CONDITION

Vulvar cancer

Vulvar cancer is cancer that begins in the skin or other tissues of the external genitals.

WHAT IT IS
Cancer beginning in tissues of the vulva

BODY SYSTEM
Reproductive and genital system

MAIN SYMPTOMS
Persistent itching, lump, sore, bleeding

WHAT CAUSES IT
Cell changes, often linked to HPV or chronic inflammation

HOW IT IS DIAGNOSED
Vulvar examination and tissue biopsy

MAIN TREATMENT
Surgery, sometimes radiation and drug treatment

CAN IT BE CURED?
Sometimes - early-stage cancer is often curable

IS IT AN EMERGENCY?
Sometimes - heavy uncontrolled bleeding needs emergency care

LONG-TERM OUTLOOK
Often good when found early; advanced cancer is harder to treat

Overview

Vulvar cancer begins in the vulva, the external genital area. The vulva includes the inner and outer labia, clitoris, vaginal opening, and the skin between the vagina and anus.

Anyone with a vulva can develop this cancer, including cisgender women, transgender men, and some nonbinary people. It is uncommon compared with cancers of the cervix, uterus, or ovaries.

Most vulvar cancers begin in squamous cells, the flat cells that form the skin's surface. Less common types include melanoma, which starts in pigment-producing cells, and cancers of glands or other vulvar tissues. The type matters because treatment and outlook may differ.

Vulvar cancer often develops slowly from abnormal cells called vulvar intraepithelial neoplasia, or VIN. VIN is not cancer, but some forms can become cancer over time. Other vulvar cancers

appear without a previously recognised precancer.

Symptoms may be mistaken for thrush, dermatitis, menopause-related irritation, or another skin condition. A persistent vulvar change should be examined even if it is painless. Finding cancer before it has spread usually allows simpler treatment and offers the best chance of cure.

Symptoms

Vulvar cancer can look and feel different from person to person. Common symptoms include:

These symptoms are more often caused by non-cancerous conditions. However, symptoms that persist, return after treatment, or affect one particular area need medical assessment.

Do not assume repeated itching is always thrush. Thrush usually has other features, such as discharge, and should improve with suitable treatment. A sore or skin change that remains should be checked.

- Itching, burning, soreness, or tenderness that does not settle
- A lump, thickened area, wart-like growth, ulcer, or open sore
- Bleeding or blood-stained discharge not explained by a period
- A change in skin colour or texture
- Pain during sex or when passing urine
- A dark or changing patch, particularly with vulvar melanoma
- A lump in the groin, which may be an enlarged lymph node

Causes and risk factors

Vulvar cancer develops when cells acquire changes that make them grow without normal control. The exact reason this happens is not always known.

There are two main pathways. Some vulvar cancers are linked to long-term infection with a high-risk type of human papillomavirus, or HPV. HPV is a common virus passed through close skin-to-skin sexual contact. Most HPV infections clear without causing cancer.

Other vulvar cancers are not related to HPV. They may develop alongside long-term vulvar inflammation or skin conditions, especially lichen sclerosus. Lichen sclerosus causes thin, fragile, often itchy patches of vulvar skin.

Factors associated with a higher risk include:

Having a risk factor does not mean that you will develop vulvar cancer. Some people who develop it have no known risk factors. Vulvar cancer is not usually caused by an inherited gene change and is not anyone's fault.

- Previous vulvar precancer, especially high-grade VIN
- Persistent high-risk HPV infection
- Lichen sclerosus or some other chronic vulvar skin conditions
- Smoking
- A weakened immune system, including from certain medicines or HIV
- Previous cervical, vaginal, or anal precancer or cancer
- Increasing age, although younger people can also be affected

Diagnosis

A healthcare professional will ask about your symptoms and examine the vulva. They may also feel the groin for enlarged lymph nodes. You can ask for a chaperone and discuss ways to make the examination more comfortable.

The diagnosis is confirmed with a biopsy. During a biopsy, a small sample is removed from the abnormal area and examined under a microscope. Local anaesthetic is usually used to numb the skin. The area may feel sore afterward and may need a stitch.

A cervical screening test, sometimes called a Pap test, cannot rule out vulvar cancer. It collects cells from the cervix, not from vulvar skin.

If the biopsy finds cancer, further tests identify its type, size, and depth. You may have an examination of the vagina and cervix. Imaging such as CT, MRI, or PET scans may be used to look at nearby tissues, lymph nodes, or other organs.

Cancer staging describes how far it has grown or spread. Early-stage cancer is limited to the vulva or nearby area. More advanced cancer may involve groin lymph nodes, nearby organs, or distant parts of the body.

The groin lymph nodes are important in treatment planning. Some people have a sentinel lymph node procedure. This identifies and tests the first lymph node or nodes that cancer cells would be expected to reach. It can reduce the need to remove many groin nodes when the cancer meets specific criteria.

Treatment and management

Treatment is planned according to the cancer's type, size, location, depth, and stage. Your general health and the likely effects on bladder, bowel, sexual function, and body image also matter. Care is usually coordinated by a team experienced in gynaecological cancers.

Surgery is the main treatment for many early vulvar cancers. The aim is to remove the cancer with a border of healthy tissue while preserving as much normal anatomy and function as safely possible. The operation may remove a small local area or, less often, a larger part of the vulva.

Some people also need one or more groin lymph nodes removed or tested. Lymph node treatment helps determine whether the cancer has spread and whether further treatment is needed.

Radiation therapy uses high-energy beams to destroy cancer cells. It may be given after surgery when there is a greater risk that cancer cells remain. It can also be used as a main treatment when surgery would be difficult or very extensive.

Chemotherapy may be given with radiation because it can make cancer cells more sensitive to radiation. For cancer that has returned or spread to distant areas, treatment may include chemotherapy, immunotherapy, or another medicine chosen according to the cancer's features. These treatments may control cancer even when cure is not possible.

Supportive and palliative care can help at any stage. It may address pain, skin irritation, fatigue, emotional distress, sexual concerns, or other symptoms. Palliative care is not limited to end-of-life care and can be given alongside cancer treatment.

Complications

Vulvar cancer can grow into nearby tissues or spread through the lymph system. The lymph system is a network that helps move fluid and immune cells around the body. Groin lymph nodes are a common first site of spread.

The cancer itself may cause pain, bleeding, infection, difficulty passing urine, or problems with movement and sitting. These problems are more likely with larger or advanced cancers.

Possible effects of treatment include:

Lymphoedema may affect one or both legs or the genital area after groin lymph node treatment or radiation. Early assessment can help manage swelling, skin care, and movement.

Concerns about intimacy, fertility, body image, or gender identity are valid parts of cancer care. A pelvic health physiotherapist, psychosexual therapist, counsellor, or specialist nurse may

help.

- Slow wound healing or wound infection
- Changes in vulvar appearance, sensation, or comfort
- Pain or tightness during sexual activity
- Bladder or bowel irritation
- Menopause or vaginal dryness after some treatments
- Lymphoedema, meaning persistent swelling caused by fluid buildup
- Fatigue and emotional distress

Prevention

There is no guaranteed way to prevent vulvar cancer. Some risk factors, including age and an unexplained cell change, cannot be controlled.

HPV vaccination protects against HPV types that cause many genital precancers and cancers. It works best before exposure to HPV, but eligibility differs by country and age. Vaccination does not treat an existing HPV infection or replace assessment of vulvar symptoms.

Not smoking may reduce the risk of HPV-related cell changes and has wider health benefits. Support is available if you want to stop.

If you have lichen sclerosus, VIN, or a previous HPV-related precancer, use the treatment and follow-up plan recommended for that condition. This cannot remove all risk, but regular review may identify suspicious changes earlier.

There is no routine screening test for vulvar cancer. Cervical screening does not screen the vulva. Knowing what is normal for your own skin and reporting a lasting change is more useful than frequent checking that causes anxiety.

Living with it and what to expect

The course over months and years is shaped mainly by the cancer's stage, type, lymph node involvement, and response to treatment. Early cancers that are removed completely often need a defined period of treatment followed by long-term follow-up. Advanced or recurrent cancer may require treatment over a longer period.

Recovery from vulvar surgery can involve soreness, swelling, wound care, and temporary limits on sitting, driving, lifting, or sexual activity. Healing time differs according to the operation and

your general health. Radiation effects may build gradually and can continue for a time after treatment ends.

Many people return to work, relationships, exercise, and usual daily activities after treatment. Some have lasting changes in sensation, comfort, sexual function, or leg swelling. Rehabilitation and symptom treatment can make these changes easier to manage.

Follow-up usually includes discussion of symptoms and examination of the vulva and groin. Imaging is not automatically needed at every visit. The timing of appointments is based on your cancer and treatment history.

Vulvar cancer can return in the vulva, groin lymph nodes, or elsewhere. A new symptom does not necessarily mean recurrence, but persistent itching, a new lump, a sore, bleeding, or groin swelling should be reported rather than saved for the next routine appointment.

When to get medical help

Arrange a routine appointment if you notice vulvar itching, soreness, a lump, an ulcer, bleeding, or a skin change that lasts for more than a few weeks. Seek an earlier review if a symptom is worsening, keeps returning, or has not improved after treatment for another condition.

If you have already been treated for vulvar cancer, contact your cancer team promptly about a new vulvar lesion, groin lump, increasing leg swelling, or unexplained bleeding.

After surgery or radiation, seek same-day medical advice for fever, worsening redness, pus, a wound that opens, increasing pain, difficulty passing urine, or sudden new swelling.

Get emergency help for:

Most vulvar symptoms are not emergencies. They still deserve assessment when they persist.

- Heavy bleeding that does not stop
- Fainting, severe weakness, or confusion with bleeding
- Sudden shortness of breath or chest pain
- Severe breathing difficulty or signs of a serious allergic reaction during treatment

Common questions

Is vulvar cancer curable?

It can be. Cancer confined to the vulva is often treated with the aim of cure. Cure becomes less likely when cancer has spread to several lymph nodes or distant organs, although treatment

may still control it and relieve symptoms.

Is vulvar cancer contagious?

No. Cancer cannot pass between people. HPV, which contributes to some vulvar cancers, can pass through intimate skin contact. Having HPV does not mean that you or a partner will develop cancer.

Can vulvar cancer look like thrush?

Both can cause itching and soreness. Cancer is more likely to cause a persistent localised patch, lump, ulcer, bleeding, or skin change. Symptoms that do not improve after appropriate thrush treatment need examination.

Does a vulvar biopsy hurt?

Local anaesthetic is used to numb the area, though the injection may sting briefly. You may feel pressure during the biopsy and soreness afterward. Ask what pain relief and wound care are suitable for you.

Can I have sex after treatment?

Many people can, but healing, dryness, scarring, pain, or changes in sensation may affect sex. Do not resume penetration until the treated area has healed and your team says it is safe. Lubricants, moisturisers, pelvic physiotherapy, and psychosexual support may help.

Can vulvar cancer come back?

Yes, recurrence is possible, including years after treatment. This is why long-term awareness and follow-up matter. Report a new sore, lump, skin change, bleeding, or groin swelling promptly.

Sources

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