

Vulvodynia Fact Sheet

What is Vulvodynia?

Vulvodynia is a chronic condition characterized by pain and burning in the vulva in the absence of infection or other known disease. The most commonly reported symptoms are burning, stinging, and/or rawness. Some women describe the pain as “acid being poured on their skin” or as “constant knife-like pain.” The condition varies in persistence and location. Pain may be constant or intermittent, localized or diffuse. Vulvar vestibulitis, one type of vulvodynia, refers to pain experienced primarily when pressure is applied to the vulvar vestibule, the area surrounding the vaginal opening; this pain typically occurs with sexual intercourse, tampon insertion, a gynecological exam or simply sitting.

Who Suffers? Vulvodynia affects women of all age groups, beginning as early as adolescence. According to an NIH-funded Harvard study, almost 16% of US women suffer from vulvodynia at some point during their lives, with more than 90% reporting ongoing pain for many years. Approximately six million women currently suffer from vulvodynia. The incidence of symptom onset is highest between the ages of 18 and 25, and lowest after age 35 (Harlow BL, Stewart EG, JAMWA, 2003). Once considered a condition that affects primarily Caucasian women, several recent studies have shown that African American and Hispanic women are equally likely to develop vulvodynia.

Burden of Illness Living with vulvodynia imposes serious limitations on a woman's ability to engage in normal daily activities. In many cases, the pain is so severe and unremitting that it forces women to resign from career positions, abstain completely from sexual relations and limit many physical activities, often destroying a woman's self-image. In addition, because genital disorders are not openly discussed, women with vulvodynia experience isolation and hopelessness. According to an NIH-funded study at Robert Wood Johnson Medical School (Arnold LD, et al, AJOG, 2007):

- 75% of women with vulvodynia feel “out of control” of their bodies
- 60% report that it compromises their ability to enjoy life
- 60% cannot have sexual intercourse because of the pain

What Causes Vulvodynia?

Vulvodynia is not caused by either an active infection or a sexually transmitted disease. The causes are unknown because of the lack of research on the disorder. Current studies are investigating potential causes and trying to determine risk factors for developing vulvodynia. Researchers speculate that one or more of the following may cause, or contribute to, vulvodynia:

- an injury to, or irritation of, the nerves that supply sensation to the vulva
- an abnormal response of different cells in the vulva to environmental factors (such as infection or trauma. This could also be a history of sexual abuse/assault.)
- genetic factors associated with susceptibility to chronic vestibular inflammation. There may also be an association with other disorders like fibromyalgia, interstitial cystitis, irritable bowel syndrome, etc.
- a localized hypersensitivity to candida (yeast) or other irritant
- spasm or weakness of the pelvic floor musculature, possibly due to vaginal delivery or vaginismus

Diagnosis and Treatment According to the previously mentioned Harvard study, 60% of women consult *at least three* doctors in seeking a diagnosis. Astoundingly, 40% of those who seek professional help remain undiagnosed after three medical consultations! Diagnosis in the office is usually straightforward in involves the “Q-tip touch test” (see Vulvar Anatomy page).

Vulvodynia is diagnosed when other causes of vulvar pain, such as yeast or bacterial infections, or skin diseases, are ruled out. Upon examination, the vulvar tissue may appear inflamed and swollen or perfectly normal. Currently there is no cure for vulvodynia. Counseling is often an important part of healing. Treatment directed at physical symptom relief includes drug therapy to “block” pain signals like oral antidepressants or topical lidocaine. Other topical treatments include estrogen, antihistamines, and neurontin. In women who have associated pelvic floor muscle spasm or weakness, physical therapy, biofeedback and/or Botox injections may be incorporated into the treatment plan. Usually as a last resort, vestibulectomy (vulvar surgery to remove the painful tissue) may be recommended.

Vulvar Anatomy

[View a diagram of vulvar anatomy](#) from the National Vulvodynia Association website.

The vulva is the external part of the female genitalia. The outer and inner lips of the vulva are called the labia majora and labia minora. The vestibule surrounds the opening of the vagina and the urethra. The openings to the Skene's and Bartholin's glands are located within the vestibule. The perineum is the area between the bottom of the vulva and the anus.

The "Q-tip touch test" is part of a vulvodynia exam that involves touching each of the vestibular gland openings (see * below). In a patient without vestibulitis, this test is not painful.

Resources

National Vulvodynia Association www.nva.org

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