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## REVIEW ARTICLE

## Vaginoscopy for the diagnosis and treatment of vaginal lesions

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## ABSTRACT

**Background:** The vaginoscopic approach for hysteroscopy allows detailed endoscopic evaluation of the vaginal walls, fornices, and exocervix. **Objectives:** To review the feasibility and efficacy of vaginoscopy in the diagnosis and treatment of vaginal lesions. **Search strategy:** A systematic review was performed of PubMed/Medline, Embase, Google Scholar, and the Cochrane Database to identify papers published in English. The search terms were "hysteroscopy," "vaginohysteroscopy," "vaginohysteroscopy," and "vaginal lesion." The last review was performed on January 31, 2015. **Selection criteria:** Studies in which the diagnosis and treatment of vaginal lesions used the vaginoscopic approach and hysteroscopic instrumentation were reviewed. **Data collection and analysis:** Data were extracted from the identified studies and then analyzed. **Main results:** Thirteen studies were reviewed. Eleven described one case; one reported observations from two patients, and one study reported a case series. All vaginoscopies reported were performed successfully and without significant complications. **Conclusions:** Vaginoscopy is an easy way to gain access to the cervical canal and an important tool with which to diagnose and treat vaginal lesions.

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## 1. Introduction

Vaginal disease (inflammatory, tumoral, iatrogenic, or malformative) can represent an unusual, often underestimated, cause of genital complaints such as dyspareunia, abnormal genital bleeding, and vaginal discharge [1]. Traditionally, the diagnostic approach for vaginal lesions includes gynecologic bimanual examination, followed by a careful inspection of the vagina and cervix, which is usually performed with a speculum. At the same time, when indicated, clinicians might obtain a biopsy sample or possibly perform a cytologic and/or culture-based examination.

The traditional approach can cause the patient some discomfort, particularly when cervical instruments are used that are fairly invasive and might cause erosions or lacerations to the vaginal walls. Moreover, the usual approach is not suitable for patients who have not had sexual intercourse or those with severe stenosis of the vaginal introitus, which prevents or contraindicates the use of a speculum.

Starting from the principles of pediatric vaginoscopy, in 1997, Bettocchi and Selvaggi [2] proposed an alternative approach for identification of the external cervical ostium and for atraumatic insertion of the hysteroscope without the aid of a speculum or

tenaculum. This technique—the vaginoscopic approach or no-touch technique—consists of introducing the hysteroscope directly into the vagina. After distension provided by a fluid medium, it is possible to carefully explore the vagina and perform eventual interventions using hysteroscopic instruments [3–6].

The vaginoscopic approach for hysteroscopy has contributed to the development and widespread use of hysteroscopy in an office-based setting [4], reducing patient discomfort and suitable for use among women who have not been sexually active or have severe vaginal atrophy or stenosis [7]. Moreover, the vaginoscopic approach facilitates a detailed endoscopic evaluation of the vaginal walls, fornices, and exocervix, all of which can be easily and accurately examined through the magnification of images on the monitor (Fig. 1).

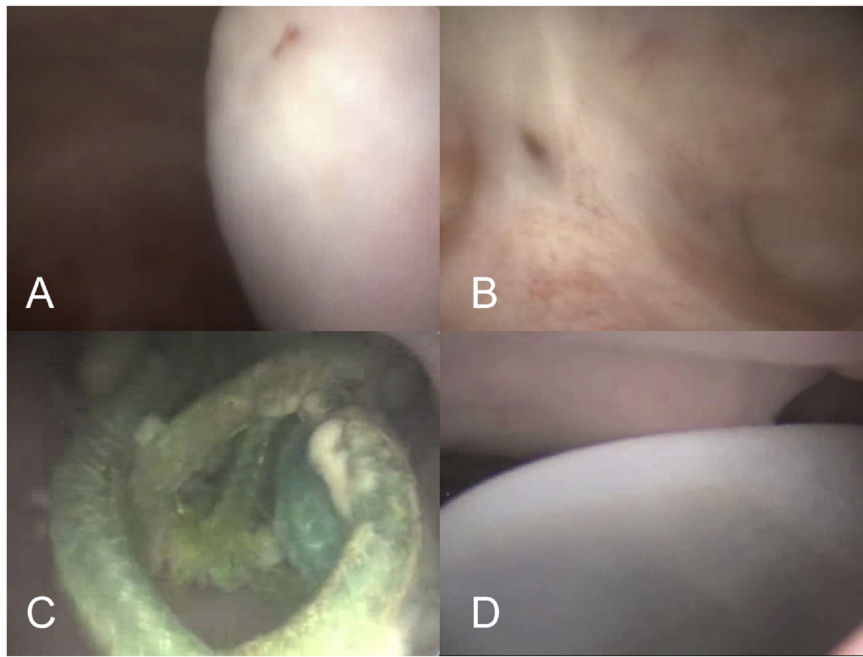
With increasing experience and refining of techniques, many studies have described careful exploration of the vagina. As a result, the aim of the present review was to evaluate the feasibility and efficacy of vaginoscopy in the diagnosis and treatment of vaginal lesions.

## 2. Materials and methods

The present systematic review was undertaken in accordance with Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines [8]. A comprehensive computerized literature search of PubMed/Medline, Embase, Google Scholar, and the Cochrane Database was undertaken using a combination of the keywords

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**Fig. 1.** Some findings of vaginoscopy. (A) Vaginal cyst of left wall; (B) synchia; (C) residual suture; (D) condom. The images were acquired by A.D.S.S. in the Hysteroscopy Unit of the University of Naples Federico II, Naples, Italy.

“hysteroscopy,” “vaginology,” “vagina-hysteroscopy”, and “vaginal lesion.” The last search was performed on January 31, 2015. All English language articles were included in the review. No other limits or filters were placed on the searches to ensure maximal sensitivity. The reference sections of the extracted articles were checked and any articles that seemed to be relevant but had not been retrieved by the database searches were obtained.

Proceedings of scientific meetings were not included. No attempt was made to identify unpublished studies, because it is difficult to gain reliable and comprehensive access to information regarding rare cases.

Studies in which the diagnosis and treatment of vaginal lesions were performed using the vaginoscopic approach and hysteroscopic instrumentation (miniaturized hysteroscope or resectoscope) were included. Studies describing vaginal diagnostic and operative procedures using pediatric, urologic, or other instruments were excluded from the review.

Two independent researchers (G.C. and B.Z.) extracted data from the articles. Data were managed using Microsoft Excel 2010 (Microsoft Corporation, Redmond, WA, USA). The year of publication, clinical characteristics of patients, results of preoperative diagnostic investigations, and surgical details were extracted. The set-up and characteristics of the endoscopic instrumentation used were also recorded.

If surgical specimens were described in the article, the histologic evaluation was considered. Any associated relevant pathology or other peculiarities of the cases were recorded.

On the basis of the findings of the systematic search, the decision to undertake a qualitative review was made. The data available were not suitable for meta-analysis.

### 3. Results

Among nonduplicate 103 articles identified, 13 were finally included [9–21] (Fig. 2). Eleven papers each described one case [9–15,18–21], one reported data from two patients [17], and one assessed a case series [16] (Table 1).

Seven cases of longitudinal vaginal septum were identified [9–13,18,19]. For one patient, the vaginal malformation was treated in an office setting with a 4-mm hysteroscope and a 5-Fr bipolar electrode [12].

The other six patients were treated in the operating room using a resectoscope under general anesthesia [9–11,13,18,19].

Two cases of vaginal benign polyps were identified [14,17]. For one of these patients, a polypectomy was performed in an office setting without analgesia or anesthesia [14]. By contrast, the second case was treated in the operating room with intravenous sedation of the patient [17].

Smorgick et al. [16] summarized their 12-year experience of the vaginoscopic technique in the treatment of 28 young girls. All vaginohysteroscopies were performed successfully under general anesthesia and without significant complications. In three cases, a foreign body was removed; and in two cases, a diagnosis of lower-genital-tract tumors was made. Resolution of hymenal stenosis was achieved and diagnosis of rectovaginal fistula was also made [16].

The three remaining selected articles included a description of a case of vaginal endometriosis [15], a case of a benign Müllerian cyst resected in a child aged 1 year [20], and a two-step approach to remove an earring stuck in the right vaginal wall of a virgin adolescent girl hospitalized for treatment of miliary tuberculosis [21].

All the procedures reported in the selected articles—whether performed in an office setting or an operating room—were successful and had no significant complications.

### 4. Discussion

The data gathered in the present review deserve discussion. First, the search identified only a few published studies on vaginohysteroscopy in which the surgical techniques and instrumentation used were described in detail; this is clearly related to the fact that vaginology has not been a common approach to date. Furthermore, 10 (77%) of the 13 included studies were published after 2005, indicating that the possible use of diagnostic and operative vaginohysteroscopy for vaginal lesions is a recent advancement of gynecologic endoscopy and its use could be progressively increasing.

Second, in most studies, one case of operative vaginology was reported. On one hand, this could be attributed to the rarity of the vaginal lesions but, on the other hand, it could be a result of the poor skill of

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