

Vulval Intraepithelial Neoplasia (VIN)

Information for patients

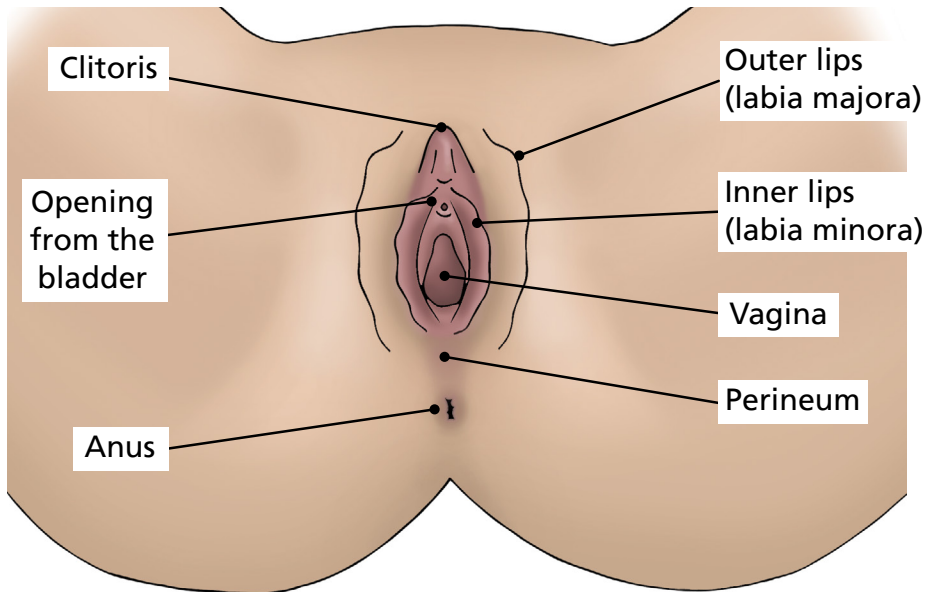


You have been given this leaflet by your doctor or nurse as you have been diagnosed with a condition called Vulval Intraepithelial Neoplasia (VIN).

We hope this gives you the information that you need but please feel free to ask any questions that you might have.

What is VIN?

VIN is a skin condition of the vulva. The vulva is the area between a woman's legs and is the skin that surrounds the area from which you pass urine and the vaginal opening (see diagram below).



You can get it anywhere over the vulva and it involves the top layer (epidermis) of the skin. The cells in the skin become abnormal and this is what is called neoplasia (pre cancer).

It is not cancer but it may develop into cancer over several years in some women. That is why you will be closely monitored and offered treatment if you develop symptoms or if there are any concerns that cancerous cells have developed.

It is most common in women who are aged 35-49 and who smoke and/or have a weak immune system.

What causes VIN?

We know that there are some factors associated with developing VIN. These are listed below:

- HPV (Human Papilloma Virus). This is the same virus that can also cause abnormal smears. Types 16 & 18 are most commonly associated with VIN. It is therefore really important you are also up to date with your smears.
- Smokers are more likely to develop VIN and if you smoke we would advise you to consider stopping.
- Immunosuppressant's are medications that dampen your immune system and can also make developing VIN more likely. Examples of these include steroids, methotrexate and tacrolimus.
- Other vulval skin conditions such as lichen sclerosus can be associated with VIN

What are the symptoms of VIN?

The symptoms can vary from woman to woman and some women may not have any symptoms at all.

Some may experience:

- Itching
- Pain
- Bleeding

- Changes to the vulval skin such as a lump or thickening of the skin
- Discomfort or pain during sex.

How is it diagnosed?

It can only be diagnosed by taking a small sample of the vulval skin (biopsy) which can be done with local anaesthetic to numb the skin in outpatient clinic. The result can take a few weeks to come back.

What are my treatment options?

No treatment – we can sometimes follow you up closely and ensure that no further changes take place.

Imiquimod and Cidofovir – are creams that can be used over the VIN areas to help get rid of ‘the abnormal cells’ and the virus. Some women find this can make the skin quite sore. The cream can be useful if you have many small areas of VIN rather than a specific area. A trial has shown that both creams are equally as effective in the treatment of VIN.

Surgery – this can be done either in the outpatient setting or under general anaesthetic depending on the size and extent of the VIN.

What is the risk of cancer?

The risk of cancer is small, especially in women in whom the disease is treated. In women in whom the disease is left untreated the risk is around 15% and is the highest in women with VIN III. We therefore recommend long term follow up as changes can take many years to develop into cancer.