Vulvodynia
What a Health Practitioner Should Know

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Objective: To present a clinically based approach to vulvodynia

- Identify and review vulvar anatomy
- Basic understanding of how to approach the patient with vulvar complaints
- Recognize vulvodynia as part of the differential diagnosis in women with vulvovaginal concerns

No disclosures
Mons
Labia majora
Labia minora
Clitoral Hood
Clitoris
Urethra
Hymen
Vestibule
Vaginal opening
Bartholin meatus
Posterior fourchette
Perineum
(Anus)
Definition of Vulvodynia

- Definition: vulvar discomfort, most often described as burning pain, occurring in the absence of relevant visible findings or a specific, clinically identifiable, neurologic disorder

- Considered a neuropathic condition
Clarification of terms by ISSVD

- ISSVD Classification
  - Vulvodynia-spectrum of conditions
    - Generalized versus Localized
    - Provoked versus Unprovoked
  
  - Replace term “Vulvar Vestibulitis Syndrome” with **Vestibulodynia or Provoked Localized Vulvodynia**

  - Replace “Essential Vulvodynia” or “Dysesthetic Vulvodynia” with **Generalized Unprovoked Vulvodynia**
Vulvodynia: A spectrum of conditions

- Generalized Unprovoked Vulvodynia
- Vestibulodynia (vulvar vestibulitis)
- Clitorodynia
- Mixed Vulvodynia
Prevalence

• 8-15% of the general population
  – likely single leading cause of dyspareunia
Office Evaluation: History

- **Quality:** onset, frequency, provoked or unprovoked, location, severity, circumstances, description of pain
- **Exposure to contact irritants:** soaps, spermicide, lubricants, bathing products or intra-vaginal products
- **Vulvar Hair Hygiene:** shave, laser, wax
- **Hormonal status:** Estrogen replete vs depleted (postpartum, menopause, anti-estrogen breast cancer treatment)
- **Skin changes:** associated symptoms of itching, ulceration, fissures or skin breakdown
- **OTC or other treatments tried**
Office Evaluation: Tools

- **Physical Exam**
  - Visual inspection of vulva, perineum, anus & vagina (speculum)
  - Qtip test

- **Microscopy**: swab side walls/fornix not cervix
  - pH immediately (normal estrogen replete vagina 3.5-4.5)
  - NaCl and KOH: sensitivity ~70%

- **Vaginal Culture**: vaginal side walls or fornix, not cervix
  - Fungal culture **helpful** for identification of yeast species
  - General bacterial culture **not helpful**
  - AFFRIM® for common vaginitis (>90% sensitive)

- **Vulvar Biopsy**:
  - Reserved only for SKIN CHANGES
  - Random biopsy not helpful
What’s in your Differential Diagnosis?

- Hypoestrogenism (Vulvovaginal Atrophy)
- Lichen sclerosus
- Lichen planus
- Lichen simplex chronicus
- Vaginismus or Levator myalgia
- Chronic Yeast vulvovaginitis
- Interstitial cystitis
- Herpes simplex
- Contact Dermatitis
- DIV: Desquamative Inflammatory Vaginitis
Vulvodynia is a diagnosis of exclusion
Common Types of Vulvodynia

Vestibulodynia
(Localized Provoked)

Generalized Unprovoked
Case Presentation: Vestibulodynia

- 28yo G0 on OCPs presents with dyspareunia. She complains of a raw sensation with penetration and redness at her vaginal opening.
Vestibulodynia

**SYMPTOMS**
- Entry dyspareunia
- Difficult tampon use
- Painful speculum exam
- Pain usually only with touch and not constant

**SIGNS**
- +/- Vestibular erythema
- + Qtip test
- Response to lidocaine
- Difficult speculum exam
Vestibulodynia or Localized Provoked Vulodynia: Diagnosis

• Friedrich’s Triad
  – Reported painful penetration
  – Qtip test positive for tenderness
  – +/- vestibular erythema

*** if vestibular erythema is present with no other sites of vulvar erythema or skin changes, then likelihood of a vulvar dermatosis is extremely low
Qtip Test

- Gently roll moist Qtip
- Vestibule clock-face
  - 12, 2, 4, 6, 8, 10 o’clock
  - Score 0-3+
Case Presentation: Generalized Unprovoked Vulvodynia

- 58yo woman on HRT who complains of constant vulvar burning and irritation.
# Generalized Unprovoked Vulvodynia

## Symptoms
- Burning pain
- Searing pain
- Usually non-focal and constant
- Sensation may ↑ with activity/manipulation
- Lidocaine provides no relief

## Signs
- No physical exam finding
- (other than vulvovaginal atrophy)
Vulvodynia Treatment Overview: all types

- Hygiene & Vulvar Care Measures
- Topical neuromodulators and medicines
- Oral neuromodulators
- Physical therapy + Biofeedback
  - for Vestibulodynia
- Sexual Counseling
- Surgery: Vestibulectomy
  - for Vestibulodynia
Reduce Vulvar Irritants

- Use of scented products, dyes, or chemicals
- Tight, synthetic, or uncomfortable clothing
- Vulvar hair removal
- Daily use of mini-pads
- Encourage bland emollients for soothing effect (Vaseline® or plain Crisco®)
- Cold packs and Sitz baths offer palliation
Topical Neuromodulators

- 2% lidocaine gel or 4% liquid for use with sex prn
- 5% lidocaine cream TID or ointment on cotton ball at vestibule QHS
- 2% amitriptyline-baclofen cream TID
- 2-6% gabapentin cream TID

- SHOW WHERE TO APPLY
- Up to 6-12 wks treatment before reduced pain
Oral neuromodulators

- TCAs: amitriptyline (Elavil®), nortriptyline, desipramine

- GABA meds: gabapentin (Neurontin®), pregabalin (Lyrica®)

- SNRI: duloxetine (Cymbalta®), venlafaxine (Effexor®)

- Other anticonvulsants
Oral Neuromodulators

- Clear data in generalized vulvodynia but less in vestibulodynia

- Most of the studies looking at oral meds mix generalized and localized in one study

- Many advocate use of neuromodulators since etiology seems to be based in change in nervous system function (central + local)
Vestibulodynia

Vestibule surface pain

Poor sexual confidence & identity

Levator myalgia
Vulvodynia Treatment Overview

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Vestibulodynia: Surgical Treatment

- Most studied treatment
- Expect 62.5-92% improvement
- Multiple studies supporting with f/u 6mon-5 yrs
- Surgical outcome improved when paired with PT
  • Before and after procedure
- Modified versus Total Vestibulectomy
Treatment for Vestibulodynia: What can you do?

- Validate the pain and diagnosis
- Offer lidocaine for sex
  - Apply 10-15min to vestibule prior
- Coach around good lubricants and adequate arousal
- Consider referral: vulvar specialist, sexual counseling, and/or PT
- (Local vulvar program here in Oregon)
Treatment for Generalized Vulvodynia: What can you do?

- Validate pain and diagnosis
- Consider oral neuromodulators
- Coach around vulvar care measures
- Consider referral to vulvar specialist
In summary

- Vulvodynia should be considered in women with vulvovaginal complaints
- Vulvodynia is common (8-15%) but a diagnosis of exclusion
- PE often without findings, bx not helpful
- Can offer lidocaine for palliation with sex
- Neuromodulators the mainstay
- Consider the paradigm for vestibulodynia to include a multi-disciplinary approach
3. Harlow, J Am Med Womens Assoc 2003;58
19. Willems, Abstract, ISSVD, World Congress, Argentina, 1995
25. Reed, J Low Genit Tract Dis, 2006, 10 (4) 245-251.
34. Goldstein DJ. Pain 2005;116;109-18