VIN – Vulval Intraepithelial Neoplasia

Patient Information Leaflet

What is Vulval Intraepithelial Neoplasia?

Vulvar Intraepithelial Neoplasia (VIN) is a precancerous skin condition where abnormal cells develop in vulval region. If left untreated, VIN can persist, regress or progress to vulval cancer. Progression to vulval cancer is a slow process which typically takes many years to develop.

Here's a breakdown of the terminology VIN:

- Vulval – This condition affects the skin of the vulva. It can occur in the skin surrounding the opening of the vagina, the labia or the clitoris.
- Intraepithelial – It is confined to the upper layers of the skin, meaning it does not invade deeper tissues, differentiating it from vulval cancer.
- Neoplasia – Abnormal and uncontrolled growth of cells in the body.

What are the types of VIN?

Usual type VIN (VIN 1-3)

- The most common type is **usual type VIN (uVIN).** This type is more prevalent in women aged 35 to 55. It caused by human papilloma virus (HPV). Cell changes are more likely to develop in women who smoke and in women with lowered immunity. HPV is commonly spread through skin-to-skin contact, including sexual activity. While most of women will be exposed to HPV at some point in their lives, the body's immune system often clears the virus without causing the symptoms. If the virus is not cleared, it can lead to the development of abnormal cells and potentially cancer.
- **VIN1** represents low grade viral and inflammatory changes which do not require treatment, but should be observed.
- **VIN 2-3** represents high grade changes which normally require treatment. Approximately 10% of patients with high grade VIN will develop vulval cancer over 10 years

Differentiated VIN(dVIN) – this type is rarer. It is more common in women aged 55-85 and arises at the background of skin conditions such as Lichen sclerosus and Lichen planus. dVIN is not usually associated with HPV. Approximately 50% of dVIN lesions will develop into cancer over 10 years if left untreated.

What are the symptoms of VIN?

Common symptoms of VIN are itching, burning, pain, soreness or swelling in the vulval area. A change in skin colour or texture can be noted as well. Sometimes, VIN can present with painful intercourse.

In some cases, VIN may be asymptomatic and be discovered during a routine examination.

How is VIN diagnosed?

VIN is diagnosed through a careful examination of the vulva by your doctor. Abnormal areas may appear as white, red, or brown patches. To confirm the diagnosis and rule out cancer, a biopsy is performed. This involves taking a small sample of skin for laboratory analysis to check for abnormal cells. The results are usually available within two to four weeks.

Intraepithelial neoplasia in Other Areas

Similar conditions can occur in other parts of the female genital tract, such as:

1. Cervical Intraepithelial Neoplasia (CIN): Affecting the neck of the womb(cervix), commonly detected through smear tests.
2. Vaginal Intraepithelial Neoplasia (VAIN): Affecting the vagina.
3. Anal Intraepithelial Neoplasia (AIN): Affecting the anal canal.

Self-Care and Management

Symptom Relief: Avoid using soap and personal deodorants on the vulva. Instead, use emollients such as Hydromol or Epimax for washing and moisturising. Lidocaine 5% ointment can help relieve pain but may cause initial stinging.

Smoking Cessation: Quitting smoking may reduce the risk of VIN recurrence.

Treatment Options

The treatment for VIN depends on the location, extent, and severity of the condition, as well as the symptoms experienced:

- **Conservative Management**: In some cases, VIN may be monitored without immediate treatment. Regular follow-up is crucial to detect any progression to cancer.
- **Topical Treatment**: Imiquimod cream, which stimulates the immune system, has a success rate between 35% to 81% in treating VIN.

- **Surgical Options**: Surgery may be recommended for VIN lesions removal. The lesion is removed with a 5mm margin of normal tissues. Larger and extensive VIN might require more complex surgical interventions, including reconstruction.

Some patients will require follow up in colposcopy clinic, others in Vulva clinic based on the underlying condition and biopsy results.

Prognosis, follow up

Low risk lesions (VIN 1), usually regress on its own.

Approximately 10% of high grade lesions (VIN2-3) and 50% of differentiated VIN (dVIN) lesions progress to Vulval cancer over 10 years.

After treatment, regular follow-up appointments every six to twelve months are necessary, as VIN can recur. If you notice any new lumps, growths, or ulcers, contact your healthcare provider immediately. If you have not developed any new lesions 5 years after treatment, you may be discharged to your GP but should continue vulval self-assessment and report any concerns to GP.

Seeking Further Information

For more detailed and reliable information about VIN, consult resources the https://www.rcog.org.uk/media/n13n5vvc/skin-conditions-of-the-vulva.pdf

Or Macmillan website https://www.macmillan.org.uk/cancer-information-and-support/worried-about-cancer/pre-cancerous-and-genetic-conditions/vulval-intraepithelial-neoplasia

If you have questions or concerns, bring them up during your next clinic visit.

References

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