

VOIDING DISORDERS IN WOMEN WITH CHRONIC VULVAR PAIN.

Hypothesis / aims of study

The vulvodynia is a chronic painful disorder defined as vulvar pain affecting up to 18% of female population. Its etiology is not well understood, probably is multifactorial. Women with vulvodynia have high association with other diseases. The vulvar pain may be associated in women with interstitial cystitis and or painful bladder syndrome.¹ The vulvodynia is a poorly understood condition.²

We hypothesise that the women with chronic vulvar pain may be associated with urinary urgency/frequency disorders.

This study aims to know the presence of voiding disorders in women who are admitted under the diagnosis of vulvodynia.

Study design, materials and methods

Qualitative and quantitative interviews were held with 50 women under vulvodynia diagnostic. The interviews were conducted by a single clinician in a centre for urogynaecology at Las Condes Clinic, Santiago, Chile, in patients admitted for vulvodynia between January 2009 and January 2010. The range of age in the patients for this study was 21 and 75 years old, media 31 years old. The parity was 0 to 4 births, media 0. The media BMI was 24.

The interview considered different aspects to detect in the office the presence of symptomatic voiding dysfunctions. A study using urodynamics test and cystoscopy was done in those women with symptoms compatible with voiding dysfunctions.

Results

Of the 50 women, none had symptoms of stress urinary incontinence or mixed urinary incontinence. Five (10%) women had antecedent of recurrent urinary tract infections.

Seven (14%) women had increased urinary frequency during day and night. In the 7 women showed the presence of an overactive bladder on the urodynamics test results.

In 3 (6%) of them the observation by cystoscopy was compatible with interstitial cystitis.

One (2%) of the women had enuresis every night for the last four months.

Another woman had a head trauma by falling asleep while sitting in the bathroom.

Of the seven women with overactive bladder, 2 had generalized chronic vulvar pain and 5 had localized pain in the vulvar vestibule. The seven patients had clitoridynia and five frequently presented painful bladder.

Interpretation of results

According our experience in this study the 14% of women with vulvodynia can present symptomatic overactive bladder. The pain localized in the clitoris is most frequently associated to urge urinary symptoms in women with vulvodynia. The stress urinary incontinence and mixed urinary incontinence are voiding disorders which are often not increased in women with vulvodynia. Identify women who presented interstitial cystitis, painful bladder syndrome, recurrent urinary tract infections and vulvodynia may be difficult. More difficult may be distinguishing urological diseases when these women have pain in the clitoris. Frequently women with clitoridynia have suprapubic pain. Another important point is keep in mind that women who present symptoms of urinary urgency and frequency associated to dyspareunia and vulvar pain may correspond to women with forgot diagnosis of vulvodynia. Some authors demonstrated that vulvodynia affects 25% of patients with painful bladder syndrome/interstitial cystitis. The multidisciplinary approach with the involvement of the gynecologist and urologist appears to be a logical requisite for a correct diagnosis and treatment.³ The association of vulvodynia with voiding disorders theoretically can be explained for neurologic or inflammatory common factors. The etiology of vulvodynia is unknown but most probably is multifactorial and has common pathophysiological mechanism with other urological diseases. For example, in some women with vulvodynia urinary oxalates may be nonspecific irritants that aggravate and maintain the vulvar pain. Some author reported intravesical potassium sensitivity in 82% of patients with vulvodynia, suggesting the bladder generates their pain and indicating interstitial cystitis/painful bladder syndrome deserves greater attention in differential diagnosis of vulvodynia. The overlap between urological symptoms and vulvodynia should be explored in order to explain the relationship and to determine the link between precipitating factors. Some authors said that the correlation of vulvodynia and painful bladder syndrome/interstitial cystitis may have been underestimated.

Concluding message

When we receive a woman with diagnosis of chronic vulvar pain we must remember that voiding disorders expressed with alteration of urgency/frequency like symptomatic overactive bladder can be associated with vulvodynia; make the differential diagnosis is important to correctly treat these women with urologist and gynecologist.

References

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3. Gardella B, Porru D, Ferdeghini F, Martinotti Gabellotti E, Nappi RE, Rovereto B, Spinillo A. Insight into urogynecologic features of women with interstitial cystitis/painful bladder syndrome. *Eur Urol.*2008;54(5):1145-1151.

<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	No
<i>This study did not require ethics committee approval because</i>	Because are qualitative and quantitative interviews
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes