

# GUIDE

## Vulvar Intraepithelial Neoplasia (VIN)



The Ottawa Hospital | L'Hôpital  
d'Ottawa

## ***Disclaimer***

*This is general information developed by The Ottawa Hospital. It is not intended to replace the advice of a qualified healthcare provider. Please consult your own personal physician who will be able to determine the appropriateness of the information for your specific situation.*

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## *Introduction*

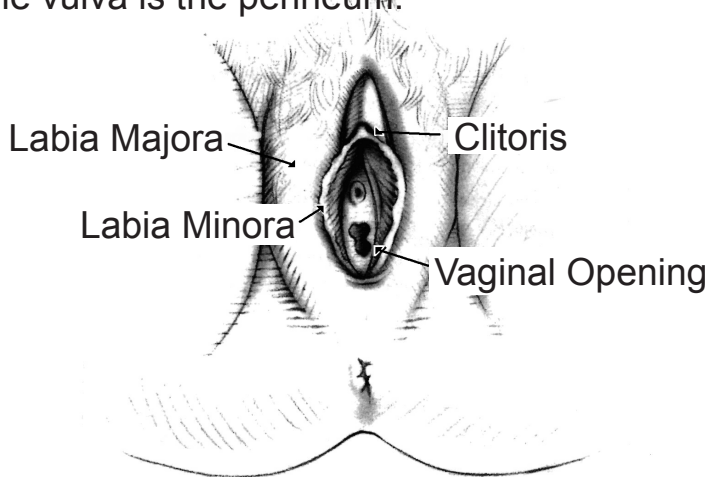
**Dear patient,**

This booklet will give you a better understanding of Vulvar Intraepithelial Neoplasia (VIN). It includes symptoms, diagnosis and treatment of VIN.

As you read the booklet, note any questions that come to mind. There are blank pages at the end of the booklet for this purpose. Please discuss with your physician or nurse any questions or concerns you may have.

## ***What is the vulva?***

The vulva is the outside part of a woman's genital organs. It includes the labia minora, labia majora, clitoris and vaginal opening. Another name for the vulva is the perineum.



# ***What is Vulvar Intraepithelial Neoplasia?***

Vulva Intraepithelial Neoplasia (VIN) is the term used to describe different pre-cancerous or pre-malignant conditions of the vulva. Dysplasia is another name for this condition. Dysplasia means an abnormal growth of cells in the vulvar tissue. These cells do not mature in the proper way. If these cells continue to grow, they may develop into a cancer. Physicians use the following terms to describe the seriousness of the abnormality.

- Grade 1 or VIN I – mild dysplasia
- Grade 2 or VIN II – moderate dysplasia
- Grade 3 or VIN III – severe dysplasia or carcinoma-in-situ

## ***How did I get it?***

You did nothing to cause VIN, but there are some factors that increase the risk of VIN.

*Human Papilloma Virus (HPV)* – 80% of women with VIN have HPV present. HPV transmission may be prevented. Ask your nurse or physician for the booklet on this virus.

*Smoking* – increases the risk of developing VIN. Even after treatment, smoking will increase the risk of it coming back. The recurrence rate of VIN, with continued smoking and presence of HPV, is about 30%. Smoking decreases the blood supply to the

perineal area. This causes a decrease in oxygen supply to the tissues. This may result in the cell changes and cause VIN to develop. Smoking also interacts with HPV and the immune system. Changes in lifestyle such as stopping smoking and good vulvar care can help slow the progression of VIN.

## ***What are the symptoms of VIN?***

- Long standing itchiness of the vulva is the most common symptom.

You may also have any of the following:

- Bleeding
- Foul smelling discharge
- Local pain in the area
- Lumps or sores on the vulva
- Changes in vulvar skin colour (red, white or dark)

Or

- You may have no symptoms at all. This is why a good visual examination of the vulva is necessary during annual PAP testing by your physician.

## ***How is VIN diagnosed?***

Physical examination: Your physician will examine your vulva. She/he may use a colposcope. The colposcope is a binocular microscope that magnifies the vulva under a beam of light. The purpose of this instrument is to visualize the tissue and does not touch you in any way.

Biopsy: The physician will usually take a sample of tissue or biopsy from the vulva to diagnose VIN. After freezing the area, the physician removes a small piece of the affected tissue. The tissue will be sent to the laboratory and examined under a microscope. Your physician will make a final diagnosis based on the biopsy results.

## ***What is the treatment for VIN?***

This is a curable disease because it is visible, easy to reach and grows slowly. There are several different treatments for VIN. The different possible treatments are:

- Laser therapy – a laser beam which “burns” and destroys the affected tissue
- Surgery
  - Excision: In the operating room under anesthesia, the physician makes an incision, to cut out the affected tissue
  - Vulvectomy: This is the surgical removal of all or part of the vulva. The extent of the surgery is dependent on the extent and location of the diseased tissue. The removal of some of the surrounding tissue may also be necessary.
  - Topical creams – There are no creams or ointments that presently treat VIN, however topical treatments are being investigated as a possible option for controlling and treating VIN.

Laser and excision are the most common treatments for VIN.

Your physician will recommend one of these treatments based on the location and severity of the VIN. Your physician or nurse can give you more information on the treatment type recommended.

## ***Follow-up***

Follow-up is very important. Your physician will continue to examine your entire lower genital tract regularly for any recurrence of VIN.

# NOTES

This image shows a single sheet of white paper with horizontal blue or grey ruling lines, typical of notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.