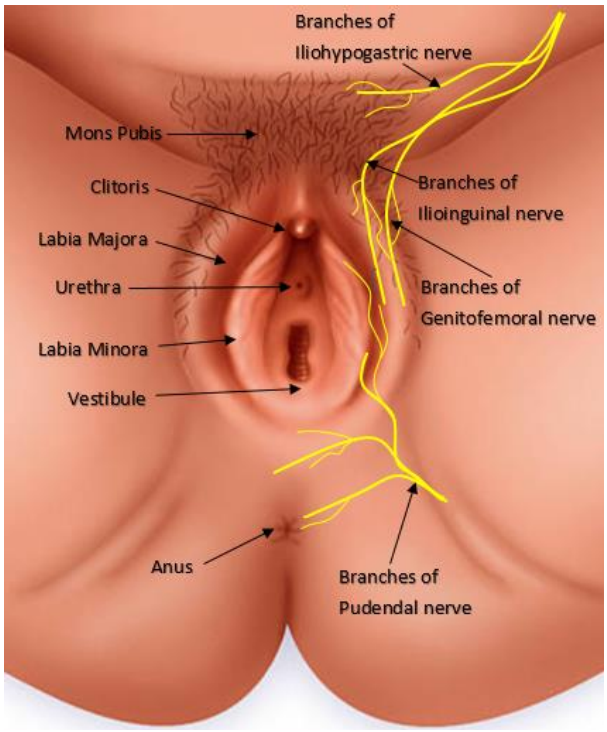
## Vulvodynia




Vulvodynia is chronic pain in the area surrounding the opening of the vagina called the **vulva**. This area includes the labia (or "lips"), vestibule, urethra, and clitoris. Vulvodynia is a chronic pain disorder, diagnosed when the pain occurs longer than 3 months AND it has no clear identifiable cause (such as infection which can be easily treated). Vulvodynia can have many sub-classifications. It can be **generalized** if there is pain over most of the vulva, such as in the large and small lips (labia majora and labia minora) or it can be **localized** if the pain is just in one area such as the vaginal opening called **the vestibule** or in the **clitoris**. Pain in the vestibule only is also called **vestibulodynia.** Pain only with touch of the vaginal opening such as with placing a tampon, finger or sexual intercourse is called **provoked vestibulodynia.** Pain without touch is called **spontaneous**. Pain can be both provoked by touch or can occur spontaneously or without provocation. Sometimes vulvodynia can occur after a time of painless intercourse or tampon placement. At other times, vulvodynia can start at a time when the vulvar area is touched for the first time. Many times, the term vulvodynia is confused with dyspareunia or vaginismus. Dyspareunia means pain with intercourse, a non-specific term that can occur from a variety of conditions. Vaginismus is a condition characterized by *intense* fear/ anxiety of vaginal penetration or intercourse. Women with vaginismus also experience a marked tensing or tightening of the pelvic muscles during attempted vaginal penetration, this makes it very difficult for them to be sexually active or to have a vaginal examination.

## Symptoms

The most common symptom of vulvodynia is burning pain. Sometimes, women report feeling aching, soreness, throbbing, irritation and itching. The pain may be present all the time, or may come and go. The pain may be mild or severe and sometimes it can be so bad that it prevents sexual intercourse. Sometimes, vulvodynia can co-exist with other conditions such as interstitial cystitis, fibromyalgia, irritable bowel syndrome, and endometriosis. Postmenopausal women may also experience vulvodynia because of a lack of estrogen. In other cases, vulvodynia can be associated with anxiety, depression, disability and pelvic floor muscle dysfunction which may present with urinary symptoms (frequency, urgency) or bowel symptoms (constipation). Vulvodynia pain is NOT usually associated with bleeding or foul vaginal discharge; these symptoms are more consistent with other diagnosis.

## Main causes of Vulvodynia

No one knows exactly why some women develop vulvodynia. Several conditions can contribute to the development of chronic vulvar pain such as nerve injury or irritation, repeated vaginal infections, allergies, pelvic floor muscle weakness or spasm, hormonal changes, and inherited tendency. Additionally, women who have vulvodynia may experience exacerbation of symptoms during times of stress, or if they are exposed to vaginal irritants, allergens or infections.

**Diagnosis**

By definition, vulvodynia has no clear identifiable cause, thus diagnosis is difficult. Your health care provider will take a careful **history,** that is they will ask you questions about general health history, your pain and what led up to the pain. You may be asked about infections, allergies, skin conditions, other pains you may have including period pain, muscle pain, gut pain, bladder pain, headache and jaw pain, and about stress and anxiety and depression. Mood disorders and stress can make pain worse and impair sexual function, so you provider will likely also ask questions about your psychiatric well- being and sexual relationships. Expect your provider to also spend time on your surgical, obstetric and gynecologic history. Because the history taking process is so important, your provider may elect to perform the clinical exam on a separate visit. At that time a complete **exam** will be done starting with a careful visual and sensory inspection of the vulva, followed by a single digit internal examination to assess the pelvic floor muscles and a bi-manual palpation of the pelvic organs (uterus, ovaries, etc.) and ending with a speculum examination of the cervix, vagina and vaginal fluid. Some providers may use a cotton-tipped applicator to test sensation of the vulva or a colposcope (which is essentially a microscope) to closely examine the vulvar skin. Rarely, if a skin abnormality is found, it may be biopsied. Additional tests that may be done include screening for yeast, bacterial vaginosis, sexually transmitted infections, urinary tract infection and pregnancy. If the pain is in the pelvis a pelvic ultrasound may also be ordered.

**Treatment**

Initial vulvodynia treatment starts with changes in vaginal hygiene and care. Women should avoid harsh cleansers or over-washing the vagina as this can promote dryness and pain. During vaginal hygiene a gentle wiping or 'pat' should be used and alcohol-free based lubricants should be used regularly during intercourse. In general, over 'analyzing' and repeated self-examination is behavior that should be avoided. The appearance of the vagina may vary throughout the course of the day and not being familiar with these changes can result in stress which can exacerbate pain. Modalities that reduce stress, such as meditation, yoga or working with a psychologist to learn how to relax help manage the pain and disability that can result from vulvodynia. Pelvic Physical Therapy and Cognitive Behavioral Therapy (CBT) are the primary treatments confirmed by research to be most effective. These types of therapy have been shown by research to improve pain and sexual function. Sometimes, providers may recommend a variety of treatments such as topical anesthetic creams, hormonal creams or pills, antidepressants (which help with pain and depression) anticonvulsants and injections with anesthetic or Botulinum Toxin. In cases where the pain is very localized to the vestibule, a surgical procedure called a vestibulectomy, may be performed, however this is only done when other treatments do not work. Topical hormonal creams may be especially helpful in post-menopausal women. In general, treatment regimens need to be individualized based on symptoms and in many cases multiple treatments are used at the same time.

For more information on Vulvodynia visit: www.nva.org