Ask About Bladder, Bowel Pain With Vulvar Disease

BY MARY ANN MOON
Contributing Writer

WASHINGTON — Women who have vulvar disease should be asked specifically about bladder and bowel pain, and these symptoms also must be addressed, Colleen M. Kennedy, M.D., of the University of Iowa, Iowa City, advised.

Women with vulvar disease are twice as likely as are general gynecology patients to have bladder pain and bowel pain. "We hypothesize that certain vulvar or vaginal diseases are not isolated clinical entities, but rather represent symptoms of a global or generalized pelvic floor disorder—a pelvic floor pain disorder," she said at the annual meeting of the Central Association of Obstetricians and Gynecologists.

Dr. Kennedy and her associates assessed the rates of painful bladder syndrome (interstitial cystitis) and irritable bowel syndrome in 324 women who were being treated at a vulvar disease clinic, and compared them with the rates among 321 control subjects attending a general gynecology clinic.

Of the women with vulvar disease, 12% reported bladder pain, compared with only 6% of control subjects. Similarly, 23% of those with vulvar disease were found to have bowel pain, compared with only 11% of control subjects.

Looked at another way, the data showed that women who reported bladder pain were 2.18 times more likely than were those who did not report bladder pain to have been treated for vulvar disease. Women with vulvar disease had a mean score of 20.3 on the Urinary Distress Inventory's pain subscale, compared with a mean score of 5.3 for women without vulvar disease.

Likewise, women with functional bowel disorders were 2.13 times more likely than were those who did not have bowel disorders to have been treated for vulvar disease.

The higher prevalence of painful bladder and painful bowel syndromes in women with vulvar disease may reflect a common etiology for all these disorders. The design of this study, however, didn't allow the researchers to tease out whether there is a common etiology "or whether treatments for one disorder may exacerbate or cause the other disorders.

"From a clinical point of view, it is clear that women with vulvar disease should be queried about bladder and bowel pain, and treated accordingly," Dr. Kennedy said.

She added that the study also showed that women with vulvar disease had nearly a fourfold higher risk of undergoing hysterectomy than did the general gynecology patients. "To our knowledge, ours is the first large clinic comparison to report this association," she said. ■

Metronizadole For BV-Associated Organisms in PID

Bacterial vaginosis–associated organisms found frequently in women with pelvic inflammatory disease also were strongly associated with endometritis, Catherine L. Haggerty, Ph.D., of the University of Pittsburgh and her colleagues reported.

They looked at the associations between endometritis and *Neisseria gonorrhoeae*, *Chlamydia trachomatis*, anaerobic bacteria, facultative bacteria, lactobacilli, and bacterial vaginosis (BV) in 278 women from the PID Evaluation and Clinical Health Study. Those with acute endometritis were more likely to be infected in the endometrium with *C. trachomatis* (odds ratio [OR] 16.2), *N. gonorrhoeae* (OR 11.6), diphtheroids (OR 5.0), black-pigmented gram-negative rods (OR 3.1), and anaerobic gram-positive cocci (OR 2.1), the investigators found (Clin. Infect. Dis. 2004:39;990-5).

The associations between acute endometritis and black-pigmented gram-negative rods, anaerobic gram-positive cocci, and BV remained significant after excluding the 41% of women infected with *N. gonorrhoeae* and/or *C. trachomatis*.

Treatment in most PID patients is targeted at *N. gonorrhoeae* and *C. trachomatis*, but these account for fewer than half of all cases. The frequency of BV-associated organisms in PID patients suggests that a treatment regimen containing metronidazole to improve anaerobic coverage is warranted, the researchers said.

—Sharon Worcester