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Histological, Cytological and Clinical Correlations after RenovaLase® Treatment as a Guide to Prescribing the Treatment

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To find a cytological parameter that allows us to proactively indicate the RenovaLase® treatment and correlate it with post-treatment histological changes in women with severe asymptomatic vaginal atrophy in order to avoid future unpleasant symptomatic episodes for the patient.

40 postmenopausal patients with severe, asymptomatic vaginal atrophy were enrolled in this study. Previous cytological evaluation confirming a maturation index of the epithelium less than 25 was done, compatible with atrophy, in all of the women studied. Biopsies were performed in a smaller group of the patients, and we proceeded to perform the protocol of a single session of RenovaLase to determine if the rate of maturation value could improve to remove them from the terrain of vulnerability to suffering from symptoms and correlate changes with histological findings. 33 of the 40 patients were followed for a year with cytological evaluation (maturation value index) and biopsies in some of them were taken at the first month and at three, six and twelve months.

A significant improvement in the epithelial maturation value index was observed in 100% of the treated patients, going from less than 25 to more than 50, and in many of them even more than 65, which means proper trophism. These changes were also correlated with the histological improvement expressed in increments of the epithelial thickness, the glycogenic load and the amount of vascularization in the lamina propria. These outcomes were maintained during the twelve months of follow-up.

Our results show that carrying out a single session of RenovaLase to asymptomatic postmenopausal patients reduces the risk of suffering the possibility of future symptoms of the so called Genitourinary Syndrome of Menopause.

Intraurethral Laser Treatment of Patients with Mixed Urinary Incontinence (MUI)

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Mixed urinary incontinence (MUI) is a prevalent condition with a significant impact on a woman's quality of life. Patients show signs of stress incontinence as well as urge incontinence, and in most cases women are not able to characterize their incontinence.

The etiology of MUI may be due to pathologies like bladder dysfunction and intrinsic urethral sphincter deficiency. So far there is no gold standard to determine if a patient has predominantly stress or urge incontinence. The recommended treatment includes pharmacological treatment, physiotherapy, lifestyle interventions and surgical procedures.

In the recent past, intravaginal nonablative laser thermotherapy has shown promising results in treating the condition of vulvovaginal atrophy and stress urinary incontinence.

To assess the impact and efficacy of intraurethral Er:YAG nonablative laser treatment for patients with MUI.

A series of 4 patients with MUI were treated with the Fotona SP Dynamis 2940 nm Er:YAG laser device using SMOOTH mode. All 4 patients initially received the standard IncontiLase® treatment with an additional intraurethral treatment in case of clinically suspected MUI. Antibiotic prophylaxis (fosfomycine 3g, single shot) was given, and the impact was evaluated 1 month post treatment.

2 patients showed significant improvement 1 month post treatment, whereas 2 patients did not show any significant change of their condition. No severe side effects were observed.

Intraurethral nonablative laser thermotherapy seems to be a safe and simple option in patients with MUI. Further investigations are needed to research applicable patient selection criteria and long-term outcomes of treated patients.