CURRENT ISSVD TERMINOLOGY AND CLASSIFICATION OF VULVAR DISEASES

PERSISTENT VULVAR PAIN AND VULVODYNIA – Last updated January 23, 2016

The purpose of this classification is to differentiate vulvar pain conditions based on the etiology of the pain and to describe its characterization.

2015 Consensus terminology and classification of persistent vulvar pain and vulvodynia

In 2015, the ISSVD, International Society for the Study of Women's Sexual Health (ISSWSH), and the International Pelvic Pain Society (IPPS) adopted a new vulvar pain and vulvodynia terminology that acknowledges the complexity of the clinical presentation and pathophysiology involved in vulvar pain and vulvodynia, and incorporates new information derived from evidence-based studies conducted since the last terminology published in 2003.

A. Vulvar pain caused by a specific disorder*

- Infectious (e.g. recurrent candidiasis, herpes)
- Inflammatory (e.g. lichen sclerosus, lichen planus, immunobullous disorders)
- Neoplastic (e.g. Paget disease, squamous cell carcinoma)

- Neurologic (e.g. post-herpetic neuralgia, nerve compression or injury, neuroma)
- Trauma (e.g. female genital cutting, obstetrical)
- Iatrogenic (e.g. post-operative, chemotherapy, radiation)
- Hormonal deficiencies (e.g. genito-urinary syndrome of menopause [vulvo-vaginal atrophy], lactational amenorrhea)

B. Vulvodynia – Vulvar pain of at least 3 months' duration, without clear identifiable cause, which may have potential associated factors

Descriptors:

- Localized (e.g. vestibulodynia, clitorodynia) or Generalized or Mixed (localized and generalized)
- Provoked (e.g. insertional, contact) or Spontaneous or Mixed (provoked and spontaneous)
- Onset (primary or secondary)
- Temporal pattern (intermittent, persistent, constant, immediate, delayed)

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*Women may have both a specific disorder (e.g. lichen sclerosus) and vulvodynia

Appendix: Potential factors associated with Vulvodynia*

- Co-morbidities and other pain syndromes (e.g. painful bladder syndrome, fibromyalgia, irritable bowel syndrome, temporomandibular disorder) [Level of evidence 2]
- Genetics [Level of evidence 2]
- Hormonal factors (e.g. pharmacologically induced) [Level of evidence 2]
- Inflammation [Level of evidence 2]
- Musculoskeletal (e.g. pelvic muscle overactivity, myofascial, biomechanical) [Level of evidence 2]

- Neurologic mechanisms:
    - Central (spine, brain) [Level of evidence 2]
    - Peripheral – Neuroproliferation [Level of evidence 2]
- Psychosocial factors (e.g. mood, interpersonal, coping, role, sexual function) [Level of evidence 2]
- Structural defects (e.g. perineal descent) [Level of evidence 3]

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*The factors are ranked by alphabetical order

Reference

Bornstein J, Goldstein AT, Stockdale C, Bergeron S, Pukall C, Zolnoun D, Coady D. On behalf of the consensus vulvar pain terminology committee and the International Society for the Study of Vulvovaginal Disease (ISSVD), the International Society for the Study of Women's Sexual Health (ISSWSH), and the International Pelvic Pain Society (IPPS). 2015 ISSVD, ISSWSH and IPPS Consensus terminology and classification of persistent vulvar pain and vulvodynia.
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