

VULVODYNIA AND CO-MORBIDITY ASSOCIATED: A CASE-CONTROL STUDY.

Hypothesis / aims of study

Vulvodynia is a chronic painful disorder affecting the female population with an estimated prevalence of 9 to 13%. Clinicians are often uncertain of the diagnosis. Many suffer through years of misdiagnosis and the complete cure is uncommon. It is a syndrome of unexplained vulvar pain affects most frequently women sexually active at child-bearing age. The patients described vulvar symptoms as pain, burning, rawness, irritation stinging and/or soreness. Frequently, this unexplained syndrome is accompanied by physical disabilities, limitation of daily activities, sexual dysfunctions and psychological distress. Frequently, these patients have chronic problem lasting months to years.

We hypothesise that the women with vulvodynia have more chronic diseases when are compared with general population.

This study aims to determine the association of vulvodynia with other chronic diagnosis compared with women from the general population.

Study design, materials and methods

Prospective case-control study of 50 consecutive patients submitted for vulvodynia, between January 2009 and January 2010, at Urogynecology and Vaginal Surgery Unit, Clínica Las Condes, Santiago, Chile. The patients were asked and evaluated about presence of chronic diagnosis and were compared with a group of 60 women submitted for routinely annual gynecologic evaluation and cervical Papanicolaou testing.

In the group of women with vulvodynia: 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.

In the case control group of patients enrolled for annual routinely gynaecologic evaluation: the range of age was between 18 and 72 years old, media 33 years old. The parity was between 0 and 5, media 3. The media BMI was 28.

All women answered a questionnaire about their medical history which included chronic illness. The results were compared between the women with vulvodynia and the control group.

Results

In the group of vulvodynia: 17 (34%) women only had vulvodynia without association to another disease. 33 (66%) women had vulvodynia associated to another chronic syndrome. 44% (22/50 cases) irritable bowel syndrome, 30% (15/50 cases) chronic migraine/headache, 16% (8/50 cases) fibromyalgia, 14% (7/50 cases) chronic allergies, 12% (6/50 cases) hypothyroidism, 10% (5/50 cases) chronic lumbago/lumbosciatic pain, 8% (4/50 cases) psoriasis, 6% (3/50 cases) idiopathic thrombocytopenic purpura, 6% (3/50 cases) thrombophilia, 6% (3/50 cases) Systemic Lupus Erythematosus, 6% (3/50 cases) bruxism, 4% (2/50 cases) insulin resistance, 4% (2/50 cases) chronic arterial hypertension, 2% (1/50 case) Marfan syndrome, 2% (1/50 case) rheumatoid arthritis, 2% (1/50 case) asthma and 2% (1/50 case) vasculitis syndrome.

In the case control group: 42 (84%) were healthy. 8 (16%) women only had antecedent of any chronic disease. 6% (3/50 cases) irritable bowel syndrome, 6% (3/50 cases) chronic migraine/headache, 4% (2/50 cases) chronic lumbago/lumbosciatic pain, 4% (2/50 cases) chronic arterial hypertension and 2% (1/50 case) insulin resistance.

When analyzing the number of diseases per women in the case-control group: 1 disease in 62.5% (5/8), 2 diseases in 37.5% (3/8).

When analyzing the number of diseases per women in the group of vulvodynia: 1 disease 18.2% (6/33 cases), 2 diseases 27.3% (9/33), 3 diseases in 33.3% (11/33), 4 diseases in 15.2% (5/33) and 5 diseases in 6% (2/33)

Interpretation of results

The group of women with vulvodynia had greater association of chronic disease when was compared with the control group which supports the findings by other authors (66% versus 16% in our series). Different studies show that among the most common chronic disease associated to vulvodynia are chronic fatigue syndrome (13%), fibromyalgia (20%), migraine-headache (31%), irritable bowel syndrome (35%), chronic pain (41%) and lumbar pain (56%).^{1,2} In our series the irritable bowel syndrome and chronic migraine/headache were more frequent associated to vulvodynia. Much disease in women with vulvodynia suggests that there may be some common factor. Nowadays, the etiology of vulvodynia is still unclear. Some of these diseases associated may be somatic symptoms. Some authors believe in a psychosomatic theory to explain some association. But other studies in women with vulvodynia found universal presence of mast cells compared to controls. Other publication demonstrated chronic stress based in the cortisol measures. The inflammatory response may be plays any role. There is a genetic profile of women suffering of vulvodynia, especially genetic polymorphism from genes coding for cytokines, interleukin-1 receptor antagonist and interleukin-1 beta, and gene coding for mannose-binding lectin. These polymorphisms results in a stronger inflammatory response and lay these women in a susceptibility situation.³ Probably the etiology of vulvodynia is multifactorial and any factors are associated with etiology of other chronic diseases. Vulvodynia has broad and important effects on quality of life. Undoubtedly will be more affected women who have some chronic disease associated.

Regardless of whether these associated illnesses are primary or secondary, it should be taken into consideration when treating the vulvodynia symptoms.

Concluding message

Vulvodynia is a chronic condition commonly associated with chronic diseases in women who have it. Women who suffer vulvodynia have important negative impact on the quality of life, but who have other chronic conditions associated have a major negative impact on the quality of life. It is important taken in consideration when treating vulvodynia because symptoms can be confused and may requires other medical specialties.

References

1. Ponte M, Klemperer E, Sahay A, Chren MM. Effects of vulvodynia on quality of life. J Am Acad Dermatol.2009;60(1):70-6.
2. Danielsson I, Sjoberg I, Wikman M. Vulvar vestibulitis: medical, pschosexual and psychosocial aspects, a case-control study. Acta Obstet Gynecol Scand.2000;79(10):872-878.
3. Gerber S, Witkin SS, Stucki D. Immunological and genetic characterization of women with vulvodynia. J Med Life.2008;1(4):432-438.

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<i>Was this study approved by an ethics committee?</i>	No
<i>This study did not require ethics committee approval because</i>	because are interviews
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes