



Editorial comment

Female chronic pelvic pain is common and complex

Katri Hamunen*



Pain Clinic, Department of Anaesthesiology and Intensive Care Medicine, Helsinki University Central Hospital, P.O. Box 140, FIN-00029 HUS Helsinki, Finland

1. Chronic pelvic pain has a multifactorial aetiology

Chronic pelvic pain is simply long-term pain in the structures of anatomic pelvis. This is where the simplicity stops. Since the female pelvis contains organs and structures belonging to gynaecological, gastrointestinal, urological and musculoskeletal organ systems anyone or several of these organ systems may be involved in pelvic pain. Pain can be related to a specific diagnosis like endometriosis, infection or tumour, but in other cases no specific pathology can be demonstrated. In some cases pain can be independent of the obvious pathology.

The IASP (International Association for the Study of Pain) definition of chronic pelvic pain is more limited stating that the pain has apparently gynaecological origin but for which no definitive lesion or cause can be found [1]. However, gynaecological disorders are not the sole aetiologies behind chronic pelvic pain. Urinary and gastrointestinal aetiologies are common causes for chronic pelvic pain. In addition, patients with chronic pelvic pain often report concurrent symptoms like irritable bowel syndrome or interstitial cystitis [2,3]. Large portions of patients with chronic pelvic pain report pain in several areas, as well as chronic pain in other body parts [3–5]. Chronic pelvic pain can be considered as a chronic pain syndrome along with chronic pain syndromes in other parts of the body with changes in pain modulatory mechanisms.

Due to localization of the pelvic pain delicate psychological issues are involved and should be considered in research as well as in clinical management of the condition. Associated psychosocial problems cause further suffering and decrease in quality of life for these patients. On the other hand, psychological disturbances should not be regarded as primary aetiological factors for chronic pelvic pain.

2. Chronic pelvic pain is common

Reported prevalence rates for chronic pelvic pain have varied [6]. In one large epidemiological study with 5263 women participating 15% reported chronic pelvic pain within last three months

[7]. In primary care the prevalence of chronic pelvic pain seems to be comparable to migraine, back pain, and asthma [8].

In this issue of the *Scandinavian Journal of Pain* Loving and co-workers report a cross-sectional study on prevalence of female chronic pelvic pain [9]. The study was a postal survey with 1176 participants and responder rate of 48%. The authors found that the prevalence of chronic pelvic pain in this Danish sample was 11%. Prevalence was somewhat higher, 13.6%, in women of reproductive age. Self-reported incidence of irritable bowel, bladder pain, or interstitial cystitis, vulvodynia, endometriosis, and pelvic surgery within 6 months were more common compared with pain-free responders.

3. Conclusions and implications

The problem of female chronic pelvic pain is far from solved. Pathophysiological mechanisms, diagnostic criteria, and effective treatments need to be investigated. Appropriate multidisciplinary treatment programmes should be built. Making the problem visible is the first step towards better understanding and treatment of any illness. Like the authors of this study write [9], valid data on prevalence is needed in order to acquire funding for research and treatment. Loving and her co-workers should be complimented for doing this important prevalence study.

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* Corresponding author. Tel.: +358 947175640.

E-mail addresses: katri.hamunen@gmail.com, Katri.hamunen@hus.fi

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