Functional and Chronic Anorectal and Pelvic Pain Disorders

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KEYWORDS

• Anorectal pain • Pelvic pain • Levator ani syndrome
• Proctalgia fugax • Interstitial cystitis • Chronic prostatitis

Several organic and functional disorders of the urinary bladder, reproductive tract, anorectum, and the pelvic floor musculature cause pelvic pain. This article describes functional disorders in which chronic pelvic and anorectal pain cannot be explained by a structural or other specified pathology.[1] Currently, these functional disorders are classified into urogynecologic conditions (ie, chronic prostatitis and chronic pelvic pain syndrome [CP-CPPS] or interstitial cystitis and painful bladder syndrome [IC-PBS]); anorectal disorders (ie, proctalgia fugax); and the levator ani syndrome. Although these disorders are defined by predominant pain, they can be associated with functional disturbances (ie, disordered voiding or defecation). Although this nomenclature suggests that these conditions are distinct, there is considerable overlap of their symptoms, which is perhaps inevitable because the urogenital tract and anorectum are in proximity and intimately related to the levator ani, because visceral discomfort is poorly localized, and because pelvic floor dysfunctions can impair urogenital and anorectal functioning. Indeed, these disorders have much in common. Not only is there overlap among urogynecologic symptoms (eg, CP, benign prostatic hypertrophy, and IC)[2] but also between pain in the urinary bladder (eg, in IC) and sacrum, coccyx, and anus.[3]

Cardinal features of chronic functional anorectal and urogynecologic disorders include the following:

- Disorders are diagnosed by symptoms, supplemented by objective findings in IC
- Predominant symptom is discomfort or pain; patients may also have dysfunctional voiding or defecation

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- Frequently associated with impaired quality of life, anxiety, and depression
- Pathophysiology is barely studied and poorly understood; visceral hypersensitivity and pelvic floor dysfunction may play a role
- Therapy is guided by clinical features; therapeutic approaches have not been rigorously tested in clinical trials

Before symptom questionnaires were available, reports of these disorders were based on physician-coded diagnoses, and diagnostic criteria probably varied among studies.[4] Although validated symptom questionnaires for urinary and anorectal symptoms are available (**Table 1**), diagnostic criteria, particularly for urogynecologic conditions, are not established. These differences may partly explain why prevalence estimates vary across and even within studies.

FUNCTIONAL ANORECTAL PAIN

Based on clinical features, the Rome III criteria recognize two forms of functional anorectal pain: levator ani syndrome and proctalgia fugax. In the levator ani syndrome, pain is generally prolonged (ie, lasts for hours); is constant or frequent; and is characteristically dull. In proctalgia fugax, the pain is brief (ie, lasting seconds to minutes); occurs infrequently (ie, once a month or less often); and is relatively sharp. This classification system does not include coccygodynia, which refers to patients with pain and point tenderness of the coccyx,[5] as a separate entity. Most patients with rectal, anal, and sacral discomfort have levator rather than coccygeal tenderness.[6]

Levator Ani Syndrome

Definition

The levator ani syndrome is also called levator spasm, puborectalis syndrome, chronic proctalgia, pyriformis syndrome, and pelvic tension myalgia. The levator ani syndrome is characterized by relatively constant or frequent dull anorectal pain, often associated with tenderness to palpation of the levator ani but not urinary symptoms or an organic disease that can explain pain.

Epidemiology

The prevalence of symptoms compatible with levator ani syndrome in the general population is 6.6%.[7] More than 50% of affected people are aged 30 to 60 years,[6] and it is more common in women (7.4% of all women) than in men (5.7% of all men).[7] Although disability associated with levator ani syndrome can be significant, only 29% of people with levator pain had consulted a physician. In a postal survey of 5430 adults, people with levator ani syndrome reported missing an average of 17.9 days from work or

Table 1
Symptom questionnaires for chronic pelvic disorders

Condition	Questionnaire
Lower urinary tract symptoms in men with benign prostatic hypertrophy	AUA Symptom Index[78]
Men with chronic prostatitis and chronic pelvic pain syndrome	National Institutes of Health Chronic Prostatitis Symptom Index[79]
Interstitial cystitis and painful bladder syndrome	Interstitial Cystitis Symptom Index[80]
Functional anorectal pain	Rome III Questionnaire[12]