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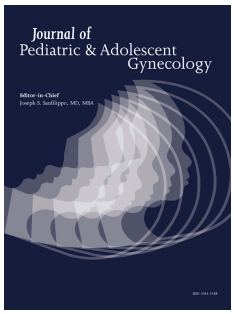

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Vaginal dilator therapy: further suggestions for providers

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Dear Editor,

We have read the article entitled “Vaginal dilator therapy: a guide for providers for assessing readiness and supporting patients through the process successfully” by Amies Oelschlager and Debiec, published in the Journal of Pediatric and Adolescent Gynecology.[1] We would like to congratulate the Authors for their useful article and make our own contribution by providing further suggestions for clinical practice with Mayer-Rokitansky-Küster-Hauser patients.

We agree with the Authors that primary dilator therapy is a low-cost, successful therapeutic approach for vaginal agenesis, and we thank them for the guidelines provided. Based on our practice, the effectiveness of this treatment largely depends on its correct management by a multidisciplinary team that includes psychologists. In fact, several psychosocial and cultural factors may interfere in the therapeutic process and lead to treatment discontinuation. For instance, there is evidence that patients may perceive their parents, and especially mothers, as overinvolved or even intrusive, and thus experience lack of independence and additional stress.[2] One of our teenage patients performing dilation claimed that it was difficult for her to do that at home, because her mother viewed the treatment as a masturbatory practice. Such a situation underlines the importance of ensuring privacy while using dilators to avoid embarrassment. Moreover, psychological counseling should be offered not only to patients, but also to parents in order to explore their feelings and concerns regarding the disease and its treatment. Relieving parents’ stress may improve the quality of the support provided to their daughters and enhance compliance with therapy.

Coital dilation may increase the efficacy of primary dilation and professionals should encourage sexual activity when patients are in a healthy relationship. The issue of disclosure to partners should be discussed with patients, who tend to have negative perceptions of their genitals and experience anxiety and discomfort during intimate contacts, with fear of rejection.[2] Most patients believe that partners may detect their condition without being told, but research demonstrated that the majority of men are not able to recognize the neovagina.[3] This information should be provided to patients while encouraging sexual activity, in full respect of their feelings and

motivations. As correctly underlined by Amies Oelschlager and Debiec,[1] it is important to remind young women that penetration is not the only source of sexual pleasure. Trained professionals should be able to support patients through the process of discovering their body and their personal ways to enjoy sexuality, beyond their fears and normative pressures. Being unique is much more interesting than being "normal".

Conflicts of interest

There are no competing interests to declare.

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