Vulvar Pain Disorders - Generalized Vulvodynia

General Definitions:

**Dyspareunia** - Difficult or painful coitus in women

**Generalized vulvodynia** - also termed *generalized vulvar dysesthesia* and *essential vulvodynia*: a condition in patients who lack significant changes on physical examination but complain of constant burning sensations in the vulva. This is thought to be a nerve disorder.

**Vulvodynia** - as defined by the International Society for the Study of Vulvar Disease: chronic vulvar discomfort, especially that characterized by the patient's complaint of burning, stinging, irritation or rawness. This is the name many use for chronic vulvar pain.

**Vulvar vestibulitis** - also termed *localized vulvodynia* and *vestibulodynia*: a chronic clinical syndrome characterized by: 1) severe pain on vestibular touch or attempted vaginal entry, 2) tenderness to pressure localized within the vulvar vestibule, and 3) physical findings confined to vestibular redness of various degrees. Another attribute: usually no pain unless touched. This is felt to be a problem of localized skin inflammation.

**Vaginismus** - Tight and painful muscles in the pelvis around the vagina which make intercourse painful. They can feel like a “blockage” or “wall” inside. This tightness can result in a smaller vaginal opening and cause little splits in the skin there during intercourse.

**Confusing nomenclature:** vulvodynia is a general term and was also the name for a specific diagnosis. Original terms have been replaced but are still commonly used. The names keep changing.

**History:** Essential vulvodynia was described in 1993.

**Theories to Explain Findings**

Dysesthetic, generalized vestibulodynia is a problem of nerve cells. They transmit a message of pain when they should be indicating touch. Vulvar nerve fibers that are usually silent may begin transmitting pain, either with touch or spontaneously. Central neurons in the spinal nerves also become more excitable. Such differences in function result in hyperalgesia, or heightened sensitivity. The area that hurts is broad and non-focal. Examination does not note any unusual appearance of the vulvar area.

Application of topical lidocaine liquid does not result in reduction of the pain with touch, as would be the case with vestibulitis, which is a problem of inflammation of surface skin.

In some women it can seem the case that spasm in pelvic muscles can cause pain that seems like it is from the skin, not the muscles. This can be confusing, so a physical therapy examination can be important.
Treatable reasons for vulvar pain:
Infections can cause feelings of burning pain or rawness in the vulva, and can require special techniques for diagnosis. Chronic candida yeast infections can be without discharge and terrible itching. Atypical yeast infections can be present, but not visible under the microscope, and therefore they need cultures in order to be diagnosed. An irritative vaginitis known as desquamative vaginitis can cause burning and may be treated with antibiotic creams or cortisone suppositories followed by boric acid suppositories to keep the vaginal pH acid like it should be.

Quality of Life is affected:
A woman affected by generalized vulvodynia suffers severe alteration in quality of life. Pain and discomfort interfere with normal daily activities such as sitting, walking, bike riding or sex. Often, the sexual relationship with her partner feels strained due to the nature of this disorder. It can take a considerable amount of time and energy visiting practitioners trying to find a treatment or cure.

Therapies for Vulvar Pain:
Some success in treating vulvodynia comes from a group of medications that work on the nervous system. These medications act on nerves to influence their messages. A wide variety of antidepressants, anticonvulsants and muscle relaxants can help. While these medications are categorized one way, there has been success using them for chronic pain conditions. Amitriptyline is an example, as it is a tricyclic antidepressant, but was noted early to treat the pain of vulvodynia. In that family are nortriptyline (Pamelor) and desipramine (Norpramin). Another pair of medications is venlafaxine (Effexor) and duloxetine (Cymbalta). These medications are used for the pain and not because the problem is depressing, although treatment for a depression is often very helpful. Two final common medications are gabapentin (Neurontin) and pregabalin (Lyrica) in the anticonvulsant family.

A therapy of calcium citrate supplements in conjunction with restrictions of acid foods has had variable success in treating generalized pain. The calcium therapy is not harmful. Extreme adherence to the low oxylate diet, however, can be problematic as regards healthy nutrition.

Things to remember:
1. In spite of not knowing the cause, most women with vulvar pain improve.
2. Improvement often takes weeks and sometimes months.
3. Causes of pain can be varied and there can be superimposed or sequential reasons for pain which we must address, but we are committed to helping you over the long term.
4. We understand that chronic pain can be exhausting and demoralizing.
5. Those who are in an intimate relationship have two affected parties, you and your partner, and couple counseling can be extremely helpful.
6. It is OK to seek information on your own. We believe we make a team with the goal of alleviation of your pain.
