Vulvodynia

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Learning Objectives
At the end of this presentation, the participant will:

• Understand the current Classification System for Vulvar Pain Syndromes
• Review the basic science behind vulvodynia
• Understand current treatments used for chronic pain conditions
• Gain knowledge on new treatments for vulvodynia
Written Information Available:

University of Michigan Center for Vulvar Diseases (Google)

Then, click on Information on Vulvar Diseases

http://obgyn.med.umich.edu/patient-care/womens-health-library/vulvar-diseases
Sociedad Latinoamericana de Patología Vulvar, April, 2015
The Lichens in Vulvovaginal Disease
The Lichens in Vulvovaginal Disease Handout
Hidradenitis Suppurativa Acne Inversa
Hidradenitis Suppurativa Handout

ACOG, May, 2015
Vulvar Diseases: What Do Your Know?
Your Diagnosis Is

ISSVD Postgraduate Course, July, 2015
Your Diagnosis Is
Your Diagnosis Is Handout

ACOG District II New York October, 2015
Vulvar Disorders

SOGBA CONGRESS 2015 & ACOG 2015 Dec 4, 2015
Aspectos Clinicos del HPV
Manejo Quirurgico de la Vestibulodinia
Vulvodinia

Definition and Diagnosis
Theories on Etiologies
Treatments
**Definition of Vulvodynia**

International Society for the Study of Vulvovaginal Disease (ISSVD)

- Chronic discomfort
- Burning
- Stinging
- Irritation
- Rawness

8.3% of women have vulvodynia

Various Terms Utilized for Vulvar Pain Prior to 2003

- Essential Vulvodynia
- Dysesthetic Vulvodynia
- Vulvar Vestibulitis Syndrome
- Vulvar Dysesthesia (Generalized or Localized)
- Provoked Vulvar Dysesthesia
- Spontaneous Vulvar Dysesthesia

2003 ISSVD Terminology and Classification of Vulvar Pain Salvador, Brazil

Vulvar pain related to a specific disorder

- Infectious (e.g. candidiasis, herpes, etc.)
- Inflammatory (e.g. lichen planus, immunobullous disorders, etc.)
- Neoplastic (e.g. Paget’s disease, squamous cell carcinoma, etc.)
- Neurologic (e.g. herpes neuralgia, spinal nerve compression, etc.)
2003 ISSVD Terminology
Salvador, Brazil

Vulvodynia
- **Generalized**
  - **Provoked** (sexual, nonsexual, or both)
  - **Unprovoked**
  - **Mixed** (provoked and unprovoked)

- **Localized** (vestibulodynia, clitorodynia, hemivulvodynia, etc.)
  - **Provoked** (sexual, nonsexual, or both)
  - **Unprovoked**
  - **Mixed** (provoked and unprovoked)

April 2015

2015 Consensus terminology and classification of persistent vulvar pain

Jacob Bornstein MD, MPA, Andrew Goldstein MD, and Deborah Coady MD
for the consensus vulvar pain terminology committee

From the International Society for the Study of Vulvovaginal Disease (ISSVD),
the International Society for the Study of Women's Sexual Health (ISSWSH),
and the International Pelvic Pain Society (IPPS)
Diagnosis of Vulvodynia

Define disease
Q-tip test
Vulvoscopy?
Duration of pain

Generalized
Conditions to Rule Out

- Yeast (often cyclic vulvar pain)
- Desquamative inflammatory vaginitis (DIV)
- Atrophic vaginitis
- Pudendal nerve entrapment
- Sacral nerve root Schwannoma (vulvococcgodynia)
Candidiasis

Desquamative Inflammatory Vaginitis
Atrophic Vaginitis

Definition and Diagnosis
Theories on Etiologies
Treatments
Theories on Etiologies

- Embryologic derivation
- HPV
- Oxalates
- Hormonal changes
- Chronic inflammation
- Altered immuno-inflammatory process
- Nerve pathways

Nerve Fiber Proliferation in Vestibulodynia

- 8 controlled studies with significant increase of nerve fibers in the vestibular mucosa in women with LPV
- Increased nerve fiber proliferation is found in both the epithelium and the stroma of the mucosa.
- ? Cause
### S-100 Immunostain

<table>
<thead>
<tr>
<th>Control</th>
<th>Patient with vestibulodynia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Few nerve fibers</td>
<td>Nerve fiber proliferation</td>
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### Question 3

The nerve which supplies the major portion of the vulva is the

1. Ilioinguinal nerve
2. Genitofemoral nerve
3. Perineal nerve
4. Pudendal nerve
Pudendal Nerve

Originates from S2, S3, and S4 foramina

Proposed neuroimmunological mechanism of the allodynia/hyperpathia of vulvodynia

Increased proinflammatory cytokines:
- IL-1, IL-6, IL-8
- IFN-α
- TNF-α

IL-12 and IL-18

Nerve growth factor increased

Substance P

CGRP

Mast cell accumulation

Distal nerve sprouting

IL-1ra

IL-4

Legend:
- = stimulatory
- = inhibitory
Definition and Diagnosis
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Evaluating Vulvodynia Patients
A Team Approach
Tender, or patient describes area touched as area of burning

Yeast culture negative or inadequate relief with antifungal rx

1. Vulvar care measures
2. Topical medications
3. Oral medications
4. Injections
5. Biofeedback/Physical therapy
6. Low oxalate diet
   Ca^{2+} citrate supplementation?
7. Cognitive and behavioral therapy

Vulvar Care Measures

No soap on the vulva

Shower heads for rinsing and…
White flannel wipes

Cool Gel Packs
Vaginal Lubricants

- Replens
- Astroglide
- KY Liquid
- Probe
- Slippery stuff
- Jo
- ... etc.

Images of different lubricants are shown below.
Position Changes

Topical Anesthetics

- 5% Lidocaine (Xylocaine®) ointment safe, effective short-term symptom relief for vestibulodynia (pre-intercourse)
- Benzocaine (Vagisil®) not recommended; it is a sensitizing agent, causing rebound vasodilation and pain
Topical Antidepressants

• Doxepin (Zonalon®)
• Topical amitriptyline 2% with Baclofen 2% in WWB (water washable base) - squirt ½ cc from syringe onto finger and apply to affected area
Dispense 30 day supply

Topical Gabapentin

• Boardman et al. 2008
  – Topical gabapentin – 80% of evaluable patients had > decrease in pain after 8 weeks of 2-6% gabapentin (one report)
Oral Medications

Tricyclic Antidepressants

- Useful for neuropathic pain syndromes such as postherpetic neuralgia and vulvar dysesthesia
- Doses for pain management less than for depression
  - Tricyclics
  - SSRI’s
  - SSNRI’s (venlafaxine, duloxetine)
Tricyclic Antidepressants

- Amitriptyline or desipramine
  - Advise regarding rationale
  - Start at low dose two hours before bedtime and increase up to 150, until comfortable, or intolerable side effects
  - One drink of ETOH per day
  - Advise slow benefit

Tricyclic Medications

- Adverse effects
  - Drowsy (amitrip > desip) or
  - Jittery (desip > amitrip), tachycardia
  - Dry mouth, eyes
  - Increased appetite
  - Constipation
Other Antidepressants

- Venlafaxine (Effexor)
- Duloxetine (Cymbalta)

Anticonvulsants and Pain Control

The role of anticonvulsant drugs in the treatment of neuropathic pain is evolving and has been clearly demonstrated

- Gabapentin
- Pregabalin
- Topiramate
- Tiagabene
- Lamotrigine
Gabapentin

- 64% of 152 generalized vulvodynia patients improved by 80% in a retrospective chart review


Pregabalin

- Retrospective chart review of 28 women on pregabalin for vulvodynia.
  - 12 reported improvement averaging 62%
  - 10 discontinued due to AEs
  - 4 had no improvement
  - 2 with vestibulodynia had not tested their pain

Aranda J, Edwards L: presented at the 2007 ISSVD World Congress
Anticonvulsants and Pain Control

The role of anticonvulsant drugs in the treatment of neuropathic pain is evolving and has been clearly demonstrated:

- Gabapentin
- Pregabalin
- Topiramate
- Tiagabene
- Lamotrigine
Specific Point Tenderness

- Bupivacaine / triamcinolone acetonide injections
  - Bupivacaine (0.25% or 0.5%) and triamcinolone acetonide (Kenalog®)
  - Draw up triamcinolone acetonide (Kenalog®) first (40 mg/cc) (can use up to 40 mg steroid in single dose per month). CAUTION ON PERINEUM AND SMALL AREAS. Combine with Bupivacaine (large area use 0.25%; small area use 0.5%) Inject into specific area or use as a pudendal block
  - Can be repeated monthly
  - 50% efficacy
Nerve Blocks

- Pudendal
- Genitofemoral
- Ilioinguinal
- Ganglion impar

Pudendal Nerve Blocks

Originates from S2, S3, and S4 foramina
Genitofemoral and Ilioinguinal Nerve Blocks
Treatments for Vaginismus

Counseling

Topical lidocaine

Topical baclofen

Physical therapy

Dilators

Hypnosis

Non-surgical

Surgical
Surgery

New Thoughts and Trends
Neogyn Skin Cream

20 -30% reduction in pain and erythema with Neogyn use

Women with secondary PVD had a 30-50% reduction in pain and erythema


Novel Therapeutic Approaches

- Chemodenervation

Over 700 reports of botulinum toxin for pain
Minimizes vaginismus-relaxes levator ani muscles

Chemodenervation
Bulbocavernosus

Neuromodulation with Sacral Nerve Stimulator

- Modulation of efferent signals to spinal cord
- Refractory pain in distribution of specific nerve root (S3 or S4)


Acupuncture

Acupuncture Today 2001;2:1,16.

- Randomized controlled pilot study on acupuncture for the vulvodynia
- 18 subjects (small sample) received acupuncture and appeared to have reduced vulvar pain and dyspareunia with an increase in overall sexual function

Hypnosis
www.asch.net

Report on hypnosis for vestibulodynia
Experimental Treatments Not Widely Used

- Leukotriene receptor antagonist
- Topical nitroglycerin
- Topical capsaicin
- Enoxaparin injections
- KTP and YAG laser rx
- Motor cortex stimulation (central)

THE VULVODYNIA GUIDELINE
6-18-03
ASCCP Program Section
Vulvar Conditions

- Develop a guideline with vulvar disease experts for managing a particular vulvar condition
The Vulvodynia Guideline


• A guideline for treating vulvodynia is described

www.jlgtd.com
• click on archive
• click on Volume 9 (2005)
• Jan 2005 (pp 1-63)
• Scroll down to The Vulvodynia Guideline
• Click on PDF (350 K)

2013 Vulvodynia Guideline Update

Colleen K. Stockdale, MD
Herschel Lawson, MD

Journal of Lower Genital Tract Disease
2014 Apr;18(2):93-100
Vulvodynia Awareness Campaign
Office of Research on Women’s Health

http://orwh.od.nih.gov/health/vulvodynia.html

General Measures

• Written material/handouts
  – Patient education regarding the nature and prognosis of vulvodynia
  – National Vulvodynia Association
    www.nva.org or 301-299-0775

Online teaching program on chronic vulvar pain
http://learn.nva.org
Oceans of Lotions, Potions, and Notions

No “One Simple Cure”
The Human Dimension