The Pelvic Pain Puzzle

History, Exam, and Diagnostics

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Objectives

1. Identify the most common causes of chronic pelvic pain
2. Understand importance of history in the differential plan
3. Use clues from history to guide exam
4. Identify detailed pelvic anatomy
5. Describe a detailed pelvic exam, including external structures
6. Describe diagnostic techniques, and when they are appropriate
Who loves pelvic pain patients??
Who loves puzzles??
Most Common Diagnoses (prevalence)

- Interstitial Cystitis (2.7-6.5%)
- Irritable Bowel Syndrome (11%)
- Vestibulodynia/Vulvodynia (8-28%)
- Hypertonic Pelvic Floor Dysfunction (unknown)
- Endometriosis (10%)
- Piriformis syndrome (12.2-27%)
- Si joint dysfunction (15-23% of low back pain)
- Neuropathies (unknown)
The Pelvic Pain Puzzle- History Pearls

- These need to be at least 45 min appts
- If they bring a big packet of papers, read it
- Listen to the patient
  - Everything matters
  - Pain issues compound each other
- Get their story before asking any questions
- Pelvic Pain Assessment Form
The Pelvic Pain Puzzle - History

- High yield questions for annual appointment
  - How often do you urinate during awake hours?
    - Do you ever feel like you need to go after you’ve already gone?
    - How often do you get up to urinate at night?
  - Does it ever hurt to have sex?
    - Is it deep or superficial?
    - Is it cramping or rubbing/dryness?
  - Do you struggle with constipation/diarrhea?
    - Do you feel bloated often?
  - Do you have any pain in your pelvis, bottom, lower back, or buttocks?
    - Where do you think it’s coming from?
The Pelvic Pain Puzzle- History

- Common red flags
  - Recurrent yeast infection
  - Recurrent UTI
  - “I just drink a lot of water”
  - “It feels like he hits something”
  - Inadequate lubrication
  - “He’s just really big”
  - Sensitive stomach
  - Multiple diagnostic laparoscopies or ultrasounds
  - They've seen more than 2 doctors before you for the same complaint
The Pelvic Pain Puzzle - History

- Previous work up
  - Ultrasounds
  - MRI/CT
  - Labs
    - Previous urine cultures
    - What other kinds of doctors they’ve seen
- Previous treatments
  - Surgeries
  - Meds
    - Ask about antidepressants and narcotic use
  - Physical therapy
The Pelvic Pain Puzzle- Exam

- **Postural exam**
  - Walking
    - Shuffling
    - Stooping
    - Tucked bottom
  - Sitting
    - Tipped to one side
    - Knees up
    - Cross-legged

- **Abdominal exam**
  - Masses
  - Hernias
  - Trigger points in rectus
The Pelvic Pain Puzzle - Exam

- Nerve distributions
  - Ilioinguinal/iliohypogastric
  - Genitofemoral
  - Pudendal
  - Anococcygeal
  - Posterior femoral cutaneous

- Lower back/buttocks
  - SI joint
  - Piriformis insertion
  - Sciatic notch
Anatomy of Vulva

- Mons Pubis
- Clitoris
- Labia Minora
- Urethral Opening
- Labia Majora
- Vagina
- Anus
The Pelvic Pain Puzzle - Exam

- **External pelvic exam**
  - Erythema of vestibule
  - Q-tip
  - Agglutination

- **Internal pelvic exam**
  - Levator sign
  - Pudendal
  - Pubococcygeus muscle
  - Lateral to urethra
  - Mid-urethra
  - Bladder trigone
The Pelvic Pain Puzzle - Diagnostics

- Mostly to rule out
  - Dangerous disease - appendicitis
  - Easily treated things - fibroids
  - Acute - ovarian cyst
- Occasionally for diagnosis
- Sometimes for diagnosis and treatment
The Pelvic Pain Puzzle- Diagnostics

- IC/BPS
  - Urine culture
  - Cystoscopy with hydrodistention
    - Most don’t use KCl test anymore
  - Voiding diary
  - Pelvic floor muscle testing
  - Bladder biopsy
    - Rule out malignancy

- Rule out malignancy
The Pelvic Pain Puzzle- Diagnostics

- **IBS**
  - Mostly clinical (Rome criteria)
  - Endoscopy
  - Pelvic floor muscle testing
  - Anorectal manometry
  - MRI-defecography
  - Newer methods (not studied)
    - Fecal inflammatory markers
    - Serum biomarkers
    - Stool-form exam.
The Pelvic Pain Puzzle - Diagnostics

- Vestibulodynia/Vulvodynia
  - Vaginitis panel, KOH, wet mount
  - Skin biopsy
    - Rule out vulvar dermatoses
  - MRI pelvis/lower spine
  - High resolution US of pudendal nerve
- Diagnostics haven’t been shown to contribute significantly - most cases are exam and history based
The Pelvic Pain Puzzle - Diagnostics

- Hypertonic PFD
  - Pelvic muscle testing - EMG
    - Comparable to manual exam
    - Usually done by PT
- MRI
- Video urodynamics
The Pelvic Pain Puzzle - Diagnostics

- Endometriosis
  - Vaginal/vulvar swabs
  - Ultrasound
  - MRI
  - Laparoscopy with biopsy
  - Cystoscopy/proctoscopy
The Pelvic Pain Puzzle - Diagnostics

- Piriformis syndrome
  - Clinical diagnosis - exam maneuvers
  - MRN
  - Electroneuromyography
- SI joint pain
  - Clinical
    - Provocation tests
    - Thigh thrust and distraction tests most sensitive and specific
- Neuropathies
  - Clinical and MRN (sometimes)
Summary

- The history is really important
  - Sometimes your patient will feel better just being heard
  - Symptoms can suggest specific exam techniques

- Exam is everything
  - Most diagnoses are predominantly clinical
  - The patient history doesn’t tell you where the pain is coming from
  - High yield exam techniques

- Diagnostics
  - Exclusionary
  - Sometimes very helpful in complicated presentations
References

References