Diagnosis and treatment of Chronic Pelvic Pain

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Acute pain is different from Chronic pain

- Acute
  - Sign of tissue damage
  - Useful for survival
- Chronic
  - Dysfunction of neurons not organs
  - Stressfull for the individual
  - Somatic and psychosocial consequences

Acute pain

- Cystrupture
- Cyst/tube torquation
- Miscarriage
- Extrauterine pregnancies
- Salpingitis
- Fibroid necrosis
- Functional ovarian cysts/trapped ovary

Chronic repeated pain

- Dysmenorhea – within limits natural
- Ovulation – likewise
- Almost all pain qualities in women fluctuates with menstruational cycle

Non genital pelvic pain

- Cystitis
- Bowel colics (IBS)
- Appendicitis
- Inflammatory bowel disease (IBD)
- Ureter calculus (distant)

Acute pain

- Peritoneal irritation
  - stretching
  - chemical/inflammatory
- Pressure on pelvic wall structures
- Ischemia

Origin of visceral pain is difficult to interpretate correctly

CPP is a Chronic Visceral Pain Syndrome

Neuronal plasticity

– experience causes change in function
– peripheral neurones
– CNS
– memory a neuronal function
– dysfunctional healing

Pain causes pain

- Allodynia
  – physiological stimulus causes pain
- Hypersensitivity
  – pain out of proportion to stimulus

Complex modulation

– neurotransmitters
– hormonreceptor activity
– gender differences
– genetic differences

Rogers RM Jr. Basic neuroanatomy for understanding pelvic pain. J Am Assoc Gynecol Laparasc 1999; 6: 15-29.

Loeser JD, Melzack R. Pain: an overview. Lancet 1999; 353: 1607-9.

Psycho-social prerequisites?

- Not necessary
- But common

Risk situations

- Repeated painful somatic experiences
  - Lack of understandable explanations
  - conflicting explanations

Gynecological conditions

- endometriosis
  - extent no relation to pain severeness
  - deep more important than superficial?
  - treatment unpredictable
  - facilitates pain
    - (Giamberardino MA, Berkley KJ, Affaitati G, Lerza R, Centurione L, Lapenna D, et al. Influence of endometriosis on pain behaviors and muscle hyperalgesia induced by a ureteral calculosis in female rats. Pain 2002; 95: 247-57.)

Gynecological conditions

- ”chronic salpingitis”
- adhesions
  - unpredictable result
  - only those that are deep, solid and disrupts organ activity

Gynecological conditions

- cystic ovaries
  - normal ovaries create cysts continously
  - ruptured lutein cysts may cause acute pain and may mimick endometriomas
  - functional cysts grow fast and may cause allodynic or hyperestetic pain by peritoneal stretching
  - neoplastic cysts (both benign and malign) grow slowly and do not cause pain in normal individuals before large, but may increase chronic pain

Gynecological conditions

- myomas
  - may cause a pressure in the lumbal/sacral region – very seldom described as pain
  - may cause pelvic pressure because of size
  - may cause intense pain when necrotic
  - may cause repetitive pain if a long stalk is twisted
  - may cause acute pain if intracavitary and on the way to being delivered or at time of menstruation

Gynecological conditions

- genital descens
  - does not cause pain
  - enterocele may cause pressure/heaviness

History taking

- Treat her with respect
- Take the time necessary
  - be specific: ask about hospital admissions, treatments, worsening and improvement, sexual history and life events
- Create a trusting relationship

History taking

- **Listen**
  - you need to know her version (medical narrative)
  - you need to understand what meaning this problem has in her life
  - how does she interpret her pain
  - how does she interpret her medical history

History taking

- **Believe**
  - her pain is real even if her interpretation is not useful
  - and tell her so

Examination

- Be careful
  - watch her face –is it too painful, is she scared? Explain
- Be thorough
  - muscles, uretra, colon, genitals, scars,
- Be sure to examine the areas that worry her
  - ask her if there is something she feels uneasy about

Examination

- take the opportunity to explain from where the pain is elicited
- and how genitals function
- and how much you find that is healthy

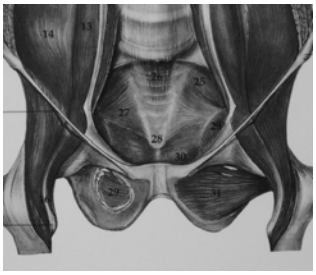
Examination

- the most common findings are:
  - tender muscles on the pelvic walls, often atrophic or edematous
  - tender uretra
  - tender and swollen colon descendens
  - pain on stretching of vaginal wall in cranial direction, but no pain on dislocation of uterus

Examination

- tender mm. iliaca
- tender abdominal wall
  - either with scar/ trigger points
  - or generally unable to relax

Pelvic muscles



Comorbidity

- depression
- stress
- anxiety

Treatment

- treat all painful conditions
  - endometriosis and cyclic worsening by GnRH agonists, combination pills or progestagens
  - NSAIDs for dysmenorhea
  - diet changes for IBS
  - Operate when indicated – adhesiolysis, endometriosis
- teach her about her body - healthy and unhealthy traits

Treatment

- explain what causes pain
  - Help her reduce anxiety/fear
- help her resolve conflicts or to live with them

Treatment

- Relaxation techniques
- Cognitive physiotherapy

Results

- seldom totally free of pain
- often considerable improvement
- regard it as a chronic state that will fluctuate and have a tendency to return