Vaginismus: Another Ignored Problem

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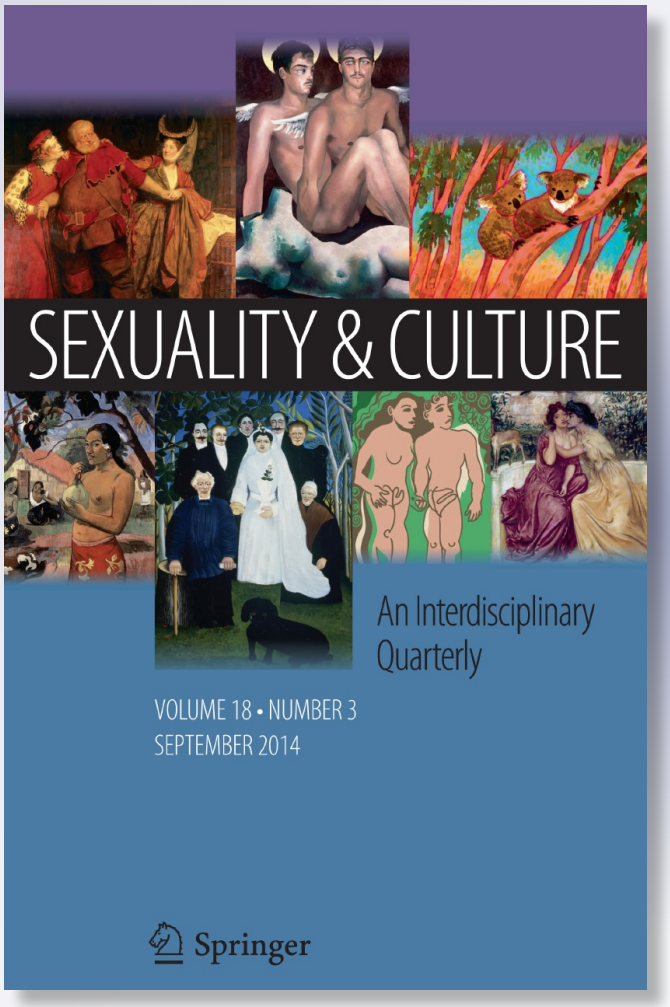

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LETTER TO THE EDITOR

Vaginismus: Another Ignored Problem

Peter T. Pacik

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Vaginismus is another field of female sexual dysfunction that continues to be ignored by many medical schools, residency programs and is rarely discussed at medical meetings. Vaginismus is currently defined by the *Diagnostic and Statistical Manual of Mental Disorders* (DSM 5) as a "Genito-Pelvic Pain/Penetration Disorder" (American Psychiatric Association 2013), which stresses that vaginismus is a penetration disorder in that penetration such as tampons, finger, vaginal dilators, GYN exams and intercourse is often painful or impossible. When a patient complains that attempted intercourse feels like it is "hitting a wall", suggestive of spasm at the level of the introitus, this is a symptom that helps differentiate vaginismus from dyspareunia, vulvodynia and provoked vestibulodynia (vestibulitis). I am in agreement with Domenici and Panici [Letter to the Editor preceding this one] that medical education is lacking in this field. This causes considerable concern and frustration among women who know something is wrong yet are unable to get a diagnosis and treatment (Pacik 2011, 2014a, b).

Trotula di Ruggiero of Salerno, Italy, in a 1547 scientific work called *Women's Diseases* wrote "It is such a contraction of the genital region that even a seduced woman can be a virgin" (Pacik 2010). Later, Sims in 1861 coined the term vaginismus in his presentation of a case report. "The most interesting point in the account of the woman was the fact that although she was married for quarter of a century, she was still a virgin. In my examination about this phenomenon, vaginal examination utterly failed… Even my very slight touch to the vaginal entrance was causing an intensive reaction. The neural system was in chaos, there was this general muscle tension. Her whole body was turning rigid intermittently and trembling. She was screaming and her eyes were glowing like mad…" (Sims 1861).

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Added to the lack of medical education is the problem that to the present day vulvodynia is often the default diagnosis further confusing the field of sexual pain. Vaginismus is quite distinct from vulvodynia. In my treatment of more than 250 patients since 2005 using a multimodal program (Pacik 2014a, b) fewer than 5 % of patients were observed to have associated vulvodynia or provoked vestibulodynia. The average patient in my practice had more than 5 treatments during an average of more than 7 years of failed treatments for vaginismus (Pacik 2013). In an unpublished review of data from my practice 43 patients struggled with vaginismus for 15 years or more, 24 patients could not find treatment for 20 years or more, and one patient aged 65 struggled with primary vaginismus for 44 years not being able to find treatment despite many consultations with specialists. This is a sad reflection of our current state of knowledge about a condition that affects millions of women worldwide.

Sexual pain disorders, especially those that are not related to a medical condition, deserve greater awareness and visibility so that we can support these women better.

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