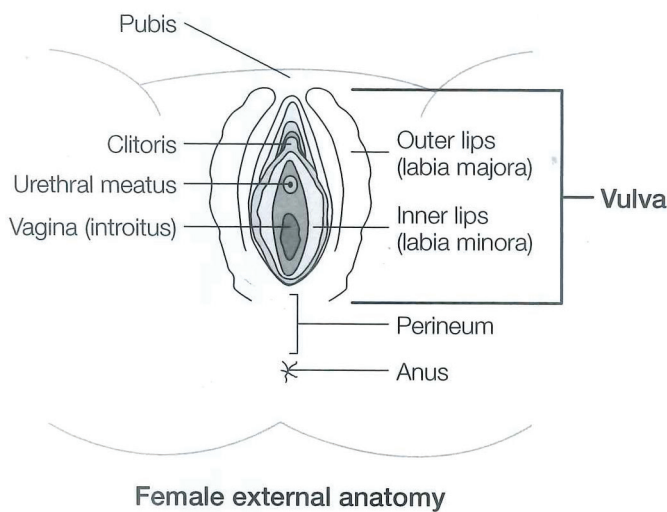




Vulva Intraepithelial Neoplasia (VIN) is a skin condition of the vulva. Abnormal cells develop in the surface layers of the skin covering the vulva. It is not vulva! cancer but could turn into a cancer. This may take many years. Some doctors call it pre-cancer although many women with VIN will not develop cancer.

The vulva is the external part of the female genitalia. It protects a woman's sexual organs, urinary opening and vagina. The outer and inner 'lips' of the vulva are called the labia majora and labia minora. The vestibule surrounds the opening of the vagina, or introitus, and the opening of the urethra, or urethral meatus. The perineum is the area extending from beneath the vulva to the anus.



Types of VIN

There are three types of VIN:

- Low grade Squamous Intraepithelial Lesion (LSIL)
- High grade Squamous Intraepithelial Lesion (HSIL)
- Differentiated VIN (dVIN)

You may also hear the terms VIN 1, VIN 2, or VIN 3. This is how doctors used to classify vulval intraepithelial neoplasia. The grades VIN 1, VIN 2, and VIN 3 refer to how deeply the abnormal cells go into the surface layer of the skin.

If the abnormal cells break through the basement membrane into the deeper tissue, it is classed as vulval cancer.

High grade squamous intraepithelial lesion (HSIL)

This is the most common type of VIN. It occurs mainly in women aged 35 to 49 and is more common in women who smoke or have a weak immune system. VIN 2 and VIN 3 is now called High grade Squamous Intraepithelial Lesion (HSIL). Treatment is usually offered HSIL. This is because there is a risk that the abnormal cells may develop into cancer over time, **however the risk is low.**

Low grade Squamous Intraepithelial Lesion (LSIL)

VIN 1 is now called Low grade Squamous Intraepithelial Lesion (LSIL). LSIL is generally a mild abnormality. It is usually caused by low risk types of the Human Papilloma Virus (HPV). These low risk types can cause warts in this area. They are not cancerous and usually go away without treatment.

Differentiated VIN (dVIN)

This is an uncommon type of VIN and tends to develop in women between 50 and 60 years of age. It is commonly found in women who have a vulval condition called lichen sclerosus. This is inflammation of the skin causing itchy, white patches.

Differentiated VIN has a higher risk of developing into a cancer than high grade squamous intraepithelial lesion, so surgery is usually the best treatment for this type of VIN.

Symptoms of VIN

The symptoms of VIN vary between women. Some have no symptoms. But some women have severe symptoms. These may include:

- Itching
- Pain
- Changes to the vulval skin
- Discomfort or pain during sex

All of these symptoms can be caused by other conditions, but if you have any of these symptoms, you should see your doctor.

Tests to diagnose VIN

The specialist examines your vulva in a private room in the clinic. They may be able to see areas of white, red or brown on the vulva. The only way to know for certain is to take a sample of tissue. This is called a biopsy. This might be on the same day as your appointment or booked for another day.

You usually go back to the clinic to get the results of your biopsy. It can take about 2 weeks for the results to be ready.

Treatment options

Your treatment depends on where the VIN is, your symptoms, and the risk of it developing into cancer. Your doctor may offer you:

- no treatment and follow up
- treatment with a cream called imiquimod/ Aldara
- laser treatment
- surgery



Imiquimod (Aldara) cream

Research has shown that this cream works well in around half (50 percent) of women with HSIL. This cream works by stimulating the immune system.

This means it uses the body's natural defences to kill the HPV.

Doctors hope that if the cream destroys the HPV, the cells affected by VIN will go back to normal.

You usually apply the cream to the affected area three to four times per week, and it can take up to 6 months to work. Inflammation of the vulval skin is a common side effect of this treatment, but is temporary.

Laser treatment

Some specialists use a laser to burn the abnormal cells away. Your doctor may call this laser ablation. Most people only usually need one treatment. You may have this treatment if you have high grade squamous intraepithelial lesions. Sometimes you might have laser treatment if surgery is not suitable.

Laser treatment to the vulval can cause:

- hair loss around the vulva
- changes in skin colour around the vulva

Surgery for VIN

Your specialist removes all the skin affected by VIN. Even if you have more than one area of VIN, this is usually possible. The operation is called a wide local excision. Sometimes you might have a combination of laser treatment and surgery. Your specialist might need to carry out a different operation if your VIN is more widespread, but this will be avoided if at all possible. You will get a full explanation of what treatment is best for you.

Follow up

You will have regular check-ups in the hospital clinic. At first your follow up appointments are every few months. But if all is well, they gradually become less frequent. At these appointments your doctor examines your vulva. They monitor you closely to check there are no signs that the VIN has come back. Follow up is usually for many years, because there is a risk that the VIN may return after treatment.

