

# Medical Tx Rivals Surgery for Chronic Pelvic Pain

BY FRAN LOWRY  
Contributing Writer

ORLANDO — Women with chronic pelvic pain responded as well to medical treatment as they did to surgery, according to a prospective, observational cohort study of 370 patients that was carried out 1 year after treatment, Dr. Georgine Lamvu said at the annual meeting of the South Atlantic Association of Obstetricians and Gynecologists.

About 15% of women report having chronic pelvic pain (CPP) in their lifetime. It is the primary indication for 12% of hysterectomies and 40% of laparoscopies and costs over \$2 billion annually, said Dr. Lamvu of the University of North Carolina at Chapel Hill.



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DR. LESERMAN

The mean pain level score, as assessed by the McGill Pain Questionnaire, was 30, or moderate to severe, in 49% of both medically and surgically treated women who were referred to the university's pelvic pain clinic for evaluation of continued CPP. Likewise, moderate to severe depression, as measured by the Beck Depression Inventory, was diagnosed in 22% of both groups.

Surgical treatment ranged from diagnostic laparoscopy to hysterectomy, and medical treatment consisted of pharmacotherapy, psychotherapy, and physical therapy.

One year later, the mean McGill Pain Questionnaire score had decreased from 30 to 23 in both groups.

In another study on CPP presented at the meeting, Jane Leserman, Ph.D., also of the University of North Carolina, reported that breaking CPP into diagnostic sub-

types may be useful in guiding therapy.

A chart review and questionnaire of 306 consecutive patients who presented to the university's pelvic pain clinic found the following most common diagnostic subtypes:

- ▶ Diffuse abdominal pelvic pain (43%).
- ▶ Vulvovaginal pain (20%).
- ▶ Cyclic pain (10%).
- ▶ Neuropathic pain (9%).
- ▶ Nonlocal pain (7%).
- ▶ Trigger point pain (6%).
- ▶ Palpation of the uterus (6%).

Patients who had diffuse abdominal pelvic pain had worse physical functioning and more pain than did patients with vulvovaginal, cyclic, neuropathic, and fibroid pain. Those with vulvovaginal pain had the best physical functioning and the least pain, Dr. Leserman said.

Slightly less than half of the patients (48%) had been sexually or physically abused. The women also scored at or below the 25th percentile on mental and physical health measures, compared with

the U.S. female population as a whole, Dr. Leserman said.

Endometriosis, which was present in 21% of the women, was not significantly related to any measure of mental or physical health status, Dr. Leserman said.

"It seems like the diagnostic subtypes were better predictors of health status than was endometriosis. Perhaps the degree of diffuseness of pain and the cyclic nature of pain may help guide us in the future in terms of treatment," she said. ■

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At 1-year follow-up, 29 women had no deep dyspareunia, 25 had decreased intensity, and 10 experienced no change.

Patients had had significantly more intercourse per week in the previous 3 months (1.3 vs. 2.3), more satisfying orgasms (2.3 vs. 4.4), were more relaxed and fulfilled after sex (3.2 vs. 4.5), and were less frequently interrupted by pain during intercourse (3.7 vs. 2).

Global Sexual Satisfaction Index scores also significantly improved (*P* less than or equal to .001). The surgery didn't significantly change whether the women were "usually satisfied" with their particular partner (5 vs. 5.2).

Women in the study had been with their partners for an average of 11 years; 42 were married, 10 cohabiting, 6 engaged, and 6 single. The average age of the women was 34 years.

—Patrice Wendling