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
Definition of Vulovodyinia

- 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)
  - Q-tip 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**
  - AFFIRM® 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 vulvo-vaginitis
- 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
- +/- Q tip test
- Response to lidocaine
- Difficult speculum exam

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**Vestibulodynia or Localized Provoked Vulodynia: Diagnosis**

- Friedrich’s Triad
  - Reported painful penetration
  - Q tip 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
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