

## CORRELATION OF DYSpareunia WITH SPASM AND TRIGGER POINTS IN THE PELVIC FLOOR MUSCLES IN WOMEN WITH CHRONIC PELVIC PAIN

### Hypothesis / aims of study

To evaluate the presence of spasm and trigger point in the pelvic floor of women with chronic pelvic pain and dyspareunia

### Study design, materials and methods

A prospective cross-sectional study was conducted at the Chronic Pelvic Pain and Endometriosis Unit, where 32 women were assessed. Study participants were women aged between 18 and 40 years with pelvic pain for at least 6 months, complaining of pain of at least 4 on the visual analogue scale (0-10), not pregnant and sexually active. All patients were evaluated by the same specialized physiotherapist, concerning the presence of spasm and trigger points in the pelvic floor muscles, introitus and internal obturator muscle. To perform the evaluation, the patients were placed in gynecological position and the palpation was performed with unidigital touch lubricated with water-based gel.

### Results

The mean age of participants was 32.9 years ( $\pm$  4.5), the reported marital status was married in 43.7% (n=14), 37.5% were single (n=12), 9.3% widowed (n=3), 9.3% in stable union (n=3) and one was divorced (3.1%).

In total, 81.2% (n=26) complained of dyspareunia. In 11.54% of women (n=3) the complaint was only during penetration, 42.3% (n=11) only complained deep dyspareunia, and 45.1% (n=12) reported pain both at penetration and deep dyspareunia.

At the examination of the pelvic floor muscles, spasm/trigger points were found in 93.7% of patients (n=29), even at those with no coital complaints. In those women, 83.3% (n=25) the dysfunction was located at the levator ani muscles, 62.5% (n=20) at obturator internus muscle and 59.4% (n=19) at the introitus. Most women (89.7%) had the disorder in more than one region of the pelvic floor.

### Interpretation of results

There are many disorders that can lead to dyspareunia, like hypoestrogenism, inflammatory diseases, neurological gastrointestinal and vascular disorders, psychiatric disturbances, anatomical distortion and muscle spasms and trigger points [1,2].

Similar to skeletal muscles of any part of the body, the levator ani can develop spasms that can cause pain during intercourse [1,3].

Besides pain, trigger points in the pelvic floor can lead to urinary or gastrointestinal symptoms that may mimic interstitial cystitis, urethral syndrome or defecation changes. Since these conditions can also cause chronic pelvic pain, some women may have those symptoms and have no complaints of sexual pain [3].

According to the complaint and assessment, physiotherapeutic treatment can be suggested to normalize the mobility of the pelvis and the activation of the pelvic muscles, especially the pelvic floor [3].

### Concluding message

We conclude that disorders of the pelvic floor muscle in the presence of dyspareunia in women with chronic pelvic pain is common and that the evaluation of these muscles, performed by a specialist physiotherapist, is essential for a correct diagnosis and effective treatment.

### References

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### Disclosures

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