

MYOFASCIAL PAIN AND INTERSTITIAL CYSTITIS

Aims of Study

Treatment of Chronic Pelvic Pain (CPP), Interstitial Cystitis (IC) and irritative voiding symptoms can be frustrating for patients and physicians. The usual approaches do not always produce the desired results. We found Myofascial Trigger Points (TrPs) in pelvic floor muscles, and gluteus, piriform, infraspinatus and supraspinatus muscles which when treated resulted in improvement if not total resolution of these symptoms.

Methods

Various palpation techniques were used to isolate active myofascial TrPs in these muscles of four patients with severe CPP, IC and irritative voiding symptoms. Injection and stretch techniques for these muscles were performed with 0.5% procaine hydrochloride using a 25G needle as treatment. Visual twitch responses at the skin surface and in the muscles were used to verify successful needle piercing of a TrP. The patients were asked to verbally describe exactly where the flash of distant pain was felt, which permitted an accurate recording of the precise pattern of pain referred by that TrP.

Results

Injection and stretch of the piriformis muscle in one patient affected by IC that had never responded to medication resulted in a positive change in urge and frequency and eradication of her pain. Upon injection of the TrP₁, as designated by Travell, the patient reported referred pain to the inguinal region, the suprapubic area ipsilaterally, laterally across the buttock and over the hip region posteriorly. The patient reported upon follow-up the next day that her irritative voiding symptoms were dramatically improved from every 15min voiding to once every two to three hours. Six months post-treatment the patient still has no urgency symptoms as before the treatment. Injection and stretch of the gluteus minimus in a second patient affected by IC and CPP with a history of chronic constipation resulted in reports of normal bowel movements at subsequent visits over a twelve-month period of time. A third and a fourth patient with CPP and IC experienced relief in "bladder" pain with injection and stretching of the gluteus medius muscle.

Conclusions

More than 50 years ago Janet Travell reported the phenomenon of referred pain and referred motor activity due to TrPs in skeletal muscles now known as myofascial pain and dysfunction. The findings involved with the four patients described above substantiate the need for myofascial evaluation prior to consideration of more invasive treatments for IC, CPP and irritative voiding symptoms. Referred motor activity to the pelvic floor muscles (sphincters) as well as to the pelvic organs can be the sole cause of IC, CPP and irritative voiding dysfunction and certainly needs further investigation.