

Vulvodynia Management and Therapy

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Received: July 12, 2023; **Published:** September 28, 2023

Abstract

Vulvodynia, as defined by the International Society for the Study of Vulvovaginal Disease, is characterized by persistent vulvar pain lasting more than three months without a clearly identifiable cause. It can be influenced by various factors, including psychological, genetic, inflammatory, or neuroproliferative elements. The symptoms of vulvodynia can significantly impact a woman's life, potentially leading to psychological disorders. Our goal is to present treatment options that include urogynecological physiotherapy, electrotherapy, and pharmacological management of primary chronic pain. In conclusion, vulvodynia likely results from a combination of factors and can be controlled or alleviated through a multidisciplinary approach tailored to the specific type and severity of the condition.

Keywords: *Vulvovaginal Disease; Vulvodynia; Vulvar Pain; Urogynecological Physiotherapy; Electrotherapy*

Introduction

The International Society for the study of vulvovaginal disease defined vulvodynia as vulvar pain lasting at least three months, with no clearly identifiable cause, but with potentially associated elements including psychological, genetic, inflammatory or neuroproliferative factors [1] and this new definition assigns and potentially factors that can be related to the management of vulvodynia. The estimated prevalence of vulvodynia in the United States is 7 - 8 and in European countries such as Portugal, the estimated prevalence is 6.5% [2].

The most common symptoms can be:

- Introitus pain caused by penetration during intercourse or gynecological examination
- Burning or stinging attributed to vestibule touch
- Erythema
- Hyperemia
- Fissure
- Hypertonia.

The symptoms of vulvodynia can bring serious damage to a woman's life and even psychological disorders and the association between vulvodynia and other pain syndromes has also been evidenced [3] and has direct influence on sexuality and daily activities.

Some association can be related between vulvodynia and *Candida*/infectious factors [4] with a condition of central sensitization that persists after resolution of acute local inflammation, depression or irritable bowel syndrome [5], the use of hormonal contraceptives [6] and others factors suggests vulvodynia is a neuropathic disease [7] and there is a relationship between pain, anxiety and sexual problems that can evolve into psychological problems, as this condition directly affects a woman’s quality of life. Although there are many different symptoms with a current taxonomy and associated factors: genetic, hormonal, inflammatory, musculoskeletal, neurological a multidisciplinary approach with psychosexual assessment with medical management and psychotherapy is recommended as a therapeutic approach for vulvodynia [8].

Definitions of Vulvodynia Descriptors (ISSVD, ISSWSH, and IPPS) [37]		
Descriptor	Definition	
Location	Localized	Involvement of a portion of the vulva.
	Generalized	Involvement of the whole vulva.
Provocation	Provoked	The discomfort is provoked by physical contact.
	Spontaneous	The symptoms occur without any provoking physical contact
Onset	Primary	Onset of the symptoms occurs with first provoking physical contact
	Secondary	Onset of the symptoms did not occur with first provoking physical contact
Temporal pattern	Persistent	The condition persists over a period of at least 3 months
	Constant	The symptoms are always present
	Intermittent	The symptoms are not always present
	Immediate	The symptoms occur during the provoking physical contact
	Delayed	The symptoms occur after the provoking physical contact

Table: Table of vulvodynia descriptors [9].

On physical examination, if pelvic abnormalities present, present PFM hypertonia and other trigger points findings may be treated and can be beneficial to reduce muscle tension and spasm, decreasing pain levels by 40 - 60% [10].

Treatment

Its important to encourage patients to education, counseling and estimate life style modification:

- Elimination of irritants
- Healthy vulvar hygiene
- Diet changes (i.e. low oxalate diet)
- Support.

Urogynecology physiotherapy

Pelvic floor stretching and myofascial release of the pelvic floor

It must be performed manually and may be aided by inflatable devices or vaginal dilators.

Stretching the hip and lumbar muscles

Should contemplate the shortened muscles in the assessment, especially the hip adductors and others whose insertions share structures common to the insertions of muscles that make up the asp.

Electromyographic biofeedback

Useful for identifying muscle hypertonia and its treatment [11].

Pelvic floor kinesiotherapy [12]

It must be evaluated so that it is not introduced early. Its objective would be to make the patient develop awareness and coordination of the pelvic floor muscles, including improving their relaxation. Another gain in performing it is the improvement in local vascularization and reduction of metabolites.

Pelvic awareness

It aims to restore muscle balance, which is likely to be affected by pain in an antalgic posture.

Electrotherapy

It can be applied intracavitary or on the vulvar surface for pain relief.

Pharmacological management of chronic primary pain

Vulvodynia is a complex disorder and treatments includes a multidisciplinary approach besides avoiding irritants such as tight-fitting clothing, perfumes and dyes. Abrasive activities, such as cycling, should also be avoided. Other treatments include oral medical therapy as tricyclic antidepressants Gabapentin, SSRIs and Venlafaxine, topical medication as estrogen or fractional CO₂ laser, local anesthetics, nerve blocks. It is important to know that no one treatment works in every case. For many, a combination of treatments works best and the use of medication to manage vulvodynia does not work for every woman; response varies greatly from patient to patient and may be due to differences in the cause of vulvar pain.

Conclusion

Vulvodynia is likely caused by many factors working together and can relieving or reducing symptoms with a multidisciplinary approach and accordingly each intensity level and type of vulvodynia. New research has shown promising results in some women bringing combined or new treatments to manage its symptoms.

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Volume 12 Issue 10 October 2023

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