

Vulvodynia: What it is, symptoms, treatment and more

February 20 2023, by Cara Murez



For reasons that can't always be explained, some women experience pain

in their external genital area.

Called [vulvodynia](#), this term encompasses everything from localized [pain](#) at a specific spot, such as on the outer or inner labia, for example, to pain throughout the area.

It might feel like burning, aching, rawness, swelling or just irritation, according to the [American College of Obstetricians and Gynecologists](#) (ACOG).

Although pain in this area is common, when it lasts for three months or more without an infection, skin disorder or other [medical condition](#) to explain it, that's vulvodynia, according to ACOG.

The pain can be severe or mild and it can last forever. It's also treatable, according to a [blog post](#) from University of Texas Health Austin.

"You know, women don't often come in saying, I have pain. They say things like, 'I have burning, irritation, pain during sex at times, pins and needles feeling,' Teresa Reed, a former physician assistant at UT Health Austin, said in the blog post. "When they come in, we rule out all those other things that can cause those conditions. By definition, vulvodynia is the absence of physical findings, it is a musculoskeletal, neuropathic condition."

What is vulvodynia?

The [National Vulvodynia Association](#) (NVA) describes the condition as "chronic vulvar pain without an identifiable cause." Although descriptions vary, most women say they have a burning [feeling](#).

Although generalized vulvodynia can happen spontaneously, an attack of what is known as provoked vulvodynia is usually set off by a trigger that

involves pressure, including sex, tampon insertion, a gynecologic exam, prolonged sitting or wearing fitted pants, according to the NVA.

Anywhere from 3% to 16% of women have reported vulvodynia symptoms, according to [UT Health Austin](#).

How do you get vulvodynia?

Causes can include irritated or damaged vulva nerves, inflammation, a long-term reaction to some infections, and sensitivity to certain foods, according to ACOG. It could also be a condition or dysfunction in the muscles or a genetic disorder.

Risk factors include young age, Hispanic ethnicity, being married, and some coexisting mental or [physical health issues](#), such as depression, sleep dysfunction or pain syndromes like fibromyalgia, according to UT Health Austin.

About 63% of women with a cancer history [report](#) sexual issues, which can include complaints of vulvar discomfort, according to a September 2022 study. It was published in the journal [Acta Oncologica](#).

Hormonal changes that happen during menopause can cause dryness and irritation of the vulvar skin, according to a [May 2022 report](#) on the University of Michigan Poll on Healthy Aging.

What are vulvodynia symptoms?

Vulvodynia pain can happen anywhere on the vulva, between the mons pubis and the anus, according to a question-and-answer blog by [UT Health Austin](#) with information from gynecologist Dr. Margaret Whitney. This can include pain on the clitoris or the vaginal opening.

Sometimes pain comes and goes. Other times it's caused by something external, such as tight clothing or an activity like sex, according to UT Health Austin.

What are treatments for vulvodynia?

Getting a diagnosis can be challenging.

Patients with vulvodynia often become frustrated users of health care, a June 2021 study in [*Frontiers in Cellular and Infection Microbiology*](#) found. Only about 50% of women with symptoms seek care. About 30% had three or more physician visits and 40% were still undiagnosed, according to the study.

Most times [health](#) care providers diagnose vulvodynia when other causes have been ruled out, according to the [U.S. National Institute of Child Health and Human Development](#) (NICHD).

Treatments can range from vulvodynia self-care to vulvodynia medication and even surgery.

Self-care options range from cleaning suggestions, avoiding products that contain irritating ingredients, applying a layer of petroleum jelly to retain moisture, and wearing 100% cotton underwear and pads, according to ACOG.

Medications can include estrogen creams, antidepressant or anti-seizure drugs or local anesthetics, according to ACOG. However, NICHD notes that research it funded found some of these were no more effective than self-management or placebos.

Trigger point massage therapy, an injected nerve block, [physical therapy](#) and biofeedback to help strengthen [pelvic floor muscles](#), [cognitive](#)

[behavioral therapy](#) and a surgery to remove some tissue called a vestibulectomy are helpful for some. Surgery is considered a last resort, according to NICHD.

Asked what she would tell women experiencing the condition, Whitney said in the blog post, "You are not alone, we can help you, there is hope for a better quality of life with appropriate treatment."

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