Imperial College Healthcare NHS Trust

The Geography Of Vulval Pain

Chronic Vulval Pain

Can you tell if its

Nociceptive, Inflammatory or Pathological?

Dr Micheline Byrne, The Jefferiss Wing, St Mary's Hospital

Dominant symptoms in vulval patients at presentation

- 74% Itch
- 52% Pain
- 43% Dyspareunia

women report pain that is more frequent, more severe and of longer duration than men

Imperial College Healthcare NHS Trust

Prevalence of Vulval Pain

- Denbow & Byrne 1998 13%
- Harlow et al 2001 20%
- Edgardh et al 2003 23%
- 1:4 will suffer from vulvodynia
  (National Vulvodynia Association, 2013)

Learning Objectives

Imperial College Healthcare NHS Trust

- Recognise chronic vulval pain as a prevalent, costly disorder affecting a substantial number of women
- Know how to evaluate women with chronic vulval pain
- Diagnose vulvodynia & be familiar with the current terminology & classification
- **Understand that implementation of a multidisciplinary, individualised treatment regime is paramount for success**

Imperial College Healthcare NHS Trust

Pain and Brain

Chronic pain should be regarded as a disease entity in itself

1.3 cubic cm loss of grey matter for every year of chronic pain

- ✓ Poor attention span
- ✓ Reduced cognitive abilities
- ✓ ? Dementia

The Painful Facts

Imperial College Healthcare NHS Trust

- ? million chronic pain (CP) patients in the UK
- ? see a specialist
- no NICE guidance for CP treatment

  - Guidelines for the management of vulvodynia

  D. Mandal, D. Nunns, M. Byrne, J. McLelland, R. Rani, J. Cullimore, D. Bansal, F. Brackenbury, G. Kirtschig and M. Wier
  BSSVD Guideline Group, BJD, 2010

- ? million pounds spent on analgesics
- ? anti-inflammatory drugs
- in the UK back pain is estimated to cost the NHS £1 billion per annum
- CP is second most common reason for receiving incapacity benefit

Sources; BMJ & First International Seminar in Chronic Pain, UK, 2011

The Painful Facts

Imperial College Healthcare NHS Trust

- **8** million chronic pain (CP) patients in the UK
- **1 in 4** see a specialist
- No NICE guidance for CP treatment

  - Guidelines for the management of vulvodynia

  D. Mandal, D. Nunns, M. Byrne, J. McLelland, R. Rani, J. Cullimore, D. Bansal, F. Brackenbury, G. Kirtschig and M. Wier

  BSSVD Guideline Group, BJD, 2010

- **£442** million pounds spent on analgesics
- ? anti-inflammatory drugs
- In the UK back pain is estimated to cost the NHS £1 billion per annum
- CP is second most common reason for receiving incapacity benefit

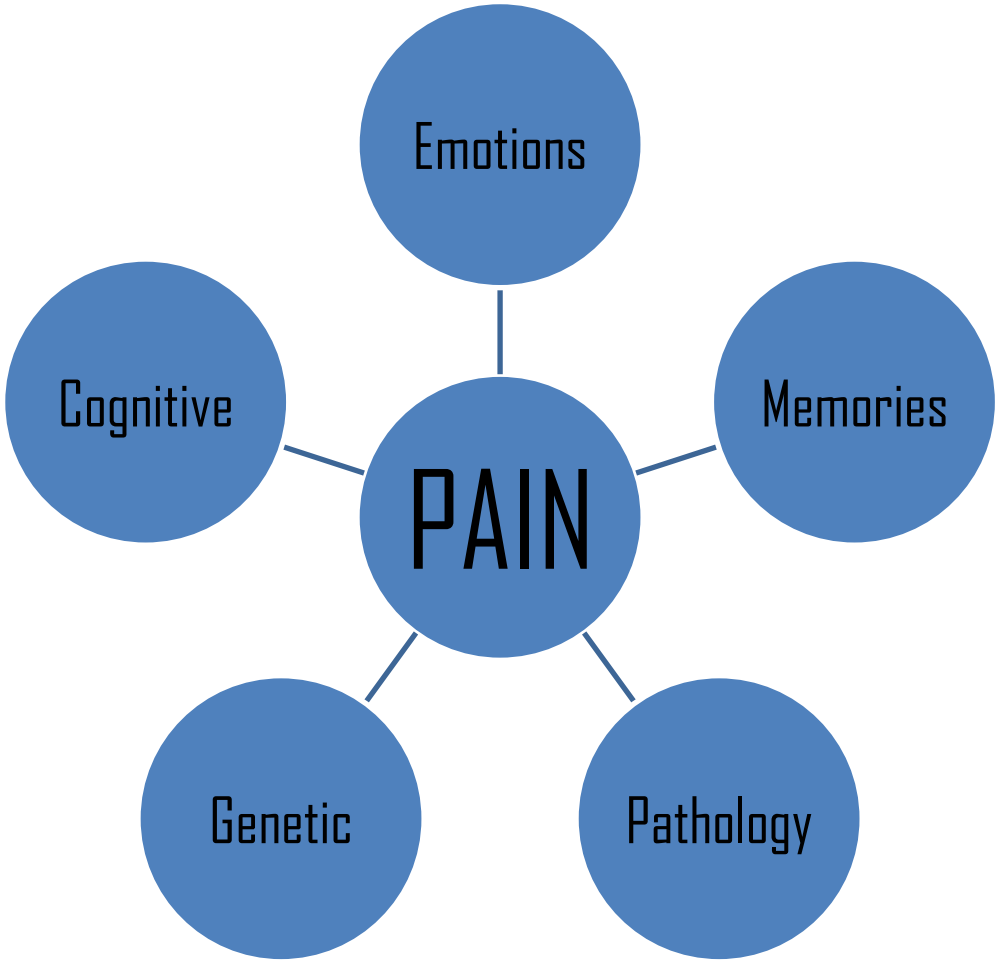
Sources; BMJ & First International Seminar in Chronic Pain, UK, 2011

Imperial College Healthcare NHS Trust

Pain defined as:

'An unpleasant sensory and emotional experience associated with actual or potential tissue damage'

(International Association for the Study of Pain)

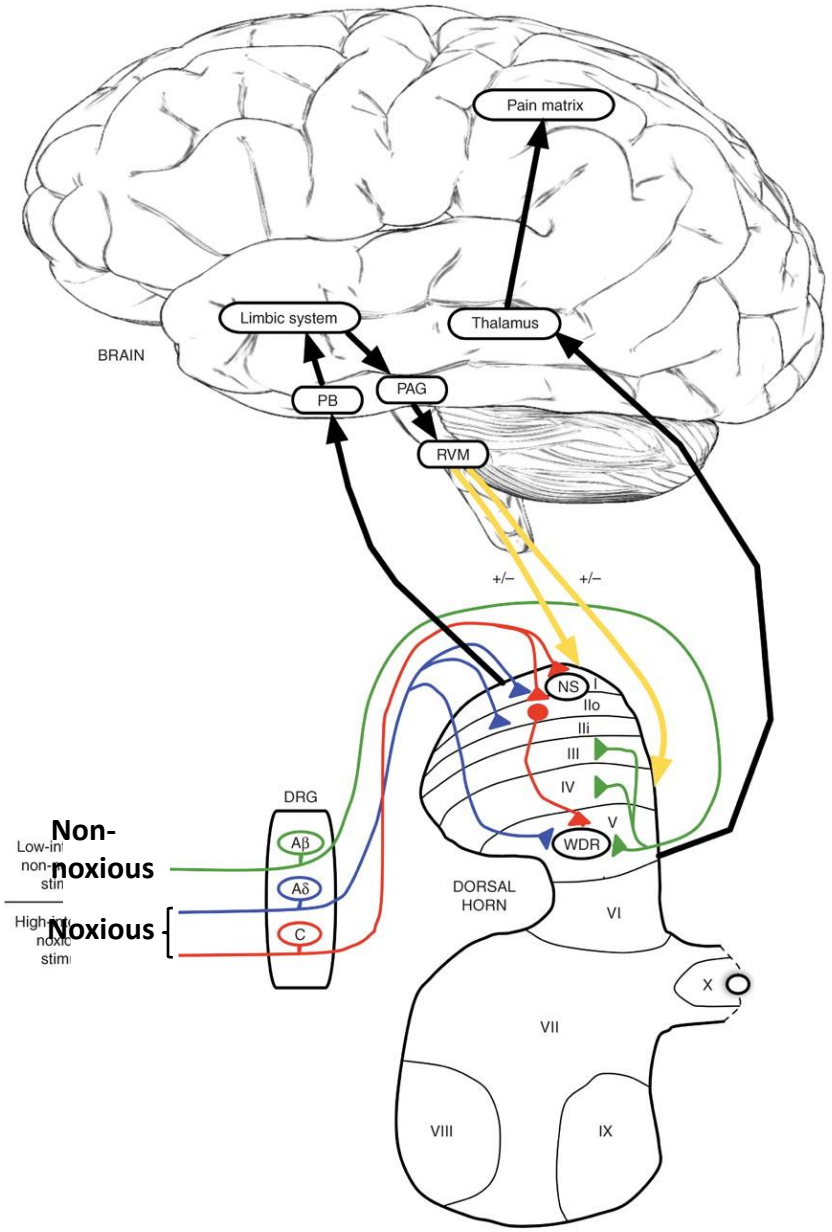


Classification of pain

Time	Body Location	Suspected Aetiology	Neurobiological Perspective
acute chronic	head & neck back vulva	cancer non-cancer rheumatologic	nociceptive inflammatory pathological -neuropathic -dysfunctional

Imperial College Healthcare
NHS Trust

Pain pathways: from periphery to brain



Cortical neurones:

Involved in the perception & interpretation of pain

Thalamic neurones:

Ventrobasal complex and Nucleus Reticularis have important reciprocal roles in modulation of nociceptive signals

Superficial dorsal horn neurones:

crucial role in processing nociceptive signals

D'Mello & Dickenson, BJA 2008

Chronic pain defined as:

Imperial College Healthcare NHS Trust

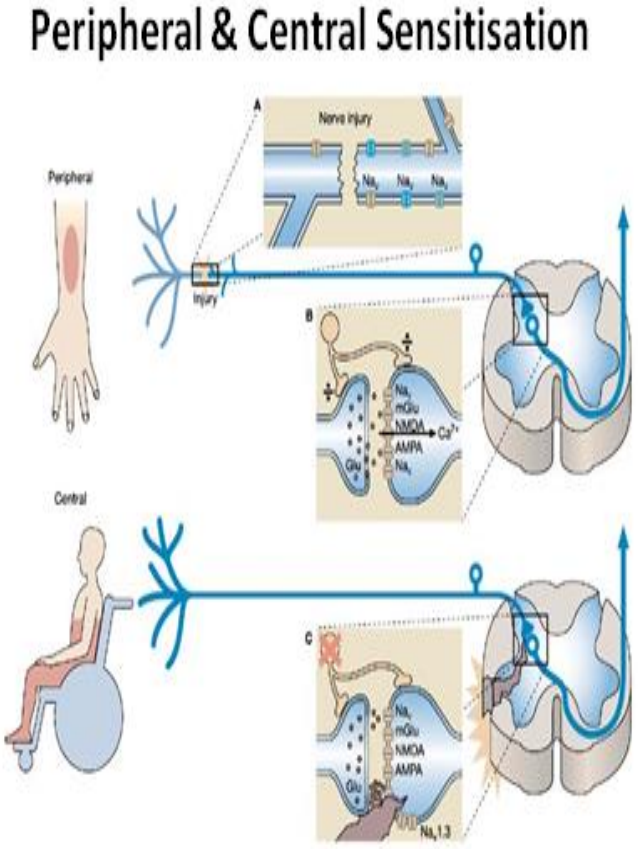
'pain that persists past the time when healing is expected to be complete'

- It is not simply a chronological extension of acute pain
- Often causes prolonged suffering
- Can be an accompanying symptom of irreversible underlying disease such as arthritis & lichen planus
- Can be the primary complaint of clinical conditions such as fibromyalgia & vulvodynia
- Typically accompanied by co-morbidities such as anxiety & depression
- Requires different diagnostic & management strategies

Pain ‘sensitisation’

Imperial College Healthcare NHS Trust

- Nerve fibres becomes more sensitive & unstable
- Normal sensory processes are affected & replaced by abnormal responses in the nerves
- These abnormalities are perceived by the patient as symptoms
- Accounts for some of the clinical characteristics of the pain



Imperial College Healthcare NHS Trust

Pain Terminology

Abnormal responses

- ***Allodynia***
  - Pain caused by a stimulus that does not usually lead to pain
- ***Hyperalgesia***
  - Heightened response to a stimulus which is normally painful
- ***Hyperaesthesia***
  - A reduction in pain threshold
- ***Dysaesthesia***
  - Distortion of the sensation of touch causing an abnormal unpleasant sensation
- ***Hyperpathia***
  - Prolonged and/or repetitive stimulus leads to a build up of pain

Pain of the vulva V Vulvodynia

Vulvodynia – Other Interpretations

1. Chronic vulvar discomfort/pain, especially that characterised by the patient's complaint of burning, stinging (ISSVD, 1986)

1. To denote all conditions of chronic vulval pain

2. To describe unexplained chronic vulval pain

3. Used synonymously with Dysaesthetic Vulvodynia

4. Some use it in connection with itch

5. Some see it as a diagnosis

2015 - consensus terminology & classification of persistent vulvar pain

A. Vulvar pain caused by a specific disorder

- Infectious (e.g. recurrent candidiasis, herpes)
- Inflammatory (e.g. lichen sclerosus, lichen planus)
- 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. menopause, vulvo-vaginal atrophy)

(ISSVD, ISSWSH and the IPPS discussed a possible revision to the 2003 terminology, and organized an international meeting in order to reach a consensus on the terminology of vulvar pain, on April, 2015)

2015 - consensus terminology & classification of persistent vulvar pain

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)
- Generalized
- Mixed

- Provoked (e.g. insertional, contact)
- Spontaneous (previously unprovoked)
- Mixed
- Onset (primary or secondary)
- Temporal pattern (intermittent, persistent, constant, immediate)

Assessment of Vulval Pain – 1

Imperial College Healthcare NHS Trust

Acute

Chronic (> 3/12)

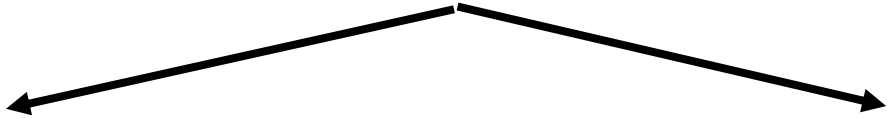
- 40% of women with chronic vulvar pain remain undiagnosed after three medical consultations*
- Rapid resolution is unusual even with appropriate tx & whereas a 100% improvement rate is desired in all, most women with chronic vulval pain do not reach that

*(Harlow BL, Stewart EG. A population-based assessment of chronic unexplained vulvar pain: have we underestimated the prevalence of vulvodynia? J Am Women's Assoc. 2003; 58:82-8)

Assessment of Vulval Pain – 2

- Acute
- **Chronic**

Vulval Examination



Normal

- **Vulvodynia**
- Neuropathy
- Somatization
- Depression

Abnormal

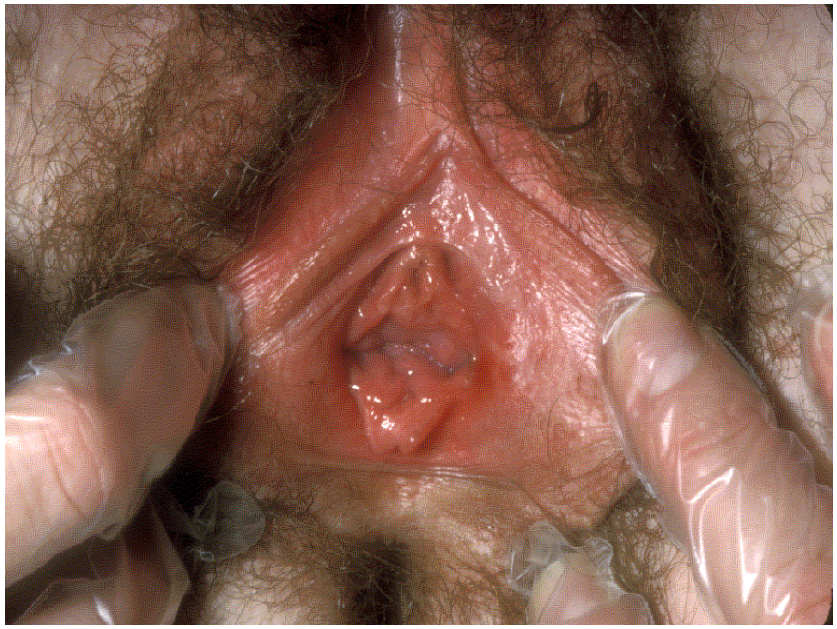
- Infection
  - Skin disease
  - Neurological
- Neoplasia
- Trauma

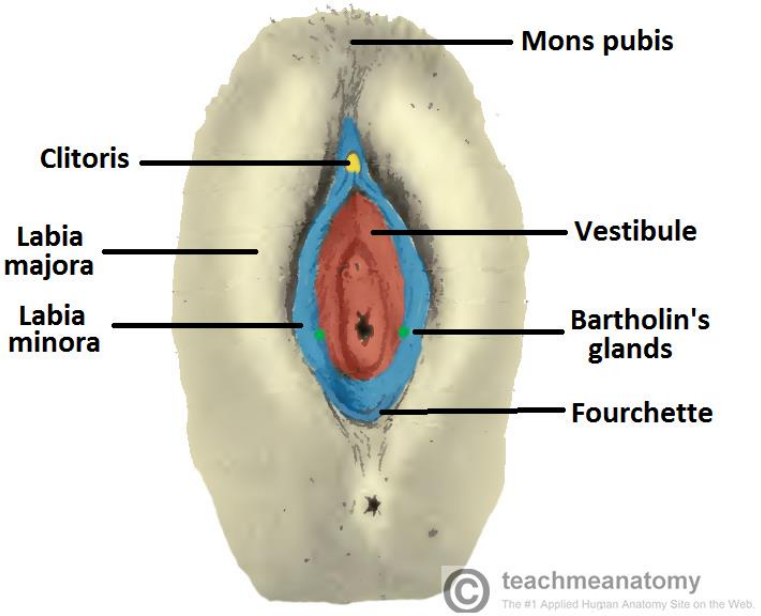
Vulvodynia assessment

- Visual exam
- Pain provocation test
- ? Histological exam
- Pelvic floor muscle exam
- Evaluation of pain co-morbidities & contributing factors

- IBS, BPS, Endometriosis, Fibromyalgia

Results-examination findings



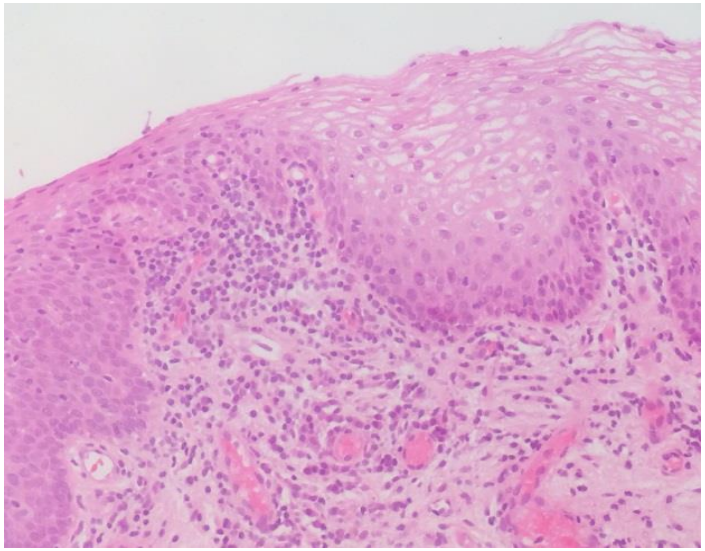


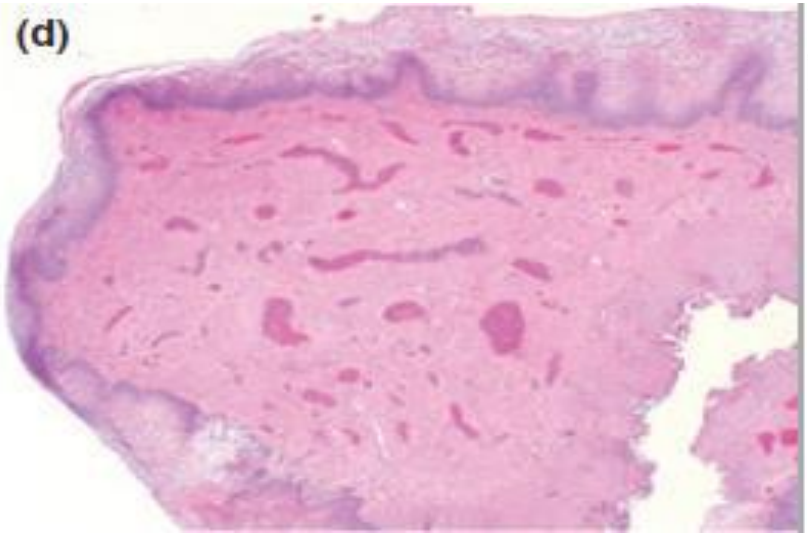
Dyspareunia & normal exam

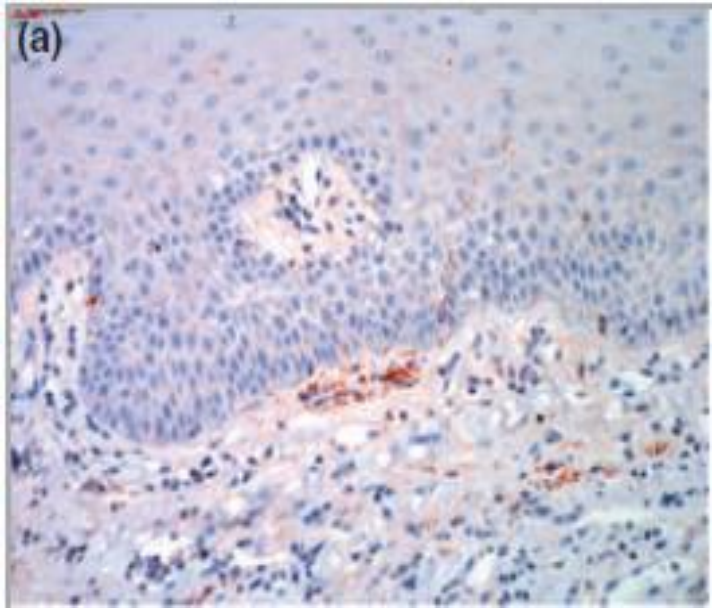
Except bilateral erythema over BD

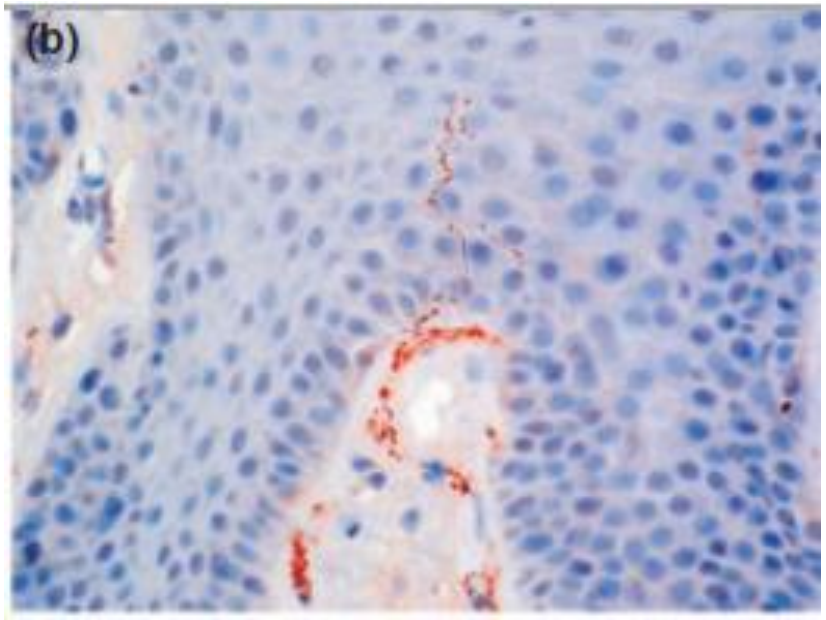
Marked allodynia at these areas

- Erythema at BD orifices in 26%
- Point tenderness in 87%
  71% localising to BD







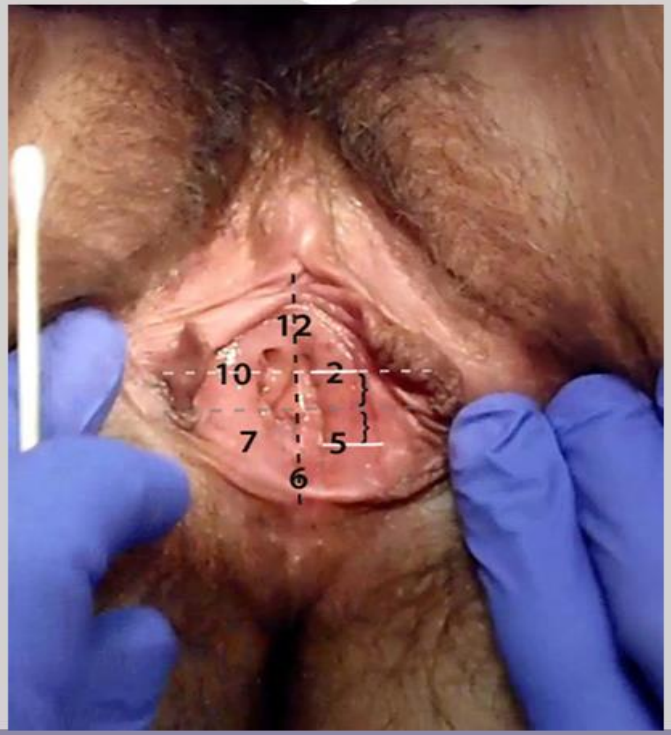


NHS
Healthcare
NHS Trust

Vulvodynia Assessment

Step 2 – Cotton-Swab Exam of Vaginal Vestibule

39



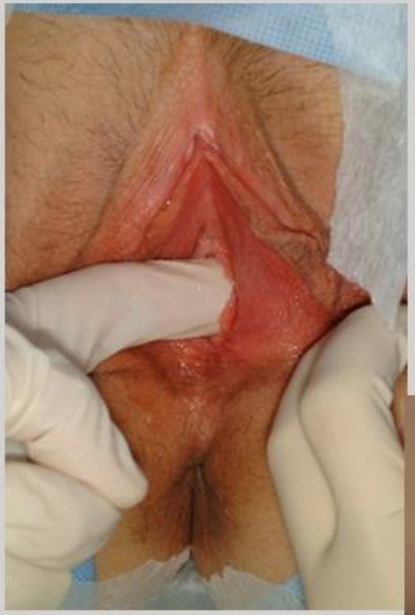
Zolnoun 2012

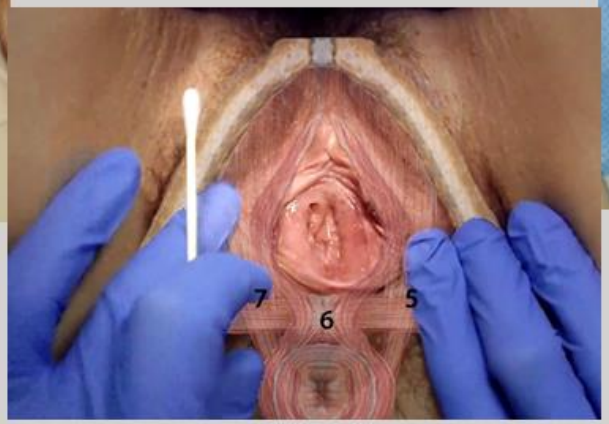
Image courtesy of Dr. Denniz Zolnoun.

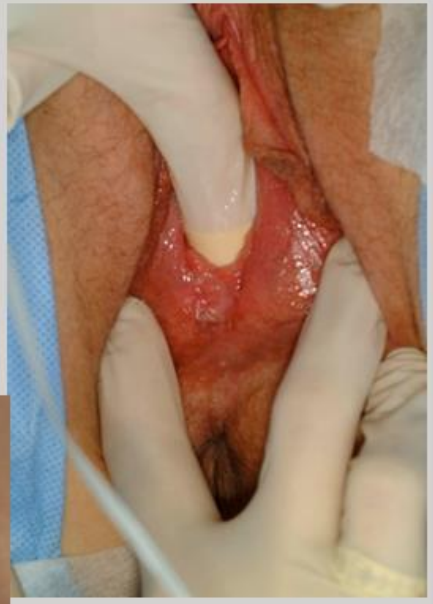
Vulvodynia Assessment

Step 4 – Muscle Exam

41







Images courtesy of Dr. Denniz Zolnoun.

Overview of Vulvodynia Management

Components of an individualised multidisciplinary biopsychosocial treatment approach are selected after identifying VD subtype and contributing factors

- **Accurate diagnosis**
- Explain, educate, good skin care
- Physiotherapy for evaluation and treatment of PFM dysfunction
- Manage comorbid conditions as appropriate
- Control pain locally – lignocaine 5% ointment, botox
- Control pain centrally
  - tricyclics - amitriptyline, nortriptyline
  - anti-convulsants - gabapentin, pregabalin
  - SSNRI's - duloxetine
- Consider stopping oral contraceptives
- Psychological therapy – CBT & mindfullness to "turn off the pain loop"
- psychosexual therapy
- Pain specialist for
  a. coordinate complex pain medications
  b. nerve blocks
  c. pulsed radiofrequency of the pudendal nerve
- Surgery for localized vulvodynia

Imperial College Healthcare NHS Trust

What the service offers

- Consultation and full assessment by experienced clinicians
- Multi-disciplinary assessment as necessary
- Inter-disciplinary assessment as necessary
- Complex case management
- Consultation and advice in liaison with Primary Health Care Team.
- Multi-component rehabilitation package for symptom management

Referral

Imperial College Healthcare NHS Trust

- **Exclusion criteria**

- Major psychiatric illness with psychotic or manic features.
- Concurrent rehabilitation from another service.
- Ongoing medical investigation