

**NHS Greater Glasgow and Clyde**

**Gynaecology Services**

**Imiquimod for the treatment of VIN**



**What is Imiquimod?**

Imiquimod is a chemical which is found in the cream which has been prescribed for you. The cream is sometimes called Aldara. The chemical is proven to be active against pre-malignant skin conditions of the vulva and vagina such as Vulval intraepithetlial neoplasia (VIN) and vaginal intraepithelial neoplasia (VaIN). It is thought to work by adapting you body’s immune response to the abnormal skin cells.

In order for the Imiquimod cream to work, it should be applied regularly, ideally 3 times a week, for up to 16 weeks. We would aim to start using the cream once a week and if tolerated increase to three times a week.

The best way to apply the cream is to look at the vulval area in a mirror, apply a simple barrier ointment (e.g. Vaseline, Cetraben, Hydramol, Epaderm) to the surrounding normal skin to give some protection. Then apply the Imiquimod cream to the abnormal areas. It is best to rub the Imiquimod cream until it vanishes.

The cream should be left on for 8-10 hours and is therefore best applied at bedtime. It should be washed off with water and an emoillient soap substitute e.g. aqueous cream, Dermol 500, Epaderm or Hydramol the next morning. You should avoid sexual contact on the nights the cream is applied.

If you are not sure how to apply the cream, we are happy to show you in the clinic or watch you applying the cream for the first time.

**How should I apply the cream?**

**Advice for vulval care while using Imiquimod**

As the cream works, it causes blistering of the skin and this can be very painful (like a burn) until healthy skin grows back. When this happens, it is important you keep the area clean and dry. Antibiotics are not usually required but your GP will be able to prescribe a variety of painkillers which should help. This may include 5% Lidocaine ointment which is a local anaesthetic which can be applied to the skin to numb the area up to three times a day.

It can be useful to apply moisturising creams to the vulva regularly to help soothe and protect the vulval skin.

Imiquimod cream takes time to be effective. The skin reaction tends to be worst in the third week of application. Your skin is likely to become red, swollen and sore at the site of application within 5 days of starting treatment. Your skin may peel, crack, blister and then scab. You may also experience itching, burning or stinging. Rarely, if you develop weepy skin or an open wound there is a risk that this may become infected. If you are concerned that your wound is infected, please ask your GP or practice nurse to have a look.

Inflammation is a good sign, as it shows the cream is working. Generally the more intense the inflammation the better the end result. The surrounding skin may also become inflamed, but this will settle when you stop using the cream. Skin redness may take up to 4 week to subside after stopping treatment.

If your skin becomes too uncomfortable, take a rest week off treatment until your symptoms have become better, then, restart treatment. If your skin becomes too sore, it may be best to use the cream every other week.

Rarely ulceration (an open skin wound) may occur, this may cause changes to the skin pigmentation making it lighter or darker.

Allergic reactions to Imiquimod are rare. If you have a severe reaction, there is a small risk of scarring or hair loss. Rarely, it can cause a flare up of a pre-existing autoimmune disease.

You may develop flu-like symptoms, such a fever (high temperature), swollen lymph nodes, aches and generally feeling unwell. If symptoms are severe, stop using and contact your doctor. If symptoms are mile, you may need additional rest from treatment or increased time between doses. Paracetamol can be helpful if symptoms are mild.

Do not use the cream if you are pregnant or breast feeding.

**What are the side effects of Imiquimod treatment?**

**Will Imiquimod cure my VIN?**

The main problems caused by VIN are vulval discomfort, soreness and itch. We hope that the Imiquimod treatment will help these symptoms.

VIN also carries a small chance of developing into cancer and neither surgical treatment nor Imiquimod removes this risk completely.

Therefore, whether your VIN is treated with surgery, cream or both, you will need to be followed up in the clinic.

**If you ever notice a lump, sore or ulcer on the vulva, particularly something new or that seems to be getting bigger, please get in touch with us and come and see us urgently rather than waiting until your next appointment.**

We realise that side effects can make it difficult to persevere with the treatment. The numbers below can be used if you are finding treatment difficult. The doctors in clinic will also see you on a regular basis.

**Stobhill Gynaecology Clinic (Clinic F)**

0141 355 1209

Alternatively you can seek advice from your own GP or Practice Nurse.

**Useful contact numbers**

**Other resources**

<https://www.macmillan.org.uk/information-and-support/skin-cancer/treating/supportive-and-other-treatments/other-treatments/topical-immunotherapy-skin-cancer.html>

<https://www.dermnetnz.org/topics/imiquimod/>

<http://www.bad.org.uk/shared/get-file.ashx?id=209&itemtype=document>