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Treatment of Vaginal Adenosis using a Fotona Dynamis R11 (G-set) or G-Runner (G-22) Handpiece

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Parameters:

STEP 1: Vaporization			
Device		Fotona Dynamis	
Laser source		Er:YAG	
Handpiece	Manual handpiece	or Scanning handpiece	
		R11 set to 2 mm spot size, used together with the GA adapter *	G-Runner (G-22), used in the GRA-AB, no rotation set-up
Realized treatment spot size	3 mm		3 mm
Pulse duration mode	SP	SMOOTH*	SP or MSP
Fluence set on the system	5.6-10 J/cm ²	3.6-6 J/cm ²	6-10 J/cm ²
Realized treatment fluence	2.5-4.5 J/cm ²	6-10 J/cm ²	6-10 J/cm ²
Frequency:	10-20 Hz	2 Hz	10-20 Hz

STEP 2: Coagulation			
Device		Fotona Dynamis	
Laser source		Er:YAG	
Handpiece	Manual handpiece	or Scanning handpiece	
		R11 set to 4 mm spot size, used together with the GC adapter	G-Runner (G-22), used in the GRA-FG, with rotation set-up
Realized treatment spot size	Cylindrical (h=2.6 mm)		Cylindrical (h=9 mm)
Pulse duration mode	SMOOTH		SMOOTH
Fluence set on the system	1.25 J/cm ²	1.5 J/cm ²	
Realized treatment fluence	0.7 J/cm ²	0.7 J/cm ²	
Frequency:	2 Hz		3.3 Hz

Treatment procedure:

The clinical picture of vaginal adenosis may vary, ranging from vaginal discomfort, pruritus, clear or mucoid discharge or dyspareunia. Cysts derived from Mullerian epithelium arise from patches of vaginal adenosis and are lined by tubo-endometrial- or mucinous-type epithelia. However, many cases are asymptomatic and diagnosed incidentally during physical examination. Vaginal vaporization, followed by coagulation, using either the manual R11 handpiece with G-set adapters or the scanning G-Runner (G-22) handpiece, provides a minimally invasive and cost-effective therapeutic option for patients with vaginal adenosis. This treatment option offers not only the possibility to coagulate the external ectopic cylindrical epithelium that exists in the vaginal canal, but appears to be an effective non-invasive treatment method to inhibit recurrence of the lesions due to its bio-modulating effect. The parameters for the two-step treatment (vaporization and coagulation) are shown in the Tables above. Hyaluronic acid gel is to be used immediately after the procedure to aid healing. Depending on the extension of the lesion, multiple sessions might be needed in some cases. The sessions should be done weekly or every 10 days.

In our clinic, we have treated 4 patients diagnosed with vaginal adenosis using the above technique. A complete gynecological examination with video colposcopy was performed prior to each treatment. A pap smear test, culture of the vaginal discharge and biopsy of the abnormal colposcopy images were also taken. For example, one of the patients was a 36-year-old female patient who came in for discomfort during intercourse and chronic leucorrhoea, which caused her pruritus. She had two normal deliveries at the age of 29 and 31 years. She had been using contraceptive pills since her last delivery. Her last gynecological control had been done three years prior to the consultation. The histopathology confirmed the diagnosis of vaginal adenosis, characterized by the presence of glandular tissue or its secretory products in the vaginal wall. In her case, this was not associated with diethylstilbestrol exposure. After 3 treatment sessions separated by 7-10 days, all patients reduced their chronic leukorrhoea, and the symptoms of bleeding had completely disappeared.

In conclusion, the Fotona Dynamis laser system equipped with an R11 (G-set) or G-Runner accessory provides a minimally invasive option for treating various gynecological lesions, particularly when the lesions are present over extended superficial vaginal areas. Examples include vaginal adenosis, vaginal flat HPV warts (condyloma), vaginal endometriosis and vaginal sessile polyps.



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