

# CHRONIC PELVIC PAIN

When evaluating the problems of chronic pelvic pain and dyspareunia, it often best serves the patient to maintain a careful balance between pursuit of physical factors and consideration of psychological concerns. Recent theories of pain perception and sexual functioning attempt to integrate psychological and physical processes very closely in order to better identify the underlying causes. The evaluation and treatment should be interactive and collaborative in an ongoing fashion.

## RECOGNIZING THE PROBLEM

By nature, chronic pelvic pain is multifactorial, often making it necessary to treat with several modalities at once. It is important to recognize that the pain is not necessarily proportional to the amount of organic disease present. While there are exceptions to every generalization, some reliable hallmarks include:

Duration of pain longer than 6 months

Incomplete relief by medical or surgical therapies

Discontinuation of some physical function

Signs of Depression (sleep disturbance, weight loss, loss of appetite, or significant alteration in family roles).

With rare exceptions, the patient with chronic pain or dyspareunia believes or at least strongly wishes that a single diagnosable and treatable cause must exist. Once a patient's problem is recognized as being complex and chronic, it is worth taking time to educate the patient and at least one family member about the nature of chronic pain.

The following table identifies questions relevant to the Hallmarks of a Chronic Pain Syndrome.

Some physical factors can be the cause of chronic pelvic pain. Endometriosis is usually recognized by a gradual increase in the duration of the strongest menstrual cramps, appearance of premenstrual pain and cyclic dyspareunia, which gradually becomes continuous but remains worse perimenstrually. Pelvic adhesions can also be a cause of chronic pelvic pain. Like endometriosis, the amounts of adhesions do not necessarily correlate with the extent of the pain. Also, like endometriosis, the location of the adhesions does correlate with the location of the pain. The inability to accurately diagnose pelvic or abdominal adhesions by ultrasound or other imaging techniques makes laparoscopy essential to the diagnosis and treatment of the problem in many cases. There are many causes of chronic pelvic pain which are not gynecologic. The table below lists other causes of chronic pelvic pain. These differential diagnoses should be considered whenever evaluating a patient with chronic pelvic pain.

