



Vulval Intraepithelial Neoplasia (VIN)

What is Vulval Intraepithelial Neoplasia (VIN)?

Vulval Intraepithelial Neoplasia (VIN) is a skin disorder.

- Vulva – affecting the skin of the female external genitalia
- Intraepithelial – the condition is limited to a layer within the skin called the epithelium.
- Neoplasia – caused by an abnormal growth or over production of cells.

Vulval Intraepithelial Neoplasia (VIN) is **NOT** cancer but is important as it can be precancerous condition. If it is not treated Vulval Intraepithelial Neoplasia (VIN) can get better, stay the same or get worse. If the abnormal cells go deeper than the epithelium, this is invasion and is cancer. Only about 4 % of women who have treatment for Vulval Intraepithelial Neoplasia (VIN) develop cancer. It is usually a slow process and can take years.

What causes Vulval Intraepithelial Neoplasia (VIN)?

There are two types of VIN:

- **Usual type** – this is more common and is caused by skin virus called Human Papilloma Virus (HPV), specifically sub types 16 and 18. HPV is a skin virus that is transmitted by close skin contact such as during sexual intercourse. 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 onto develop abnormal cells and VIN. This leaflet concerns the usual (HPV) type of Vulval Intraepithelial Neoplasia (VIN)
- **Differentiated type** – less common and is seen in older women 50-60 year olds. It is not associated with HPV but can be associated with other vulval skin conditions such as Lichen Sclerosis and Lichen Planus

Vulval Intraepithelial Neoplasia (VIN) is **not** caused by lack of cleanliness. It is **not** due to promiscuity



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What does it feel like?

The commonest symptom is itching but it may also burn, be painful or swollen. Sex could be painful. There may be a lump or raised area of warty looking skin.

Sometimes there are no obvious symptoms

How is it diagnosed?

Your doctor will examine your vulva. Vulval Intraepithelial Neoplasia (VIN) causes a change in appearance to the affected skin which can be red, white or pigmented. The skin maybe raised, and feel rough or flat and smooth. Your doctor may use a special microscope (called a colposcope) to magnify the area.

The only way to be sure, is to take a biopsy (small sample of skin) of the affected skin. The biopsy is examined in the laboratory for abnormal cells. It will check that there is no cancer present by checking that abnormal cells are limited to the skin layer and do not go any deeper. The results of the biopsy usually take 2-4 weeks.

Can I get it anywhere else?

The same condition 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 Vulval Intraepithelial Neoplasia (VIN). It may also affect the vagina (Vaginal Intraepithelial Neoplasia or VAIN) or the anal canal (Anal Intraepithelial Neoplasia or AIN)

How is VIN treated?

Treatment will depend on where the disease is, how large the area is and the symptoms it is causing. Surgery is the most common treatment as it aims to cure the Vulval Intraepithelial Neoplasia (VIN) by removing affected skin. Imiquimod is a cream that can be rubbed on to the affected area each day for weeks. Some people do not have treatment and are kept under regular review. Your doctor will advise you as to the best course of action after discussing the pros and cons.

To help with the relief of symptoms you may be offered soothing treatments. These do not cure VIN but may ease the itch and discomfort.

What can I do to help myself?

Avoid soap/shower gels/shampoos and personal deodorants on the vulval skin as they are irritant.

Stop smoking. 70% of Vulval Intraepithelial Neoplasia (VIN) is seen in people who smoke; this is much higher than the general population. It is believed that chemicals in cigarette smoke may suppress the body's immune system. Thereby increasing the risk of developing Vulval Intraepithelial Neoplasia (VIN). If you stop smoking you reduce your chance of developing Vulval Intraepithelial Neoplasia (VIN) or a recurrence of Vulval Intraepithelial Neoplasia (VIN).



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How often will I be seen?

With any of the treatments even when successful there is a chance the Vulval Intraepithelial Neoplasia (VIN) will return. 50% of patients will require another treatment for Vulval Intraepithelial Neoplasia (VIN) in 5 years. Follow up in the vulva clinic will be tailored to each patient.

In a very few women with Vulval Intraepithelial Neoplasia (VIN), a vulval skin cancer may occur. It is therefore very important that if any lumps or ulcers develop, or if you have any new symptoms, between your follow up appointments you should contact the hospital or your GP immediately and not wait for your follow up appointment.

Is there anyone I can contact for further information?

1. British society for the study of vulval diseases www.bsvvd.org
2. Vulval pain society www.vulvalpainsociety.org

Contact us

Women's Health Outpatients, 2nd Floor
Contact phone number: 01793 605252
Monday – Friday 08.30 – 17.00

From 1st January 2019 smoking will not be permitted on any NHS site in England. Smoking will not be permitted within any of our buildings or anywhere outside on our sites. Smoking facilities will not be provided. Please be considerate of others when vaping in hospital grounds

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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