



Vulvar Fibroepithelioma: Surgical Treatment with Er:YAG Laser

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Introduction:

Vulvar fibroepithelioma, also known as benign fibrous histiocytoma of the vulva, is a rare type of soft-tissue tumor. Surgical excision is a common treatment for fibroepithelioma. The goal of surgical excision is to completely remove the tumor while minimizing any potential damage to surrounding healthy tissue. Fibroepithelioma excision is generally considered a safe and effective procedure. However, as with any surgical procedure, there are risks, such as infection, bleeding, scarring, and potential complications related to anesthesia.

Parameter	SP Dynamis
Wavelength	2940 nm
Handpiece	R08-Ti
Energy	120 mJ
Frequency	50 Hz
Pulse duration	MSP
Spot size	0.45 mm
Sessions	1 session



Dr. Deasy Thio graduated from the Kristen Krida Wacana University, Jakarta in 2002. From 2005 to 2008 she specialized in Dermatology at the Skin & Cancer Foundation Inc in Manila, Phillipines, and subsequently from 2012 to 2013 at the University of Indonesia at Adaptation Program. She is a board-certified dermatovenerologist aesthetic practitioner with a special interest in laser, dermatosurgery and dermatopathology. She has a fellowship in IFAAS Hand on master class Advanced Blepharoplasty in Singapore and an IFAAS Mini fellowship on Korean Advanced Asian Blepharoplasty in Korea. She currently works with the SP Dynamis, StarWalker and TimeWalker.

CLINICAL CASE:

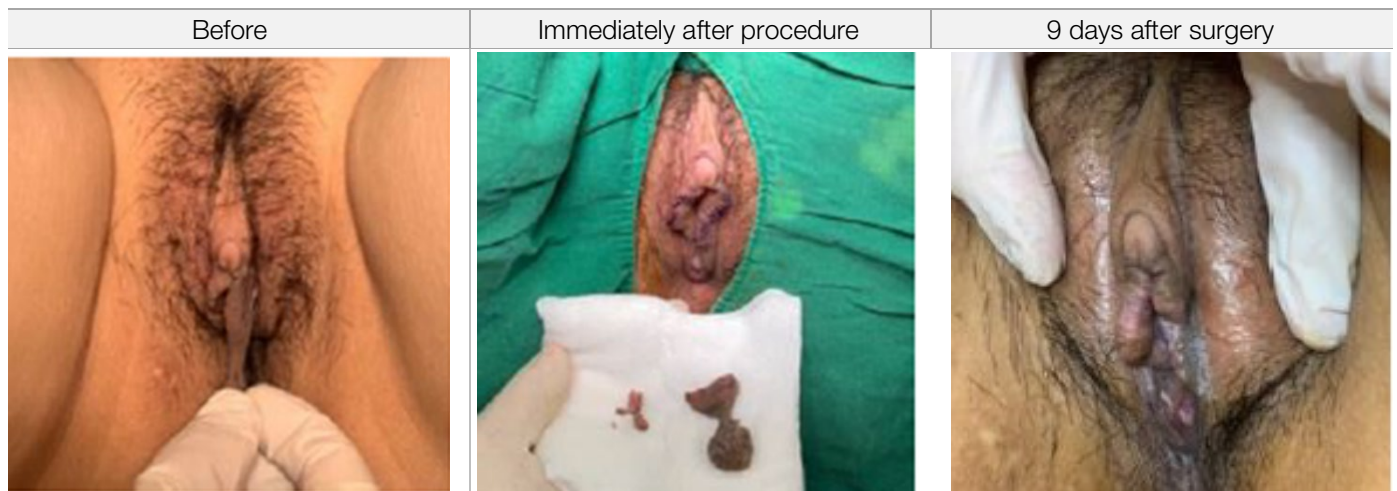
A 34-year-old female came to our hospital with a complaint of pedunculated extra skin on the genital area that had been bothering her for the past 10 years. The tumor was 3x1x1 cm in size and was interfering with the patient's daily activities, which was the main complaint and reason for its removal. We decided to use the Er:YAG laser to perform the excision.

Our laser excision procedure involved:

- marking the area of the tumor with permanent ink;
- application of anesthesia (epinephrine and lidocaine in NaCl (0.9%));
- excising the excess tissue with a specialized cutting handpiece (R08-Ti); laser settings are presented in the table of this clinical note;
- suturing the wound with interrupted stiches (Vicryl 3.0).

The patient was given instructions for post-treatment care that included cleaning the wound with NaCl (0.9%) after urinating and applying the antibiotic ointment to the wound. Removal of sutures was done one week after the procedure and the wound healed perfectly. There was no infection in the process of healing. The patient was very satisfied with the result. The histopathology of the excised tissue confirmed the fibroepithelial polyp.

When comparing laser surgery with surgical procedures using electrocautery, the duration of the procedure is shorter with electrocautery. However, there a significant advantage with laser surgery due to its precise cutting that leaves the tissue healthier and less charred, which essentially results in faster wound healing.



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