

Treatment of Lichen Sclerosus with Erbium:YAG Laser – an Option to Consider

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SUMMARY

The primary objective of this work is to determine if treatment with 3 monthly sessions of Erbium:YAG laser improves the symptoms of LS. As a secondary objective, it is also proposed to evaluate the improvement of sexual function and the quality of life of these patients, as well as whether there is a relationship between this disease and other autoimmune diseases for its development.

In this study, 10 women between the ages of 45 and 65 years were included, diagnosed with vulvar LS through the clinic, confirmed in five cases with biopsy, who had no response or little improvement with other previous treatments. The study was carried out over the period from January to June 2017.

The patients were treated with an Erbium:YAG Fotona SP Dynamis laser. The treatment lasted 3 months, applying 1 monthly session. Prior to the laser treatment, topical anesthesia was applied. Next, the affected area was treated with 2 passes in the vulvar and / or genital areas. After the treatment, the application of Blastoestimulina (*Centella asiatica* and Neomycin) was recommended for 7 days, twice a day, together with an intimate moisturizing cream that should be applied at night the first week after treatment.

All patients with symptoms should be treated due to the risk of malignancy and to improve the quality of life. The problem arises before asymptomatic patients. We must consider each particular case and assess the advantages and disadvantages, since long-term corticoid treatment carries a number of risks.

Therefore, the laser would be an adequate alternative for the treatment of LE, since it is a fast outpatient treatment, which does not entail long-term side effects and produces a remission of symptoms and signs, improving the quality of life of the patient.

Use Of Erbium:YAG Laser in the Complementary Treatment Of Vulvar Lichen Sclerosus

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SUMMARY

The aim of this research was to assess the efficacy of Erbium:YAG laser for the improvement of the symptoms of vulvar lichen sclerosis.

The study population was 28 women with symptomatic vulvar lichen sclerosis. We applied 3 laser treatment sessions spaced at 4-week intervals. The laser settings were 7 J/cm², 2 Hz and 7 mm spot in a continuous flow. The patients were asked about the presence of symptoms such as itching, pain and coitalgia, scoring all positive responses with 1 point. We established a score for the clinical diagnosis, considering whether there was hypopigmentation, ecchymosis, hyperkeratosis, scoriations or fissures and atrophy. We established a score of 1 for each present injury. Visually, we considered the affected areas to be divided by zones with a point is assigned to each affected area (clitoris, introitus, labia minora, labia majora, lips fusion, effacement).

When we analyzed each component of the scale used to obtain the total score before and after the intervention, we individually observed that there were significant differences in itching, pain, and Analogic Visual Scale before and after the treatment.

The Erbium:YAG laser is a safe, well tolerated and effective method in the adjuvant treatment of vulvar lichen sclerosis. Three sessions with a monthly interval with the indicated parameters were able to obtain a quantified improvement in the quality of life of the patients. After these findings we can conclude that it could enter into medical practice to advise our patients to undergo Erbium:YAG laser sessions simultaneously with clobetasol. It is necessary to establish unified criteria and describe the treatment guidelines between the different lasers applied in order to obtain good correlations and to be able to continue with these studies.

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