

4.1.10 Nonsurgical Cosmetic Gynecology

- **Definition:** Cosmetic gynecology is a complex medical subspeciality that needs deep knowledge of anatomy, histology, gynecology, dermatology, and plastic surgery to achieve the most effective results. The complicated relationship of muscles, subcutaneous tissues, skin, and mucosal lining of the vulvovaginal zone deserves special considerations to decide the appropriate therapy. Different kinds of therapies can be considered depending on the specific problem and patients' concerns and expectations (Clark [2018](#); Barbara et al. [2017](#); Hamori [2014](#)).
- **Indication:** The usual pathologies in clinical practice are vaginal dryness, flaccidity of the vulval and vaginal structures, and reduced hydration of the vulvar skin, which can be targeted for cosmetic gynecology.
- **Contraindication:** Hematologic malignancies and systemic and urinary infections are among its most important contraindications.
- **Procedure:** The method of vulvovaginal rejuvenation that is employed combines endopeel technique and PRP therapy. Endopeel is an oily solution composed of carbolic acid, peanuts oil acid, and menthol (Dewandre and Tenenbaum [2011](#)). The use of endopeel injections in the muscles and deep subcutaneous tissues recover the tension and deformations when used in specific sites. The properties of endopeel trigger the production of localized fibrosis in connective septa of the hypodermis and inside muscle bundles. The mechanical results of this fibrosis is a traction force over the adipose lobules and shortening of muscle fibers that clinically presents as an increase in the firmness of the tissues, a partial retraction of superficial tissues that oppose to the previous flaccidity. PRP is employed to enhance tissue repair in many cosmetic noninvasive procedures (Amable et al. [2013](#)). Its injections increase the elasticity and hydration of tissues, and when used in the vaginal mucosa, a complete recover of lubrication is achieved. The synergistic effects of endopeel and PRP enhance the results providing functional recovery of superficial tissues, especially at vaginal mucosa (Fig. [49](#), [50](#), and [51](#)).
- **Adverse effect and complication:** No secondary effects such as necrosis, infection, thrombosis, or systemic complications have been reported.

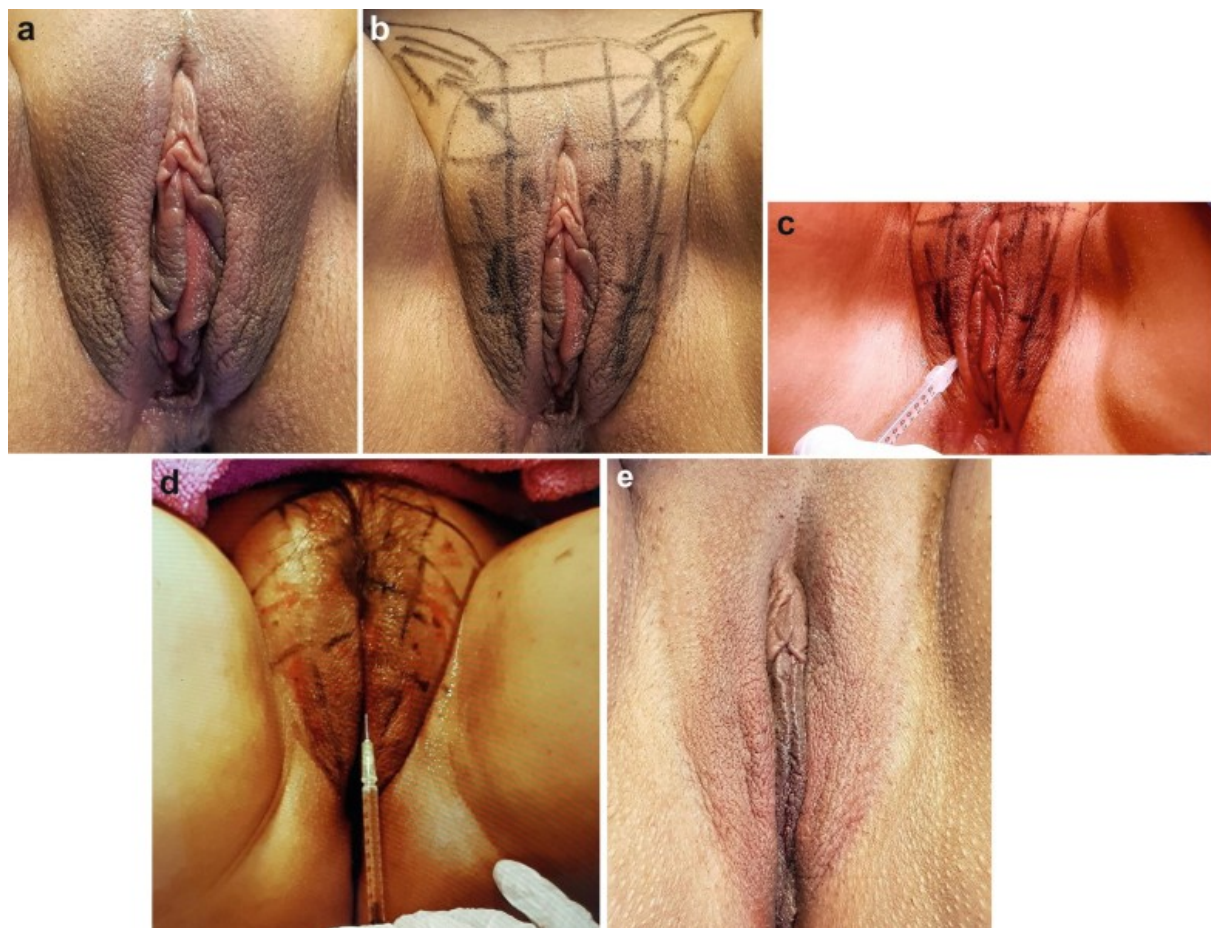


Fig. 49

Endopeel and PRP therapy: **(a)** – vulva of a 56-year-old lady before therapy, **(b)** – drawing a map on the overlying skin for defining points of endopeel injection, **(c)** – injection of endopeel in the selected points, **(d)** – injection of PRP in the subdermal layers and inside the vagina, **E** – 48 h after therapy, and **F** – 15 days after treatment. (Taken by Dr. ArielLuksenburg, Department of Cosmetic Gynecology, Avenida Centenario 2756, oficina 203 (Esquina Avenida Italia), Montevideo, Uruguay)

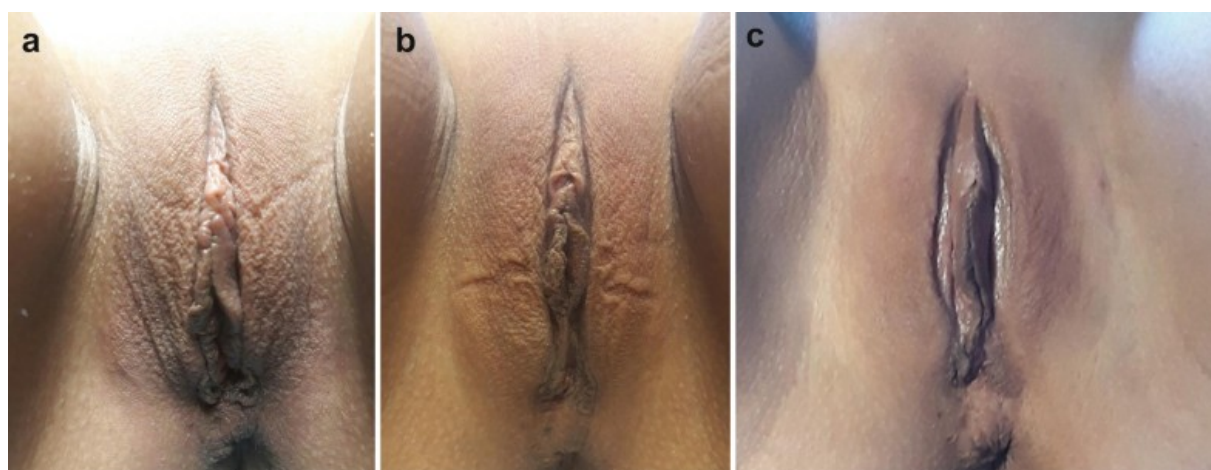


Fig. 50

Endopeel and PRP therapy: **(a)** – vulva of a 48-year-old patient before therapy, **(b)** – 24 h after therapy, and **(c)** – 30 days after therapy. (Taken by Dr..ArielLuksenburg, Department of Cosmetic Gynecology, Avenida Centenario 2756, oficina 203 (Esquina Avenida Italia), Montevideo, Uruguay)



Fig. 51

Endopeel and PRP therapy: **(a)** – vulva of a 72-year-old patient before therapy and **(b)** – 30 days after therapy. (Taken by Dr..ArielLuksenburg, Department of Cosmetic Gynecology, Avenida Centenario 2756, oficina 203 (Esquina Avenida Italia), Montevideo, Uruguay)