A 26-year-old gravida 0, para 0 female presented with a 4-month history of chronic pelvic pain (CPP) that began before her last menstrual period (LMP). The patient had not received effective pain relief. She was treated with the following without success: cyclooxygenase inhibitors, Tylenol, Opioids, Lidoderm patch, gabapentin. Such medications were either not efficacious or provided unwanted side effects. She was then referred for Superior Hypogastric Plexus (SHP) block but the patient did not receive effective pain relief. She was subsequently scheduled for IHP block.

The patient reported post-procedure relief greater than 50% which persisted for two months. This was the best response obtained among all attempted treatments and interventions. She elected to have repeat procedures.

The current case report illustrates that transsacral IHP is reproducible. While it remains unclear how benefit was achieved beyond the expected analgesic effects of local anesthetic, the results would suggest that sodium channel blockade of the inferior hypogastric plexus may diminish tissue pain by resetting the nervous system, possibly through effects on peripheral sensitization, neurogenic inflammation or central sensitization. Prolonged results may also be explained in part by the addition of corticosteroid to the injectate mixture.

The response also indicates that her pathology is more likely mediated by visceral afferent fibers through the inferior, rather than superior hypogastric plexus. This is important since approximately 25% of patients undergoing SHP fail to achieve adequate pain relief, and could potentially benefit from IHP.

The current case report illustrates that transsacral IHP may provide longer lasting relief of CPP than previously described, and that repeat IHP may maintain this effect, while minimizing side effects or complications. While refractory to multiple current treatments including SHP, our patient had significant relief of CPP with IHP, enabling her to return to work, participate in pelvic physical therapy, resume daily functioning and improve overall quality of life. Given the limitations of existing treatments for CPP, IHP offers a safe and effective treatment for refractory cases.

Prospective research is warranted regarding the efficacy, safety, and preferred technique of IHP for CPP disorders.

References