UNRAVELING THE ENIGMA OF CHRONIC PELVIC PAIN
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Introduction
The medical riddle of chronic pelvic pain (CPP) is being challenged in Los Angeles, offering possibilities of pain relief for chronic pelvic pain sufferers. Pain is the most common reason for a patient to seek medical attention. Estimates suggest that most visits to primary care physicians are because of pain. Recent research studies have been able to identify better management of chronic pelvic pain giving hope to pelvic pain patients. This includes physical therapy, psychology, and neural blockade offering patients periods of relief and providing them hope and control for the future.

Common Causes of Pelvic Pain
Many patients with CPP carry multiple diagnoses. There is overlap with common core symptoms, including abdominal distension and pain, headache, fatigue, bowel and bladder dysfunction, sexual disorders, adhesions, functional ovarian cysts, dysmenorrhea, and endometriosis. Endometriosis is often the leading diagnosis for CPP. It may be prudent for the Ob/Gyn to refer these patients prior to surgery to examine the possibility of pudendal neuropathy. A frequent cause of pelvic pain, pudendal neuropathy, is often not taken into consideration until other causes have been investigated.

Pudendal Neuropathy
Pudendal neuropathy is frequent in both males and females. It is possible that in women, prolonged labor and complexities of the second stage of labor may be involved. It is not uncommon to have transition of pain signaling from the bladder to the colon, to the lower pelvis because of convergent input at the primary sensory neuron. Our initial clinical study of pudendal neuropathy was published in 2000 and involved CT guidance for a more accurate drug delivery (1). The stimulus for this study was past treatment failures that encouraged exploration of other treatment possibilities. This study and data from our basic science clinical research team enabled us to initiate a new concept in treatment that included multiple treatment levels involving dorsal root ganglions, the pudendal nerves, and the local nerve network in the vulvar area. This treatment concept permitted reduction in pain signaling at the multiple sites of origin. Results of this study were published in January of 2008 (2).

References