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FYI

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Laser Treatment of Vaginal Atrophy: Marketing Before Science

COMMENTARY

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Hello. I am Andrew Kaunitz, professor and associate chair in the Department of Obstetrics and Gynecology at the University of Florida College of Medicine in Jacksonville.

Vaginal atrophy, also known as genitourinary syndrome of menopause (GSM), is a highly prevalent condition that impairs quality of life in menopausal women. Unless treated, GSM is progressive.

Over-the-counter lubricants and moisturizers represent appropriate first-line approaches for the vaginal dryness and sexual discomfort associated with GSM. Regular vaginal penetration via sexual intercourse or use of dilators can also reduce sexual discomfort by increasing vaginal elasticity.

When the symptoms of GSM (eg, vaginal dryness, pain with intercourse) persist, safe and effective US Food and Drug

Administration (FDA)-approved prescription treatments—vaginal estrogen, vaginal DHEA, and oral ospemifene—are available. However, given the confusion and fear that surround menopausal hormone therapy, prescription treatments for GSM are underused.[1]

The CO2 laser is being marketed to women for the treatment of GSM. Although small, uncontrolled studies suggest that vaginal laser may be helpful for some women, no large sham-controlled trial data are available.[2]

In late July, the FDA released a statement saying that 14 women have reported being harmed by vaginal laser treatment; these adverse effects included vaginal burns, scarring, and pain during sexual intercourse.[3-5]

Our menopausal patients should make decisions regarding treatment of GSM based on good evidence. Along with the FDA, both the American College of Obstetricians and Gynecologists and the North American Menopause Society believe that evidence-based therapies should be recommended for the treatment of GSM and have not endorsed vaginal laser therapy until there is more robust clinical trial information to assess long-term safety and efficacy.[5-7]

Given the potential of vaginal laser treatment to cause harm, we should hold off on performing or referring patients for this procedure until data from sham-controlled trials become available.

Thank you for the honor of your time. I am Andrew Kaunitz.

References

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