

Assessment chronic pelvic pain in women with pelvic congestion syndrom

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Evaluation chronic pelvic pain (CPP) is a highly complex processes due to the high frequency of this pathology, numerous aspects of the pathogenesis. Pelvic congestion syndrome (PCS) is defined as idiopathic pelvic pain of 6 months or more durations with evidence of dilated pelvic veins with evidence of venous reflux. It may be a congenital weakness of veins or the absence of valves. This occurs in about 15 % of patients. Management of patients with CPP and PCS may be more effective in regard to assessment of pain intensity. The objective of our study was to establish the pain assessment scales in evaluation CPP in women with PCS.

Materials / Patients and methods. There were examined 112 patients with CPP and PCS. Inclusion criteria: CPP which lasted 6 months or more in women with PCS that was proved by intravaginal ultrasound and Doppler venous studies of major pelvic veins. Exclusion criteria: tumors, endometriosis and acute inflammatory diseases of the pelvic organs. Pain assessment was carried out according to Brief Pain Inventory, Numeric Pain Rating Scale, Short-form McGill Pain Questionnaire (SF-MPQ) and Visual Analog Scale (VAS).

Results: 78 (69.6 %) women complained on the worsening of general activity, 49 (43.8 %) women had disturbances in gait, the daily work and professional activity were abnormal in 89 (79.5 %) patients. In 80 (71.4 %) patients pain increased in the second phase of the menstrual cycle, and in 83.9 % of patients pain increased after long periods of standing. Due to Brief Pain Inventory sleep disturbance was observed in half of the women, emotional liability with frequent changes of mood in 90 (80.4 %), and periods of depression were seen in the third of women. Decreased enjoyment of life was found in 98 (87.5 %) patients and negative effects on sexual life occurred in 71.4 %.

According to Numeric Pain Rating Scale we noted: 2 points - 8.0 % of women, 3 points - 9.8 %, 4 points - 30.4 %, 5 points - 32.1 %, 6 points - 19.6 %, so mild pain was found in 17.8 %, moderate - in 82.2 % of cases.

Based on the SF-MPQ sensory characteristics of pain were different. 69 women (61.6 %) had cramping, aching and mild pain, the severe and burning pain was experienced by 16.1 %, splitting and stabbing pain - 8.9 % of women. Evaluation of the emotional scale revealed that CPP caused exhaustion in more than half of women, nausea in the third of cases, while 5 (4.5 %) patients noted punishing-cruel pain that leads to despair. The intensity of pain on VAS was on average 4.44 ± 1.15 .

Conclusion. These questionnaires can provide powerful and useful tools for evaluation the patient's condition. Assessment of pain has no diagnostic value for the differential diagnosis of the causes of CPP but has prognostic value of routine assessment of pain for treatment result.