

Comments on Singh et al.: Laser vaginal rejuvenation: not ready for prime time

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Dear Editor,

We read with interest the recently published article by Singh et al. entitled “Laser vaginal rejuvenation: not ready for prime time” [1]. In this editorial, the role of CO₂ laser in gynecology was discussed, focusing on its cosmetic indications. The authors correctly pointed out the almost complete lack of scientific literature on these emerging cosmetic treatments, of which little is known in terms of indications, standardization of the technique, complication rates, functional outcomes, and long-term safety. Despite this, the so-called “laser vaginal rejuvenation,” is very popular among women, and is largely marketed, and, in our opinion, improperly offered on the basis of the current evidence. For this reason, we deem this editorial extremely timely, sensible, and appropriate for stimulating good-quality research in this field and to guide clinical practice to an evidence-based and not a business-oriented path.

On the other hand, we would like to clarify that CO₂ laser is a light energy with recognized therapeutic effects in many medical fields. Its use in cosmetic gynecology represents just one application, although it is the one most frequently criticized, which should not lead to the misinterpretation that any clinical CO₂ laser application is to be blamed. In fact, the CO₂ laser is a surgical instrument and, like the cold knife or the electrical scalpel, it can provide different effects, depending on the way we use it and on the energy that we decide to deliver.

We have recently reported the regenerative effects of intravaginal fractional CO₂ laser on the vaginal epithelium

and lamina propria in postmenopausal women with vulvovaginal atrophy (VVA) [2]. A microablative fractional CO₂ laser was demonstrated to be feasible, efficacious, and safe in improving VVA-related symptoms in postmenopausal women, at 12-week follow-up [3]. In addition, this technique caused a significant decrease in the severity of the dyspareunia related to vaginal dryness in these patients, and it was consequently associated with a consistent improvement in sexual function and sexual satisfaction of menopausal women with VVA [4, 5].

Therefore, despite the utmost pertinence of the editorial by Singh et al., we decided to write this letter, to avoid the misunderstanding that all gynecological applications of the CO₂ laser are lacking scientific evidence and therapeutic effects.

References

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A response to these comments can be found at doi:[10.1007/s00192-015-2647-3](https://doi.org/10.1007/s00192-015-2647-3).

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