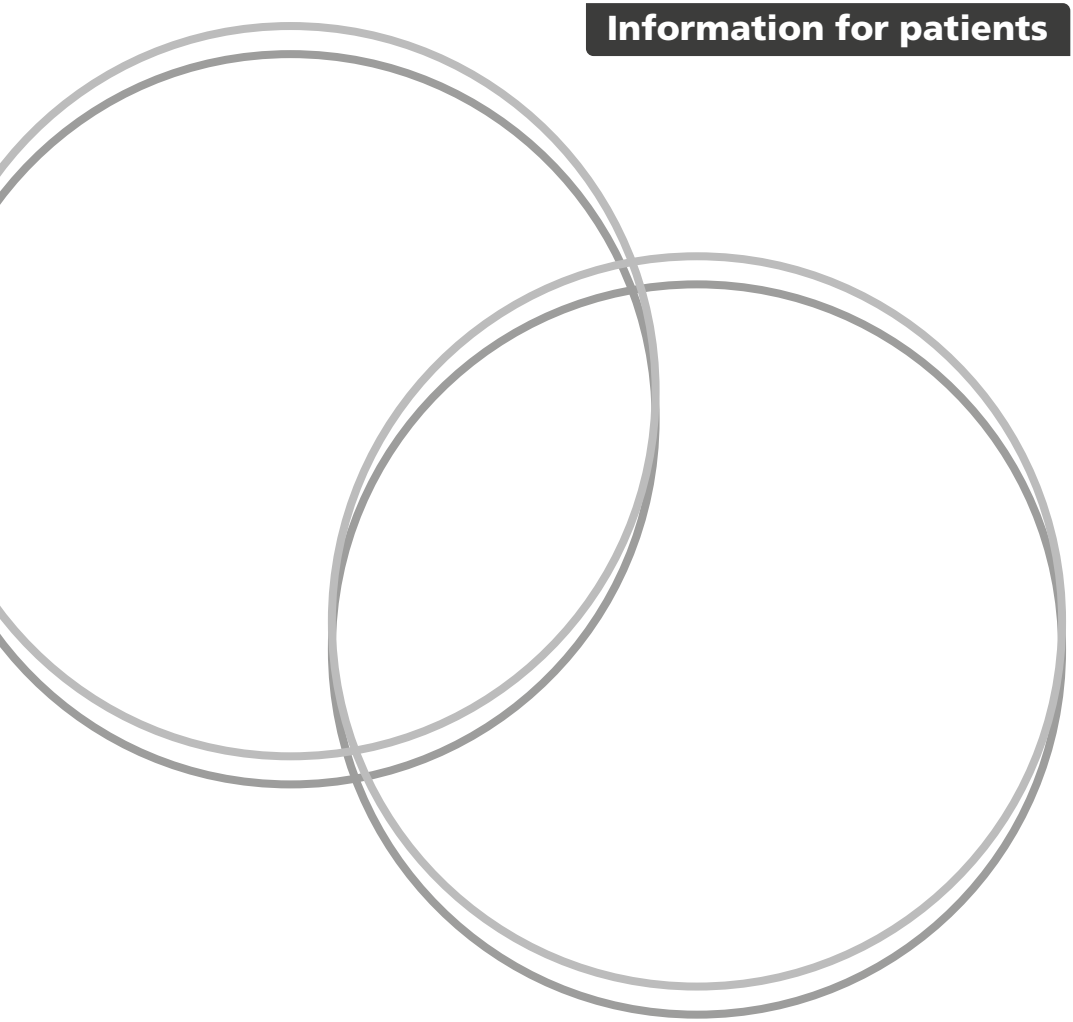
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Vulval intra-epithelial neoplasia

Information for patients



Department of Dermatology
and Department of Gynaecology

What is vulval intra-epithelial neoplasia?

Vulval intra-epithelial neoplasia (VIN) is a skin disease which causes abnormal cells to develop in the vulval area. This condition is visible to the naked eye. It can appear as red, white or brown patches which may be itchy, sore patches, or cause no symptoms.
One or more areas of skin can be affected.

You may see or hear VIN referred to as 'high grade squamous intraepithelial lesions' (HSIL). VIN is not cancer, but there is a small risk that it may develop into cancer, if left untreated.

Who gets VIN?

VIN can occur in women of all ages but it is most common in women in their 40s. The exact cause is not known, but the following factors have been associated with VIN:

Human papilloma virus (HPV) – this virus causes genital warts. There are many different types of the virus but types 16 and 18 can be associated with VIN. These types of virus may cause abnormal cells or even cancer in the cervix (neck of the womb), vagina, vulva or anus.

Smoking – VIN is more common in smokers.

Immunosuppression – if you are immunosuppressed, either from disorders affecting your immune system or from medication used to treat other types of disease (such as after having a kidney transplant or being affected by HIV), this will mean you are at increased risk of developing VIN.

Other skin disorders – VIN is seen in some women who have skin disorders affecting the vulva – such as lichen sclerosus or lichen planus. This type of VIN is more common in older women and is not related to an HPV infection. If the lichen sclerosus or lichen planus is treated effectively this will reduce the risk of VIN developing.

What are the symptoms?

You may have experienced itching, burning or pain (including during sexual activities) but you may also have no symptoms at all. The patches may be white, brown or red. They may be rough or smooth, flat or raised. VIN can occur anywhere on the vulva or around the anal area, and may be confused with genital warts.

How is it diagnosed?

Your doctor will have asked you about your symptoms and will have examined your vulva (either in the Dermatology or Gynaecology clinic).

The only way to be sure if your skin is affected by VIN is to take small samples of skin (skin biopsies), which will be examined under a microscope in our laboratory.

A similar condition can affect the cervix – this is known as cervical intra-epithelial neoplasia (CIN). CIN is detected by having regular smear tests. Less commonly it may affect the vagina (vaginal intra-epithelial neoplasia or VAIN), or the anal canal (anal intra-epithelial neoplasia or AIN).

You may need a colposcopy examination to make sure that there are no other problems causing the symptoms affecting your cervix, vagina or anal areas. A colposcopy involves using a bright light and magnification to look very closely at your at the skin. A leaflet explaining more about colposcopy is available if required.

How is VIN treated?

It can be difficult to treat VIN. The treatment depends on where the disease is, how large an area is involved and the symptoms it is causing.

Current treatment includes surgery to remove the abnormal skin. Creams, such as imiquimod (Aldara), may be tried if there are many lesions or larger areas affected. However, sometimes it is best to simply keep an eye on the area. We will decide on the best treatment plan with you when we receive the results of the skin biopsy.

Only some cases of VIN progress to cancer (approximately 15% or 15 in 100). The risk of this is greatest if you smoke, are an older women, have your immune system suppressed by drugs or diseases and if you have had lichen sclerosus and/or lichen planus.

How will I be followed up?

We recommend having a regular check up, usually every six months to one year, in the joint Gynaecological and Dermatological Clinic. We also ask you to let us know if you have any questions or if there are any changes in the skin which cause you concern between your follow-up appointments.

What can I do?

If you smoke we would strongly encourage you to stop. Your General Practitioner will be able to discuss a programme for this.

Avoid using soap and detergents on your vulval skin. We usually recommend you use an emollient, such as a soap substitute (e.g. Hydromol or Cetraben). Both of these are available on prescription, and Cetraben is also available to buy over the counter.

We also recommend that you continue to go to your regular cervical screening appointments and that you regularly examine your vulva, to monitor for any changes.

How to contact us

If you have any questions or concerns, please contact the joint Gynaecological and Dermatological clinic:

Telephone: **01865 221 625 or 01865 235 662**
(8.00am to 4.00pm, Monday to Friday)

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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