LASERS

IMPROVEMENT OF ATROPHIC VAGINITIS IN A BREAST CANCER PATIENT USING AROMATASE INHIBITOR.

Simone Ramos [(1)] - D Hexsel [(2)]

Hexsel Dermatologic Clinics, Dermatology, Porto Alegre, Brazil [(1)] - Hexsel Dermatologic Clinics, Technical Director, Porto Alegre, Brazil [(2)]

Background: Menopausal symptoms may be more abrupt in its onset and more persistent in breast cancer survivors (BCs). They can adversely impact self-esteem, body image and sexual function of these patients. The local symptoms are often progressive if left untreated and include vaginal dryness, discoloration, dyspareunia and others.

Observation: A 54-year-old woman presenting with important dyspareunia of the vaginal introitus searched for genital laser treatment. She was breast-mastectomized eight years before due to a breast cancer. She was taking oral anastrozole and using intravaginal applications of promestriene cream three times a week. The patient was submitted to four sessions of Laser Er: Yag 2940nm once a month (Solon, LMG, Brazil). The first treatment was done only at the vaginal introitus, using Laser Er: Yag fractionated in ablative mode, with the aim to improve the tissue elasticity to facilitate speculum passage and proper application of intravaginal laser. The following 3 sessions were intravaginal, using the Smooth pulse mode. At the fourth application, we noticed a marked improvement of the mucosa, less pale, with more lubrication and greater elasticity, in addition to the improvement of the position of the urethral meatus and vaginal introitus. Dyspareunia also improved.

Key message: The local symptoms of atrophic vaginitis, also called Genitourinary Syndrome of Menopause (GSM), is a relevant issue for BC survivors. It is also a complaint of 60% of postmenopausal women and 40% of younger women.
Vaginal lasers open new perspectives on the non-hormonal treatment of GSM to re-establish genital structural and physiological conditions, also improving patients' quality of life.