Are we missing the neurogenic cause for Chronic Pelvic Pain in female ?

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Background

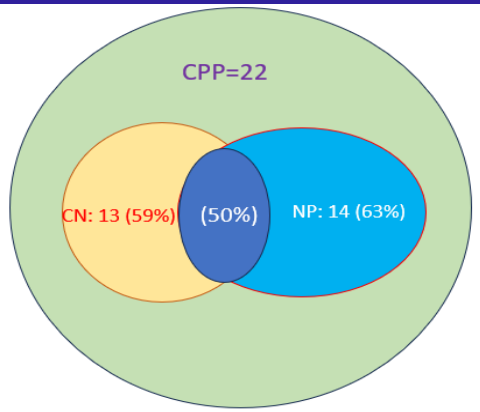
Chronic pelvic pain (CPP) affects 26% of the female population all over the world [1]. Establishing the cause for CPP is essential for the management of pain. Neurogenic cause for the CPP is often overlooked due to lack of facilities and awareness.

Aims of the study

- To assess the utility of neurological examination in CPP
- To assess the utility of neurophysiological examination in CPP

Methods

- A retrospective study assessing neurological examination findings in patients with CPP
- A retrospective study assessing the Pudendal, S2, S3 and S4 sacral roots evoked potentials studies, Anal sphincter EMG and Bulbocavernosus reflex studies in patients with CPP.



CN: Abnormalities seen in clinical Neurological examination
CA: Abnormalities seen in both clinical and neurophysiology testing
NP: Abnormalities seen in Neurophysiology testing

Results

- Study has reviewed data between Jan 2022-Dec 2024
- Total 22 patients were identified with CPP
- 15/22 – underlying cause was unknown
- 5/22 – Post- mesh surgery; 2/22 – Post-endometriosis surgery

- Neurophysiological examination was abnormal in 14 (63 %)
- Clinical examination abnormal (n=13) but positively correlated with neurophysiology tests in 11 (50%) patients.

Conclusions

- Significant CPP patients suffer from undetected neurogenic cause (63%).
- Neurological clinical examination is useful in CPP (50%)
- Neurophysiology testing is useful in CPP (63%) to identify the exact lesion.
- Pudendal nerve lesions was the main abnormality in CPP (43%)

References

1.Chronic pelvic pain: ACOG Practice Bulletin, number 218. Obstet Gynecol. 2020;135(3):e98-e109. doi:10.1097/AOG.0000000000003716

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