

New section: Vulvodynia

Pelvipерineology Journal deals with many aspects of pelvic floor malfunction. One such aspect is pain. With this issue we start a section dedicated to vulvodynia. Vulvodynia is defined as: “vulvar pain of at least three months’ duration, without clear identifiable cause, which may have potential associated factors”.¹ It is still an enigma. Its etiology, pathophysiology, and treatment have not yet been elucidated. The most perplexing presentation is pain during intercourse, sometimes so severe as it prevents the possibility to have intercourse. Unfortunately, so far, treatment of vulvodynia has been unsatisfactory, leading to despair of many patients. However, recently, with the understanding that vulvodynia has associated factors,¹ and that some of the factors are common to pelvic floor dysfunction,² the paradigm has changed. Currently, the treatment should be picked according to the associated factor. The study of the associated pelvic floor conditions has now led to novel research on the interaction between neuroproliferation which is commonly found in vulvodynia, inflammatory and immune processes, and pelvic floor pathology.

Since the management of vulvodynia is multidisciplinary, it is discussed by Gynecologists, Pelvic floor specialists, Physical therapists, Dermatologists, Psychologists, Sex therapists, and more. However, so far, there is no journal that devoted a specialized section to vulvodynia.

Quite a few papers on that topic have already been published in Pelvipерineology over the years. Nevertheless, acknowledging the significance of the topic, we decided to start a unique section, that will appear with each issue of Pelvipерineology, and will be dedicated to publication of studies regarding vulvodynia etiology, pathophysiology, research and treatment.

In the present issue, two very important aspects of vulvodynia are discussed, in two separate publications:

First, Dr. Joana Lyra et al.³, meticulously reviewed the treatment of provoked vulvodynia, formerly called: “vestibulitis”, by surgery. Surgery is a very successful treatment of provoked vulvodynia, and its success may now promote it to a first line approach in certain cases.

In the other paper, Dr. Ewa Baszak-Radomańska et al.³ propose an outstanding diagnostic approach to the pain and malfunction associated with vulvodynia, taking in account many aspects of the condition.

I hope that devoting a specified section to this condition raises the interest and research and I hereby invite submissions to this section.

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Editor in chief, Pelvipерineology

References

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