

# Pelvic Pain Disorders with Chronic Overlapping, Diagnosis and Treatment

Jennifer L. Harenberg\*

Department of Anesthesia, Intensive Care and Pain Management, Faculty of Medicine, Ain Shams University, Cairo, Egypt

## Brief Report

Chronic Pelvic Pain (CPP) is a prevalent gynecologic issue that affects roughly 26% of women. In the literature and for medical classification, the term "chronic pelvic pain" – sometimes known as persistent chronic pain – is widely used. It simply indicates how long and where your patient is in discomfort. Frontline HCPs frequently under-recognize and under-treat CPP. Chronic Pelvic Pain (CPP) has a significant impact on quality of life, with contributions from urological, gastrointestinal, musculoskeletal, neurological, psychopathological, and sexual dysfunction in addition to gynaecological reasons. Despite this, healthcare providers commonly overlook Chronic Pelvic Pain (CPP) due to a lack of awareness of the disorder and a scarcity of high-quality epidemiological data.

Chronic Pelvic Pain (CPP) has a wide range of symptoms, which necessitates diagnosis and treatment by a variety of end-organ specialists. Irritable bowel syndrome, vulvodynia, orchalgia, or proctitis fugax are examples of subgroups of symptoms that are labelled as "syndromes" by each profession. Symptoms may be misdiagnosed as "endometriosis" or "prostatitis," assuming that each condition is a separate entity. However, the symptoms of Chronic Pelvic Pain (CPP) disorders are similar, suggesting a possible common cause. When these patients are evaluated at the authors' offices, it is frequently discovered that they have pudendal nerve syndrome (pudendal neuropathy).

Our goal is to educate all healthcare professionals about a simple, quick, and low-cost way for assessing whether painful Chronic Pelvic Pain (CPP) symptoms are neurogenic or non-neurogenic. A sensory test with a safety pin can reveal a common neuropathic foundation. A tactile sensory evaluation with a safety pin is a quick and easy way to distinguish between neuropathic symptoms and morphologic or inflammatory causes of chronic pelvic discomfort. It is possible to make a "definite" diagnosis of neuropathy (as defined by the International Association for the Study of Pain (IASP)). Our goal is to encourage such a precise categorization of CPP's neuropathic base and to improve clinical treatment algorithms and research methodologies, resulting in more focused, effective interventions.

## Causes

Chronic pelvic discomfort is a complicated illness with a variety of reasons. A single disorder may be recognised as the aetiology in some cases.

Pain, on the other hand, can be caused by a variety of medical disorders. Endometriosis and interstitial cystitis, for example, can both lead to chronic pelvic pain in women.

**\*Address for Correspondence:** Jennifer L. Harenberg, Department of Anesthesia, Intensive Care and Pain Management, Faculty of Medicine, Ain Shams University, Cairo, Egypt, E-mail: Jennifer.harenbergl@yahoo.com

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## Diagnosis

Because many different illnesses can cause pelvic pain, a process of elimination is frequently used to diagnose persistent pelvic pain.

Your doctor may recommend the following tests or exams:

- Pelvic examination
- Tests in the lab
- Ultrasound
- Other types of imaging examinations
- Laparoscopy

It can take a long time to figure out what's causing persistent pelvic discomfort, and in some cases, there's no apparent answer.

You and your doctor can, however, construct a treatment plan that allows you to live a full life with minimum suffering if you have patience and open communication.

## Treatment

The goal of treatment is to improve quality of life while reducing symptoms.

If your doctor can establish the source of your problem, treatment will be tailored to that source. If no reason can be found, treatment will focus on controlling your pain and other symptoms. For many women, a combination of treatments is the best option.

## Medications

Your doctor may prescribe a variety of drugs to treat your issue, depending on the cause:

- Anti-inflammatories
- Treatments using hormones
- Antibiotics
- Antidepressants

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