

Removal of Genital Warts using Erbium Laser Ablation – a Case Study

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Genital warts caused by Human Papilloma Virus (HPV) is a sexually transmitted infection which is difficult to eradicate in a single treatment and carries a high recurrence rate. Laser removal of genital warts offers rapid and complete removal of lesions and a low recurrence rate.

A case of a 34-year-old female with recurrent vulval warts and vulvo-vaginal candidiasis will be presented. Previous treatments included podophyllotoxin and cryotherapy weekly. Full STI screening was normal, including Syphilis and HIV serology. Prior to treatment, she was screened for vulvo-vaginal candidiasis and was put on a maintenance oral antifungal treatment with Fluconazole. Her smear test (cytology) showed the presence of HPV virus but no dysplasia.

The treated area was disinfected with Clinisept antiseptic solution. Topical anaesthesia using 23% lidocaine and 7% tetracaine was applied on the affected areas one hour before the procedure. The warts that were exophytic were removed using an SP Dynamis laser in ablative Erbium:YAG mode.

Follow up at two weeks showed an uncomplicated recovery. Subsequent monthly follow ups for three months showed no recurrence of warts.

Partner notification: Her sexual partner was advised to have a sexual health checkup and they were both advised to use condoms.

Conclusion: Laser ablation of vulval warts in women appears to be an effective alternative to other conservative treatment modalities. It allows an immediate ablation of large areas and should be considered in cases where other modalities have failed. Prior screening for vulvo-vaginal infections and sexually transmitted infections, and regular cervical screening are recommended, as well as partner notification and follow up for up to a year after treatment to monitor recurrences.

Application of Erbium:YAG Laser in Stress Urinary Incontinence in Women: Literature Versus the Reality of our Practice

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Background: Erbium laser is a safe treatment for SUI with short-term efficacy. But is this true in daily clinical practice?

Aims: to analyze with a retrospective study the before-and-after effectiveness of stress urinary incontinence treatment with the Fotona Er:YAG laser in patients treated in our center from 2016 to 2019, and determine if the results are comparable to the published data.

Methods: from January 2016 to January 2019 we performed the treatment of I.U.E. to 116 patients, with between 1 and 3 sessions of Er:YAG laser (a technique known as IncontiLase®). The average age was 51.24 years. The ICIQ was analyzed through a retrospective longitudinal study and an EVA of how incontinence affected their lives. Patients were asked about tolerance to the treatment and whether they would recommend it or not.

Results: The quality of life went from an average of 6.85 (0 does not affect me, 10 affects me a lot) to 3.78 with $p < 0.0001$ (statistically significant). The average ICIQ-SF before the treatment was 13.88 and after was 7, which was also statistically significant ($p < 0.0001$). In each session there was an improvement of 1.2 points on the initial ICIQ-SF. 81.4% of the patients would recommend the treatment and 99.1% perceived it as tolerable or very tolerable.

Conclusions: in agreement with published data, we see that the treatment of mild-moderate SUI with the Erbium:YAG laser is a safe, comfortable outpatient treatment with good results in the short term. Notice that the study is not long-term.