

y objetivas, incluyendo: mejorías de los síntomas de atrofia (incluyendo dispareunia, cuando se buscó esta indicación), síntomas del tracto urinario inferior, apariencia de la mucosa vaginal, disminución en el pH vaginal, aumentos en el número de lactobacilos vaginales, cambios favorables en la citología o cambios en resultados de cultivo de orina vaginal y/o uretral, y la preferencia del paciente.

Se han reportado en la literatura muchos estudios que demuestran la eficacia de la TE vaginal^{7,57,66-78}. Organismos reguladores del gobierno confirman la eficacia de la TE vaginal para el tratamiento de la atrofia vaginal. Una revisión Cochrane de 2006, comparando 19 ensayos de eficacia, informó que todos los productos probados aliviarían los síntomas con eficacia similar.⁷⁹ Esta conclusión se reafirmó en 2010. Pero los análisis comparativos de estos ensayos están limitados por las variaciones en los métodos y las medidas de resultado, los pequeños tamaños de las muestras y los resultados en la heterogeneidad sustancial. Algunos ensayos consideran una misma preparación, diferente de estrógeno, utilizando dosis o esquemas de dosificación. Algunos ensayos incluyeron preparaciones no aprobadas para su uso en los Estados Unidos o en Canadá. Varios ensayos no fueron ciegos. Sin embargo, no se han reportado nuevos trabajos de eficiencia desde entonces.

El beneficio terapéutico de la TE vaginal se ha observado en condiciones distintas de AVV, tales como en la reducción del riesgo de ITUs recurrentes^{80,81} y en la vejiga hiperactiva.^{82,83} El anillo de estradiol de dosis bajas ha sido aprobado para el tratamiento de disuria y urgencia urinaria. Sin embargo, la TH sistémica se ha asociado a un aumento de la incontinencia de estrés⁸⁴⁻⁸⁷ y cálculos en el riñón.⁸⁸

Conflicto de interés

No hay conflicto de intereses.

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