



Improving lives through the prevention and treatment of anogenital & HPV-related diseases

PATIENT RESOURCES

Vulvar Intraepithelial Neoplasia (VIN)

What is vulvar intraepithelial neoplasia (VIN)?

Vulvar intraepithelial neoplasia (VIN) is the name given to the presence of abnormal cells that are pre-cancer within the vulvar (the skin outside the vagina - external genitalia). 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 cancer if not treated.

Who gets VIN?

VIN can occur in patients of all ages. The exact cause is not known but the following factors have been associated with VIN:

- **Human papillomavirus (HPV)**—There are many different types of the virus but the main ones that can develop into cancer (16 and 18) can be associated with the usual type of VIN.
- **Smoking**—VIN is more common in smokers.
- **Immunosuppression**—patients 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 patients who have skin disorders affecting the vulva such as lichen sclerosus, a chronic skin disorder characterized by itching, thinning of the skin, and changes to the vulva's appearance, or lichen planus, an inflammatory disease that can cause an itchy or burning rash, or painful purple lesions. This type is more common in older patients.





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What are the symptoms?

Some patients experience itching or burning but many have no symptoms at all. The abnormal area of skin may be noted during a routine examination or may be found by the patient. It may be one patch or there may be several areas involved. It may be white, 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 provider will ask about your symptoms and will examine the area. A simple procedure called a skin biopsy will confirm the diagnosis. A small piece of skin from the area will be removed and then analyzed. This is done in the office with a shot of numbing medicine in the skin (see “Vulvar Biopsy”). Your provider may also use a colposcope (microscope with a bright light) to examine nearby tissues such as the cervix, vagina, or anal area.

What happens to VIN?

Some areas of VIN will resolve without treatment. However, because some areas may develop into a vulvar cancer, the areas are usually treated. Treatment options may include a cream that is applied to the skin, laser treatment, or surgery. Your healthcare 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 cancer screening, unless you have had a hysterectomy with removal of your cervix.



ASCCP is a professional society for an interdisciplinary group of healthcare professionals including physicians, physician assistants, nurse practitioners, midwives and researchers, who are focused on improving lives through the prevention and treatment of anogenital and HPV-related diseases. For more information visit www.asccp.org.