



## VULVAL INTRA-EPITHELIAL NEOPLASIA

### **What is vulval intra-epithelial neoplasia?**

Vulval intra-epithelial neoplasia (VIN) is the name given to the presence of abnormal cells on the vulval skin. It can occur as one patch or may affect several areas of skin at the same time.

VIN is not cancer but may develop into an invasive cancer if not treated.

There are three types:

- USUAL TYPE
- DIFFERENTIATED TYPE
- UNCLASSIFIED TYPE (very rare)

### **Who gets VIN?**

VIN can occur in women of all ages. Usually the usual type is commonly seen in young women, and the differentiated type in older women. The exact cause is not known but the following factors have been associated with the problem.

*Human papilloma virus* – this virus causes genital warts. There are many different types of the virus but the oncogenic ones (16 and 18) can be associated with the usual type of VIN.

*Herpes simplex type 2 infection* – this viral infection may possibly be related to VIN but the link is weaker than human papilloma virus.

*Smoking* – VIN is more common in smokers

*Immunosuppression* – women who are immunosuppressed, either from disorders affecting the immune system or from medication used to treat other types of disease, are at increased risk of developing VIN.

*Other skin disorders* – the differentiated type of VIN is seen in some women who have skin disorders affecting the vulva such as lichen sclerosus or lichen planus.

### **What are the symptoms?**

Some women experience itching or burning but many women have no symptoms at all. The abnormal area of skin may be noted at a routine examination or may be found by the patient.

The presentation doesn't have a defined pattern. It may be one patch or there may be several. It may be white, grey, brown or red. It may be rough or smooth, flat or raised. It can occur anywhere on the vulva or around the anal area, and may be confused with genital warts.

### **How is it diagnosed?**

Your doctor will ask questions relevant to the problem and will examine the area. A simple procedure called a skin biopsy will confirm the diagnosis. A small piece of skin from the area affected will be removed under local anaesthetic and then analysed. When the diagnosis is confirmed, you may need a colposcopic examination to ensure that there are no associated abnormalities of the cervix, vagina or anal areas. This involves a bright light and magnification to look at the skin.

### **What happens to VIN?**

Some areas of VIN will resolve without treatment. However, because some areas may develop into an invasive vulval cancer, the areas are usually treated. If the area is small, then it can be removed surgically. If there are multiple lesions or larger areas affected, then creams such as imiquimod may be tried in selected patients. Your health care provider will discuss the best treatment for your case with you.

### **What about follow-up?**

You will be offered regular follow-up appointments after treatment, and regular follow-up is essential to detect any recurrence. It is also important that you have regular cervical smears. VIN does not affect fertility and it is not contagious to your partner. It is advised to quit smoking, due to the immunosuppressive effect it has on the lower genital tract