

Dermatological (skin) conditions

Lichen Sclerosus, Lichen Planus, Eczema, Psoriasis.

There are also a number of skin conditions that can affect the vulva – a few are listed above. They are usually characterised by itchiness; the skin may be red and inflamed or white patches may be visible, such as in Lichen Sclerosus. Initial treatment is usually a steroid cream. Diagnosis needs to be made by a vulval specialist or dermatologist.

Interstitial Cystitis (IC)

IC refers to chronic symptoms of urinary urgency and frequency, pain and burning, in the absence of a bladder infection.

Some women with vulvodynia also experience bladder symptoms, and it is possible to present with more than one vulval condition simultaneously.

What unprovoked vulvodynia and vestibulodynia are NOT

They are not sexually transmitted infections and cannot be passed on to a partner. IC and the skin conditions listed above are also non-infectious.

They are not forms of vaginismus (involuntary tightening of the vaginal muscles), though vaginismus can develop as a response to pain in the vagina or vulva.

Both are real physical conditions and do not have a psychological cause. Psychological distress may develop as a consequence of ongoing pain or discomfort and in this instance women (and their partners) may benefit from seeing a psychosexual counsellor.



The Vulval Pain Society is a UK registered charity, No. 1118118, providing support and information to women with vulval pain, and their partners. It was set up in 1996 by gynaecologist Dr David Nunns and nurse Diane Hamdy.

Please visit the VPS website for details of local support groups, workshops, treatment options.

Contacts:

The Vulval Pain Society (VPS)

Web: www.vulvalpainsociety.org

Email: info@vulvalpainsociety.org

Post: VPS, PO Box 7804, Nottingham, NG3 5ZQ.

National Lichen Sclerosus Support Group (NLSSG)

Web: www.lichensclerosus.org

Tel: 07765 947599

UK Lichen Planus (UKLP)

Web: www.uklp.org.uk

Your local Vulval Pain support group is:

Vulval Pain

Women

Do you have unexplained genital pain?

If all tests for infections come up negative but you still experience discomfort, burning or soreness, you may have vulval pain:

- **Unprovoked Vulvodynia** is characterised by continuous burning, stinging, or soreness of the vulva.
- **Provoked Vulvodynia (Vestibulodynia)** refers to pain experienced when pressure is applied to the vestibule (the entrance to the vagina), such as during sex and on insertion of tampons.

Vulval pain affects around 16% of women.

It can be distressing but treatment and support are available.

Vulvodynia

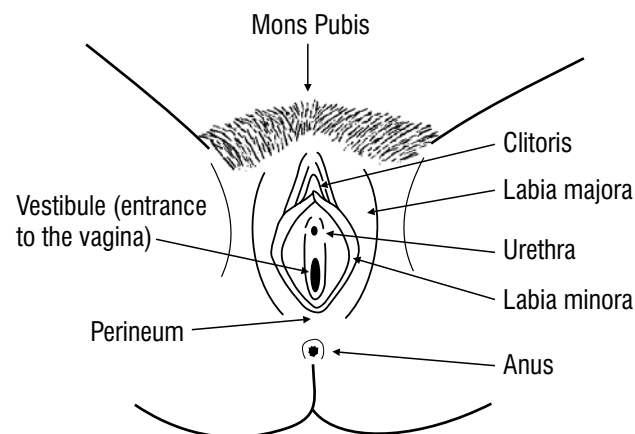
Vulvodynia is the term used to describe the sensation of vulval burning, soreness or pain in the absence of any obvious skin condition or infection. Symptoms may be constant (*unprovoked vulvodynia*) or only evident on touch (*provoked vulvodynia*, also referred to as *vestibulodynia*).

Unprovoked vulvodynia was formerly known as *dysaesthetic vulvodynia* and **vestibulodynia** replaces the term *vulval vestibulitis*.

Diagnosis must be made by a doctor knowledgeable about vulval problems. If you think you may have vulvodynia ask your GP, or local Genito-Urinary Medicine (GUM) clinic, for a referral.

Some doctors may not be familiar with the new terminology, or even with the condition itself. This leaflet provides information, support and advice for women with vulvodynia and members of the medical profession.

An illustration of the vulva, showing which areas may be affected:



Unprovoked Vulvodynia

What is it? The condition is characterised by vulval burning and soreness, usually as a consequence of irritation or hypersensitivity of the nerve fibres in the vulval skin.

Symptoms are often constant and intensity may vary from mild discomfort to severe constant pain, which can interfere with sleep and sexual activity, and even prevent one from sitting or wearing trousers. Some women also experience related pain around the inside of the thighs, the upper legs and the anus. The burning sensation may be generalised over the entire genital area, or localised to just the clitoris (*clitorodynia*), or one side of the vulva only (*hemi-vulvodynia*). Itching is not generally a feature of the condition.

Usually there is nothing to see on examination as the problem lies with the nerve fibres themselves, which are not visible to the naked eye.

For a minority of women with vulvodynia, back problems can cause spinal nerve compression and referred pain in the vulval area. In the majority of cases, however, the precise cause of the nerve damage or irritation remains unknown.

How is it treated? Pain that originates from nerve fibres is best treated with drugs that alter the way the nerve fibres send their impulses to the spinal cord, and create the sensation of pain. Tricyclic antidepressants act in this way and have been used extensively to treat vulvodynia. (Note: they are *not* prescribed to treat depression in this case, but to block the body's pain pathways). Tricyclic antidepressants are available from your doctor and examples include amitriptyline, nortriptyline and dothiepin. Sometimes anti-convulsant drugs, such as gabapentin, are also used in the treatment of vulvodynia.

Complementary treatments such as acupuncture and homeopathy may help relieve symptoms and bland emollient creams and vaginal lubricants may also be of benefit. See the Vulval Pain Society's website (details overleaf) for more information.

Be wary of applying non-prescribed creams to the vulva as some can cause irritation.

Provoked Vulvodynia (Vestibulodynia)

What is it? In 1988, American gynaecologist Edward Freidrich described a group of women who experienced severe pain and discomfort of the vestibule area at the entrance of the vagina.

The pain experienced by women with vestibulodynia is variable; some are able to tolerate penetrative sex, others find that even light touch or wearing trousers can be excruciating.

Often on examination of the vestibule there is tenderness to light touch. There may be red areas at the site of tenderness, but frequently the findings are 'normal'. Tests should be done to rule out infections and vulval skin conditions that may cause similar symptoms. Some doctors are unaware the condition exists and often mistake it for thrush. Repeated use of topical anti-thrush treatments can make the condition worse.

It is likely that a number of factors cause vestibulodynia, but often no identifiable cause can be found. Some women have a sudden onset of symptoms following a specific event; commonly a severe attack of thrush followed by anti-thrush treatment, or after giving birth.

How is it treated? Women with vestibulodynia often benefit from a multidisciplinary approach - local anaesthetic creams/gels, vaginal dilators, pelvic floor muscle physiotherapy (biofeedback), psychosexual counselling and, rarely, surgery.