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Vulvar Pain

From Childhood to Old Age

Springer

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Preface

Why a Book About Vulvar Pain?

The vulva has been a most neglected organ, from the medical point of view, until recently. Symptoms related to it have been largely underreported by women ("too intimate to be spoken of"), underinvestigated, and undertreated by physicians. In the last two decades, the problem of a "mysterious" pain referred to the vestibulum of the vagina or the entire vulva has been increasingly investigated. The currently defined "provoked vestibulodynia" (formerly called "vulvar vestibulitis") and "vulvodynia" are now undergoing intense scrutiny: their characteristics of chronic up to neuropathic vulvar pain are now familiar to an increasing number of gynecologists and healthcare providers (HCPs).

Unfortunately, today every vulvar pain is labeled as "vestibulodynia" and "vulvodynia," i.e., as neuropathic, which is not the case.

Women may have different types of pain perceived from or referred to the vulvar organ: acute, chronic, and pathologic/neuropathic. Time is not the only defining criteria. The second criterion implies a (partly) different pathophysiology of pain and the progressive involvement of the brain in the pain-generating and pain-perceiving dynamics. A solid neuropathological process underlies and determines its psychological and relational correlates. Acute vulvar pain may become chronic, but not necessarily neuropathic. Location of pain within the vulvar organ is the third defining criterion: it can be located at the entrance of the vagina (vestibular pain), with a focus around the urethra (urethral pain), in the clitoris (clitoral pain), or perceived in a part of or the entire vulva (vulvar pain). Only when the neuropathic component is there, the suffix "dynia" is appropriate: the pertinent name then becomes vestibulodynia, clitorodynia, vulvodynia, and urethrodynia, when the "burning" pain is perceived in and around the urethra as well. Immediate and appropriate diagnosis, cure, and care of acute vulvar pain would prevent its becoming chronic and, even worse, neuropathic.

Is vulvar pain a marginal, *rare*, "*niche*" *symptom*? No, many women have this intimate problem, acute vulvar pain, chronic vulvar pain, and neuropathic vulvar pain, defined as vulvodynia, as it is termed in medical words. Vulvodynia alone may affect 12–15 % of women: it is therefore a common disorder that every family doctor and every gynecologist see every day, in his/her routine work.

The first good reason to write – and read – this book is that vulvar pain *is frequent*, much more frequent than ever considered, and yet it remains *unaddressed* for years. Indeed, this genital pain specifically affecting the vulva is *neglected* by the majority of physicians, because it is perceived as difficult to address or as being "psychogenic" in nature and therefore more of an issue for psychologists than medical doctors. Contrary to this obsolete view, *vulvar pain* is a disorder with *solid biological etiologies* that are absolutely in the domain of a medical diagnosis and treatment. Psychosexual contributors and consequences are certainly relevant and should be accurately considered from the diagnostic and therapeutic point of view. However, pain and the underlying inflammation are first of all powerful biological signals that must be investigated, respected in their physical relevance, and appropriately addressed as first and absolute priority.

Yes, like all types of pain, vulvar pain can be *multifactorial*. As it is appropriate in every medical field, the diagnosis requires careful listening to the woman's *symptoms*, an accurate reading of vulvar pain's *pathophysiology*, a competent *physical examination* focused on detecting all the clinical signs, and a renewed attention to the frequent *comorbidities* (medical and sexual) with which vulvar pain can be associated.

There are *medical* comorbidities, as vulvar pain may be associated with *bladder symptoms* (postcoital cystitis, urethralgia/urethrodynia, painful bladder syndrome), *endometriosis*, *irritable bowel syndrome*, *fibromyalgia*, and *headache*, to quote the most frequent, and *sexual comorbidities*: *coital pain*, *or painful intercourse*, at the entrance of the vagina ("introital dyspareunia") is the leading symptom, with its cohort of secondary loss of desire, vaginal dryness, orgasmic difficulties, postcoital cystitis, and sexual dissatisfaction that can deeply affect a couple's relationship. In the current passion for renaming symptoms and comorbidities, genito-pelvic pain penetration disorder (GPPPD) is the definition of choice. However, in the dialogue with patients, a more simple "pain during or after intercourse" is to be preferred.

The clinical method for addressing pain of any kind is familiar to every physician: it simply requires a specific focus on the vulvar area, with a specially sensitive and gentle approach. Why? Because *vulvar pain involves the most secret part of the body*: the vulva and the introitus of the vagina. Sometimes it may be difficult to disclose the problem even to the most intimate friends.

The most exciting goal of this book is to increase the awareness of women and healthcare providers on this undisputable fact: *vulvar pain is real*, *is frequent*, *and has very solid biological contributors*. For some specialists, like pediatricians, it is so unknown that even the word "vulvar pain" is not used. Only a most generic and imprecise "genital pain" is reported in the medical records. And this is the same for the female genital mutilation/cutting. FGM/C causes excruciating vulvar pain for obvious reasons – the extremely rich nerve network of the vulva – and yet is (almost) never mentioned as such in the huge existing literature.

On the positive side, *curing vulvar pain may be extremely rewarding*, as it can offer to affected women the real chance to get back to their full well-being, with an intimate satisfying life and the possibility to make love again with passion and joy.

This is a practical book: its primary goal is to ease the way to a proper diagnosis and treatment for every physician motivated to really help women presenting with genital/vulvar pain. Yes, a physician's life is professionally too busy. We all have too little time to stay up to date, and we all need concise, distilled information, in order to get rapidly to the essence of a true clinical picture. Even more importantly, we need *practical suggestions* to be used in our *daily practice*: *a practice-based-evidence perspective*, supported, when appropriate, by a distilled, concise evidence-based medicine. The practical vision that inspired this book is based on the huge clinical experience of the two authors, distilled over decades of daily clinical commitment to help women desperate because of vulvar pain, sexual pain disorders, and associated comorbidities, with hundreds of women successfully treated, getting back to a painless, more fulfilling life.

In conclusion, this book is first of all *a call for awareness* on the many types and characteristics of vulvar pain in the lifespan, from childhood (when even the wording is nonexistent) to the late postmenopausal years. Areas of unbelievable neglect include vulvar pain after childbirth and the dramatic situation of female genital mutilation/cutting (FGM/C), where every genital symptom is reported except vulvar pain, in spite of the fact that it is exactly the vulva that is mutilated.

Physicians are therefore required *to open their mind to the existence of vulvar pain*, to its different time and site-related characteristics, etiology, pathophysiology, and diagnostic and treatment perspectives.

In short, we have a dream: *to empower physicians' competence in rapidly addressing vulvar pain and its associated comorbidities*. The sooner, the better. Women would be most grateful. And their families too. A healthier and happier woman is a gift to herself, her family, and our society.

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To our families, for their love, patience, and proud support.

To our patients, for their encouragement for this book, their endless source of inspiration through smart and challenging questions, and their empowering gratitude when vulvar pain fades away and they are back to enjoy a healthier and more fulfilling life.

To our colleagues, who welcomed the former book on vulvodynia and stimulate the rethinking of a broader teaching and learning project on *vulvar pain in the lifespan*.

To the publisher, for the encouraging trust in a writing project more demanding than originally thought.

To the beauty of life, when the happy smile of a woman finally rid of pain gives motivation and meaning to the daily work of every committed healthcare provider. A real blessing that is a deep pleasure to share with our readers.

Contents

Vulvar Pain: What's Behind a Name

1

"Vulvar pain" is a comprehensive term. Its main characteristics are described in Box 1.1.

Box 1.1. Vulvar Pain: Key Descriptors

Acute Vulvar Pain

- Is referred to the *vulvar organ*, or part of it:
  - The vulvar vestibule (*vestibular pain*)
  - The clitoris (*clitoral pain*)
  - Localized vulvar pain in parts other than the vestibule or the clitoris (*localized vulvar pain*), i.e., affecting the left labia majora or right labia minora, or the Bartholin gland (Bartolinitis)
  - The entire vulva (*vulvar pain*)
- Has a *precise*, *objective etiology*, *easy to be visualized*, *described*, and *recorded*
- *Acute tissue inflammation* is the *common denominator*, resulting, among others, from:
  - *A trauma*:
    - *Unintentional*, such as blunt lesions during sport or accidental falls, cutting, and burning, among others
    - *Intentional*, including sexual abuse and female genital mutilations/modifications (FGM/M)
  - *Infections*, such as in *Candida* vulvitis, in herpes virus, and in pyogenic abscesses or parasitic infections
  - *Acute nerve traumas*, such as mechanical traumas
  - *An iatrogenic damage*:
    - *Chemical*, during topical treatment with immunomodulants, or chemotherapy
    - *Physical*, such as after laser therapy, diathermocoagulation, and radiotherapy

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