

# Urologic and Gynecologic Sources of Pelvic Pain

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## KEYWORDS

• Genitourinary syndromes • Urogynecologic pain sources • Pelvic pain

## KEY POINTS

- Infectious or inflammatory sources make up a large portion of genitourinary etiologies of pelvic pain and should be ruled out.
- Chronic pain syndromes involving the gynecologic or genitourinary syndromes can be complex and often requires multimodal treatments.
- Malignancy of gynecologic or genitourinary origin often does not cause pain until it is in advanced stages.
- A multidisciplinary approach is favored when deciphering between gynecologic and urologic sources of pelvic pain, as this allows experts of both fields to contribute to a more timely and accurate diagnosis.

In recent years, a great deal of knowledge has been acquired regarding various genitourinary etiologies for pelvic pain in both male and female patients. Despite this, there is still vast ground to gain regarding diagnosis and treatment for these medical disorders. Chronic pelvic pain affects more than 15% of the population and accounts for

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more than \$800 million in annual US medical costs, which reveals the overall impact of pelvic pain as a disease process.<sup>1,2</sup> Gynecologic and urologic etiologies are discovered in most patients with pelvic pain and oftentimes recognition and treatment require a multidisciplinary approach. The growing practice in the field of female pelvic medicine and reconstructive surgery is to promote integration of both gynecologic and urologic knowledge to care for patients with pelvic pain through a more comprehensive method. We use this multidisciplinary practice and recommend collaboration to provide the highest quality care to patients affected by genitourinary sources of pelvic pain.

This article aims to provide a comprehensive review of the various genitourinary sources of pelvic pain, categorized by anatomic arrangement. Although often these patients are referred to specialists for treatment, practitioners from various backgrounds will ultimately encounter patients with pelvic pain, and it is crucial to understand the range of genitourinary causes of pain to provide patients with optimal avenues of referral when necessary. It is important to recognize that although these disorders predominantly affect women, there are various conditions discussed that span across genotypic sex and should be considered in the differential diagnosis in both male and female patients presenting with pelvic pain.

## **VULVAR AND VAGINAL PAIN**

Various disorders affecting the vulvar and vaginal epithelium can contribute to symptoms of pelvic pain. These conditions can range from topical skin disorders to infectious processes, neurologic disorders, and even malignancy. Performing a thorough medical history and physical examination are paramount to arriving at the correct diagnosis for vulvovaginal syndromes causing pelvic pain. Vulvar skin disorders are not uncommon and can oftentimes be chronic entities with a relapsing and remitting course. Many patients afflicted with these disorders will primarily complain of vulvar pain and itching before noting any physical skin changes.<sup>3</sup> Time course can be very helpful when deciphering causes of vulvar pain, as infections and contact dermatoses tend to be acute in onset, whereas chronic dermatoses (eg, lichen sclerosis, psoriasis) and neoplastic lesions may cause progressively worsening discomfort for weeks to months. Patients may first notice pain with intercourse and many times dyspareunia is a presenting symptom in these cases. Vulvar and vaginal examinations are of distinct importance regardless of sexual activity level, as inspection may prompt diagnosis of a vulvar disorder that would be otherwise missed in its earlier stages.

Up to 60% of patients with vulvar symptoms may be experiencing atopic dermatitis, which usually appears as an erythematous demarcated area that has come in contact with an inciting allergen.<sup>4</sup> Typical culprits are laundry detergents, new soaps or shampoos, latex products, lubricants, and new topical medications, such as corticosteroids or antimycotic agents.<sup>5</sup> If a temporal relationship is noted with the introduction of a new product, contact dermatitis should be strongly considered. Sanitary products may also be a source of contact dermatitis causing urogenital or vulvar discomfort. Patients with genitourinary pain should routinely be screened for symptoms of incontinence, as incontinence dermatitis can ensue in these instances. Practitioners also should inquire about routine sanitary product use and reasons for this practice. Patients may experience discomfort due to an allergy to an anti-incontinence product used, or simply due to irritation caused by a moist environment that can accompany urinary or bowel leakage. In these cases, vulvovaginal hygiene practices should be reviewed and patients can be referred to incontinence specialists for further evaluation and treatment.

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