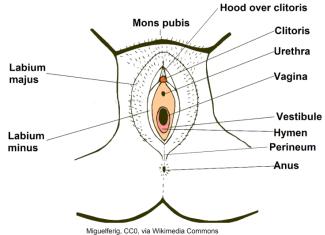


Precancer of the Vulva

What is precancer of the vulva?

Precancer of the vulva (or vulvar precancer) is a condition where you have an abnormal vulvar skin growth (or **lesion**) that could turn into cancer. Vulvar precancer is caused by the **human papillomavirus (HPV)**.

- This precancer condition goes by many names, including high grade squamous intraepithelial lesions (HSIL) of the vulva, vulvar intraepithelial neoplasia (VIN) usual type, VIN2, VIN3, and squamous cell carcinoma in situ.
- The vulva is the part of the body that includes all of the external (outside the body) genital parts. It covers the area from where pubic hair grows (the mons pubis) to the opening that stool comes out of (the anus). The vulva includes



the large outer lips of skin (**labia majora**), small inner lips of skin (**labia minora**), the clitoris, the opening that urine comes out of (**urethra**), and the opening to the vagina.

- People who use tobacco (smoking, chewing, vaping) and people with weakened immune systems have a higher risk of developing vulvar precancer than others.
- If untreated, vulvar precancer can turn into cancer. However, this change from precancer to cancer is usually slow.

What is human papillomavirus (HPV)?

- HPV is the most common **sexually transmitted infection** (STI) in the United States. As many as 8 out of 10 people will be infected with HPV at some point in their lifetime.
- HPV can cause abnormal growth of tissue in the lower genital tract (which includes the cervix, vagina, vulva, and anus). There is also a chance of exposure and abnormal tissue growth in the throat, although this is less common.
- HPV infection can happen to anyone who has ever been sexually active or come in contact with sexual organs (genitals). There may be no signs or symptoms of infection, or you may not know you have it until a long time after infection. This makes it hard to know where, or who, the infection came from.
- HPV may show up on some testing, such as a cervical Pap test, but not on other testing. Many times, HPV goes away quickly. When the infection stays around for many years, it can cause health problems like genital warts, precancer, or cancer.
- Sometimes people get many different types, or **strains**, of HPV over time. Some strains can cause genital warts, and some can cause precancerous growths or cancer.

What are the symptoms of precancer of the vulva?

Vulvar precancer can be present without any other symptoms (such as itching, burning, or pain). For some people, they may only find a vulvar lesion during a doctor's exam. Symptoms are often focused on one spot or area of the vulva. The way the precancerous lesions look may be different from person to person, but there is usually a bump or area of thick skin. This skin growth can be any color.

How is precancer of the vulva diagnosed?

- We may use a special kind of exam technique called vulvoscopy to diagnose vulvar precancer, where we use a magnifying lens to look very closely at your vulva.
- It is likely that we'll remove a small piece of skin (called taking a **biopsy**) and send it for lab testing. We will give you a shot of numbing medicine before the skin is removed.
- We may also offer you other tests, such as cervical, vaginal, and anal Pap testing, to see if HPV or abnormal cells are in other areas of your body.

How is precancer of the vulva treated?

Treatment depends on the type, amount, and location of the disease. The goals of treatment are to remove all the abnormal tissue and prevent cancer from developing. Some treatment options are described below.

HPV vaccination

People who get the complete series (2 or 3 shots) of HPV immunization shots (called the Gardasil® vaccine) have a very low risk of getting any HPV-related disease, including vulvar precancer. We may recommend this for prevention and treatment of HPV diseases.

Quitting tobacco

If you use tobacco products (smoking, chewing, or vaping), we will encourage you to quit. Using tobacco increases your risk for precancer to come back after treatment or develop into cancer. Quitting is an important step in treatment. Here is a resouce with suggestions for stopping tobacco use:

www.med.umich.edu/1libr/CCG/HowToQuitSmoking.pdf

Topical medication: Imiquimoid (Aldara®) cream

Sometimes **topical medication** (medication that you put on your skin as a cream or ointment) can be used to treat precancer of the vulva. It works by boosting your immune system to kill off the precancerous cells.

- Use a cotton swab (Q-tip®) to put a very small amount of cream on the affected skin area at bedtime. Then keep the skin dry until you wash it the next morning (6-10 hours after you put the cream on). Do this 3 days a week (for example, on Monday, Wednesday, and Friday) for up to 12 weeks.
- When using imiquimod, your skin may become inflamed (red, swollen, itchy, or blister). This is a sign that the medication is working. If the inflammation is really bad, stop using the medicine for a few days to help it heal a little before you start using it again. You may use cotton gauze and wear white cotton underwear for comfort. Some side effects of using imiquimod may include feeling like you have flu like symptoms. The skin area where you apply the cream may lose color and become lighter in color permanently.
- Do not use imiquimoid (Aldara®) cream if you are pregnant.
- After you start this treatment, we will see you for a clinic visit in 2-4 months. We will do a vulvoscopy to recheck the area and make sure the medication has worked.

Laser ablation

You may need laser therapy to remove the precancerous lesions. We use focused beams of light to destroy the abnormal tissue (called **laser ablation**). Laser ablation is done in an operating room. We will give you medication to make you sleep during the procedure.

Surgical excision

We may need to remove the precancerous skin lesions through surgery (called **surgical excision**). We will remove the affected area with **margins** (a small piece of surrounding healthy skin.) This is usually performed in an operating room. We will give you medication to make you sleep during the surgery.

• If you are having a large area of skin removed, we will talk with you about special ways to help your skin close and heal after surgery.

What kind of follow-up will I need after treatment?

You will need to come in for regular check-ups after your treatment. These are necessary so we can catch signs of precancer or cancer early, if they come back. This condition has a high risk of **recurrence** (health issues coming back), even several years after you first start treatment. You'll have check-ups every 6-12 months, depending on the type and severity of your condition.

Where can I find more information on precancer of the vulva?

Resource	QR code
Centers for Disease Control & Prevention (CDC): Human Papillomavirus (HPV): www.cdc.gov/std/hpv	
National HPV and Cervical Cancer Prevention Resource Center (created by the American Sexual Health Association) www.ashasexualhealth.org/human_papilloma_virus	
American College of Obstetrics and Gynecology (ACOG): Management of Vulvar Intraepithelial Neoplasia www.acog.org/clinical/clinical-guidance/committee- opinion/articles/2016/10/management-of-vulvar- intraepithelial-neoplasia	

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