

Gynecology

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Urethral pain syndrome and its management.

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Urethral pain syndrome is occurrence of persistent or recurrent episodic urethral pain usually on voiding with daytime frequency and nocturia, in the absence of proven infection or other obvious pathology. This is a condition of uncertain etiology. The objective of this article is to review etiology, diagnosis, and management of urethral pain syndrome. Since there is paucity of information on randomized trials, search of published literature has been made using keywords such as "urethral pain syndrome", "painful bladder syndrome", "urethral stenosis", and "lower urinary tract symptoms". Urethral pain syndrome is a disease of ambiguous etiology. Diagnosis is mainly based upon symptoms, and investigations are aimed to exclude other conditions affecting lower urinary tract. Various modalities of treatment including antibiotics, alpha-blockers, acupuncture, and laser therapy have been proved successful. Psychological support is very important in this group of women. Management requires multidisciplinary approach, and treatment at its best is by trial and error. TARGET AUDIENCE: Obstetricians & Gynecologists, Family Physicians. LEARNING OBJECTIVES: After completion of this article, the reader should be able to explain that the urethral pain syndrome (UPS) has specific signs and symptoms without specific responses to a variety of treatment options and recall that treatment may require a multidisciplinary approach and a lot of sensitivity by the physician.

[Zh Mikrobiol Epidemiol Immunobiol.](#) 2006 Jul-Aug;(4):105-9.

[Immunological and microbiological aspects of low intensity laser effect on the factors of local immunity of the reproductive tract in women with chlamydia infection]

[Article in Russian]

Dolgushin II, Gizinger OA, Telesheva LF.

Assessment of immunological and microbiological efficacy of Chlamydia cervicitis management was made by a complex method with a low intensity laser. The total number

of leukocytes, percentage of viable cells and the number of neutrophils were detected in cervical secrets. Functional status of neutrophils was studied by a content of lysosomes on the ground of spontaneous and induced by latex HCT-reducing capacity, phagocytic activity. A system of cytokines was studied by interleukine level (IL-1 alpha, IL-1 beta, TNF-alpha, IL-8) and IFN-gamma content in cervical mucus. Positive clinical effect of the local use of the low intensity laser for Chlamydia cervicitis treatment was accompanied by positive changes in immunological indices of cervical secret, normal concentration of cytokines in cervical secret, restoration of the number and functions of neutrophils. Local use of the low intensity laser contributed to decreased number of opportunistic pathogenic microorganisms and their associations, and restored local flora.

NEAR RESULTS OF TREATMENT THE PATIENTS WITH COMPLICATED GENITOURINAL PATHOLOGY WITH APPLICATION OF LOW INTENSIVE LASER IRRADIATION

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The problem of managing chronic inflammatory diseases of genitals is rather urgent. It is connected with increase of serious complications, tendency to recurrence, resistance to treatment. We studied 28 patients (11 males and 17 females). The age of patients was 19-48 (medium age was 31). On etiologically diagnosis the patients were distributed as follows: Chlamydia trachomatis was found in 21 cases, C.trachomatis and Ureaplasma urealiticum - in 5, ? trachomatis and Candida albicans - in 2. Chronic urethritis, prostatitis, cervicitis, cervical erosion, vulvovaginitis, endometritis, and pelvic inflammatory disease were prevailed. Antimicrobials, immunomodulators, vitamins, and symptomatic drugs were prescribed in combination with LILI. The laser therapy was conducted by He-Ne laser with the capacity of 25 mW. Males received intravenous or intraurethral LILI, 5-7 procedures. Females received LILI by the following techniques - intravenously, intraurethraly, intracervically and intrauterinely, 5-7 procedures, intravaginally - 10 procedures. Patients which received laser therapy were marked by pronounced clinical improvements - pain was soothed, acute urethral syndrome was arrested, discharge from the genitals was decreased. Blood and urine parameters normalized. On data from our institution the percentage of recurrence after treatment of patients with chronic complicated genitourinal pathology without use of laser therapy was 10-15%. In the case of application of LILI the near results had shown 100 % clinical and microbiological curability.

USAGE OF LASER THERAPY IN GYNECOLOGICAL PRACTICE

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In purpose of determining the effectiveness of treating of sexually transmitted diseases with laser therapy, 135 patients' treatment courses were analyzed the method of 3 stages treatment of pelvic inflammatory diseases were conducted. The treatment consisted of 15-20 days. 112 patients have been treated (with chronic pelvic inflammatory diseases). The complete healing of cervical intraepithelial neoplasia have been registered by 10-15 day, 3 patients' vaporization were conducted. High level of laser therapy in gynecological practice let to full inculcate in hospitals.

Alaska Med. 1999 Jan-Mar;41(1):13-5.

The effect of laser radiation on the metabolic processes of cellular membranes in pelvic inflammatory disease.

Kattakhodjaeva MH, Rakhimova LS.

First Tashkent State Medical University, Department of Gynecology and Obstetrics, Tashkent, Republic of Uzbekistan.

The metabolic products of peroxide oxidation of cellular membrane lipids and the activity of the antioxidant enzyme superoxidismutase in blood plasma was determined in 68 patients with acute pelvic inflammatory disease and exacerbation of chronic pelvic inflammatory disease. The analyses were done before treatment, after routine antibiotic therapy, and after low energy laser radiation treatment. During acute inflammation and exacerbation of chronic inflammation, peroxide oxidation of cellular membrane lipids intensifies and antioxidant enzyme activity decreases. Helium-neon laser rays in addition to routine antibiotics appear to stabilize peroxide oxidation and normalize antioxidation enzyme activity more than antibiotics alone.

A comparison between laser therapy and drug therapy in the treatment of vaginitis

Passeniouk A M, Michailov V A.

30 women with non-specific vaginitis and vaginal candidiasis were treated with LLLT and topical chlorhexidine application daily for ten days. 20 women with the same condition were treated with metronidazole (10 g as course dose) and fluconazole (150 mg single dose) and vaginal application of metronidazole. The results suggest that local laser therapy is able to remove signs of vaginitis more efficiently than drug therapy. Repair of normal vaginal microflora was significantly faster in the laser group. There were no side effects in the laser group whereas there were women on drug therapy who reported side effects.

[Urologiia](#). 2004 Mar-Apr;(2):20-2.

[Combined therapy of interstitial cystitis using the "Aeltis-Synchro-02-Iarilo" device]

[Article in Russian]

[Kalinina SN](#), [Molchanov AV](#), [Rutskaia NS](#).

Multiple modality therapy of interstitial cystitis (IC)--the disease characterized by nicturia, pelvic pains, imperative pollakiuria--is considered. As IC nature is not well known, its treatment remains empiric. Among the underlying causes, most probable are autoimmune, allergic, infectious, neurological, vascular. Therefore, the treatment should be multi-modality. Most usable now is combined chemotherapy. Perspective is also IC treatment with medicines in combination with physiotherapy (electromagnetolaser AELTIS-SYNCHRO-02-YARILO"). Endovesical electrophoresis can be also applied.

Urol Nefrol (Mosk). 1996 Sep-Oct;(5):10-4.

[Magnetic-laser therapy in inflammatory and posttraumatic lesions of the urinary system]

[Article in Russian]

[Loran OB](#), [Kaprin AD](#), [Gazimagomedov GA](#).

The authors discuss disputable problem of renal and ureteral tissue after trauma or inflammation. These cause irreversible morphological changes in the tissue. Poor results of the standard therapy urged the authors to try magnetic-laser therapy in urological clinic. The technique has been developed on experimental animal models. The resultant morphological characteristics of ureteral wall and parenchyma support the validity of magnetic-laser therapy in urological practice.

Vopr Kurortol Fizioter Lech Fiz Kult. 1996 Sep-Oct;(5):25-6

[The effect of low-intensity infrared laser therapy on the endocrine function of patients with climacteric disorders]

[Article in Russian]

[Kulikova NG](#), [Illarionov VE](#), [Orekhov KV](#).

The authors examined males and females aged 40-65 with menopausal disorders. Low-intensive infrared laser therapy produced a response both in males and females in menopause as evidenced by normalization of FSH, LH levels and elevation of sex steroid hormones.

Zh Nevropatol Psikhiatr Im S S Korsakova. 1994;94(4):20-3.

[Hormonal disorders in women with prosopalgia in osteochondrosis of the cervical spine and the possible means for their correction]

[Article in Russian]

Kushlinskii NE, Grechko VE, Ivanov NA, Klimenko II, Sineva NA, Vodop'ianov NP, Khasan A.

Radioimmunoassay was employed to determine basal levels of LH, FSH, prolactin, total testosterone and 17 beta-estradiol in plasma from 52 pre- or postmenopausal women with prosopalgia consequent to cervical osteochondrosis. The measurements were made before and after laser treatment. Different from the control, basal levels of the hormones and the trends in their changes due to laser therapy depended on the patients' age and the disease stage.