

Gynaecology: Colposcopy Clinic

Vulval Intra-epithelial Neoplasia (VIN)

This information is about a skin condition called Vulval Intra-epithelial Neoplasia, or VIN, which can affect the vulva. VIN is not cancer, but after time, in some women the cells of VIN become cancerous. VIN is uncommon most women affected are over the age of 50.

The vulva

The vulva is a women's external genital area. It includes two large, hair-covered folds of skin called the labia majora, which surround two thin and delicate folds called the labia minora. The labia majora and the labia minora surround the opening of the vagina and the tube through which urine is passed (the urethra). The clitoris is positioned above the vagina and urethra; this small structure is very sensitive and helps a woman to reach sexual climax (orgasm). The opening to the back passage (anus) is separated from the vulva by an area of skin called the perineum.

VIN

The term VIN refers to particular changes that can occur in the skin that covers the vulva. VIN is not cancer, and in some women it disappears without treatment. If changes become more severe, there is a chance that cancer might develop after many years, and so it is referred to as a pre-cancerous condition.

Although VIN used to be quite rare, it is now being recognised and diagnosed more frequently. It can affect women of any age from the 20 years onwards, but is more common in women over 50.



Patient Information

VIN is often divided into three stages VIN 1, 2, and 3. These stages refer to how deeply the abnormal cells have gone into the surface layer of the vulva. Most women are diagnosed with VIN 3.

- VIN 1 – only one third of the thickness of the surface layer of the vulva is affected.
- VIN 2 – two thirds of the thickness of the surface layer of the vulva is affected.
- VIN 3 – the full thickness of the surface layer of the vulva is affected.

Causes of VIN

There are different types of VIN. The most common type is associated with an infection in the skin of the vulva by a type of virus known as Human Papilloma Virus (HPV).

HPV is a very common infection. There are over 100 types of the virus, and the most common types can cause warts on the skin of the hands, or verruca on the feet. Some types can affect the genital area, including the cervix, vulva, and anus.

Genital HPV infection is spread by direct skin to skin contact during sex with someone who has the infection. HPV is so common that most sexually active women will be exposed to it at some time in their life. In most women, their body's own immune system will get rid of the HPV naturally, without them ever knowing it was there. Some women notice genital warts. Some women have no visible warts, but the HPV can cause changes in the cells of the cervix or vulva.

Infection with HPV on its own will not cause VIN. Other factors that depress the body's immune system may also need to be present for VIN to occur. These include:

- Smoking
- Particular medicines (such as those taken after transplant surgery)
- Inherited immunity problems
- Some rare bone marrow and blood disorders

Signs and symptoms

The signs and symptoms of VIN vary, and may include some, or all, of the following:

- Itching and soreness in the vulval area
- Burning, or a severe tingling sensation, that can become worse when passing urine
- One or more areas of reddened or discoloured skin in the vulval area
- Raised areas of skin that can vary in size
- A warty appearance of the skin
- Rarely, no symptoms are apparent.

Treatment

VIN is not a cancer, but the cells of the vulva have changed. If the cell changes are mild, treatment may not be needed, but you will need to have the area checked regularly by your doctor. Treatment may be needed for VIN stages 2-3. The type of treatment that is most appropriate for you will depend on:

- How abnormal the cells are
- The size of the affected area
- The estimated risk of the area developing into cancer.

Types of treatment

- **Excision of the precancerous cells (VIN)**
- **Imiquimod** – topical ointment applied to the vulva. Imiquimod works by stimulating the immune system and destroying the precancerous cells.
- **Laser** – Laser treatment involves burning the cells. This procedure is performed in theatre with the use of a general anaesthetic.

Self examination of the area is strongly advised to observe for any changes to the vulval skin, such as raised warty areas, soreness and or any changes in colour. If any of these symptoms are noted, it is important to bring this to the attention of your GP as it may be necessary for your appointment to be brought forward

Patient Information

If you smoke, giving up can help your immunity to become stronger, make the treatment more effective, and reduce the chance of the VIN coming back after treatment.

It is important to attend your follow up appointments

In certain situations, for example, if you are pregnant, it may be possible to delay treatment for a time. In this situation the VIN would be closely monitored for any changes.

For women who need treatment, most will have the affected area removed with surgery, which is known as local surgical excision. However your consultant will discuss this with you.

If you have any concerns or wish to discuss your treatment please ring Lynn Connor (Nurse Colposcopist) on **024 7696 7222**. If Lynn is not available please leave a message on the answering machine with your telephone number and she will reply as soon as she is available.

The Colposcopy Department is open from 8.00am– 5.00pm Monday to Friday.

Telephone **024 7696 7222** (there is an answering machine when the Department is closed)

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact Lynn Connor on 024 7696 7222 and we will do our best to meet your needs.

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