VULVODYNIA: OBSERVATIONAL AND DESCRIPTIVE STUDY, AND THERAPEUTIC RESPONSE

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BACKGROUND

Vulvodynia is defined as "chronic vulvar discomfort", especially characterized by the patient's complaint of burning, stinging, irritation and/or rawness. A lack of consensus in the concept of vulvodynia as well as in its classification makes difficult to find a common accepted definition. Nowadays, the pathophysiology of vulvodynia remains unknown and symptoms are resistant to conventional therapies. The consequences are a strong interference on the personal, social and professional life of affected women.

OBJECTIVE

To evaluate the main clinical characteristics of the syndrome, its importance in the dermatological clinic, the presence of psychopathological disorders and the response to drug therapy.

PACIENTS AND METHODS

A prospective study of 80 patients affected by vulvodynia with an age of 46.9 ± 13.0 (mean ± SD) was performed. All patients included in the study were attended in a clinic staffed by a dermatologist and a gynaecologist. Usually, patients referred to this clinic displayed high chronicity of the disease. Symptoms had started from 3 months to more than 10 years (3,4 ± 3,4) before to enter in the study. 85 % of these patients had been treated with multiple topical therapy and 51 % had received psychiatric treatment. When entering in this study, the following variables were considered: clinical symptoms, triggering factors, gynaecological examination, vaginal smear, Schirmer's test, patch tests, faecal parasites, determination of folic acid and vitamin B_{12}, ANA and Anti-Ro/La antibodies, routine blood analysis and skin biopsy. Psychiatric (using the *Life Events Scale, The Hospital Anxiety and Depression Scale, The Hamilton Scale for Anxiety and the Dermatology Life Quality Index* or DLQI) and pain evaluation (Verbal rating scale for pain intensity, a visual analogue scale and the *McGill Pain Questionnaire-Spanish Version*) were also performed.

RESULTS

75 % of patients with vulvodynia had associated psychosomatic disorders. Chronological analysis of symptoms showed 47 patients for type I (increasing intensity through the day), 20 patients for type II (steady intensity through the day) and 11 patients for type III (cyclic and intermittent symptoms). The most recurrent symptoms were pain, burning, dispareunia, stinging and itching sensations (**figure 1**).

Only 12 patients showed an alteration in the blood analysis and, in reference to the parameters we were interested in, only 6 had elevated blood glucose (4 of them with glossodynia), 1 patient showed reduced vitamin B_{12} in vitamin levels and 3 had decreased folic acid levels (1 of them with glossodynia). In addition, these 8 patients had suffered or were suffering of glossodynia (**figure 2**).

Most of the patients reported a history of "yeast infections", but we only found 13 patients with candidiasis and 14 patients with bacterial infections (**figure 3**). The 80 faecal analyses were negative.

Standard patch test and patch test to cosmetics, fragrance and preservatives were also performed, and a dental study was also done in patients who reported glossodynia. Patch tests were positive in 31, negative in 23 and were not performed in the remaining 26 patients (**figure 4a and 4b**). Skin disorders were also seen in some patients, such as atopic dermatitis (6), parasite delusions (2), seborrheic dermatitis (1), glossodynia (21), lichen sclerosus (1), chronic lichen simplex (1) and psoriasis vulgaris (1) (**figure 5**).

At the moment of the visit, 39 patients did not have any neuropsychiatric diagnosis but several illnesses were found in the remaining 41, such as bulimia (1), depression (2), epilepsy (1), insomnia (1), psychosis (2), depressive-anxious syndrome (6), somatophorm disorder (6), generalized anxiety (15), personality disorder (2), bipolar disorder (1), and anxiety (2) (**figure 6**). In most patients, stress was identified as an etiopathogenical factor, as 61 patients showed high levels on the stress, anxiety and depression test, but several causes were also found (**figure 7**). Schimmer's test was > 15 mm in 78 patients. Nowadays, 2 patients are being studied for Sjögren syndrome. 50 % of patients suffering from other chronic pain conditions.

Psychiatric diagnostic showed that 56.5 % of the patients showed anxiety and 52.2 % depression disorders (**figure 8**). 81.4 % of patients scored more than 150 in the *Life Events Inventory* and patients' scores in the DLQI showed higher values (12.1 ± 6.5) than the mean obtained in the control group of the Spanish validation of this questionnaire (Badia et col., 1999). Only statistical differences were seen in the *Life Events Inventory* and T test differences in the DLQI. The intensity of vulvar pain is showed in **figure 9**. Patients' pain evolution during 3 sessions with a month intersession interval of 6-18 months (**figure 10**). In the next 6-18 months after treatment was started, 29 patients have been discharged. These patients were prescribed escitalopram (in the morning) and perfenazine plus amytriptiline (in the night). Four patients were discharged with the previous psychiatric treatment. 17 patients did not come to next visits, and they were considered as drop-outs (**figure 11**).

Figure 1

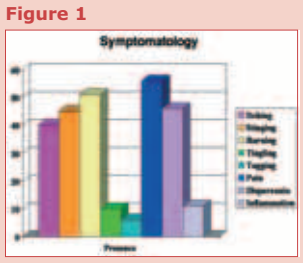


Figure 2

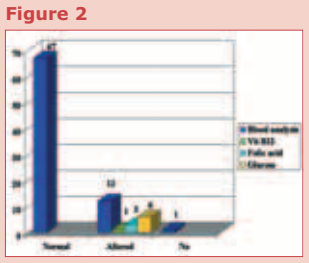


Figure 3

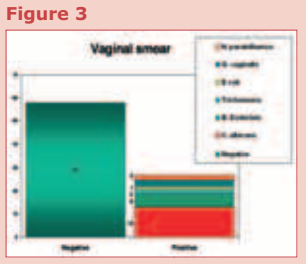


Figure 4a

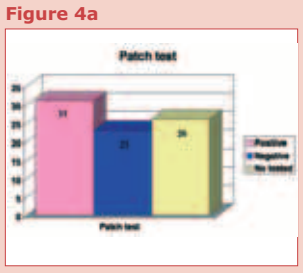


Figure 4b

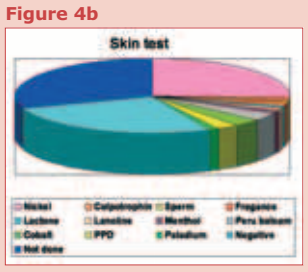


Figure 5

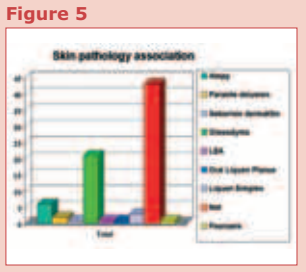


Figure 6

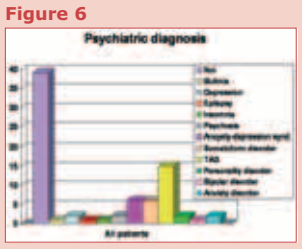


Figure 7

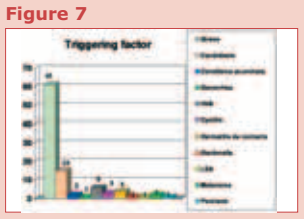


Figure 8

Questionnaires	% *	X2 (t)	Sig
HDRS[1]	46.2	0.154	>0.05
HAD Anxiety[2]	56.5	0.783	>0.05
HAD Depression[3]	52.2	0.087	>0.05
Life events inventory[4]	81.4	16.953	<0.001
DLQI[5] (Mean (S.D))	12.08 (6.51)	-9.246	<0.001

*: percentage of patients than satisfy standar disorders; [1]: cut off for anxiety disorders of the spanish validation of Ramos-Brieva JA, Cordero Villafáfila A, 1986; [2]: cut off 8 for screening Anxiety disorders of spanish validation MJ Herrero, J Blanch et al 2003; [3]: cut off 5 for screening depressive disorders of spanish validation MJ Herrero, J Blanch et al 2003; [4]: cut off 150 for probably physicians illness of spanish validation of González de Rivera JL, Morera A, 1983; [5]: the X2 Test have been doing taking the cut off of control grups in X Badia, JM Mascaró and R. Lozano, 1999.

Figure 9

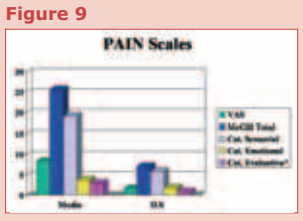


Figure 10

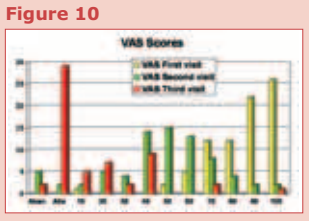
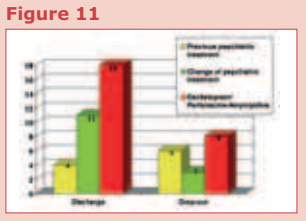


Figure 11



CONCLUSION

Patients included in the present study had been previously assessed by two or more dermatologists and gynaecologists prior to referral to our outpatient clinic. We have obtained a good clinical response with drugs that have a preferential action on serotonine pathways (Escitalopram), with a preferential noradrenergic action (amitriptyline) and those used as antidepressant enhancers (perfenazine). Topical therapy was withdrawn and 74 patients used oil, but 13 patients used other topical treatments that did not interfere in vulvodynia.

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