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VULVODYNI

Sources: Vulvodyni Association

<https://vulvodyni.info/>

What is vulvodynia?

Vulvodynia is a term for pain in the vulva for more than 3 months without a concrete explanation.

Many women suffer from vulvodynia in Denmark, and the disorder can affect sexuality, relationships, everyday life and the overall joy of life.

We do not know the cause of vulvodynia, but there may be various factors that contribute to the development and maintenance of the disorder. These can be complex and different from woman to woman. Treatment of vulvodynia is therefore adapted to the individual based on a palette of treatment options.

There are a number of treatments in Denmark, but none that can remove the disorder with a magic wand. It often takes time and patience to treat vulvodynia. Some become completely pain-free, most get better and learn to live with the disorder.

Vulvodynia is not dangerous or life-threatening and it is not contagious.

All women can get vulvodynia.



Vulvodynia is a diagnosis you get if you have had pain in the vulva for more than 3 months and the doctor can not find other causes for the pain. “Vulvo” is Latin for vulva, the external, female genitals and “dyni” means pain. So: Pain in the vulva. All other specific causes of the pain must be ruled out before the diagnosis of vulvodynia is made.

How the pain is perceived, when it comes, how long it lasts, where it is located, the degree of pain, and what triggers the pain varies from woman to woman.

It is important to emphasize that vulvodynia is a physical disorder that can also have psychological consequences.

We do not know for sure what vulvodynia comes from and unfortunately there is no one treatment that helps everyone. For some, the pain goes away on its own, and for others, it requires long-term treatment.

Vulvodynia is a complex disorder and in fact a collective term. Therefore, it can prove very different from woman to woman. Vulvodynia in the individual can be very complex and there can be several causes. There may also be other diseases or disorders present which have an effect on the vulvodynia. Therefore, vulvodynia is treated multidisciplinary by offering different types of treatment. There is no "one-fits-all" and a treatment plan should be tailored for the individual. For example, if you have problems with tense muscles in the pelvic floor or myoses it will make sense to start with physiotherapy, often together with other treatment¹.

Fortunately, most people can get better. Therefore, it is important that you consult a doctor.

This is how the doctor makes the diagnosis

Most often it is a gynecologist who investigates vulvodynia.

To diagnose vulvodynia, you must have had pain in the vulva for more than 3 months. It is also important that the doctor has ruled out all other possible causes of the pain such as a bacterial or fungal infection.

On physical examinations, vulvodynia usually does not show that there is anything abnormal other than that some areas may turn red, and it stings and burns with light touch. A doctor with



knowledge of vulvodynia may want to do a cotton swab test where different areas of the vulva are touched with a cotton swab to locate where the pain is located.

The doctor will also ask some questions about the medical history. Since vulvodynia in several cases may be associated with tense muscles, the doctor will also often examine the pelvic floor muscles.

Treatment of vulvodynia will often require an interdisciplinary course. See more here.

Several forms of vulvodynia

Vulvodynia is a broad term for a disorder in which the symptoms can be experienced differently from woman to woman. Vulvodynia is divided by the International Society for the Study of Vulva Vaginal Disease (ISSVD) into different categories²:

Location:

- Localized (often at the vaginal entrance)
- Generalized (in all or parts of the abdomen)

Frequency:

- Provoked (it only hurts when touched)
- Unprovoked (it hurts without touching)

Duration:

- Primary (pain occurs before sexual debut)
- Secondary (pain occurs only after sexual debut)

In the next we will explain the individual categories in more detail:

Location

Vulvodynia is divided according to where in the abdomen the pain is found:

Localized vulvodynia - the pain is limited to a specific area, often in the vaginal entrance or at the clitoris. These forms of vulvodynia are often called vestibulodynia (vulvodynia in the vestibule / vaginal entrance) or clitorodynia (vulvodynia in the clitoris)

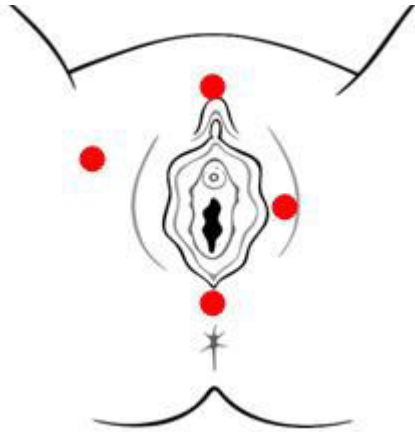
Generalized vulvodynia - it hurts the whole or large parts of the abdomen

- A mixed condition where you have both localized and generalized vulvodynia

The image is an illustration of a vulva. The red dots show where you may have pain with localized vulvodynia. The pain can also be localized to the clitoris, so it is called clitorodynia. (Photo borrowed with permission from DVM 9124)

Vulvodynia in the clitoris can also be treated. Due to the clitoris, so it is called clitorodynia. (Photo localized.)





The image is an illustration of a vulva. The red dots show where you may have pain with generalized vulvodynia. Here the pains are more diffuse and harder to locate exactly where they come from. (Photo borrowed with permission from nva.org).

Frequency

Both generalized and localized vulvodynia are classified according to whether it is provoked or unprovoked:

Provoked - the pain only occurs when the area is touched

Unprovoked - the pain occurs even when there is no touch

- A kind of mixed condition where there is both provoked and spontaneous pain

Most often, localized and provoked vulvodynia belong together, ie. that you have a specific place that hurts when touched. Generalized and unprovoked vulvodynia also most often belong together, so you have pain in a larger, more non-specific area. However, you can also have a mix of it all (a mixed mode).

If you have provoked vulvodynia, you feel pain on touch or pressure, which should not hurt. The symptoms are often described as burning, stinging, sharp, stabbing, cutting pain. It can be pain during penetration, insertion of a tampon or gynecological examination, while others experience pain at the slightest touch, such as by cycling, walking, wearing tight trousers or panties. The pain always comes in conjunction with the area being provoked. It may be immediate or up to days after, but if the affected area is not provoked, you will not feel the discomfort at all.

Unprovoked vulvodynia occurs regardless of whether the area is affected. The symptoms are often described as burning, stinging, stinging, soreness, but can also be itching and irritation. The painful area can be the entire abdomen, one side or a point. The painful area can vary and "move around". Some women experience constant pain, while others may have pain-free periods for hours, days or weeks at a time. For some, abdominal pain means that they can not have intercourse, while for others it does neither from nor to.

Duration

A distinction is also made between:

- Primary vulvodynia - the pain occurs before sexual debut.
- Secondary vulvodynia - the pain occurs only after the sexual debut. Penetration sex has been possible without pain in the past.



Treatments

Here are the treatments you will most often encounter when seeking help from your doctor, gynecologist or at public or private vulva clinics. Click on them to read more.

Self-massage

It can help to touch the painful area daily as the nerves may become less sensitive.

Local anesthetic gel

Lidocaine has a local anesthetic effect and is standard treatment in Denmark.

Ointments with hormones

It is speculated that vulvodynia may be due to a hormonal imbalance. Ointments with estrogen or a combination of estrogen and testosterone may help correct the imbalance.

Physiotherapy

Stretching and relaxing the pelvic floor can relieve your pain, teach you to relax and help penetration sex succeed.

Dilators

Exercising with dilators can get you used to having something up your vagina. It may be helpful if you are prepared to try to have intercourse.

Cognitive behavioral therapy

Cognitive behavioral therapy is a promising, complementary treatment for vulvodynia - even if your pain is physical.

Sexological counseling

When you have vulvodynia, it affects your sex life. More women benefit from being in a course with a sexologist who can support them (and their partner) to have a good sex life despite pain.

Botox

Injections with a small dose of botox into the nerves in the vaginal entrance or in the tense muscles have helped some women with both provoked and generalized vulvodynia.

Antidepressant medication

Low dose antidepressants are often used in the treatment of chronic pain and can help you with vulvodynia.

Gabapentin and pregabalin

Medicines traditionally used for epilepsy can also be used for vulvodynia.

Injection with adrenocortical hormone and lidocaine

This treatment is not used as much in Denmark, but has been used as a treatment for provoked, localized vulvodynia in Denmark and abroad.

Operation

Surgery may be a last resort. Here, the hypersensitive area at the vaginal entrance is surgically removed.

Birth

Many women with vulvodynia fear the idea of a birth. But in fact, a vaginal birth can improve your pain. Experience suggests that up to 50 percent get better.