Vulvodynia
Diagnosis and Management

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KEYWORDS

• Vulvodynia • Vulvar pain • Sexual pain • Vestibulodynia

KEY POINTS

- Vulvodynia is defined as vulvar pain that has been present for at least 3 months, with no clear identifiable cause. Classification of vulvodynia is based on 4 factors: site of pain (generalized, localized, or mixed); whether it is provoked, spontaneous, or mixed; onset (primary vs secondary); and temporal pattern.
- History and physical examination should include a thorough medical history with specific focus on pain history, sexual history, and psychosocial evaluation; careful visual inspection of the vulva; cotton swab testing, to identify the location of pain; a sensitive speculum examination, to evaluate for discharge or any abnormalities of the vaginal mucosa; and a musculoskeletal examination with a focus on evaluation of the pelvic floor muscles. It is important to rule out other conditions that may be contributing to pain before making the diagnosis of vulvodynia.
- Treatment of vulvodynia is optimized with a multidisciplinary approach that includes psychotherapy, pelvic physical therapy, and medical therapy. Treatment of any type of vulvodynia should be individualized.
- There is a lack of high-quality data to support medical treatment options for vulvodynia. The following medications can be considered based on expert opinion and limited data until better evidence is available:
  ○ Generalized vulvodynia: oral neuromodulators (eg, tricyclic antidepressants [TCAs], serotonin or norepinephrine reuptake inhibitors, gabapentin, and pregabalin).
  ○ Provoked vestibulodynia (PVD): compounded topical therapies (eg, Lidocaine, TCAs, baclofen, gabapentin, and capsaicin) and surgery.
- Vestibulectomy (surgical excision) performed by an experienced provider can be very effective treatment of PVD. This may be an excellent option for patients who have not responded to other treatment options.

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INTRODUCTION

Vulvar pain is a common gynecologic complaint. Studies of the general population have estimated that chronic vulvar pain is present in 8% to 15%[1–3] of reproductive aged women and that this health issue may cost society somewhere between 31 to 72 billion dollars annually in the United States.[4] Many women with chronic vulvar pain report a poor quality of life, seek multiple health care providers, are frequently misdiagnosed, and use multiple treatment modalities before experiencing any degree of symptom relief. It is, therefore, important for any women's health practitioner to appreciate this condition and have a basic understanding of the diagnosis and management options.

The International Society for the Study of Vulvar Disease (ISSVD) along with the International Society for the Study of Women's Sexual Health, and the International Pelvic Pain Society adopted a new classification system for vulvar pain in 2015.[5] This system acknowledges the complexity of making these diagnoses and broadly divides the vulvar pain conditions into 2 main groups: vulvar pain caused by a specific disorder (Table 1) and vulvodynia. Vulvodynia is defined as vulvar pain that has been present for at least 3 months, with no clear identifiable cause. It is described by the following key characteristics:

- Location: localized (eg, vestibule, clitoris), generalized, or mixed
- Provocation: spontaneous, provoked (eg, touch, insertional), or mixed
- Onset: primary (symptoms have always been present) or secondary (symptoms developed later after a period of normal functioning)
- Temporal pattern: intermittent, persistent, constant, immediate, or delayed.

The new classification includes a list of potentially associated factors (eg, psychosocial factors, musculoskeletal issues, comorbidities, genetics, inflammation, neuroproliferation), suggesting that vulvodynia is likely not a single disease but represents the overlap of several disease processes. The characterization of vulvar pain using this criteria allows for the appreciation of several common specific subtypes of vulvodynia. This article focuses on the diagnosis and management of the 2 most common subtypes of vulvodynia:

1. Provoked vestibulodynia (PVD), defined as localized, provoked vulvodynia of the (vulvar) vestibule
2. Generalized vulvodynia (GD), defined as unprovoked vulvodynia of the entire vulva.

Table 1
Examples of vulvar pain caused by a specific disorder

Category	Examples
Infectious	Recurrent candidiasis, herpes simplex virus
Inflammatory	Lichen planus, lichen sclerosus
Neoplastic	Paget disease, squamous cell carcinoma
Neurologic	Nerve compression, neuroma, postherpetic neuralgia
Trauma	Obstetric injury, female genital cutting
Iatrogenic	Radiation, postoperative
Hormonal	Genitourinary syndrome of menopause, lactational amenorrhea

Modified from Bornstein J, Goldstein AT, Stockdale CK, et al. 2015 ISSVD, ISSWSH and IPPS consensus terminology and classification of persistent vulvar pain and vulvodynia. Obstet Gynecol 2016;127(4):747; with permission.