



Haefner HK, Collins ME, Davis GD, et al. The vulvodynia guideline. *J Lower Genital Tract Dis* 2005;9:40-51.

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To review the entire Vulvodynia Guideline, please see the *Journal of Lower Genital Tract Disease* web page: <http://www.jlgttd.com/> Select ASCCP Guidelines

### Vulvodynia

Vulvodynia is a condition that is challenging for patients and health care providers. It consists of chronic discomfort or pain of the female genitalia. It is characterized by burning, stinging, irritation or rawness in cases in which there is no infection or skin disease of the vulva or vagina. The pain can be generalized (the majority of the vulva burns) or localized (pain is present with entry during intercourse or with tampon insertion, or the clitoris is painful). The pain can be continuous or intermittent, often aggravated by activities such as sitting at a desk, bicycle riding, and sexual intercourse. The pain and discomfort of vulvodynia affect the quality of life of women with this condition.

### Treatment of vulvodynia

Many treatment regimens exist for vulvodynia. Patients often combine a variety of the following regimens:

#### Vulvar care measures

Cotton underwear is recommended. No underwear should be worn at night. Vulvar irritants and douching should be avoided. The patient should use mild soaps for bathing and not apply soaps to the vulva. If menstrual pads are irritating, 100% cotton pads may be helpful. Adequate lubrication for intercourse is recommended. Cool gel packs are helpful in some patients. The use of lubricants should be discussed with the patient.

#### Topical medications

For minor degrees of vulvar pain, consider 5% lidocaine ointment. Doxepin 5% cream can be applied to the skin. Topical amitriptyline 2% with Baclofen 2% in a water washable base (WWB) has also been used for point tenderness. Topical estrogens have been used by some for treatment of vulvar pain.

#### Tricyclic antidepressants

Tricyclic antidepressants are common treatments for vulvar pain. This group of drugs (e.g., amitriptyline (Elavil®), nortriptyline (Pamelor®), and desipramine (Norpramin®)) has been used to treat many chronic pain conditions where a cause cannot be found.

#### Other antidepressants

Cymbalta and Effexor XR, as well as other antidepressants have also utilized at times for pain control.

#### Anticonvulsants

Gabapentin (Neurontin®) and pregabalin (Lyrica®) have been used to control pain.

#### Biofeedback and physical therapy

Biofeedback and physical therapy are also currently used in the treatment of vulvodynia. These treatments are combined to relieve pain and discomfort.

#### Low oxalate diet with calcium citrate supplementation

It has been suggested that vulvar burning may be associated with elevated levels of oxalate in the urine. Oxalate is an irritating material produced by several tissues in the human body during normal metabolism. It can enter the body through digestion of foods containing oxalate. The use of oral calcium citrate along with a low oxalate diet is controversial. Not all studies show this regimen to be beneficial.

#### Intralesional and trigger point injections:

Trigger point steroid and bupivacaine injections have been successful for some patients with localized vulvodynia.

#### Vaginismus

It is important to evaluate for vaginismus in the patients with vulvodynia. Vaginismus is a spasm of the muscles surrounding the vagina. It can make penetration painful or even impossible. One of the main causes is fear or anticipation of pain. When painful penetration has been experienced, this pain may be expected in further sexual intercourse attempts. The degree of vaginismus may then increase the amount of pain, and a vicious circle is established. Vaginismus is treated with vaginal dilators and counseling. Physical therapy is also beneficial at times for this problem.

#### Vestibulectomy

##### Surgical excision

Surgical excision of the vulvar vestibule has met with success in many selected patients, but should be reserved for women with long standing and localized vestibular pain where other managements have failed.

#### New Research

**Nitroglycerin** - Topical nitroglycerin has been used for the treatment of localized vulvar pain. Unfortunately, a significant number of patients developed headaches with its use.

#### Acupuncture

A few studies have been done using acupuncture for vulvar pain with a variety of outcomes.

#### Hypnotherapy

This alternative treatment has been reported to be beneficial for some patients.

**Botox**- Botulinum toxin type A is used as a treatment for many chronic pain disorders. Recent research has been done on injectable Botox for vulvar pain.

#### Summary

Vulvar pain is a complex disorder. It can be a difficult to treat. Improvement may take weeks to months. Spontaneous remission of symptoms has occurred in some women, while with others, multiple attempts with management have proven unsuccessful in relieving all of the symptoms. The treatment of vulvar pain is confounded by the fact that the cause is unknown in a great majority of cases. It is important to recognize that rapid resolution of symptomatic vulvar pain is unusual even with appropriate therapy. Additionally, no single treatment program is successful in all women. Sexual counseling is important for patients with vulvodynia. Concurrent emotional and psychological support can be invaluable.

**Disclaimer:** This ASCCP Vulvodynia "Basics" sheet is an educational resource and as such does not define a standard of care, nor is it intended to dictate an exclusive course of treatment or procedure to be followed. It presents methods and techniques of clinical practice that are acceptable and used by recognized authorities, for consideration by licensed physicians and healthcare providers to incorporate into their practice. Variations of practice, taking into account the needs of the individual patient, resources, and limitation unique to the institution or type of practice, may be appropriate.

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