

Sexual pain disorders: Clinical approach

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Sexual pain disorders include dyspareunia and vaginismus. They may affect 10 to 15% of women between 18 and 59 years of age.

Vulvar vestibulitis is the leading cause of dyspareunia in the fertile age. Etiology includes recurrent vaginal infections; hyperactivity of the mastcells; myalgic contraction of the pelvic floor; hyperactivity of the pain system, with shift from nociceptive to neuropathic pain, and neurogenically mediated inflammation. Iatrogenic factors may cause acquired dyspareunia.

Loss of estrogens and related genital arousal disorders are the leading etiology of dyspareunia in the postmenopause. Special attention is dedicated to the strong association between urinary tract symptoms and dyspareunia, and genital arousal disorders.

Psychosexual factors may contribute to sexual pain disorders. Inadequate coping modalities may worsen pain perception over time. A careful clinical approach, aiming at understanding and treating all the causes of sexual pain disorders, is mandatory if sexual pain is to be effectively addressed.

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