

# VULVODYNIA



# What is it?

"Vulvodynia" is the term used to describe pain on the vulva.

It can be generalized (affecting large areas of the vulva) or localized (affecting small areas of the vulva such as the entranceway or the clitoris). Another name for localized vulvodynia is vestibulodynia (previously called vestibulitis).

In generalized vulvodynia the pain tends to occur without any trigger. Women with this condition often describe the pain as a constant burning that is present regardless of whether the area is touched or not. Generalized vulvodynia occurs in women of all ages.

It is unclear how often it occurs in the general population. Other names used in the past to describe this condition include dysesthetic vulvodynia or essential vulvodynia.

In localized vulvodynia, the trigger is touch to the entranceway with such things as tampon insertion or sexual intercourse, or touch to the clitoris.

# What causes it?

The causes of vulvodynia are unknown, and most likely there are multiple causes. Many believe that it is a chronic disorder of the nerves that supply the vulva.

Nerves of the vulva transmit a message of pain when they normally should indicate touch, pressure, heat, or stretch.

Normal sensations are processed by the brain as abnormal, which result in a heightened sensitivity (this is called "hyperalgesia").

# What are the **symptoms**?

Women typically describe generalized vulvodynia as a burning, aching, stinging, soreness, or rawness. Occasionally, it is described as itching or irritation. Pain may be searing, or stabbing. The areas of pain may vary from one episode to the next. Some women report constant pain; others report that the discomfort may disappear for hours, days or weeks at a time. The discomfort may prevent sexual activity for some patients, but other patients may experience little effect on sexual activity.

## What do I see?

The appearance of the vulva varies with each woman, but in this condition, no abnormality is seen other than some erythema at the entrance way in localized vulvodynia.

## How is it **diagnosed**?

Vulvodynia is a clinical condition, which means that there are no laboratory tests or imaging studies that are done to confirm the diagnosis. A cotton swab test is done to determine what areas are affected. It is important that you see a health care provider who is experienced in the diagnosis and management of vulvar conditions. By listening to your history and performing a physical examination, your provider can rule out other reasons for your pain. Your health care provider may feel that other tests are necessary; these could include swabs to rule out infections or a biopsy to exclude skin conditions.

## How can I help **myself**?

It is important to minimize irritation to the vulva and vagina. Avoiding soaps, detergents and scented products is ideal. Bland, unscented lubricants are best for sexual activity. Ask your health care provider for suggestions. White cotton underwear is best. Thongs, G strings, synthetic fabrics, and tight clothing against the vulva should be avoided. Topical anesthetics like lidocaine do not usually provide adequate pain relief.

# What is the treatment?

For many women, securing a diagnosis will provide a great sense of relief. Since many healthcare providers believe this is a chronic pain condition, most of the treatment options target the nervous system. Some success in treating generalized vulvodynia comes from a group of medications that work on these nerves to influence their messages.

A wide variety of antidepressants, anticonvulsants, and muscle relaxants can help. These medicines are called “neuromodulators” or “chronic pain medicines”. Examples of these medicines include the oral tricyclic medications, such as amitriptyline, nortriptyline, imipramine, and desipramine.

When these medicines are used to treat generalized vulvodynia, they reduce the hypersensitivity of the nerve endings. Other medicines used for this pain condition include gabapentin, pregabalin, and duloxetine. Recent research has also looked at these medicines made into creams that can be applied directly to the vulva.

Some women with generalized vulvodynia have had success with the application compounded creams. Some patients

respond well to nerve blocks for their very sensitive nerves: a local anesthetic is injected into the offending nerve area to block / stop the pain and relieve discomfort. This is often provided in a specialized pain clinic.

Physical therapy is also used at times. It is important to find a provider familiar with vulvodynia.

There is also evidence that women with vulvar pain often suffer from sexual problems. This can include low desire (poor libido), difficult arousal (poor natural lubrication or wetness), and lack of orgasm. Many couples feel troubled by their sexual problems. Engaging in sexual counseling has been shown to not only help couples with intimacy, but often reduces pain.

For patients with pain only at the entranceway that have failed other treatments, surgery is performed at times (vestibulectomy). The area of the entranceway with pain is removed in the operating room under anesthesia, and the vagina or other skin nearby is used to cover it.

# Things to **remember:**

- 1) In spite of not fully understanding the condition called Generalized Vulvodynia, most women with vulvar pain improve with treatment.
- 2) Improvement often takes time, sometimes months.
- 3) Pain can wax and wane, often reflecting the poorly understood nature of this condition. This does not mean that a previously effective treatment is no longer working.
- 4) Chronic pain can be exhausting and demoralizing.
- 5) Couple or sexual counseling can be extremely helpful.