Vulval Intraepithelial Neoplasia (VIN)

Information and advice for patients

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What is VIN?

VIN is not cancer. It is a pre-cancer that has the potential to go on and develop into a cancer if it is left untreated (in approximately 10% of cases). There are changes in the cells of the skin of the vulva and this may be one patch or several areas of abnormal skin. There are two main types of VIN:

Usual type VIN tends to affect younger women and is associated with the human papilloma wart virus (HPV). Risk factors include smoking and having a weaker immune system.

Differentiated type VIN is uncommon in women before the menopause and is not associated with the HPV infection. There is usually a background of chronic inflammation, such as the inflammatory skin disorder Lichen Sclerosis.

What are the symptoms of VIN?

VIN can be asymptomatic and discovered during a routine examination. Common symptoms are soreness and burning of the vulva, colour changes in the skin, itching, noticing a lump, or change in skin texture.

How is VIN diagnosed?

The diagnosis is made by taking a small sample of the affected skin (a biopsy) to be analysed in the laboratory. This can usually be done in the clinic under local anaesthetic.

How is it treated?

- **Conservative management** – Sometimes no treatment is required and it can be possible to manage things by observing the skin changes on a six monthly or yearly basis.
- **Medical management** – Medical treatment involves applying a topical treatment called Imiquimod to the affected skin over four months. Imiquimod works by releasing chemicals that attack the VIN. This treatment is likely to cause pain and burning after a couple of weeks. It is useful when several large areas are involved or if the area is close to the clitoris (where surgery could impair sexual function), as it will not cause scarring and cosmetically a better result will be achieved.

Surgery

Surgery can be performed to eliminate the VIN. This has the advantage that the area removed can be examined under the microscope to exclude any cancer development. The disadvantage is that surgery has a risk of scarring, and if large areas need to be removed this can lead to

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distortion of the normal vulva. Alternatively, the superficial layers of the skin can be destroyed using a technique called diathermy. This is a good option to maintain normal anatomy but the recurrence rate is higher than with excision. Surgical options involve a general anaesthetic and are performed as a day case.

Symptoms to report

Because of the association of VIN with vulval cancer it is important to self-examine and report any new vulval lumps or ulcers. You will be kept under surveillance in the vulval clinic.

Self help

If you are a smoker, quitting will help to control VIN. If you would like help with smoking cessation please ask us at your next appointment.

Support groups

Vulval pain society
www.vulvalpainsociety.org

Vulval Awareness Campaign Organisation
www.vaco.co.uk

Contact details

Miss Claire Bailey
Consultant gynaecologist
0121 507 5337
Monday to Friday, 9am to 5pm

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Sources used for the information in this leaflet

- BASHH Clinical Effectiveness Group, UK National Guideline on the Management of Vulval Conditions, Feb 2014
- Schorge, Schaffer, Halvorson, Hoffman, Bradshaw & Cunningham, 'Williams Gynecology' 2008

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5303 or email: **swb-tr.swbh-gm-patient-information@nhs.net**

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