

# Information leaflet regarding Vulval Intraepithelial Neoplasia

## Women's Services

### **What is Intraepithelial Neoplasia?**

Vulval intraepithelial neoplasia (VIN) is a disease of the vulval skin (this is the skin surrounding your vaginal opening). It may also be associated with similar changes in the cervix, vagina and around your bottom. VIN may occur anywhere on the vulval skin and may occur at more than one site. The abnormal cells in VIN are only present in the skin surface. VIN is a pre-cancerous condition of the vulval skin which means that rarely a cancer can develop from these changes.

### **What causes VIN?**

In younger women VIN is most commonly caused by human papillomavirus (HPV). HPV is an extremely common virus spread by skin-to-skin contact. Once contracted, if HPV enters the skin and if it is not eradicated by the immune system then it may result in the development of VIN. In older women VIN may be associated with other vulval skin conditions. VIN is not caused by lack of cleanliness. VIN is more common in women with reduced immunity (e.g. after kidney transplant, HIV, steroid use); however, most women with VIN do not have any other medical problems.

### **What are the symptoms of VIN?**

VIN may have no symptoms at all and may be found when you are examined for other reasons. Most women notice that the affected skin may itch, feel painful (burning) or swollen. VIN may occur anywhere on the vulva and may occur in multiple sites as flat or raised areas of skin, which may have a rough surface. The lesions may be brown, white, grey, or red in colour.

### **How is VIN Diagnosed?**

Your doctor will examine you. If VIN is suspected then the only way to be certain is to perform a small biopsy (remove a small sample of skin). This sample can often be taken in clinic under local anaesthetic. The skin sample is sent to the laboratory and examined under a microscope. If VIN is suspected, then the cervix, vagina, and skin around the anus should also be examined, as VIN of the vulva is also associated with skin changes in this area. If a cervical smear is due (or overdue) then this should be performed at the same time.

### **Can there be any complications of VIN?**

In a small percentage of women the abnormal cells associated with VIN can go deeper than just the skin surface. This means that vulval cancer has developed. This process however usually takes many years to develop, as it is generally a very slow process of progression from VIN to cancer.

## **How is VIN treated?**

The treatment of VIN depends upon your symptoms and the area of the vulva that is affected. If untreated VIN may improve, remain the same or become worse. In some cases simple observation may be sufficient although this means that regular follow-up is necessary. The abnormal area of skin may be removed with surgery. In cases where a small area is involved then it is sometimes possible to perform the surgery under local anaesthetic. With larger areas, a general anaesthetic may be required. The vulval skin may also be treated with locally applied creams instead of surgery. These creams try to eradicate the virus by improving the body's own immune response at the site at which they are applied.

## **How often should I be seen?**

VIN is a condition that may come back following treatment. It is therefore recommended that you are seen in clinic every 6 months to 12 months. For some patients, follow-up will be needed for many years but if no new areas of VIN have developed over 4 or 5 years, it is safe to discharge you back to your GP at that point.

## **Where can I get further information?**

We recommend that you use dedicated websites or helplines to gain further information on VIN as generic Internet searches can lead to you reading information that is not accurate or out of date.

Vulval Pain Society – <http://www.vulvalpainsociety.org/>

If you need this information in another format or language, please ask a member of staff to arrange this for you.

Should you have any concerns once you have returned home, please do not hesitate to contact the Oscopy administration team on 01274 364542 and they will direct you to the appropriate health care professional.

## **Textphone:**

You can contact us using the Relay UK app. Textphone users will need to dial 18001 01274 364542. If you need this information in another format or language, please ask a member of staff to arrange this for you.

## **Smoking:**

Bradford Teaching Hospitals NHS Foundation Trust is a smoke-free organisation. You are not permitted to smoke or use e-cigarettes in any of the hospital buildings or grounds.