

## Clinical feature and HPV prevalence in vulvar intraepithelial neoplasia

Jiwon Min

Soonchunhyang University Cheonan Hospital Cheonan, Republic of Korea

### Abstract

Vulvar intraepithelial neoplasia (VIN) is an increasingly common problem, particularly among women in their 30s. Although spontaneous regression has been reported, VIN should be considered a premalignant condition. Clinical heterogeneity and uncertain natural history, relationship with HPV infection is still unclear, early diagnosis and appropriate treatment of VIN are essential.

**Materials and methods:** Review and analysis of clinical characteristics, HPV prevalence and accompanying genital lesion of patients diagnosed with VIN of our institute in the past 5 years was performed.

**Results** Of 16 patients with VIN, 9 patients with high grade VIN (56%) and 7 patients with low grade VIN (44%) were observed. 3 patients with high grade VIN (33.3%) were asymptomatic. HPV DNA testing was performed in most cases, among 9 patients with high grade VIN, 5 had high risk HPV positive in cervicovaginal samples, four of five was HPV 16, among 7 patients with low grade VIN, five had HPV positive, one of five was HPV 16. Accompanying cervical or vaginal intraepithelial neoplasia (CIN, VAIN) were identified. Among 9 patients with high grade VIN, four had CIN (all HPV positive), in 7 patients with low grade VIN, four had CIN, one had VAIN and one had endometrial cancer. The most frequent symptoms were pruritus (43.7%), and pain or discomfort (32%). In 16 VIN cases, accompanying cervical or vaginal intraepithelial neoplasia or HPV infection was identified 12 cases. Wide local excision was performed in all cases of high-grade VIN as a primary treatment. For seven low grade VIN, one patient with endometrial cancer previously treated with surgery and chemoradiation was treated with local excision. Six cases were followed up with no progression to high grade VIN. The mean follow-up period after treatment was 21.3 months, with a relapse rate of 22% in the high grade VINs. Recurrence was observed in two cases and treated with simple hemi vulvectomy.

**Conclusion:** Since patients with VIN are often asymptomatic, vulvar inspection should not be overlooked during gynecological examination, particularly in women with high risk HPV infection or CIN, VAIN. Prevalence of HPV infection in cervicovaginal samples patients in high and low risk VINs is not different but HPV 16 infection is more common in high risk VINs.

### Biography:

Jiwon Min is working at Dept of OB & Gyn Soonchunhyang University Cheonan Hospital Cheonan, Republic of Korea.

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