**VULVAL PAIN (VULVODYNIA)**

# Definition

* “vulvodynia” is a symptom describing vulval pain / discomfort / tearing / burning / rawness.
* ISSVD definition is vulvar pain of at least three months' duration, without a clear, identifiable cause, and which may have potential associated factors.
  + It is a diagnosis of exclusion and is a dysfunctional pain disorder.
* Dysfunctional pain can be associated with pathological pain of known aetiology
* Pelvic floor muscle (PFM) overactivity (often known as vaginismus) is typical in provoked vulvodynia.

# Clinical features

* Any vulval pain may be:
  + due to a known cause/pathology – expect skin or investigation abnormalities
  + or dysfunctional (vulvodynia) – expect to see normal skin and mucosa, including variable usually symmetrical redness.
* Types of vulvodynia
  + Provoked Vulvodynia (PVD), also known as Localized Provoked Vulvodynia (LPV). Previously known as “Vestibulitis”.
    - Typically felt at the vaginal opening
    - Triggered by vaginal penetration or touch, may be with clitoral touch.
  + Spontaneous – anywhere on the vulva, may not be associated with sexual pain.
    - Usually has a variable pattern and difficult for the patient to describe nature (often burning/raw) and location.
  + Mixed patterns.

# Diagnosis

* Largely based on history.
  + Examination and investigations are necessary to exclude other conditions, and treat associated conditions.
* Uncomplicated Provoked Vulvodynia

1. Skin and anatomy look normal
2. No history or investigations to suggest candida or HSV
3. Typical history – mild-moderate pain provoked by any penetration/pressure (tampon/fingers/intercourse/tight clothing)
4. no symptoms if not touched
5. “Afterburn” following touch/pressure/penetration/examination
6. Typical cotton tip discomfort: Provoked - maximal at 5 and 7 o’clock in vestibule, and usually PV cotton tip discomfort (without speculum).
7. Introitus looks “tight” or “sucked in”/pelvic floor muscle overactivity, and tenderness with fingertip palpation laterally mid/low vagina

* Complicated Provoked Vulvodynia

1. Severe and long duration of pain
2. Associated chronic dermatitis/lesions/candida/lichen planus
3. Other associated chronic pain conditions (eg chronic bladder pain, irritable bowel syndrome, migraine, TMJ pain, fibromyalgia, back pain)
4. Associated PTSD, especially childhood and sexual abuse and fear of pain
5. Anxiety and depression

# Management

1. Vulvodynia information leaflet from MSHC fact sheets – patients MUST read this. [www.pelvicpain.org.au](http://www.pelvicpain.org.au) has PFM downtraining exercises that are free to download.
2. Dermatitis treatment if needed, skin care as per fact sheet
3. Candida treatment – 6-8 weeks of suppressive fluconazole if uncertain whether recurrent/chronic candida is a trigger
4. HSV suppression if history suggestive

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| --- | --- | --- |
| **Condition** | **Recommended** | **Comments** |
| Provoked Localized Vulvodynia | Pain education.  If the woman can touch her vulva: **2% xylocaine gel 2-3 times a day** to the introital area (to aid desensitization), up to 3 months, and massage the vestibule/PFMs at same time with her fingertip. Xylocaine commonly has an initial burn that settles quickly  If unable to touch the vulva to assess pelvic floor –still make pelvic floor physiotheropist referral (Continence Foundation of Australia for Women’s Health Physiotherapists list at [www.cfaphysios.com.au](file:///Users/psalm_128/Dropbox/Postdoc/MSHC%20Guidelines%20review/For%20review/www.cfaphysios.com.au)), consider starting **low dose nortriptyline 5-10mg nocte** initially | Suggest to discuss with her partner, share educational material and avoid any sexual practice that triggers pain until a strategy is decided on. Otherwise the cycle of fear and more PFM overactivity reinforces the pain.  Refer for counselling re impact of pain (normalize that there will be an impact on both partners)  Review in a month – discuss how coping, pain may be little altered, then refer to physiotherapy |

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# Resources

It is important for patients and partners to have a good understanding of the drivers of pain and chronic pain theory.

1. [www.vulvovaginaldisorders.org](https://vulvovaginaldisorders.org) An algorithm for basic adult diagnosis and treatment (requires registration but its a free resource)
2. [www.noigroup.com](http://mshcintranet/LinkClick.aspx?link=http%3a%2f%2fwww.noigroup.com%2f&tabid=722&portalid=1&mid=1903) is the best chronic pain website for patients and practitioners.
3. Int J Womens Health. 2017; 9: 631–642.

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Provoked vestibulodynia: current perspectives

Helen Henzell,1,2 Karen Berzins,1,3 and Jennifer P Langford4

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1. Australasian Journal of Dermatology (2016) 57, 253–263 REVIEW ARTICLE

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