Neoplasia (CIN) as both are associated with HPV.

Other factors that can be associated with VAIN include smoking, inherited immunity problems, particular medicines (for example those taken after transplant surgery), and some rare bone marrow and blood disorders.

Why didn't I know that I had VAIN?

VAIN does not cause any symptoms so people are not usually aware that they have the condition.



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How is it diagnosed?

To identify VAIN, a colposcopy nurse or doctor will examine the surface of your vagina using a specially adapted microscope to look closely at the vagina. They may then need to take a small biopsy from the vaginal wall to confirm the presence of VAIN.

The grades of VAIN

VAIN is divided into grades. They indicate how much of the surface layer of the vagina is affected by abnormal cells. None of these grades are a cancer.

- VAIN 1 (low-grade VAIN) - One third of the thickness of the surface layer of the vagina is affected.
- VAIN 2 (high-grade VAIN) - Two thirds of the thickness of the surface layer of the vagina is affected.
- VAIN 3 (high-grade VAIN) - The full thickness of the surface layer of the vagina is affected.

With all three grades of VAIN, only a small area of the vagina may be affected by abnormal changes. Or there may be several areas of the vagina affected by a mixture of grades of VAIN.

Can I get it anywhere else?

HPV can affect the cervix and if it does is called cervical intraepithelial neoplasia (CIN). CIN is detected by having regular smear tests and is much more common than VAIN. It may also affect the vulva (vulval intraepithelial neoplasia or VIN) or the anal canal (anal intraepithelial neoplasia or AIN)

What is the risk of VAIN progressing to cancer?

The exact risk of getting cancer is not known. It is thought that about 1–2% of women with VAIN (1–2 out of 100) will go on to develop cancer each year.

Do I need treatment?

If the cell changes are mild (VAIN 1), treatment may not be needed as it will often return to normal. But you will have the area checked regularly by your doctor. If changes are more severe (VAIN 2 or VAIN 3), you may be advised to have treatment. The aim of treatment is to prevent cancer developing, while keeping unwanted effects to a minimum.

The type of treatment that's most appropriate for you will depend on a number of factors, including:

- how abnormal the cells are
- the size of the affected area
- the location of the abnormal cells in the vagina
- any previous treatment you have had.

Treatment – Local Ablation

Local ablation treats VAIN by removing by excision, or destroying by diathermying the abnormal cells in the vagina. It can be done under local or general anaesthetic.



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After treatment, it's usual to have slight bleeding or discharge for a few days. The vaginal tissue will take some time to heal after treatment, so you will be asked not to use tampons or douches, and not to have sex for about a month.

Follow up

After treatment, you will be seen regularly by your specialist as, for some women, the VAIN may return. Your doctor will check for any further changes that may need to be treated.

Extra information and sources

<http://www.macmillan.org.uk/information-and-support/diagnosing/causes-and-risk-factors/pre-cancerous-conditions/vain.html#20426>

Contact us

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This information sheet is available to order in other languages and formats. If you would like a copy, please contact us on 01793 604031 or email gwh.pals@nhs.net

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