

Vulvodynia



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KEYWORDS

• Vulvodynia • Vulvar pain • Vaginismus

KEY POINTS

- Vulvodynia is a chronic pain disorder.
- Cause is considered to be multifactorial.
- Evaluation and diagnosis is key to appropriate management.
- Therapies include self-management and nonpharmacologic, pharmacologic, and surgical treatment.
- Emotional and psychological support is invaluable.
- Vaginismus occurs commonly with vulvodynia.

DIAGNOSIS

Introduction

Vulvodynia has been described since the 1880s as an “excessive sensibility of the nerves supplying the mucous membranes of the vulva”¹ or “supersensitivities of the vulva.”² It was described as “burning vulvar syndrome” by the International Society for the Study of Vulvovaginal Disease (ISSVD) in 1975. A variety of terms have been used to label vulvar pain, including *essential vulvodynia*, *dysesthetic vulvodynia*, *vulvar vestibulitis syndrome*, *vulvar dysesthesia*, *provoked vulvar dysesthesias*, or *spontaneous vulvar dysesthesia*. In 2003, the ISSVD settled on the current classification of generalized or localized, and then each type subdivided into provoked, unprovoked, or mixed.³

Definition

Chronic vulvar pain lasting 3 months or longer is termed *vulvodynia*. The ISSVD defines vulvodynia as chronic vulvar discomfort or pain, characterized by burning, stinging, irritation, or rawness of the female genitalia in which there is no infection, skin disease, or neoplasia of the vulva or vagina, or specific clinically identifiable neurologic disorder as the cause of these symptoms.⁴

The authors have nothing to disclose.

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The classification of vulvodynia is based on the site of the pain, whether it is localized or generalized, and whether the pain is provoked, unprovoked, or mixed.⁵ *Provoked* refers to any touch or stimulation that elicits pain, sexual or nonsexual. *Unprovoked* refers to pain that occurs in the absence of touch or stimulation, and *mixed* refers to pain that varies with or without touch or stimulation. Localized and generalized vulvodynia can be provoked, unprovoked, or mixed.

Localized vulvodynia or vestibulodynia is pain that is caused by touching a localized area of the vulva, commonly occurring in the region of the vestibular glands. It can also occur at the clitoris, clitorodynia or on one side of the vulva, hemivulvodynia. The pain has been described as a feeling of burning, stinging, tearing, throbbing, razor blades, or cut glass. Women with localized vulvodynia have dyspareunia or avoid sex, because of the pain at the introitus. The pain can last for hours to days after sexual touch, intercourse, or attempts at intercourse. Inserting or wearing tampons can be painful. Women may not be able to engage in routine exercise or activities, such as riding a bicycle or wearing tight clothing or jeans. Patients can be pain-free if the painful areas are not touched. Localized vulvodynia is further subdivided into primary, vestibular pain during the first attempt at vaginal penetration versus secondary, and vestibular pain after a period of normal function. A recent study showed that primary and secondary vulvodynia had different histologic features, indicating they may be different entities.⁶

Generalized vulvodynia is pain and burning on or around the vulva, including the mons pubis, labia majora, labia minora, vestibule, and perineum. Women with generalized vulvodynia describe burning, stinging, rawness, and aching in the vulva. The pain may be constant or intermittent. It may range from mild discomfort to severe pain that can prevent daily activities. Symptoms may be diffuse or in different areas at different times. Some days the pain may be less than others, but the area hurts most of the time, even when nothing is touching it. Sitting may be uncomfortable. Some women report increased vaginal discharge with the pain. Urination may contribute to the pain and burning. Sexual touch or intercourse is occasionally possible for some women.

Symptoms and Prevalence

Vulvodynia affects women of all age groups, from adolescence through menopause.⁷ Common vulvar symptoms reported include burning, stinging, rawness, itching, aching, soreness, or throbbing of the vulvar tissues. Pain may be constant, intermittent, localized, or diffuse. Symptoms may occur during intercourse and exercise, or even while sitting or resting. A study by Sadownik⁸ found that women presented with symptoms including dyspareunia (71%), history of recurrent yeast infection (64%), vulvar burning (57%), vulvar itching (46%), and problems with sexual response (33%).⁹ Repeated urogenital infections, such as bacterial vaginosis, candidiasis, condyloma, trichomoniasis, and urinary tract infections, have been shown to be a risk factor for the development of vulvodynia. Multiple infections compound the risk of vulvodynia, with an odds ratio greater than 8 for 3 or more infections reported in the 12 months before the onset of vulvodynia.¹⁰

Vulvodynia causes significant physical and psychological distress and affects quality of life. Vulvodynia is diagnosed through exclusion. The prevalence of vulvodynia is approximately 8.3% to 16.0% of women in the United States.^{9,11} A National Institutes of Health study estimates that 13 million women may experience symptoms at some point in their lifetime¹² and that 6% of women have symptoms before the age of 25 years.⁷ These prevalence rates are believed to be greatly underreported because of the absence of visible abnormalities of the vulva.

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