Radiofrequency may represent an effective conservative treatment for dyspareunia, with a significant positive impact on patients' quality of life.

Ramascanu Simona, Moldovan Oana, Ivan Cristina

Clinica Integro, Cluj Napoca, Romania

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Introduction:

The causes of dyspareunia can range from muscles or myofascial implications to more complex conditions such as endometriosis, pelvic inflammatory diseases, hormonal modifications or local trauma. Due to its mechanisms, even the the pain during the intercourse can be classified as nociceptive, neurophatic or nociplastic.

Because in our study the nociceptive pain or the nociceptive combined with nociplastic pain were the most prevalent we have chosen to treat the patients using radiofrequency (TECAR).

This is an updated version of the initial abstract in which we increased the total number of participants.

Objectives:

- To asses the quality of life improvement
- To observe whether the protocol has a different impact when comparing the patients with associated pathologies or history of local trauma with the ones without any other context than painful intercourse.

Material and methods:

- A total number of 22 participants suffering from secondary dyspareunia were included in the study and received the same TECAR protocol for a maximum of 8 to 10 sessions.
- The patients were asked to complete the FSFI questionnaire before and after the sessions.

STEP 1	CET	30% SOFT/LOW	5'
STEP 2	RET	30% SOFT/LOW	2'
STEP 3	BRACELET	30%-20% LOW	8'

Figure 1. The TECAR therapy protocol

Results:

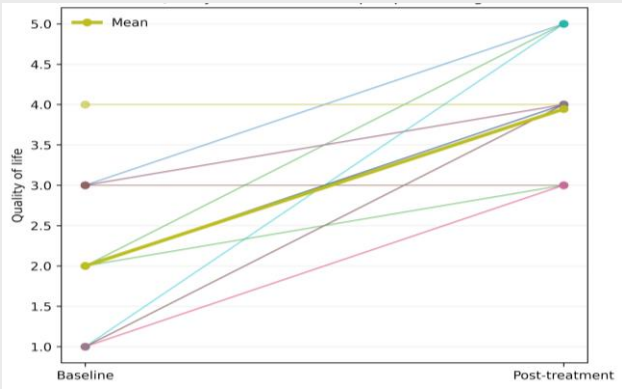


Figure 2. Quality of life: individual pre-post change

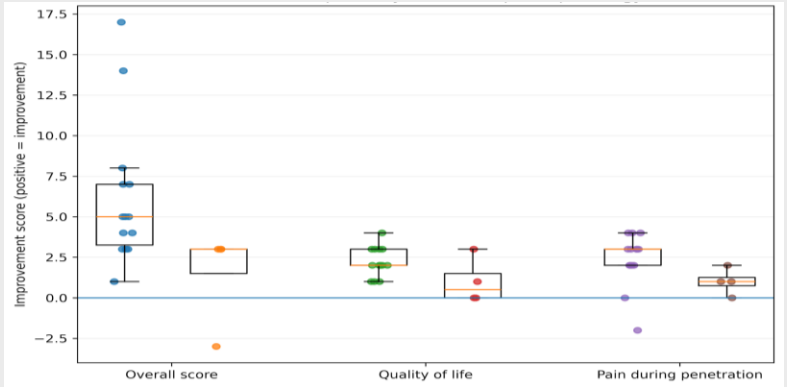


Figure 3. Treatment response by associated pelvic pathology

- Improvement was observed in 94.4% of participants for the overall score, 88.9% for quality of life, and 83.3% for pain during penetration

Concluding message:

- The procedure was associated with a high statistically significance of quality of life and dyspareunia when we compared the groups pre and post treatment.
- Exploratory subgroup analyses further suggested that participants with endometriosis, interstitial cystitis, or previous perineal rupture may experience a smaller magnitude of improvement than participants without these associated conditions.