

Vulval Intraepithelial Neoplasia (VIN)

Gynaecology

What is this leaflet for?

You may have been given this leaflet as you have recently been told that you have Vulval Intraepithelial Neoplasia (VIN). This leaflet explains about VIN and how it can be treated. We hope you find it helpful.

What is Vulval Intraepithelial Neoplasia (VIN)?

VIN is a skin condition affecting the female genital area. VIN is being recognised more frequently nowadays, but is still quite rare. VIN can affect women of any age.

Some women with VIN have been troubled by itching or soreness. Some have noticed areas of roughened, red or discoloured skin.

All these symptoms have several possible causes. It can be difficult to diagnose VIN by just looking. A small (peppercorn size) skin biopsy (a sample of tissue) is usually needed to be certain.

VIN can look like warts or dermatitis and many women will have been treated for these problems first.

What causes VIN?

There are different types of VIN. The most common type is associated with vulval skin infection with the human papilloma virus (HPV). There are more than 100 types of HPV and different strains can cause warts on the hands, verrucae on the feet or genital warts on the vulva, vagina cervix or anal skin.

Nearly 7 out of 10 people will have a genital HPV infection at some time in their life. It is usually spread by direct skin contact during sex. Usually the body's immune system will get rid of HPV without the infected person ever knowing it was there.

Some women develop genital HPV notice actual warts, some women develop changes in the cervix (cervical intraepithelial neoplasia – CIN) and some women develop changes on the vulval skin (VIN). Cervical smears aim to pick up changes on the cervix, external vulval changes are easier for a woman or her nurse or doctor to notice.

If the body's immune system is suppressed, HPV infection is more likely to stay active and cause VIN. The immune system can be weakened for a number of reasons including smoking, HIV infection and certain medicines as well as after transplant surgery.

Most women with VIN are fit and healthy and there is no obvious reason why they developed the condition/

VIN does not seem to be linked with pregnancy, contraception, hormone replacement treatment or with any particular diet.

How is VIN treated?

VIN is NOT cancer and mild changes may go back to normal without any treatment.

Some women will want treatment because of itching or discomfort.

In some women the skin changes will become more severe and could become cancerous.

Overall less than half of all women with VIN will develop cancer even if left without treatment for many years.

The need for treatment depends on how bad the symptoms are, how abnormal the biopsy is and other reasons affecting the risk of VIN progressing into cancer.

Most women who need treatment will have surgery to remove the area of abnormal skin. Small areas can often be treated using local anaesthetic (awake) to freeze the skin. General anaesthetic (asleep) may be advised if the VIN involves larger area, the bladder opening, the clitoris or if it is what the woman prefers.

Treatment is planned for you as an individual. Every woman is different and you can discuss the exact details of surgery and recovery with the specialist in the clinic.

It would be useful to be able to treat VIN with a cream instead of an operation. Some women respond to a prescribed cream called imiquimod (trade name Aldara®), but other women finds that this burns their skin and others do not improve at all, or only for a short time.

There is on-going research into other treatments for VIN such as photodynamic therapy (a type of laser / light treatment) or vaccination to prevent or attack HPV infection.

Will I need any follow up?

Women with VIN may also have changes on the cervix or vagina. You will be offered a colposcopy appointment to look at your vagina and cervix with a bright magnifying light and to check that these areas look healthy.

It is particularly important for women with VIN to attend for routine cervical smears when invited.

Sometimes VIN can grow back or develop on another part of the vulva. We offer follow up appointments for several years after the treatment for VIN. Follow up is planned on an individual basis. If symptoms or skin changes develop between clinic visits please contact us (phone no)

If symptoms or skin changes develop after your follow up has ended please contact your GP to arrange another appointment.

Where can I find out more?

Other websites that you may find useful are:

www.uhmb.nhs.uk

<https://www.nhs.uk/>

www.patient.co.uk

British Society for the Study of Vulval Disease:

www.bssvd.org

The International Society for the Study of Vulvovaginal Disease:

www.issvd.org

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Other formats

If you would like to receive this information in an alternative format, then please contact: 01539 715577.

Travelling to our hospitals

For the best way to plan your journey visit our website: <http://www.UHMB.nhs.uk/> or contact Patient Advice and Liaison Service (PALS): 01539 715577.

Useful Contact Details

NHS 111 (for 24 hour urgent health advice): telephone 111

Your Information

If you would like to know how we use, share, disclose and secure your information and your rights of access to the information we hold about you, visit the Trust's website: <http://www.UHMB.nhs.uk/> or contact Patient Advice and Liaison Service (PALS) on 01539 715577.

Evidence

Details of the evidence used in writing this leaflet are available on request from: Patient Information Officer at 01524 512476.

Feedback

We appreciate and encourage feedback. If you need advice or are concerned about any aspect of care or treatment, please speak to a member of staff or contact PALS on 01539 715577.

UHMBT is a no smoking Trust. Smoking is not permitted on any of the hospital sites. You can contact the NHS North Lancashire Stop Smoking services on the number below:

NHS Quit Squad - **0800 328 6297**

If you live in Cumbria, please call **0300 013 3000** to find a local pharmacy who are offers 1-2-1 support and nicotine replacement therapy.

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