

Vulvodynia

Definition

The pain in your pelvic area has lasted for months. You're so uncomfortable you can hardly sit. Having sex is unthinkable. Nothing alleviates the pain, burning and irritation, at least not for long.

These descriptions may be characteristics of a lasting pain in the area around the opening of your vagina (vulva) called vulvodynia (vul-vo-DIN-ee-uh), or chronic vulvar pain. Experts believe vulvodynia is underreported. There are several reasons why. It may be partly due to the absence of visible signs in vulvodynia. Or it could be the reluctance of many women to talk about their symptoms.

If you or someone you know is living with vulvodynia, don't hesitate to get help. Treatment options are available to lessen the pain and discomfort of vulvodynia.

Symptoms

The word "vulvodynia" means "painful vulva." Your vulva consists of the pad of fatty tissue at the base of your abdomen (mons pubis), the labia, the clitoris and the opening of your vagina.

The main vulvodynia symptom is pain in your genital area, which can be characterized by:

- A. Burning
- B. Soreness
- C. Itching
- D. Stinging
- E. Rawness
- F. Painful intercourse (dyspareunia)
- G. Throbbing

The pain you experience may be constant or intermittent and can last for months or even years, but can vanish as suddenly or mysteriously as it started. A similar condition, vulvar vestibulitis, may cause pain only when pressure is applied to the area surrounding the entrance to your vagina.

Vulvar tissue may look minimally inflamed or swollen. More often, your vulva appears normal.

Causes

Doctors don't know what causes vulvodynia, but contributing factors may include:

- H. Injury to or irritation of the nerves surrounding your vulvar region
- I. Past vaginal infections
- J. Allergies or a localized hypersensitivity of your skin
- K. Muscle spasms
- L. Changing estrogen levels that occur with menopause

Many women with vulvodynia have a history of treatment for recurrent vaginitis or vaginal yeast infections. Some women with the condition have a history of sexual abuse. Vulvodynia isn't sexually transmitted or a common sign of cancer.

When to seek medical advice

Although women often don't tell their doctors about the problem, vulvodynia is a fairly common condition.

As many as one in six may be affected by vulvodynia at some point in their lives. In one survey, 16 percent of women ages 18 to 64 reported having experienced vulvar pain lasting long enough — at least three months — to meet the definition of vulvodynia. Nearly half of these women chose not to seek treatment.

If you experience pain in your genital area, discuss it with your doctor, or ask for a referral to a gynecologist. It's important to have your doctor rule out treatable causes of vulvar pain, such as yeast or bacterial infections, skin conditions, and medical problems such as diabetes. Once your doctor has evaluated your particular symptoms, he or she can recommend treatments or ways to help you manage your pain.

Treatments and drugs

Vulvodynia treatments focus on relieving symptoms. No one treatment works for every woman, and you may find that a combination of treatments works best for you. It may take weeks or even months for a new treatment regimen to noticeably improve your symptoms. Available options may include:

- **Medications.** Tricyclic antidepressants that can help lessen chronic pain include amitriptyline, desipramine (Norpramin) and nortriptyline (Aventyl, Pamelor). Anticonvulsants such as carbamazepine (Tegretol) and gabapentin (Neurontin) also may lessen the pain of vulvodynia. Antihistamines, such as hydroxyzine, can reduce itching.

Biofeedback therapy. This therapy can help reduce pain by teaching you how to control specific body responses. The goal of biofeedback is to help you enter a relaxed state in order to decrease pain sensation. To cope with vulvodynia, biofeedback can teach you to relax your pelvic muscles, which can contract in anticipation of pain and actually cause chronic pain itself.

Physical therapy. A physical therapist with experience treating vulvar pain can help identify problems in your pelvic floor that may be contributing to your symptoms. Physical therapy techniques used for vulvodynia include massage, transcutaneous electrical nerve stimulation (TENS) therapy, and exercises to strengthen your pelvic floor muscles. Other approaches include therapeutic ultrasound and trigger-point pressure, in which hard, painful knots in your muscles are released.

Local anesthetics. Medications, such as lidocaine ointment, can provide temporary symptom relief. Your doctor may recommend applying lidocaine 30 minutes before sexual intercourse to reduce your discomfort. Your partner may also experience temporary numbness after sexual contact.

Topical estrogen. Applied daily, creams that contain estrogen may help alleviate pain associated with vulvodynia. Your doctor also may recommend vaginal estrogen tablets, which can be inserted into the vagina once or twice weekly to improve vaginal dryness or atrophy.

Trigger point injections. If your doctor has mapped out the points where you feel pain, a possible treatment option is the direct injection into a trigger point of a steroid medication combined with a numbing agent.

Lifestyle and home remedies

The following tips may help you manage the symptoms of vulvodynia:

- **Try cold compresses.** Cool compresses placed directly on your external genital area may help lessen pain and itching.

Avoid tightfitting pantyhose and nylon underwear. Tight undergarments restrict airflow to your genital area, often leading to increased temperature and moisture that can cause irritation. Wear cotton underwear to increase ventilation and dryness, and sleep without underwear at night.

Avoid hot tubs. Spending time in a hot tub may lead to discomfort and itching.

Avoid excessive hygiene. Washing or scrubbing the affected area harshly or too often can increase irritation. Instead, use plain water to gently clean your vulva and pat the area dry. After bathing, apply a preservative-free emollient, such as plain petroleum jelly, to help hold moisture in your skin and create a protective barrier.

Use lubricants. If you're sexually active, apply lubricants before engaging in sexual intercourse.

Try an antihistamine at bedtime. This may help reduce itching and help you rest better.

Look for triggers and avoid them. The triggers that can make vulvar pain worse tend to be different for each woman. Your observations of what causes you pain are important. Avoid potentially irritating soaps, clothing dyes, contraceptive devices, creams and bath products. Use only white, unbleached toilet paper and 100 percent cotton sanitary products.

Work with your doctor. Over time you can work with your doctor to identify the approaches that work best for you.

Stay active. Regular exercise can help ease chronic pain, but stay away from exercises that put pressure directly on the vulva, such as bicycling.

Accept small steps of progress. Don't expect instant cures. Have confidence that you'll feel better over time.

Information & Links available @;

<http://www.mayoclinic.com/health/vulvodynia/DS00159>