Introduction: Pelvic Radiotherapy and Brachytherapy play a fundamental role in the treatment of gynecologic malignancies. These treatments are not exempt of toxicities. Vaginal stenosis develops in up to 88% of patients, compromising their sexual activity, quality of life and clinical surveillance. Therefore, the need to prevent this condition is evident.

Objective: Present the preliminary data of vaginal stenosis prevention methods, and quality of life of patients.

Methods: Retrospective analysis of 89 patients with Gynecologic tumors, submitted to Radiotherapy (IMRT/3DCRT) and/or Brachytherapy (3D, guided by CT, HDR), between 2011-2012, proposed to prevent vaginal stenosis.

Prevention started 2 weeks after the end of Radiotherapy, using one or more of the following techniques: vaginal dilator (Fig.1), modified Nunns’ technique, or sexual intercourse, according to patient’s preference.

Results: 43% of patients had cervical tumors. With an average age of 59 (26-80), 88% underwent pelvic Radiotherapy, and 97% Brachytherapy.

Compliance to the selected method was 86%, and the most used were: dilator (21%), modified Nunns’ technique (19%), and modified Nunn’s technique combined with sexual intercourse (19%) (Graphic 3).

27% of patients performed prevention 3 times/week. Dyspareunia occurred in 33%. One-year overall survival was 96%, and disease free-survival 78%. No patient had significant vaginal stenosis.

Conclusions: Given the short follow-up time, it is not yet possible to evaluate the efficacy in preventing vaginal stenosis. An excellent compliance was obtained. With the continuing practice of these methods, it is our aim to continue to analyse their efficacy in the prevention of vaginal stenosis, and their contribution to the patients’ quality of life.

Bibliography: