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Guest Editorial

Overview of Perineal Massage for Vaginismus/GPPD

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Introduction

It is a disorder defined by the involuntary contraction of the pelvic floor muscles (PFM), which makes vaginal penetration impossible or difficult. With the vigorous contraction of the PFM, there can be trigger points and muscle spasms. The woman with vaginismus enters a cycle characterized by fear, tension, and pain [3]. The best way to diagnose vaginismus is through a gynecological examination. However, since the condition is based on complaints of pain due to muscle tension associated with the fear of penetration or even the gynecological examination itself, and this fear induces an involuntary contraction of the pelvic floor, the examination should be conducted with great care. The female sexual function index (FSFI) questionnaire can also be used as an alternative evaluation option. SPPD becomes a public health issue as it encompasses psychological disorders, affective relationship problems, or cultural influences, leading to quality-of-life issues and requiring multidisciplinary treatment [4]. The etiology is unknown, but considering the symptoms of vaginismus, we associate these involuntary spasms with biopsychosocial factors such as sexual abuse and emotional trauma, as well as issues with lubrication and atrophy due to cancer treatment [7].

Etiology

Psycho-emotional factors, with the most common risk factors being history of sexual abuse, repressive upbringing, religion, anxiety, stress.

Criteria for GPPPD

- **Criterion A** requires ongoing or recurrent difficulties with one or more of the following:
  1. vaginal penetration during intercourse,
  2. vulvovaginal or pelvic pain with vaginal penetration,
  3. anticipatory fear and anxiety about penetration,
  4. and/or pelvic floor muscle tensing during attempts.
- **Criterion B** requires that the symptoms have persisted for a minimum of 6 months,
- **Criterion C** specifies the existence of significant associated distress.
- **Criterion D** requires that the problem cannot be better explained by a nonsexual mental disorder, severe relationship conflict, or the effects of a substance, medication, or another medical condition.

Figure

Symptoms

Vaginismus can cause symptoms such as burning, trigger points, initial pain during penetration, or complete inability to penetrate due to pelvic floor muscle hyperactivity.

Conservative therapy

Physiotherapy

Treatment for vaginismus is multidisciplinary, and nowadays, physical therapy plays an important role by providing resources that help reduce pain and improve the functionality and mobility of the pelvic floor muscles, as well as body awareness. It assists in identifying involuntary spasms, promoting greater awareness and muscle control [1].

The physiotherapy treatment aims to:

- Help the patient overcome the trauma developed from sexual intercourse.
- Using relaxation techniques combined with breathing exercises to promote well-being.
- Encourage pelvic awareness to promote self-awareness.
- Using perineal massage as a technique to desensitize the area and relax the pelvic muscles.

Perineal massage

It is a technique used for muscle relaxation through sliding and pressure, aiming to release trigger points to restore muscle function and relieve tension. With the massage, it is also possible to enhance local blood flow and normalize muscle tone [2].

Conclusion

Physical therapy is an important conservative therapy in the multidisciplinary treatment of vaginismus/GPPD and aims to reduce elevated tone or tension in the pelvic floor muscles. Perineal massage has been essential for the functional restoration of the pelvic floor muscles, allowing progression to other techniques such as biofeedback and muscle strengthening during the treatment process. We should offer patients as a first line therapy to avoid medical treatments and surgical approaches.

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