



**Wirral University
Teaching Hospital**
NHS Foundation Trust

Vulval Intraepithelial Neoplasia (VIN)

Patient Information Leaflet

What is VIN?

VIN is a change in the skin of the vulva to abnormal cells. VIN is not cancerous, but there is a risk of cancer developing and it is therefore called a precancerous condition. This is similar to abnormal cervical smears. It can develop anywhere on the vulva in one patch, or more than one patch.

What causes VIN?

There are two types of VIN:

- Usual type is related to HPV (human papillomavirus). There are many different types of HPV but types 16 and 18 that are linked to changes in the cells of the cervix are also linked to VIN. This tends to occur in younger women.
- Differentiated type is less common and linked to other skin conditions of the vulva such as lichen sclerosus and lichen planus. This tends to occur in older women.

VIN is more common in smokers, and women who have a suppressed immune system.

What are the symptoms of VIN?

Patients may have no symptoms, or may have itching, soreness or burning. You may notice red or white patches on the vulva which may be raised or flat.

How will VIN be diagnosed?

VIN is diagnosed after careful examination of the vulva, usually with the application of acetic acid, a solution similar to vinegar that stains up the abnormal skin cells, this may cause some stinging discomfort. Often you will be examined using a specially designed microscope called a colposcope. A biopsy is needed to confirm the diagnosis. This requires a local anaesthetic injection and possibly stitches to close the wound, leading to a small scar. The specimen is then examined under the microscope in the laboratory. You may also need an examination of your cervix, this is called colposcopy.

How can VIN be treated?

Treatment depends on the size, position and severity of the skin changes, some small low grade lesions may not need treatment and can be kept under review, but the majority of women do need some treatment.

- Surgery is the most common treatment, this involves removing the abnormal skin with a margin of healthy tissue around it.
- Topical treatments are also available such as Imiquimod which triggers the immune system to recognise the abnormal cells and attack them.
- Occasionally other treatments such as light treatments can be used.

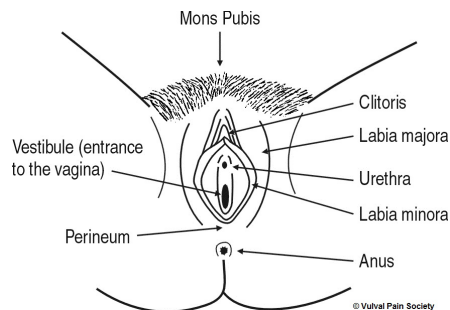
If you have itch or irritation there may be some symptomatic treatments to help this that will not cure the disease. These include a soap substitute such as Dermalol, and an emollient such as Balneum plus. Local anaesthetic gel can also be helpful if the area is very sore.

Are there any long-term risks associated with Vin?

Without treatment there is a high risk that VIN will develop into vulval cancer, with treatment this risk drops to about 7%. VIN that has been treated can reoccur in up to 50% of women and you will therefore be followed up regularly for at least five years from your diagnosis.

What can I do?

It is important to regularly self examine the vulval area and report any changes to you doctor. If you are a smoker then stopping smoking will reduce your risk of VIN recurring. It is also important to keep up to date with your cervical screening.



This leaflet is available in large print, Braille and on tape.
Please contact 0151 604 7289 if calling from outside the
Hospital and x2761 if calling from inside the Hospital.



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