



Title: Vulvodynia: terminology and clinical features.

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ABSTRACT

Objective: Vulvodynia is the best term of choice for that condition affecting the vulva characterized by burning, rawness, irritation, stinging, soreness, and/or pain occurring in the absence of an underlying, recognizable disease. Aim of the study is to describe the historical pathway of vulvodynia classifications, to help clinicians in the diagnosis.

Methods: Review of literature.

Results: Vulvar pain is well known in the literature. Vulvodynia is not the vulvar pain related to specific disorders, such as Infections, Inflammations, Neoplasias, Neurological diseases, but is to be intended as a complex syndrome under a simple symptom. The last ISSVD Classification of Vulvar Pain defines a Generalized vulvodynia (Provoked (sexual, nonsexual, or both; Unprovoked; Mixed) or Localized vulvodynia (Provoked (sexual, nonsexual, or both; Unprovoked; Mixed).

Conclusions: This classification (simply based on the site of pain, whether it is generalized or localized, whether it is provoked, unprovoked, or mixed) on purpose not addresses the etiology of the disease; vulvodynia is a complex disorders, difficult to treat, to be considered under a multidimensional approach that involves also physical, psychological, and relational aspects.

1. OBJECTIVE

Vulvodynia is the best term of choice for that condition affecting the vulva characterized by burning, rawness, irritation, stinging, soreness, and/or pain occurring in the absence of an underlying, recognizable disease.

Aim of the study is to describe the historical pathway of vulvodynia classifications, to help clinicians in the diagnosis.

2. METHODS

Review of literature on PubMed, using the research term "Vulvodynia" in January 2012.

3. RESULTS

Vulvar pain is well known in the literature. In 1861, J. Marion Sims described the first case of a woman that appeared to have vulvodynia. In 1874 T. G. Thomas described a patient with "excessive sensibility of the nerves supplying the mucous membrane of some portion of the vulva"; in 1889, A. J. C. Skene commented on "a supersensitiveness" of the vulva in which the patient, during the examination, complains of pain. In 1928, since this topic was not readdressed for approximately 40 years, H. Kelly mentioned "exquisitely sensitive deep red spots in the mucosa of the hymeneal ring are a fruitful source of dyspareunia". In 1987, E. J. Friedrich developed the term "vulvar vestibulitis syndrome". It is noteworthy that all these cases, described in the literature in more than 120 years, refer to a macroscopically normal vulva. So, "Vulvodynia" is not the vulvar pain related to specific disorders, such as

- 1) Infections (e.g. candidiasis, herpes, etc.)
- 2) Inflammations (e.g. lichen planus, immunobullous disorders, etc.)
- 3) Neoplasias (e.g. Paget's disease, squamous cell carcinoma, etc.)
- 4) Neurological diseases (e.g. herpes neuralgia, spinal nerve compression, etc.)

but "Vulvodynia" is to be intended as a complex syndrome under a simple symptom. During the years, according to many physicians different experiences, within the general category of "Vulvodynia", three subsets have been recognized:

- 1) Vulvar vestibulitis syndrome (or focal vulvitis)
- 2) Dysesthetic vulvodynia
- 3) Cyclic vulvitis

In September, 1999 in Santa Fe, New Mexico, the International Society for the Study of Vulvovaginal Disease (ISSVD) decided to revise this terminology and to bring it in line with that used for other types of chronic pain syndromes; to do this, the Task Force of the Society addressed the topic of vulvar pain starting from the vulvar clinical appearance of the women affected and from the significance of the terms to be used.

Regarding "Vulvar Vestibulitis Syndrome", many women who develop pain in the vestibule, examine their vulva and perceive that the color is abnormally red, suggesting the existence of an inflammatory process responsible for the pain. This perception is reinforced by clinicians that want to find a physical cause under the pain. However, since several studies demonstrated that normal asymptomatic women may have a various degree of vestibular redness, unrelated to inflammation or pain, the term "vestibulitis" was dropped and replaced by "vestibulodynia".

Regarding "Cyclic Vulvitis", the problem often improved when chronic, suppressive oral or topical anticandidal agents were used. According to this clinical observation, since the pain was related to a recurrent candidiasis, the subset was dropped by the categorization.

In the mean time, the ISSVD "work in progress" classification introduced the term "dysesthesia", localized or generalized, to point the attention on the neuropathic mechanism of the vulvar pain.

This term was abandoned in 2003, since "dysesthesia" is principally related to an alteration of the sensation, not necessarily evoking pain.

In addition, since vulvodynia develops as a result of pre-existing psychosexual dysfunctions which, due to various precipitating factors, are subsequently expressed as chronic vulvar pain, the ISSVD preferred to maintain the term "vulvodynia" in relation to "allodynia", indicating a painful perception of a normal stimulus.

The last ISSVD Classification of Vulvar Pain defines a

- 1) Generalized vulvodynia
 - a) Provoked (sexual, nonsexual, or both)

- b) Unprovoked
- c) Mixed (provoked and unprovoked)
- 2) Localized vulvodynia (vestibulodynia, clitorodynia, hemivulvodynia, etc.)
 - a) Provoked (sexual, nonsexual, or both)
 - b) Unprovoked
 - c) Mixed (provoked and unprovoked)

4. CONCLUSIONS

This classification (simply based on the site of pain, whether it is generalized or localized, whether it is provoked, unprovoked, or mixed) on purpose not addresses the etiology of the disease; vulvodynia is a complex disorders, difficult to treat, to be considered under a multidimensional approach that involves also physical, psychological, and relational aspects.

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