Database: Embase <1974 to 2023 January 20>, OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Search Strategy:

1 exp pelvic pain/ (34264)
2 exp pelvis pain syndrome/ (13952)
3 ((pelvic or pelvis) adj5 (pain* or syndrome or neuralgia)).tw,kw. (37183)
4 ((pudendal and (neuralgia* or pain*) or pelipathia vegetative)).ti. (437)
5 ((prostatitis or levator ani or constipation or inflammatory bowel or ulcerative colitis or crohn*) and (neuralgia* or pain*)).ti. (2783)
6 (prostatalgia or prostatodynia or orchialgia or proctalgia or dysmenorrhea* or dysmenorrhoea*).ti. (5893)
7 ((bladder or testicular or urethral or scrotal or genital or coccyx or anal or Fissure in Ano) and (neuralgia* or pain*)).ti. (5454)
8 ((interstitial and (cystitides or cystitis)) or ((suprapubic or abdominal or endometriosis or chronic prostatitis) and (neuralgia* or pain*)).ti. (30601)
9 ((proctitis or defecation or hemorrhoid* or haemorrhoid*or diverticulitis or Pelvic inflammatory) and (neuralgia* or pain*)).ti. (431)
10 ((irritable bowel syndrome or "IBS") and (neuralgia* or pain*)).ti. (1051)
11 ((voiding or prostat* or menstrual or menstruation or childbirth or vaginal or vulvar or cauda equina) and (neuralgia* or pain*)).ti. (5555)
12 exp *pudendal neuralgia/ (277)
13 exp *dysmenorrhea/ (6950)
14 or/1-13 (90776)
15 exp chronic pain/ (95755)
16 chronic*.mp,af. or (persistent or constant* or continuing or sustained or lasting).tw. (6359027)
17 (refractory or refractories or recurrence* or recurrent* or relapsing or relapse* or recurred).tw. (2447899)
18 or/15-17 (8383895)
19 14 and 18 (34261)
20 ((pelvic adj5 pain) or Vulvodynia).ti. (10756)
21 19 or 20 (37949)
22 (exp animals/ or exp animal/ or exp nonhuman/ or exp animal experiment/ or animal model/ or animal tissue/ or non human/ or (rat or rats or mice or mouse or swine or porcine or murine or sheep or lambs or pigs or piglets or rabbit or rabbits or cat or cats or dog or dogs or cattle or bovine or monkey or monkeys or trout or marmoset$1).tw.) not (humans/ or human/ or (human* or men or women or patients or subjects or participants).tw.) (11451809)
23 conference abstract.pt. or Congresses as Topic/ or Conference Review.pt. (4795848)
24 case report/ or case reports/ or case report.ti. (5220319)
25 note/ or editorial/ or letter/ or Comment/ or news/ or (note or editorial or letter or Comment or news).pt. (5310559)
26 21 not (22 or 23 or 24 or 25) (23310)
27 (biomarker* or markers or in vitro or in vivo or expression or signalling or signals or RNA or DNA or polymorphism* or protein or gene).ti. (5773350)
28 26 not 27 (22829)
29 (systematic review* or meta analysis or "overviews of reviews" or umbrella review*).tw,kw. (866262)
30 (Medline or Pubmed Embase or Cochrane or literature search or literature review).ab. (759761)
31 ((meta or thematic or framework or evidence or qualitative) adj3 (synthesis or syntheses)).tw,kw. (38352)
32 meta-ethnography.tw,kw. (1332)
33 (randomized controlled trial or controlled clinical trial).pt. (675149)
34 random*.mp. (3782677)
35 Randomized controlled trials/ or randomized controlled trial/ (1738737)

INTRODUCTION: Nearly one in seven women worldwide suffers from chronic pelvic pain syndrome (CPPS) each year. Often, CPPS necessitates a combination of treatments. Studies have shown the good therapeutic effects of repetitive transcranial magnetic stimulation (rTMS) upon CPPS. We wish to undertake a randomized controlled trial (RCT) to observe the effect of high-frequency rTMS at different intensities upon CPPS.

METHODS AND ANALYSES: In this prospective, double-blinded RCT, 63 female CPPS participants will be recruited and randomized (1:1:1) to high-intensity rTMS, low-intensity rTMS, or sham rTMS. The control group will receive a 10-day course of conventional pelvic floor (PF) rehabilitation (neuromuscular stimulation, magnetic therapy, or light therapy of the PF). On the basis of conventional treatment, participants in the high-intensity rTMS group will receive pulses of 10 Hz with a resting motor threshold (RMT) of 110% for a total of 15,000 pulses. Participants in the low-intensity rTMS group will receive pulses of 10 Hz with an RMT of 80% with 15,000 pulses. The sham rTMS group will be subjected to sham stimulation with the same sound as produced by the real magnetic stimulation coil. The primary outcome will be determined using a visual analog scale, the Genitourinary Pain Index, Zung Self-Rating Anxiety Scale, and Zung Self-Rating Depression Scale. The secondary outcome will be determined by electromyography of the surface of PF muscles at baseline and after treatment completion.

ETHICS AND DISSEMINATION: This study is approved by the Ethics Committee of Bao'an People's Hospital, Shenzhen, Guangdong Province (approval number: BYL20211203). The results will be submitted for publication in peer-reviewed journals and disseminated at scientific conferences (Protocol version 1.0-20220709).


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Version ID 1
Status In-Process
Authors Full Name Wang, Mengyang, Xia, Rui, Shi, Jiao, Yang, Chunhua, Zhang, Yongqing, Xu, Zhengxian, Yu, Cancan, Wu, Ziyi, Wang, Min, Chen, Shangjie, Qu, Hongdang
Complementary Approaches for Military Women with Chronic Pelvic Pain: A Randomized Trial.

Crisp CD, Baldi R, Fuller M, Abreu E, Nackley AG

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article]

UI: 36251868

Introduction: Active duty (AD) women suffer with chronic pelvic pain (CPP) while providers tackle diagnoses and treatments to keep them functional without contributing to the opioid epidemic. The purpose of this randomized trial was to determine the effectiveness of noninvasive, self-explanatory mindfulness-based stress reduction (MBSR) or self-paced healthy lifestyle (HL) interventions on CPP in AD women. Methods: A 6-week, interventional prospective study with AD women aged 21-55 years at Mountain Home (MTHM), Idaho, was conducted. Women were randomly assigned to MBSR (N = 21) or HL (N = 20) interventions. The primary outcome was pain perception. The secondary outcomes were depression and circulating cytokine levels. Results: Women in the MBSR group exhibited reduced pain interference (p < 0.01) and depression (p < 0.05) alongside decreased interleukin (IL)-4 (p < 0.05), IL-6 (p < 0.05), eotaxin (p < 0.05), monocyte chemoattractant protein-1 (p = 0.06), and interleukin-1 receptor antagonist (IL-1ra) (p < 0.01) and increased vascular endothelial growth factor (p < 0.05). Women in the HL group did not have changes in pain; however, they did exhibit reduced depression (p < 0.05) alongside decreased granulocyte-macrophage colony-stimulating factor (p < 0.05) and increased tumor necrosis factor alpha (p < 0.05), stromal cell-derived factor-1 (p < 0.01), and IL-1ra (p < 0.01). Conclusions: AD women receiving MBSR or HL had reduced depression scores and altered circulating cytokine levels; however, only those receiving MBSR had reduced pain perception. Findings support MBSR as an effective and viable behavioral treatment for AD women suffering from CPP and provide premise for larger randomized controlled studies. Clinical Trial Registration: MOCHI-An RCT of mindfulness as a treatment for CPP in AD Women NCT04104542 (September 26, 2019).
Women's Experience of Living with Vulvodynia Pain: Why They Participated in a Randomized Controlled Trial of Acupuncture.


OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Randomized Controlled Trial. Journal Article]

UI: 36130137

Introduction: Vulvodynia is vulvar pain lasting at least 3-months without clear identifiable cause that may have other associated factors. The aim, to explore motivations of women participating in a double-blind randomized controlled trial of acupuncture for vulvodynia. Methods: Responses to the question: "Tell me about why you decided to participate in this study" were analyzed using conceptual content analysis to identify patterns in motivation for study participation. Results: Four patterns emerged: 1) desire to address uncontrolled pain, 2) desire for understanding, 3) wish to contribute to knowledge generation, and 4) need to remove cost barriers. Conclusion: Motivations indicate vulvodynia-specific aspects of acceptability of acupuncture. Clinical Trial Registration: NCT03364127.
Endometriosis is a chronic inflammatory disorder characterized endometrial-like tissue present outside of the uterus, affecting approximately 10% of reproductive age women. It is associated with abdomino-pelvic pain, infertility and other non-gynecologic symptoms, making it a challenging diagnosis. Several guidelines have been developed by different international societies to diagnose and classify endometriosis, yet areas of controversy and uncertainty remain. Transvaginal ultrasound (TV-US) is the first-line imaging modality used to identify endometriosis due to its accessibility and cost-efficacy. Enhanced sonographic techniques are emerging as a dedicated technique to evaluate deep infiltrating endometriosis (DIE), depending on the expertise of the sonographer as well as the location of the lesions. MRI is an ideal...
complementary modality to ultrasonography for pre-operative planning as it allows for a larger field-of-view when required and it has high levels of reproducibility and tolerability. Typically, endometriotic lesions appear hypoechoic on ultrasonography. On MRI, classical features include DIE T2 hypointensity, endometrioma T2 hypointensity and T1 hyperintensity, while superficial peritoneal endometriosis (SPE) is described as a small focus of T1 hyperintensity. Imaging has become a critical tool in the diagnosis, surveillance and surgical planning of endometriosis. This literature review is based mostly on studies from the last two decades and aims to provide a detailed overview of the imaging features of endometriosis as well as the advances and usefulness of different imaging modalities for this condition.

5.

Experiences of Women with Interstitial Cystitis/Bladder Pain Syndrome: What Can We Learn from Women's Online Discussions?.


Embase

Purpose: Interstitial cystitis/bladder pain syndrome is a debilitating chronic condition that disproportionately affects women at a ratio of 5:1. We sought to capture women's experiences with interstitial cystitis/bladder pain syndrome by conducting a large-scale digital ethnographic analysis of anonymous posts on Internet forums.

Materials and Methods: Online posts were identified using condition-specific keywords and data mining extraction services. Once posts were identified, a random sample of 200 online posts was coded and analyzed by hand using qualitative methods. A Latent Dirichlet Allocation probabilistic topic model was applied to the complete dataset to substantiate the qualitative analysis and allow for further thematic discovery.

Result(s): A total of 6,842 posts written by 3,902 unique users from 224 websites were identified. There was a significant overlap between the hand coding and Latent Dirichlet Allocation themes. Our analysis yielded the following themes: online community engagement, triggers and disease etiologies, medical comorbidities, quality of life impact, patient experience with medical care, and alternative therapies and self-management strategies. Additionally, our population appeared to have a high burden of nonurological associated syndromes. We identified barriers to patient-centered care and found that online peer support was important for women.

Conclusion(s): Our digital ethnographic analysis is a novel application of qualitative methods using online sources. Social media analytics appears to capture a broader patient population than that typically included in clinic-based qualitative studies, such as patient interviews and focus groups. Understanding patient behaviors and concerns are important to guide strategies for improving care and the overall experience with this difficult-to-treat condition.

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PMID 36075005 [https://www.ncbi.nlm.nih.gov/pubmed/?term=36075005]

6.

The Cost-Effectiveness of a Dance and Yoga Intervention for Girls with Functional Abdominal Pain Disorders.


Background: Functional abdominal pain disorders (FAPDs) affect children worldwide, being more prevalent among girls. The individual and societal burdens of the disease are substantial, and
evidence-based interventions are needed. Non-pharmacological treatments have generally produced promising results, with dance and yoga specifically having potential as an effective treatment option. Beside efficacy, the cost-effectiveness of interventions is important when prioritizing and allocating public resources.

Objective(s): This study evaluated the cost-effectiveness of an 8-month dance and yoga intervention for girls with functional abdominal pain or irritable bowel syndrome, based on a randomized control trial called 'Just in TIME'.

Method(s): The intervention, performed in Sweden, was studied using a decision analysis tool, i.e., a decision tree within the trial followed by a Markov model with a time horizon of 10 years. The base case considered healthcare costs as well as productivity losses, measuring the effects in gained quality-adjusted life-years (QALYs) and presenting an incremental cost-effectiveness ratio (ICER).

Result(s): The base case results show that the intervention, compared with current practice, was the dominant strategy from both the 12-month and long-term perspectives. The sensitivity analyses indicated that the long-term, but not the short-term, findings were robust for different assumptions and changes in parameter estimates, resulting in ICERs similar to those of the base case scenario.

Conclusion(s): Offering dance and yoga to young girls with FAPDs generates small QALY gains and monetary savings compared with standard healthcare and is likely cost-effective. These findings make a valuable contribution to an area where evidence-based and cost-effective treatment interventions are needed. Clinical Trials Registration Number: ClinicalTrials.gov identifier: NCT02920268; Name: Just in TIME-Intervention With Dance and Yoga for Girls With Recurrent Abdominal Pain

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7.

A discrete-choice experiment study of physicians’ prioritization of attributes of medical treatments for endometriosis-associated pain.

Poulos C., Xu Y., Botha W., Leach C., Wrobleski K.K., Gordon K., Missmer S.A., Estes S.J.

Embase

Background: Physicians’ preferences for attributes of medical treatments for endometriosis-associated pain have not previously been quantified.

Method(s): US obstetrician-gynecologists completed an online discrete-choice experiment survey. In a series of questions, physicians chose a medical treatment for a hypothetical patient with endometriosis experiencing severe, persistent dysmenorrhea, nonmenstrual pelvic pain, and/or dyspareunia. Each question presented two hypothetical medical treatments for endometriosis-associated pain, defined by seven attributes with varying levels. Preferences weights and conditional relative importance (CRI) were calculated using a random-parameters logit model.

Result(s): Respondents (N = 250) had an average age of 53 years; 36% were female. The most important attribute, conditional on the attributes and levels evaluated, was risk of moderate-to-severe hot flashes (CRI, 3.34). In descending order of importance, the CRIs of the other attributes were 2.13 for improvement in nonmenstrual pelvic pain, 2.04 for improvement in dyspareunia, 1.88 for improvement in dysmenorrhea, 1.16 for risk of pregnancy-related complications if pregnancy occurs during treatment, 0.62 for increased risk of bone fracture later in life, and 0.48 for mode of administration.

Conclusion(s): In addition to valuing pain reduction, respondents prioritized avoiding moderate-to-severe hot flashes, followed by less common and less immediate risks of pregnancy-related complications and bone fracture.

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PMID
36625547 [https://www.ncbi.nlm.nih.gov/pubmed/?term=36625547]

8.

Pelvic floor physical therapy in patients with chronic anal fissure: long-term follow-up of a randomized controlled trial.
van Reijn-Baggen D.A., Elzevier H.W., Putter H., Pelger R.C.M., Han-Geurts I.J.M.
Embase
Background: Chronic anal fissure is a common benign anorectal disease with a high recurrence rate. Pelvic floor physical therapy has been proven effective in the short-term management in patients with chronic anal fissure and pelvic floor dysfunction (PAF-trial). The aim of this study was to determine the outcomes of the PAF-trial and fissure recurrence in patients who completed the 2 months of pelvic floor physical therapy at 1-year follow-up.

Method(s): Electromyographic registration of the pelvic floor, digital rectal examination, visual analog scales, patient-related outcome measurements, and quality of life were assessed at baseline and at 1-year after inclusion. The primary outcome was muscle tone at rest during electromyographic registration of the pelvic floor at baseline and at 1-year follow-up. Secondary outcomes contained fissure recurrence, pain ratings, pelvic floor dysfunction, complaint reduction measured with a proctology specific patient-reported outcome measurement, and quality of life.

Result(s): The treatment protocol was followed by 137 patients. Ninety-seven patients (71%) completed the 1-year follow-up, 48 women (49.5%) and 49 men (50.5%) with a mean age of 44.4 +/- 11.6 years (range 19-68). In the total group of patients, mean resting electromyographic values of the pelvic floor significantly improved from baseline to follow-up at 1 year (mean estimated difference 2.20 μV; 95% CI, 1.79 to 2.61; p < 0.001). After 1 year, the fissure recurred in 15 patients (15.5%). VAS-pain significantly decreased from baseline to follow-up (mean estimated difference 4.16; 95% CI, 3.75 to 4.58; p < 0.001). Dyssynergia was found in 72.9% at baseline and decreased to 14.4% at 1-year follow-up (p < 0.001). Complaint reduction measured with the Proctoprom significantly improved from baseline to 1-year follow-up (p < 0.001). Quality of life (RAND-36) significantly improved in eight of nine domains at 1-year follow-up. No significant improvement was found in the domain vitality.

Conclusion(s): In the PAF-trial, we demonstrated that pelvic floor physical therapy yields a significant and clinical benefit in the time course and therefore should be advocated as adjuvant conservative treatment in patients with chronic anal fissure. Trial registration: The trial is registered at the Dutch Trial registry (NTR7581) [https://trialsearch.who.int].

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PMID 36602613 [https://www.ncbi.nlm.nih.gov/pubmed/?term=36602613]

Status

Embase

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Publisher
Institute for Ionics

Year of Publication
2023
de Souza Pinto L.P., Ferrari G., dos Santos I.K., de Mello Roesler C.R., de Mello Gindri I.

Embase

[Review]
AN: 2020251466

Purpose: Endometriosis is a common chronic gynecological disease defined as the presence of endometrial glands and stroma tissue outside the uterus. Gestrinone is an effective antiestrogen that induces endometrial atrophy and/or amenorrhea. The purpose of this systematic review is to provide an evaluation of safety and effectiveness of gestrinone for the treatment of endometriosis.

Method(s): We performed a search in six electronic databases: PubMed, MEDLINE (ovid), Embase, Cochrane CENTRAL (clinical trials), Web of Science and Scopus. Our selected primary outcomes were the changes in dysmenorrhea, pain relief including pelvic pain and dyspareunia. The secondary outcomes embrace hormones parameters, pregnancy rate and adverse events.

Result(s): Of 3269 references screened, 16 studies were included involving 1286 women. All studies compared gestrinone with other drugs treatments (placebo, Danazol, Mifepristone tablets, Leuprolide acetate, Quyu Jiedu Recipe) during 6 months. When compared with other drugs treatments, gestrinone relieved dysmenorrhea, pelvic pain, and morphologic response in the ovary. There was an increase on the pregnancy rate. Regarding the side effects observed, gestrinone showed the same adverse events and increased the risk of acne and seborrhea when compared to other treatments. Even if there was any difference in efficacy between gestrinone, danazol, leuprolide acetate, or Quyu Jiedu Recipe Chinese Medicine, it remains unclear due to insufficient data.

Conclusion(s): Based limited evidence available suggests that gestrinone appeared to be safe and may have some efficacy advantages over danazol, as well as other therapeutic interventions for treating endometriosis. However, this conclusion should be interpreted with caution, due the quality of the evidence provided is generally very low or unclear. Trial registration: CRD42021284148.

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PMID 36434439 [https://www.ncbi.nlm.nih.gov/pubmed/?term=36434439]
Parodi L., Hoxhaj I., Dinoi G., Mirandola M., Pozzati F., Topouzova G., Testa A.C., Scambia G., Catena U.
Embase
[Review]
AN: 2020967164
Background: complete uterine septum, double cervix and vaginal septum is a rare complex Mullerian anomaly affecting patients' quality of life in terms of fertility and pelvic pain. The aim of our review is to gather the studies concerning the diagnosis and treatment this complex malformation and to describe the related fertility outcomes.
Method(s): this study was conducted in 2022, according to the criteria of Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) and the protocol was submitted to the International Prospective Register for Systematic Reviews (PROSPERO). PubMed, Scopus and Web of Science electronic databases were searched to find eligible articles. In total, 538 articles were identified through literature research. A total of ten articles satisfied the eligibility criteria and were included in the systematic review.
Result(s): 86 affected women were evaluated, and 71 of them were treated. Almost all patients included in our research presented with primary infertility or with a history of recurrent miscarriages; half of all patients also reported dyspareunia. After surgical treatment, 47 pregnancies were achieved: 41 live birth and ongoing pregnancies and six spontaneous miscarriages occurred; a significantly lower miscarriage rate was reported after surgical treatment.
Conclusion(s): hysteroscopic treatment of U2b C2 V1 anomaly can be safely performed, leading to favorable fertility outcomes, measured as the achievement of pregnancy and a reduction in miscarriage rate.
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Status
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11.

**Association between history of childbirth and chronic, functionally significant back pain in later life.**

Zhang M., Cooley C., Ziadni M.S., Mackey I., Flood P.

Embase


[Article]

AN: 2020936108

Background: Back pain is more prevalent among women than men. The association with sex could be related to pregnancy and childbirth, unique female conditions. This association has not been thoroughly evaluated.

Method(s): Using a retrospective cohort design, we evaluated the relationship between history of childbirth on the prevalence and severity of functionally consequential back pain in 1069 women from a tertiary care pain management clinic. Interactions among preexisting, acute peripartum, and subsequent back pain were evaluated as secondary outcomes among the parous women using logistic and linear regression as appropriate.

Result(s): The women who had given birth had a higher risk for functionally significant back pain compared to women who had not given birth (85% vs 77%, p < 0.001, Risk Ratio 1.11 [1.04-1.17]). The association was preserved after correction for age, weight, and race. Back pain was also more slightly severe (Numerical Rating Score for Pain 7[5-8] vs 6[5-7] out of 10, p = 0.002).

Women who recalled severe, acute postpartum back pain had a higher prevalence of current debilitating back pain (89% vs 75%, Risk Ratio 1.19 (1.08-1.31), p = 0.001). Twenty-eight percent of acute postpartum back pain never resolved and 40% reported incomplete resolution.

Conclusion(s): A history of pregnancy and childbirth is a risk factor for chronic functionally significant back pain in women. Severe acute postpartum back pain is a risk factor for future disability suggesting that the peripartum period may provide an important opportunity for intervention. Early recognition and management may mitigate future disability. Trial registration: The study was registered with clinicaltrials.gov as "Association Between Chronic Headache and Back Pain with Childbirth" (NCT04091321) on 16/09/2019 before it was initiated.

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PMID 36597120 [https://www.ncbi.nlm.nih.gov/pubmed/?term=36597120]

Status

Embase

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Publisher

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2023


12.

**Endocrine disruptors and endometriosis.**
Endometriosis is a hormone-dependent inflammatory gynecological disease of reproductive-age women. It is clinically and pathologically characterized by the presence of functional endometrium as heterogeneous lesions outside the uterine cavity. The two major symptoms are chronic pelvic pain and infertility, which profoundly affect women's reproductive health and quality of life. This significant individual and public health concern underscores the importance of understanding the pathogenesis of endometriosis. The environmental endocrine-disrupting chemicals (EDCs) are exogenous agents that interfere with the synthesis, secretion, transport, signaling, or metabolism of hormones responsible for homeostasis, reproduction, and developmental processes.

Endometriosis has been potentially linked to exposure to EDCs. In this review, based on the robust literature search, we have selected four endocrine disruptors (i) polychlorinated biphenyls (PCB)s (ii) dioxins (TCDD) (iii) bisphenol A (BPA) and its analogs and (iv) phthalates to elucidate their critical role in the etiopathogenesis of endometriosis. The epidemiological and experimental data discussed in this review indicate that these four EDCs activate multiple intracellular signaling pathways associated with proinflammation, estrogen, progesterone, prostaglandins, cell survival, apoptosis, migration, invasion, and growth of endometriosis. The available information strongly indicates that environmental exposure to EDCs such as PCBs, dioxins, BPA, and phthalates individually or collectively contribute to the pathophysiology of endometriosis. Further understanding of the molecular mechanisms of how these EDCs establish endometriosis and therapeutic strategies to mitigate the effects of these EDCs in the pathogenesis of endometriosis are timely needed. Moreover, understanding the interactive roles of these EDCs in the pathogenesis of endometriosis will help regulate the exposure to these EDCs in reproductive age women.

Impact of a single-session psychosocial counseling intervention for women with vulvodynia.
Moravek M.B., Legocki L.J., Piper C.K., Bernard K., Reed B.D., Haefner H.K.

Objective: To evaluate the impact of a single session of psychosocial counseling on patients with vulvodynia.
Method(s): Patients diagnosed with vulvodynia at a vulvovaginal specialty clinic were randomly assigned to receive either a one-on-one 30- to 45-min psychosocial counseling session with a psychosexual counselor plus written educational materials (intervention group) or written materials alone (control group). They completed a survey before and 6 weeks after randomization that included demographic information and validated measures of sexual function and illness perception.

Result(s): Thirty-one of 38 (81.6%) women approached chose to participate; 26 of the 31 (83.9%) completed the 6-week follow-up survey. Only the intervention group showed improvement in knowledge about vulvovaginal and sexual health, as well as in most measures of improvement in illness perception, as measured by the Brief Illness Perception Questionnaire (P < 0.05). When compared directly with those in the control group, patients in the intervention group reported increased understanding of their vulvar symptoms (P < 0.005) and lessened emotional impact of these symptoms (P = 0.035).

Conclusion(s): Patients receiving one session of the one-on-one psychosocial counseling intervention reported improved understanding and lessened emotional impact of their vulvar symptoms, compared with the control group. This study suggests that improvement may occur following minimal intervention and supports the need for further study.


PMID 35766991 [https://www.ncbi.nlm.nih.gov/pubmed/?term=35766991]

Status Embase

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Year of Publication 2023

14.

Extracorporeal shock wave therapy in association with bromelain and escin for the management of patients affected by chronic prostatitis/chronic pelvic pain syndrome.

Embase

Biomedical Reports. 18(1) (no pagination), 2023. Article Number: 7. Date of Publication: January 2023.

[Article] AN: 2018768572

Extracorporeal shock wave therapy (ESWT) has been purposed for the management of chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) with encouraging results. Phytotherapeutic compounds have been used in everyday clinical practice for patients with CP/CPPS due to their anti-inflammatory properties. The present study aimed to investigate the effects of ESWT in association with the use of bromelain and escin extracts in patients with CP/CPPS. For this purpose, 95 patients with a clinical diagnosis of CP/CPPS were enrolled in the study. The patients were randomly allocated to either the ESWT plus bromelain and escin group (group A; n=48) or the ESWT only group (group B; n=47). A total of five weekly ESWT treatment sessions
were administered alone or in combination with bromelain and escin. Each session consisted of 3,000 focused shock waves. Doses of 160 and 500 mg/day bromelain and escin were administered respectively for 5 weeks. The changes in urinary symptoms, pain and quality of life were considered the main outcome measures and were assessed at baseline, and at 4, 12 and 24 weeks of follow-up. Urinary symptoms, pain and quality of life were evaluated using the international prostatic symptoms score (IPSS), visual analog scale (VAS) and the National Institutes of Health-Chronic Prostatitis Symptom Index (NIH-CPSI). After 4 weeks, the mean VAS score, mean IPSS and mean satisfaction rate score had significantly improved in patients receiving ESWT plus bromelain and escin. After 12 weeks, the mean IPSS and mean satisfaction rate score were stable in the ESWT plus bromelain and escin group, while the mean VAS score was significantly lower when compared with the baseline values in both groups. On the whole, the present study demonstrates that in patients affected by CP/CPPS, treatment with ESWT plus bromelain and escin leads to pain resolution, and both treatments improve the IPSS, VAS and NIH-CPSI results.

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15.

Prevention of low back and pelvic girdle pain during pregnancy: a systematic review and meta-analysis of randomised controlled trials with GRADE recommendations.

Santos F.F., Lourenco B.M., Souza M.B., Maia L.B., Oliveira V.C., Oliveira M.X.

Physiotherapy (United Kingdom). 118 (pp 1-11), 2023. Date of Publication: March 2023. [Review]

AN: 2020844929

Background: Low back (LBP) and pelvic girdle pain (PGP) during pregnancy are related to high direct and indirect costs. It is important to clarify evidence regarding interventions to manage and prevent these conditions.

Objective(s): Investigate the efficacy and acceptability of the interventions to prevent LBP and PGP during pregnancy. Data sources: Searches were conducted up to January 6th, 2021 in the MEDLINE, PEDro, Cochrane Library, SPORTDiscus, CINAHL, AMED, Embase and PsycInfo databases Study eligibility criteria: (1) Pregnant women without LBP and/or PGP; (2) any prevention strategy on incidence of LBP and PGP and sick leave; (3) comparison to control; (4) quasi and randomised controlled trial. Study appraisal and synthesis methods: Two reviewers
performed screening, data extraction and methodological quality assessments. Meta-analysis was performed and Relative Risks (RRs) and 95% confidence intervals (CIs) were reported. Result(s): Six randomised controlled trials involving 2231 participants were included in the review. Evidence of moderate quality was found that "stand-alone" exercise is acceptable to pregnant women with lumbopelvic pain (LBPP) (RR 0.60 [95%CI 0.42-0.84]) and prevents episodes of LBP (RR 0.92 [95%CI 0.85-0.99]) in the long-term. Moderate to very-low quality evidence was found detailing the lack of efficacy of other interventions in the prevention of these problems in the short and long-term. Limitation(s): Small number of trials included. Conclusion(s): Efficacy of prevention strategies for episodes of LBPP and the use of sick leave during pregnancy is not supported by evidence of high quality. Current evidence suggests that exercise is acceptable and promising for the prevention of LBP in the long-term. However, further high-quality trials with larger samples are needed. Contribution on paper: * Low back pain and pelvic girdle pain are widespread problems during pregnancy that cause distress and disability in many women. However, knowledge regarding primary and secondary prevention is scarce. * "Stand-alone" exercise is acceptable and promising for the prevention of episodes of low back pain in the long term. Education combined with exercise did not reduce the risk of low back pain or pelvic girdle pain in pregnant women. * Exercise can be recommended during pregnancy for its general health benefits, but is not supported by high-quality evidence for preventing lumbopelvic pain.

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16.

Development of Provisional Acupuncture Guidelines for Pelvic Pain in Endometriosis Using an e-Delphi Consensus Process.
Giese N, Heirs MK

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UI: 36454211

Introduction: Growing evidence suggests that acupuncture can improve pelvic pain in women with endometriosis. The treatments used in research vary considerably. It remains unclear which treatment could be recommended for clinical practice. This research project aimed at clarifying how acupuncture could be used when treating this condition. Methods: This research comprised two phases: a systematized literature review to extract acupuncture treatment details from published research, and an e-Delphi study to gain knowledge about details as used by expert acupuncturists. Review: Four databases were searched using predefined eligibility criteria. Data
were extracted based on the STandards for Reporting Interventions in Clinical Trials of Acupuncture (STRICTA) criteria. e-Delphi: Purposeful sampling from colleagues and international experts. An open first round gathered qualitative data, analyzed with the Framework method. In rounds 2 and 3, experts rated statements to build group consensus, defined as a rating of >=5 on a 7-point Likert scale by >=70% of the experts. The strength of agreement was graded using the median score and interquartile range. Results from the literature review and the e-Delphi were compared using the STRICTA items. Results: The literature review (n = 29 unique studies) found a wide range of treatment details with little agreement. The e-Delphi of international experts (n = 20) resulted in agreement on 94 statements (such as key factors for effectiveness); disagreement on a further 29 (such as acupressure); and absence of consensus on 55 statements (such as the number of needle insertions). A comparison of the review and e-Delphi results found little agreement. Conclusions: Details of acupuncture treatment for endometriosis-related pelvic pain were presented. In the absence of acupuncture guidelines for this condition, the researchers of this e-Delphi recommend using the treatment details on which experts agreed as guidance for good practice. The effectiveness of these guidelines should be evaluated in future research. Study registration: Deutsches Register Klinischer Studien, DRKS00022215, June 30, 2020, retrospectively registered.

17.

Lipoleiomyomas of the Uterine Cervix: A New Series including the First Recurrent Case and the First Systematic Literature Review.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Journal of Personalized Medicine. 12(11), 2022 Nov 06. [Journal Article]
UI: 36579603
Uterine leiomyomas usually arise from the uterine body (95%), and rarely from the cervix (0.6%) or other urogenital sites. Lipoleiomyomas are benign, uncommon variants of leiomyomas (0.03-0.2%), histologically composed of smooth muscle cells and mature adipocytes; they usually occur in the uterine body and exceptionally in the cervix. We performed the first systematic literature review of cervical lipoleiomyomas (PRISMA guidelines), presenting five new cases. Including our series, thirty-one detailed cases were reported in the literature (mainly in Asia). The age range was 35-74 years, revealing a higher mean age than conventional cervical leiomyomas (46.5 vs. 39.4 years). Patients were usually multiparous (94%), typically complaining of vaginal bleeding
(11/31, 36%), pelvic/abdominal pain (10/31, 32%), and/or urinary disturbances (6/31, 19%) 1 week to 10 months before presentation. Clinical examination revealed a pedunculated tumor (48%), or prolapse of >=1 pelvic organs (16%). Twenty-four (77%) patients underwent total hysterectomy +/- additional surgery; simple myomectomy/excision was performed in five (16%) cases. Only one (3%) of our cases recurred 2 years after partial excision; no evidence of disease was found 13 years after recurrence excision. Adipocytes occupied <=50% of the tumor volume. Hyaline or myxoid changes and cartilaginous metaplasia were uncommon histological findings. Surgically challenging cases or pregnant patients may require expert gynecologists. Interventional radiology or conservative treatments were rarely proposed.

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[Journal Article]

UI: 36405196

Background: Mental stress and imbalance of its two neural stress systems, the autonomic nervous system (ANS) and the hypothalamic-pituitary-adrenal (HPA) axis, are associated with chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) and erectile dysfunction (ED). However, the comprehensive analyses of psychological stress and stress systems are under-investigated, particularly in CP/CPPS patients complicated by lower urinary tract symptoms (LUTS) and ED.

Materials and methods: Participants were 95 patients in CP/CPPS+ED group, 290 patients in CP/CPPS group, 124 patients in ED group and 52 healthy men in control group. The National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI), the International Index of Erectile Function-5 (IIEF-5) and the International Prostate Symptom Score (IPSS) were used for assessing the disease severity of CP/CPPS, LUTS and ED. Psychometric self-report questionnaires including the Beck Anxiety Inventory (BAI), Perceived Stress Scale (PSS), Type A Personality Test (TAPT) and Symptom Checklist 90 (SCL-90) were completed for distress from physical symptoms. Twenty-five subjects per group were randomly selected for further investigating the changes of the HPA axis and ANS. Saliva samples were taken on 3 consecutive days at 8 specific times with strict reference to time of morning awakening for evaluation of free cortisol. Heart rate variability (HRV) as marker of the ANS was measured using 24 h electrocardiography, and time-and frequency-domain variables were analyzed.

Results: The BAI and SCL-90 scores were significantly higher in the CP/CPPS+ED, CP/CPPS and ED groups compared with the control group (p < 0.01). The PSS scores of both groups with ED were significantly higher than the control group (p < 0.01). Compared with the CP/CPPS group, the differences of PSS, SCL-90 and TAPT scores were statistically significant in CP/CPPS+ED patients (p < 0.01). The IPSS scores were shown to have significantly positive correlations with BAI (r = 0.32, p < 0.0001), PSS (r = 0.18, p < 0.01) and SCL-90 (r = 0.19, p < 0.01) in the CP/CPPS patients. However, in all subjects, the IIEF-5 scores were shown to have significantly negative correlations with BAI (r = -0.17, p < 0.001), PSS (r = -0.25, p < 0.0001), SCL-90 (r = -0.20, p < 0.001) and quality of life score in NIH-CPSI (r = -0.14, p = 0.0075). Cortisol awakening response (CAR) parameters and diurnal cortisol levels did not significantly vary between the four groups. Time-dependent parameters of HRV also did not differ significantly across groups. In the frequency domain analysis, low frequency (LF) was significantly lower in ED patients when compared with CP/CPPS+ED patients (p = 0.044) and healthy controls (p = 0.005), high frequency (HF) power was significantly higher in healthy controls compared to patients with ED (p < 0.001), CP/CPPS (p < 0.001) and CP/CPPS+ED (p < 0.001), and the CP/CPPS+ED group had significantly higher LF/HF ratio than the control group (p = 0.001).

Conclusion: CP/CPPS and ED patients score exceedingly high on most psychosocial variables. The symptom scores of LUTS and ED positively correlate with the severity of psychological stress. Our findings also suggest that the ANS sympathovagal imbalance is associated with ED and LUTS in CP/CPPS, whereas HPA axis activity is not.
Making a joint decision: Cannabis as a potential substitute for opioids in obstetrics and gynecology. [Review]
Eichorn NL, Shult HT, Kracht KD, Berlau DJ
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[Journal Article. Review]
UI: 35970747
There is a growing body of evidence that cannabis may be effective as an analgesic with potential to reduce opioid usage in chronic pain. This review synthesizes the available literature to elucidate the possible role that cannabis might play in reducing opioid use in gynecological disorders that may potentially lead to a recommendation of substituting opioids with cannabis. With reports of a decrease in opioid use after cannabis initiation, an opioid-sparing effect has been seen in gynecologic malignancies such as ovarian, uterine, endometrial, and cervical cancers, in addition to chronic pelvic pain (CPP). Though many studies have found an association between cannabis and various adverse maternal and neonatal outcomes, there is a lack of randomized controlled trials making it difficult to claim a directly causal relationship between cannabis and these adverse outcomes. Additionally, with increased use of cannabis during pregnancy, the evidence of possible benefits and risks to mothers and fetuses is examined.

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The Clinical Efficacy of High-Voltage Long-Duration Pulsed Radiofrequency Treatment in Pudendal Neuralgia: A Retrospective Study.
Wang CL, Song T
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present Neuromodulation. 25(8):1372-1377, 2022 Dec.
[Controlled Clinical Trial. Journal Article. Observational Study]
UI: 33945192
BACKGROUND: Patients with pudendal neuralgia (PN) experience long-lasting chronic pain, hyperalgesia, and comorbid emotional disorders, such as depression and anxiety. Treatment via conventional pulsed radiofrequency (PRF) current carries a significantly high rate of failure.
OBJECTIVE: To determine the safety and clinical efficacy of high-voltage, long-duration PRF application to the pudendal nerve in patients with PN.
STUDY DESIGN: Observational retrospective design, self before-after controlled clinical trial.
MATERIALS AND METHODS: We analyzed the records of 70 patients of our hospital with diagnosed PN. Treatment consisted of PRF application to the pudendal nerve, using computed tomography guidance to target the pudendal nerve at the level of the ischial spine or ischial tuberosity of the affected side. PRF was applied with the following parameters: temperature 42 degreeC, frequency 2 Hz, pulse width 20 ms, field intensity ramped gradually from 40 to 90 V,
duration 900 sec. The therapeutic effect was evaluated by collecting patient scores for the visual analog scale (VAS), SF-36 health survey questionnaire (SF-36), and patient health questionnaire (PHQ-9) before treatment and at 1-, 4-, and 12-week follow-ups after PRF treatment. Data were analyzed by paired t-test with p < 0.05 considered to be statistically significant.

RESULTS: VAS, SF-36, and PHQ-9 scores at 1, 4, and 12 weeks after high-voltage long-duration PRF treatment were significantly improved relative to their respective pretreatment baseline scores (p < 0.05 for all). The effective rate at 12 weeks after high-voltage long-duration PRF was up to 88.6%.

LIMITATIONS: A small sample size and lack of a control group.

CONCLUSIONS: High-voltage long-duration PRF provided significant short-term (at least 12 weeks) pain relief to most patients with PN; it also improved subjective measures of depression and quality of life over the same duration of time.

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Systematic review and meta-analysis of the efficacy of gabapentin in chronic female pelvic pain without another diagnosis.
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AJOG Global Reports. 2(1):100042, 2022 Feb.
[Journal Article]
UI: 36274967
Background: While widely used for the treatment of chronic pelvic pain, limited data exists on efficacy of gabapentin, especially in the subgroup of women suffering from chronic pelvic pain without a known diagnosis, such as endometriosis.
Objective: This study aimed to assess the efficacy of gabapentin when administered to women with chronic pelvic pain without another diagnosis.
Study Design: We performed a Systematic Review and Meta Analysis including all controlled clinical trials addressing the use of gabapentin for the treatment of chronic pelvic pain without another diagnosis. We searched PubMed, Scopus, Web of Science, ClinicalTrials.Gov, MEDLINE, and The Cochrane Library from inception of each database to April 30, 2021. We included all the studies that fulfilled the following criteria: (1) population: women suffering from chronic pelvic pain without another identified diagnosis (such as endometriosis); (2) intervention: gabapentin (regardless of the dosage); (3) comparator: placebo; (4) outcomes: pain score (visual analog scale) after 3 months and pain score (visual analog scale) after 6 months as primary outcomes; and (5) study design: we only included randomized or controlled clinical trials. Our exclusion criteria included (1) uncontrolled clinical trials, (2) studies that did not report data or measures for any of our selected outcomes, (3) studies that included patients with surgically or clinically diagnosed endometriosis, or (4) studies with no full-text manuscript available. Risk of bias assessment was performed using the Cochrane risk of bias tool. We analyzed dichotomous outcomes as percentages and totals, whereas continuous outcomes were analyzed using mean difference, standard deviations, and relative 95% confidence intervals using the inverse variance method.
Results: We included 4 placebo-controlled randomized controlled trials. Analysis was hindered because half of the studies (n=2) used the visual analog scale pain score and the other half (n=2) used the numerical rating scale. The analysis showed that when compared with the placebo, gabapentin significantly lowered the visual analog scale pain score at 3 months (mean difference, 0.79; 1.23 to 0.35; P=.005) and 6 months (mean difference, 1.68; 2.30 to 1.05; P=.001) and the numerical rating scale pain score at 3 months (mean difference, 0.20; 0.25 to 0.15; P=.001). However, in terms of the numerical rating scale pain score after 6 months, the 2 groups showed no significant difference (mean difference, 0.27; 0.80 to 0.26; P=.32).
CONCLUSION: Gabapentin may hold benefit for the management of chronic pelvic pain, with significant improvement in pain seen in both scales at 3 months when compared with the placebo, but only in the visual analog scale group at 6 months of usage. Secondary to the differences in the nature of the 2 scales, a further weighted combined analysis was not possible.
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https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9563541
23.

Obturator nerve endometriosis: A systematic review of the literature.
Kale A, Aboalhasan Y, Gundogdu EC, Usta T, Oral E
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 36206796

Background: Symptomatic obturator nerve endometriosis is a rare condition. In this paper, we aim to review and discuss the characteristics of obturator nerve endometriosis in light of current literature.

Methods: An electronic search was conducted using the PubMed/Medline database.

Results: Symptomatic obturator nerve endometriosis is rare; only 8 cases have been reported in the literature. Symptoms including difficulty walking, weak thigh adduction and pain in the inner thigh, which are all related to obturator nerve function, could be seen in the case of the entrapment of the nerve by endometrial nodules. A history of recurrent symptoms during menstrual cycles and physical examination, combined with appropriate radiologic imaging, led to a suspicion of obturator nerve involvement.

Conclusion: Early diagnosis and surgical treatment of obturator nerve endometriosis is essential to minimise the nerve damage caused by recurrent cycles of bleeding and fibrosis, which are characteristics of endometriosis. The laparoscopic minimally invasive technique is feasible for the surgery of obturator nerve endometriosis. It offers the advantage of precise discrimination of vital structures and excellent access to deep anatomic sites.

What is New?: Obturator nerve endometriosis may be a severe cause of chronic pelvic pain in women of reproductive age. Treatment may be achieved surgically and in experienced hands, laparoscopic surgery would be the preferred choice.

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Year of Publication
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24.

Clinical Efficacy of Multi-Focal Low-Intensity Extracorporeal Shockwave Therapy in the Treatment of Chronic Prostatitis/Chronic Pelvic Pain Syndrome: Prospective-Randomized, Double Blind, Placebo-Controlled Study.
Kim KS, Choi YS, Bae WJ, Cho HJ, Ha US, Hong SH, Lee JY, Han CH, Kim SW
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
PURPOSE: To assess the safety and effect of the multifocal low-intensity extracorporeal shockwave therapy (MESWT) in the treatment of chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS).

MATERIALS AND METHODS: We randomly separated 30 patients with CP/CPPS into a MESWT and placebo group of same number using prospective-randomized, double-blind design. The participants' National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI) total and subdomain scores, International Prostate Symptom Score (IPSS), International Index of Erectile Function-5 (IIEF-5), and visual analogue scale (VAS) were assessed and compared at baseline and at finishing immediately and 4 weeks after procedure and also were compared between MESWT and placebo group.

RESULTS: A total of 30 participants were randomized a MESWT or placebo group. Twenty of thirty participants completed this trial. NIH-CPSI total and subdomain scores, IPSS, IIEF-5, and VAS had significantly ameliorated compared with baseline in the MESWT group at 4 weeks assessment. Furthermore, comparison of the results from MESWT and placebo groups represented statistically significant differences in NIH-CPSI total and subdomain scores, IPSS, IIEF-5, and VAS. No side effects or events were occurred in both groups of the participants during study periods.

CONCLUSIONS: MESWT can be an effective treatment modality in patients with CP/CPPS as it improves pain and QoL.
Herbal Approaches to Pediatric Functional Abdominal Pain. [Review]
Cherry RN, Blanchard SS, Chogle A, Santucci NR, Mehta K, Russell AC
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Children. 9(8), 2022 Aug 22.
[Journal Article. Review]
UI: 36010156

Chronic abdominal pain is one of the most common problems seen by both pediatricians and pediatric gastroenterologists. Abdominal-pain-related functional gastrointestinal disorders (AP-FGIDs) are diagnosed in children with chronic and recurrent abdominal pain meeting clinical criteria set forth in the Rome IV criteria. AP-FGIDs affect approximately 20% of children worldwide and include functional dyspepsia (FD), irritable bowel syndrome (IBS), functional abdominal pain (FAP), and abdominal migraine. IBS accounts for 45% of pediatric AP-FGIDs.

The pathophysiology of functional abdominal pain involves an interplay of factors including early life events, genetics, psychosocial influences, and physiologic factors of visceral sensitivity, motility disturbance, altered mucosal immune function, and altered central nervous system processing. Treatment approaches are varied and can include dietary, pharmacologic, and complementary medicine interventions, as well as psychosocial support, depending on the many aspects of the disorder and the needs of the individual patient. There is a strong interest in complementary and integrative medicine approaches to pediatric pain from both patients, providers, and families. In this article, we discuss popular herbal treatments typically used in the field of complementary medicine to treat pediatric AP-FGIDs: peppermint oil, Iberogast R, cannabis, fennel, and licorice. While high-quality data are rather limited, studies generally show that these remedies are at least as effective as placebo, and are well tolerated with minimal side effects. We will need more placebo-controlled, double-blind, and unbiased prospective studies to document and quantify efficacy.
26.


BACKGROUND: Pregnancy-related posterior pelvic girdle pain (PPGP) is one of the most important clinical manifestations of postpartum back pain. Those affected often complain of discomfort during daily activities. It is hypothesized that altered motor control is associated with perceived pain. Pelvic support can regulate possible underlying altered motor control mechanisms and decrease pain. However, the influence of a lumbosacular orthosis, which is broader support that allows for a wider contact area and more skin sensory stimulation to restore proper motor function, has not yet been investigated in women with postpartum PPGP.

OBJECTIVE: This study investigates the efficacy of broader lumbar support and narrower pelvic support on pain, proprioception, disability, and muscle strength in women with pregnancy-related PPGP.

METHODS: This study will be a single-center, 3-armed, participant-blinded, randomized controlled trial. In total, 84 women diagnosed with pregnancy-related PPGP will be recruited and randomly assigned into 3 groups. Intervention groups A and B will receive pelvic and lumbar supports, respectively. Group C (control) will receive only a patient education leaflet containing advice on strengthening exercises, comfortable positions, and other practical information. The study outcomes are pain, effort score during the active straight leg raising test, maximum isometric hip flexion force, maximum isometric hip external rotation force, maximum isometric trunk rotation force, and joint position reproduction of hip abduction. The study outcomes will be measured at 4 time points: baseline (T1), immediately after the intervention (T2), 4 weeks following interventions began (at this time, the intervention period is completed) (T3), and 1 week after discontinuing the interventions (T4) to evaluate the possible lasting effects of wearing supports. Multivariate analysis of variance will be used to test between- and within-group differences.
RESULTS: Recruitment for this study will be started in summer 2022 and is expected to be completed by the end of fall 2022.

CONCLUSIONS: This study will examine the efficacy of broader lumbar support as an early rehabilitative treatment for women receiving postpartum posterior pelvic pain support compared to those receiving a narrower pelvic support. We expect the broader lumbar support to impact pain management and disability better than the current narrower pelvic belt. Long-term follow-up studies will help determine whether such lumbosacral orthosis reduces pain and improves daily activities in women with pregnancy-related PPGP.


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Anti-Inflammatory Diet for Women with Interstitial Cystitis/Bladder Pain Syndrome: The AID-IC Pilot Study.

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Methods and Protocols. 5(3), 2022 May 18.
[Journal Article]
UI: 35645348

Interstitial cystitis/bladder pain syndrome (IC/BPS) is a chronic condition characterized by pelvic pain coupled with urinary frequency and urgency. The underlying cause of IC/BPS is unknown; there is no cure. Dietary components exacerbate symptoms. The Anti-Inflammatory Diet for
Interstitial Cystitis (AID-IC) employs a randomized, crossover design to evaluate the effect of a plant-based, low saturated fat diet on the quality of life of women with IC/BPS. Insights on the implementation of the protocol and reflections on the facilitators and barriers experienced during the pilot study follow. The logistics of the protocol proved time-consuming; however, the barriers were surmountable. Quantitative and qualitative findings suggest that the AID-IC therapeutic diet may have lessened symptoms and improved the quality of life for many of the women in the study.

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28.
Efficacy of Low-Intensity Extracorporeal Shock Wave Therapy for the Treatment of Chronic Pelvic Pain Syndrome IIIb: A Prospective-Randomized, Double-Blind, Placebo-Controlled Study.
Kim KS, Choi YS, Bae WJ, Cho HJ, Ha US, Hong SH, Lee JY, Ahn ST, Moon DG, Kim SW
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[Journal Article]
UI: 34448374
PURPOSE: There is no definite treatment method for chronic pelvic pain syndrome (CPPS). The purpose of this study was to compare and assess the effectiveness and safety of low-intensity extracorporeal shockwave therapy (Li-ESWT) versus placebo treatment in CPPS IIIb patients.
MATERIALS AND METHODS: Thirty participants with CPPS IIIb were included and randomized in this prospective, double-blind, placebo-controlled study. Li-ESWT was performed at the perineum without anesthesia once per week for 8 weeks. CPPS-related symptoms were evaluated using the National Institutes of Health-chronic prostatitis symptom index (NIH-CPSI). Pain and erectile function were appraised using the Visual Analogue Scale (VAS) and
International Index of Erectile Function-Erectile Function (IIEF-EF), respectively. The Global Efficacy Assessment Question (GEAQ) was also assessed. The parameters were evaluated immediately after the last Li-ESWT treatment and 4 weeks after Li-EWST treatment.

RESULTS: Fifteen subjects each in the Li-ESWT and placebo groups completed this study. Amelioration of NIH-CPSI total, pain, and quality of life score in the Li-ESWT group was found compared to the placebo group (p=0.002, 0.02, 0.001, respectively). Improvement of the VAS score was observed in the Li-ESWT group (p=0.002). The differences in the GEAQ "Yes" responses were also significant in the Li-ESWT group. No patients experienced side effects related to ESWT during therapeutic period or follow-up duration.

CONCLUSIONS: Results indicated that Li-ESWT improved the NIH-CPSI score, pain, and the quality of life in CPPS IIIb patients. Li-ESWT could be an effective alternative treatment modality for CPPS IIIb.

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A Potential Role of Ethosuximide and Pentoxifylline in Relieving Abdominal Pain in Irritable Bowel Syndrome Patients Treated with Mebeverine: A Randomized, Double-Blind, Placebo-Controlled Trial.

El-Haggar SM, Hegazy SK, Abd-Elsalam SM, Elkaeed EB, Al-Karmalawy AA, Bahaa MM

BACKGROUND AND PURPOSE: Irritable bowel syndrome (IBS) is defined as an association of chronic abdominal pain with bowel habit abnormalities, without clear organic dysfunction. T-type calcium channels and low-grade mucosal inflammation are linked to abdominal pain; however, medical treatments for IBS abdominal pain are largely ineffective. In this study, we investigated if pentoxifylline (PTX) and ethosuximide could potentially alleviate abdominal pain in patients with IBS treated with mebeverine.

METHODS: We recruited 150 patients from Tanta University Hospital to this randomized, prospective, and double blinded study. Patients were randomly allocated to three groups (n = 50). Group 1 (mebeverine) received 135 mg mebeverine three times/day (t.i.d). Group 2 (ethosuximide group) received 135 mg mebeverine t.i.d plus 250 mg ethosuximide twice daily (b.i.d) and group 3 (PTX group) received 135 mg mebeverine t.i.d plus 400 mg PTX b.i.d. Patients were assessed by a gastroenterologist at baseline and 6 months after therapy. Serum interleukin-8 (IL-8), IL-6, tumor necrosis-alpha (TNF-alpha), fecal myeloperoxidase, and fecal neutrophil gelatinase associated lipocalin (NGAL) levels were measured before and after therapy. The numeric pain rating scale (NRS) was also assessed before and after therapy.

PRIMARY OUTCOMES: Reduced NRS scores and abdominal pain relief.
SECONDARY OUTCOMES: Decreased inflammatory biomarkers.

RESULTS: After 6 months, groups 2 and 3 showed a significantly greater reduction in serum IL-8, IL-6, TNF-alpha, fecal myeloperoxidase, and fecal NGAL levels when compared to group 1 after therapy. Both groups 2 and 3 showed significant reductions in NRS scores when compared to the group 1.

CONCLUSION: Ethosuximide and PTX may be promising, novel adjunct drugs to antispasmodics for relieving abdominal pain in patients with IBS.

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The Burden of Uterine Fibroids from the Perspective of US Women Participating in Open-Ended Interviews.
Hunsche E, Rakov V, Scippa K, Witherspoon B, McKain L
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[Journal Article]
UI: 35415708
Background: Research on women’s perspective of uterine fibroids (UF) experiences using their own words is limited. This study aimed to provide new insights on the symptoms experienced and their impacts on daily life.
Methods: Interview substudy in 30 US women with heavy menstrual bleeding (HMB) associated with UF who completed one of two phase 3, randomized, double-blind, placebo-controlled trials (LIBERTY 1 and 2; ClinicalTrials.gov identifiers: NCT03049735, NCT03103087). Women who consented to participate in this substudy were interviewed after their last clinical trial study visit. Concepts (i.e., symptoms and impacts) of importance to women were determined via open-ended questions, and the frequency of symptoms and their impacts, including the relationship between pain and menstruation, were assessed. Data were analyzed using established qualitative research methods, including grounded theory and constant comparative methods, and concept saturation was assessed.
Results: Fifteen unique symptoms of UF emerged: the most commonly reported were HMB (n = 30, 100.0%), pelvic pain (n = 28, 93.3%), and passing of blood clots (n = 24, 80.0%). In total, 25 unique impacts were identified across eight concepts: physical impacts, activities of daily living, sleep, emotional impacts, sex life, social impacts, work and school, and financial impacts. Concept saturation was achieved for both symptoms and impacts.
Conclusion: This study provides data on the symptoms experienced by women with HMB associated with UF, as well as the negative impacts of these symptoms as reported using their own words. The study findings confirm the significant burden associated with symptomatic UF.
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Jiang YH, Jhang JF, Lee YK, Kuo HC

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Biomedicines. 10(2), 2022 Feb 07.

[Journal Article. Review]

UI: 35203604

Low-energy shock wave (LESW) therapy is known to facilitate tissue regeneration with analgesic and anti-inflammatory effects. LESW treatment has been demonstrated to be effective in treating chronic prostatitis and pelvic pain syndrome as well as overactive bladder, and it has a potential effect on interstitial cystitis/bladder pain syndrome (IC/BPS) in humans. LESW reduces pain behavior, downregulates nerve growth factor expression, and suppresses bladder overactivity by decreasing the expression of inflammatory proteins. Previous rat IC models have shown that LESW can increase urothelial permeability, facilitate intravesical delivery of botulinum toxin A (BoNT-A), and block acetic acid-induced hyperactive bladder, suggesting that LESW might be a potential therapeutic module for relieving bladder inflammatory conditions, such as bladder oversensitivity, IC/BPS, and overactive bladder. A recent clinical trial showed that LESW monotherapy was associated with a significant reduction in pain scores and IC symptoms. BoNT-A detrusor injection or liposome-encapsulated BoNT-A instillation could also inhibit inflammation and improve IC symptoms. However, BoNT-A injection requires anesthesia and certain complications might occur. Our preliminary study using LESW plus intravesical BoNT-A instillation every week demonstrated an improvement in global response assessment without any adverse events. Moreover, an immunohistochemistry study revealed the presence of cleaved SNAP25 protein in the suburothelium of IC bladder tissue, indicating that BoNT-A could penetrate across the urothelial barrier after application of LESW. These results provide evidence for the efficacy and safety of this novel IC/BPS treatment by LESW plus BoNT-A instillation, without anesthesia, and no bladder injection. This article reviews the current evidence on LESW and LESW plus intravesical therapeutic agents on bladder disorders and the pathophysiology and pharmacological mechanism of this novel, minimally invasive treatment model for IC/BPS.
New Frontiers of Extracorporeal Shock Wave Medicine in Urology from Bench to Clinical Studies. [Review]
Chen PY, Cheng JH, Wu ZS, Chuang YC
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[Journal Article. Review]
UI: 35327477
A shock wave (SW), which carries energy and propagates through a medium, is a type of continuous transmitted sonic wave that can achieve rapid energy transformations. SWs have been applied for many fields of medical science in various treatment settings. In urology, high-energy extracorporeal SWs have been used to disintegrate urolithiasis for 30 years. However, at lower energy levels, SWs enhance the expression of vascular endothelial growth factor (VEGF), endothelial nitric oxide synthase (eNOS), proliferating cell nuclear antigen (PCNA), chemoattractant factors, and the recruitment of progenitor cells, and inhibit inflammatory molecules. Low energy extracorporeal shock wave (LESW) therapy has been used in urology for treating chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS), interstitial cystitis/bladder pain syndrome (IC/BPS), overactive bladder, stress urinary incontinence, and erectile dysfunction through the mechanisms of anti-inflammation, neovascularization, and tissue regeneration. Additionally, LESW have been proven to temporarily increase tissue permeability and facilitate intravesical botulinum toxin delivery for treating overactive bladders in animal studies and in a human clinical trial. LESW assisted drug delivery was also suggested to have a synergistic effect in combination with cisplatin to improve the anti-cancer effect for treating urothelial cancer in an in vitro and in vivo study. LESW assisted drug delivery in uro-oncology is an interesting suggestion, but no comprehensive clinical trials have been conducted as of yet. Taken together, LESW is a promising method for the treatment of various diseases in urology. However, further investigation with a large scale of clinical studies is necessary to confirm the real role of LESW in clinical use. This article provides information on the basics of SW physics, mechanisms of action on biological systems, and new frontiers of SW medicine in urology.
Evaluation of Lumbar Myofascial Release Effects on Lumbar Flexion Angle and Pelvic Inclination Angle in Patients with Non-Specific Low Back Pain.
Tamartash H, Bahrpeyma F

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[Journal Article]
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Background: Many studies have shown that changes in lumbar flexion angle and the pelvic inclination angle can be affected by the shortening of the lumbar muscles, which can cause low back pain. Decreased lumbar flexion angle and pelvic inclination angle can cause or exacerbate low back pain by disrupting the lumbo-pelvic rhythm.
Purpose: This study aimed to use myofascial release techniques as a specialized treatment on muscle tissue to cause muscles to reach the optimal length and improve lumbar flexion angle and pelvic inclination angle, and thus improve low-back pain.

Setting: Non-specific low back pain patients, Tarbiat Modares University, Iran.

Participants: 30 chronic non-specific low back pain participants were randomly assigned into two groups.

Research Design: This is a randomized control trial.

Interventions: The myofascial release group (n=15) underwent 4 sessions of myofascial release treatment based on Myer's techniques, and the control group (n=15) underwent 10 sessions of routine electrotherapy for two weeks.

Main Outcome Measures: Before starting the intervention and after the last treatment session, both groups were evaluated by the lumbar flexion angle with a flexible ruler, calculating the pelvic inclination angle by a trigonometric formula, and VAS measured the pain score of the participants.

Results: The results of the paired t test showed that, after treatment in both groups, the severity of pain and lumbar flexion angle changed significantly (p <= .001). However, the pelvic inclination angle was changed considerably only in the myofascial release group, and we did not see significant changes in the control group (p = .082). Also, the independent sample t test results to examine the between-group changes showed that changes in the myofascial release group were significantly different from the control group (p <= .000). Also, the effect size shows the large effect of the myofascial release technique compared to the control group (effect size >= 1.85).

Conclusion: The present study results showed that myofascial release techniques in patients with low back pain could help decrease pain intensity and increase lumbar flexion and pelvic inclination angle. Based on the present study results, myofascial release can be a treatment to correct posture in patients with chronic non-specific, low back pain. Due to the prevalence of the COVID-19 pandemic, it was not possible to evaluate the long-term effects of treatment.

Copyright© The Author(s) 2022. Published by the Massage Therapy Foundation.
Pregnant women with previous caesarean delivery might suffer from acute lower abdominal pain located at the site of previous caesarean scar (CS). The association between this complaint and uterine rupture (UR) is not fully understood. Therefore, we aimed to examine the risk of UR in women with acute persistent abdominal pain (APAP) over a previous CS and to investigate all the women with UR, with or without APAP and with or without previous CS, in order to determine risk factors, clinical presentation and management. We performed a retrospective analysis on two study groups: women who had APAP over previous CS and women who had UR. We found an incidence of UR in patients with APAP over the previous CS was 0.7%; which doubled the total UR rate among women with previous caesarean in our medical centre (0.35%). Forty percent of the women with APAP over a previous CS had preterm delivery. Twenty percent of the cases of UR occurred in preterm weeks. To conclude, APAP over a previous CS is associated with a doubled risk of UR. Considering this symptom as a preliminary sign of UR might lead to elevated rate of iatrogenic preterm deliveries. Impact statement

What is already known on this subject?
Women with UR may present with abdominal pain which may vary from non-specific mild discomfort to severe acute abdominal pain. Additionally, these women may suffer from acute persistent abdominal pain (APAP) located over the previous caesarean scar. The clinical significance of APAP in these women has not been fully investigated. What do the results of this study add? Lower abdominal pain located at the site of previous CS is associated with a doubled risk of UR. Considering this complaint as a major sign of UR might lead to an elevated rate of iatrogenic preterm deliveries. What are the implications of these findings for clinical practice and/or further research? Further studies are needed to explore whether women with a single complaint of APAP over CS could be managed expectantly and even offered a trial of labour after caesarean delivery (CD).

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2022
Molecular Genotyping of Chlamydia trachomatis in Iraqi Married Pregnant and Non-Pregnant Women.
Shamkhi GJ, Alkhuzai RAH, Al-Shukr NMK
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It has been approved that the infection caused by Chlamydia trachomatis (C. trachomatis) is one of the major causes of infertility and adverse birth outcomes in populations. The C. trachomatis epidemiology among childbearing-age women in Iraq has not been recognized yet. This study aimed to detect the prevalence of C. trachomatis infection among pregnant and non-pregnant women using the polymerase chain reaction (PCR) assay and phylogenetic analysis of local isolates. In total, 200 endocervical swabs were collected from adult married pregnant (n=100) and non-pregnant women (n=100) from June to July 2021. Targeting the omp1 gene, 9% of the total samples were positive for C. trachomatis, and significant increases were reported among non-pregnant compared to pregnant women. The PCR products of five positive local isolates were selected randomly, sequenced, and documented in the National Centre for Biotechnology Information (NCBI) with the accession numbers OK094104.1, OK094105.1, OK094106.1, OK094107.1, and OK094108.1. Analysis of the homology sequence of the local and NCBI-BLAST isolates revealed a significant association with the Russian (MF288585.1) isolate. Statistical analysis of reproductive data revealed a higher prevalence, odds ratio (OD), and risk in asymptomatic, compared to symptomatic cases. Although no significant variation was detected in prevalence rate among single and multiple symptomatic women, increases were observed in OD values and risk of multiple symptomatic women. Reportedly, chronic pelvic pain was more prevalent than pelvic inflammatory diseases, ectopic pregnancy, and infertility in single symptomatic women. Regarding the demographic characteristics (i.e., age, the place of residence, and occupation), prevalence and risk of infection were higher in women who were <30 years, lived in urban areas, and had a job, compared to women who were >=30 years, lived in suburban and rural areas, and had a free job. In conclusion, the course of chlamydial infections is usually unpredictable, diverse, and asymptomatic and has remained almost unrecognized. Therefore, PCR-based methods can apply successfully to detect C. trachomatis in both pregnant and non-pregnant women.

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2022
36.

Safety of Human Embryonic Stem Cell-derived Mesenchymal Stem Cells for Treating Interstitial Cystitis: A Phase I Study.
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[Clinical Trial, Phase I. Journal Article. Research Support, Non-U.S. Gov't]
UI: 36069837
There are still no definite treatment modalities for interstitial cystitis (IC). Meanwhile, stem cell therapy is rising as potential alternative for various chronic diseases. This study aimed to investigate the safety of the clinical-grade mesenchymal stem cells (MSCs) derived from human embryonic stem cells (hESCs), code name MR-MC-01 (SNU42-MMSCs), in IC patients. Three female IC patients with (1) symptom duration >6 months, (2) visual pain analog scale (VAS) >=4, and (3) one or two Hunner lesions <2 cm in-office cystoscopy within 1 month were included. Under general anesthesia, participants received cystoscopic submucosal injection of SNU42-MMSCs (2.0 x 10⁷/5 mL) at the center or margin of Hunner lesions and other parts of the bladder wall except trigone with each injection volume of 1 mL. Follow-up was 1, 3, 6, 9, and 12 months postoperatively. Patients underwent scheduled follow-ups, and symptoms were evaluated with validated questionnaires at each visit. No SNU42-MMSCs-related adverse events including immune reaction and abnormalities on laboratory tests and image examinations were reported up to 12-month follow-up. VAS pain was temporarily improved in all subjects. No de novo Hunner lesions were observed and one lesion of the first subject was not identifiable on 12-month cystoscopy. This study reports the first clinical application of transurethral hESC-derived MSC injection in three patients with IC. hESC-based therapeutics was safe and proved to have potential therapeutic efficacy in IC patients. Stem cell therapy could be a potential therapeutic option for treating IC.
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37.

Retroperitoneal Causes of Genitourinary Pain Syndromes: Systematic Approach to Evaluation and Management. [Review]
Khalife T, Hagen AM, Alm JEC
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[Journal Article. Review]
UI: 36088274
INTRODUCTION: Women with pelvic pain commonly report pain in their ovaries, vagina, uterus, or bladder. These symptoms may be caused by visceral genitourinary pain syndromes but also may be caused by musculoskeletal disorders of the abdomen and pelvis. Understanding neuroanatomical and musculoskeletal factors that may contribute to genitourinary pain is important for evaluation and management.
OBJECTIVES: This review aims to (i) highlight the importance of clinical knowledge of pelvic neuroanatomy and sensory dermatomal distribution of the lower abdomen, pelvis, and lower extremities, exemplified in a clinical case; (ii) review common neuropathic and musculoskeletal causes of acute and chronic pelvic pain that may be challenging to diagnose and manage; and (iii) discuss female genitourinary pain syndromes with a focus on retroperitoneal causes and treatment options.
METHODS: A comprehensive review of the literature was performed by searching the PubMed, Ovid Embase, MEDLINE, and Scopus databases using the keywords "chronic pelvic pain," "neuropathy," "neuropathic pain," "retroperitoneal schwannoma," "pudendal neuralgia," and "entrapment syndromes."
RESULTS: Retroperitoneal causes of genitourinary pain syndromes have substantial overlap with common conditions treated in a primary care setting. Thus, a comprehensive and systematic history and physical examination, with focused attention to the pelvic neuroanatomy, is key to establishing the correct diagnosis. In the clinical case, such a comprehensive approach led to the unexpected finding of a large retroperitoneal schwannoma. This case highlights the intricacy of pelvic pain syndromes and the complex nature of their possible overlapping causes, which ultimately affects treatment planning.
CONCLUSION: Knowledge of the neuroanatomy and neurodermatomes of the abdomen and pelvis, in addition to understanding pain pathophysiology, is critical when evaluating patients with pelvic pain. Failure to apply proper evaluation and implement proper multidisciplinary management strategies contributes to unnecessary patient distress, decreased quality of life, and

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38.

Microsurgical Denervation of the Spermatic Cord: A Historical Perspective and Recent Developments. [Review]
Sun HH, Tay KS, Jesse E, Muncey W, Loeb A, Thirumavalavan N
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[Journal Article. Review]
UI: 34996747

INTRODUCTION: The management of chronic scrotal pain is long and varied, with historical treatment algorithms typically ending with orchiectomy. Microsurgical denervation of the spermatic cord (MDSC) is a testicle-sparing option for patients who have failed conservative treatment options and over its forty-year history has seen many technical refinements.

OBJECTIVES: To review the history and development of MDSC and discuss the outcomes of different surgical techniques.

METHODS: A literature review using PubMed and Google Scholar was conducted to identify studies pertaining to surgical treatment of CSP, MDSC, and outcomes. Search terms included "chronic," "scrotal pain," "orchialgia," "spermatic cord," "denervation," and "microsurgery."

RESULTS: We included 21 case reports and series since the first seminal paper describing MDSC technique in 1978. Additional studies that challenged existing conventions or described novel techniques are also discussed. The current standard procedure utilizes a subinguinal incision and a surgical microscope. Open, robotic, and laparoscopic approaches to MDSC have been described, but access to minimally invasive instruments may be limited outside of developed nations. Pain reduction following preoperative spermatic cord predicts success of MDSC. Methods for identifying and preserving the testicular and deferential arteries vary depending on surgeon preference but appear to have comparable outcomes. Future developments in MDSC involve targeted denervation, minimizing collateral thermal injury, and alternative techniques to visualize arterial supply.

CONCLUSION: For patients suffering from CSP, MDSC is a well-studied technique that may offer appropriately selected patients' relief. Future investigation comparing targeted vs full MDSC as

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39.


Pain that develops in the coccyx or surrounding tissues is known as coccydynia, which occurs as a result of many etiologies both traumatic and nontraumatic. Although coccydynia most commonly affects middle-aged women, it may be found in both sexes and in all age groups. The aim of this article is to provide an overview of the presentation, diagnostic imaging, and pathophysiology of coccydynia, and to comprehensively review the current treatment options. A review of publications from 1990 to 2020 using search words related to the treatment of coccydynia in PubMed and Google Scholar was completed. Level II evidence was found supporting stretching, manipulation, and extracorporeal shock wave therapy. There are no data from high-quality studies to support injection-based therapy including corticosteroids, prolotherapy, nerve blocks, and radiofrequency ablation, although there are small retrospective and prospective observational studies suggesting benefit. Level III evidence was found supporting coccygectomy for chronic/refractory coccydynia. There are no data from randomized controlled trials to support the use of neuromodulation (sacral burst and dorsal root ganglion stimulation), although there are case reports suggesting benefit. High-level, comparative studies
are lacking to guide the treatment of coccydynia and should be a focus for future research studies.

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Urogynecology (Hagerstown, Md.). 28(8):518-525, 2022 Aug 01.
[Randomized Controlled Trial. Multicenter Study. Journal Article]

UI: 35543540
IMPORTANCE: Intradetrusor injection of onabotulinumtoxinA is performed via varying injection paradigms but no studies have studied the various effects of these paradigms on patient experience with the procedure.

OBJECTIVES: This randomized clinical trial aims to compare pain and procedure time between patients receiving a 100-unit dose of onabotulinumtoxinA in 5 injections compared to 20 injections for the treatment of idiopathic overactive bladder or urgency urinary incontinence.

STUDY DESIGN: Patients presenting with refractory overactive bladder or urgency urinary incontinence at 2 clinical sites were identified and randomized to undergo onabotulinumtoxinA treatment with 5 injections versus 20 injections. Patients rated their pain level on a 10-point visual analog scale at procedure completion. The procedure duration was recorded with a stopwatch.

Patients were followed up 6 weeks postprocedure, at which time they completed a Global Response Assessment to determine subjective efficacy of treatment. Participants were additionally monitored for incidence of adverse events in the follow-up period.

RESULTS: The average pain score was not statistically significant between groups (2; interquartile range, 1-4 for the 5 injection group vs 3; interquartile range, 2-4 for the 20 injection group; P = 0.27). Patients who received 5 injections experienced significantly shorter mean procedure time as compared with patients who received 20 injections (76 seconds vs 176 seconds; P < 0.001). There were no differences in subjective efficacy or adverse events between groups.

CONCLUSIONS: Perceived pain, efficacy, and postprocedure complications did not significantly differ between patients receiving 5 injections and 20 injections, but procedure time was significantly shorter.

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CONTEXT: Low-intensity shockwave therapy (LiST) has emerged as an effective treatment for pain in patients with chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS), and it has been postulated that LiST may also be effective in patients with lower urinary tract symptoms (LUTS).

OBJECTIVE: To perform a systematic review and meta-analysis of experimental and clinical studies exploring the effect of LiST on LUTS in an attempt to provide clinical implications for future research.

EVIDENCE ACQUISITION: We systematically searched PubMed, Cochrane Library, and Scopus databases from inception to March 2021 for relevant studies. We provided a qualitative synthesis regarding the role of LiST in LUTS and performed a single-arm, random-effect meta-analysis to assess the absolute effect of LiST on LUTS only in patients with CP/CPPS (PROSPERO: CRD42021238281).

EVIDENCE SYNTHESIS: We included 23 studies (11 experimental studies, seven nonrandomized controlled trials [non-RCTs], and five RCTs) in the systematic review and seven in the meta-analysis. All experimental studies were performed on rats with LUTS, and the clinical studies recruited a total of 539 participants. In patients with CP/CPPS, the absolute effect of LiST on maximum flow rate and postvoid residual was clinically insignificant. However, the available studies suggest that LiST is effective for the management of pain in patients with either CP/CPPS or interstitial cystitis/bladder pain syndrome. Additionally, LiST after intravesical instillation of botulinum neurotoxin type A may enhance its absorption and substitute botulinum neurotoxin type A injections in patients with overactive bladder. Furthermore, the available evidence is inconclusive about the role of LiST in patients with benign prostatic obstruction, stress urinary incontinence, or underactive bladder/detrusor hypoactivity.

CONCLUSIONS: LiST may be effective for some disorders causing LUTS. Still, further studies on the matter are necessary, since the available evidence is scarce.

PATIENT SUMMARY: Low-intensity shockwave therapy represents a safe, easily applied, indolent, and repeatable on an outpatient basis treatment modality that may improve lower urinary tract symptoms.

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42.

Andrade MA, Soares LC, Oliveira MAP
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Revista Brasileira de Ginecologia e Obstetricia. 44(9):891-898, 2022 Sep.
[Journal Article. Systematic Review]
UI: 36044916
OBJECTIVE: To evaluate the effect of neuromodulatory drugs on the intensity of chronic pelvic pain (CPP) in women.
DATA SOURCES: Searches were carried out in the PubMed, Cochrane Central, Embase, Lilacs, OpenGrey, and Clinical Trials databases.
SELECTION OF STUDIES: The searches were carried out by two of the authors, not delimiting publication date or original language. The following descriptors were used: chronic pelvic pain in women OR endometriosis, associated with MESH/ENTREE/DeCS: gabapentinoids, gabapentin, amitriptyline, antidepressant, pregabalin, anticonvulsant, sertraline, duloxetine, nortriptyline, citalopram, imipramine, venlafaxine, neuromodulation drugs, acyclic pelvic pain, serotonin, noradrenaline reuptake inhibitors, and tricyclic antidepressants, with the Boolean operator OR. Case reports and systematic reviews were excluded.
DATA COLLECTION: The following data were extracted: author, year of publication, setting, type of study, sample size, intervention details, follow-up time, and results.
DATA SYNTHESIS: A total of 218 articles were found, with 79 being excluded because they were repeated, leaving 139 articles for analysis: 90 were excluded in the analysis of the titles, 37 after reading the abstract, and 4 after reading the articles in full, and 1 could not be found, therefore, leaving 7 articles that were included in the review.
CONCLUSION: Most of the studies analyzed have shown pain improvement with the help of neuromodulators for chronic pain. However, no improvement was found in the study with the highest statistical power. There is still not enough evidence that neuromodulatory drugs reduce the intensity of pain in women with CPP.
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Andrade, Marcela Almeida, Soares, Leila Cristina, Oliveira, Marco Aurelio Pinho de
OBJETIVO: Avaliar o efeito de drogas neuromoduladoras na intensidade da dor pelvica cronica em mulheres.

FONTES DE DADOS: As buscas foram realizadas nas bases de dados PubMed, Cochrane Central, Embase, Lilacs, OpenGrey e Clinical Trials.

SELECAO DOS ESTUDOS:: As buscas foram realizadas por dois dos autores, nao delimitando data de publicacao ou idioma de publicacao. Foram usados os seguintes descritores: chronic pelvic pain in women OR endometriosis, associated with MESH/ENTREE/DeCS: gabapentinoids, gabapentin, amitriptyline, antidepressant, pregabalin, anticonvulsant, sertraline, duloxetine, nortriptyline, citalopram, imipramine, venlafaxine, neuromodulation drugs, acyclic pelvic pain, serotonin, noradrenaline reuptake inhibitors e tricyclic antidepressants, com o operador booleano OR. Relatos de caso e revisoes sistematicas foram excluidos.

COLETA DE DADOS: Foram extraidos os seguintes dados: autor, ano de publicacao, local de origem, tipo de estudo, tamanho da amostra, detalhes da intervencao, tempo de seguimento e resultados.

SINTESE DOS DADOS:: Foram encontrados 218 artigos, sendo 79 deles excluidos por serem repetidos, restando 139 artigos para analise, dos quais 90 foram excluidos na analise dos titulos, 37 apos a leitura do resumo e 4 apos a leitura dos artigos na integra, e 1 nao foi encontrado, restando, entao, 7 artigos que foram incluidos na revisao.

CONCLUSAO:: A maioria dos estudos analisados mostrou melhora da dor cronica com auxilio de neuromoduladores. No entanto, nenhuma melhora foi encontrada no artigo com maior poder estatistico. Ainda nao ha evidencias suficientes de que drogas neuromoduladoras reduzam a intensidade da dor pelvica cronica em mulheres.

Language: Portuguese

Year of Publication

2022

43.

Dorsal Root Ganglion Stimulation for Chronic Groin Pain: A Review. [Review]
Char S, Barman RA, Deer TR, Hagedorn JM
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Review]
Ul: 34077614

INTRODUCTION: Chronic neuropathic groin pain develops in a significant number of postsurgical patients; however, multiple etiologies have been identified, and this makes it a challenging condition to treat. While treatment often involves a multimodal approach, advancements in neuromodulation technology, particularly dorsal root ganglion (DRG) stimulation, have benefited patients plagued by chronic pain refractory to standard treatment modalities. Our goal was to provide a definitive source of information for interventional pain physicians regarding groin pain and the use of DRG stimulation for its treatment.

MATERIALS AND METHODS: In this narrative review, we provide an overview of groin pain and discuss potential pain generators. We also outline appropriate treatment options with particular interest on DRG stimulation. Lastly, we provide a narrative review of the published literature regarding DRG stimulation for chronic groin pain from a variety of etiologies.

CONCLUSION: DRG stimulation has emerged as an alternative neuromodulatory technique for patients with chronic groin pain. While previous studies suggest substantial sustained pain relief
Magnesium-Based Trigger Point Infiltrations Versus Local Anaesthetic Infiltrations in Chronic Pelvic Myofascial Pain: A Randomized, Double-Blind, Controlled Study.
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[Journal Article. Randomized Controlled Trial]
UI: 35339694
OBJECTIVE: To determine if a novel, magnesium-based trigger point infiltration formulation is more effective in treating chronic myofascial pelvic pain than lidocaine-only infiltration. METHODS: This was a single-centre, double-blind, randomized controlled trial of women diagnosed with chronic pelvic myofascial pain associated with trigger points. We compared a novel magnesium-based infiltration formulation with lidocaine infiltration of trigger points and with a control group of participants who were waitlisted for a chronic pain clinic. Treatment groups completed a 12-week program that included 8 trigger point injection treatments and 9 visits during which pain scores were recorded and questionnaires administered. The primary outcome measure was change in mean pain score between baseline and the final visit. Secondary outcomes included pain with function scores, scores on the World Health Organization Quality of Life questionnaire, procedural pain, concomitant medication use, and complications. RESULTS: We assigned 44 women diagnosed with chronic myofascial pelvic pain associated with trigger points to either the magnesium-based infiltrate (n = 15), lidocaine infiltrate (n = 17), or waitlist (n = 12) group. In the intent-to-treat analysis, a clinically relevant decrease in mean pain score out of 10 was observed in the magnesium-based (-2.6 +/- 3.2) and lidocaine (-2.9 +/- 3.1) infiltration groups, but not in the waitlist group (-0.5 +/- 2.3). The per protocol analysis post-hoc tests, adjusted for multiple comparisons, found a significant difference in the average change in pain score between the magnesium-based infiltrate and the waitlist groups (P = 0.045), while differences between the lidocaine infiltrate and waitlist groups approached statistical significance (P = 0.052). Both treatment groups saw improvements in pain with function and quality of life scores.
CONCLUSION: While this study is underpowered, it does not support the use of a magnesium-based trigger point infiltrate in the treatment of chronic myofascial pelvic pain over lidocaine-only infiltration. Nonetheless, these results are consistent with current management recommendations and suggest improvements in pain, pain with function, and quality of life scores with either magnesium-based or lidocaine-only infiltration. We outline an approach to assessment and treatment that can be adopted by general gynaecologists.

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Effects of Electroacupuncture with Different Waveforms on Chronic Prostatitis/Chronic Pelvic Pain Syndromes: A Randomized Controlled Trial.

Li Z, Liu J, Liu P, Zhang Y, Han W

Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) is a common disorder in adult men. Evidence has demonstrated that acupuncture is effective for treating CP/CPPS. Electroacupuncture (EA) is a combination of traditional acupuncture and electrical stimulation, and the waveform is one of the key factors influencing EA effects. Different waveforms contain different stimulating parameters, thus generating different effects. However, the effects of different waveforms of EA on CP/CPPS remain unclear and there is no recommended standard for the application of EA waveforms. At the same time, the waveform prescription of CP/CPPS is also different, so exploring the influence of different waveforms on CP/CPPS patients will also provide a certain treatment basis for clinical treatment. A total of 108 eligible patients were recruited from the Seventh People's Hospital affiliated to the Shanghai University of Traditional Chinese Medicine from March 18, 2021, to January 31, 2022, according to inclusion and exclusion criteria. All subjects were randomly divided into three groups (continuous wave 4 Hz, continuous wave 20 Hz, and extended wave 4/20 Hz) in a ratio of 1:1:1. Patients in all three groups were treated for the same duration of 20 minutes, with intervention twice a week for 4
weeks. The changes in chronic prostatitis index (NIH-CPSI), erectile function index 5 (IIEF-5), Hospital Anxiety and Depression Scale (HADS), and NIH-CPSI response rate in three groups were compared after the intervention, and the occurrence of adverse events in patients during treatment was observed. After 4 weeks of treatment, the CP/CPPS response rates were 66.7%, 62.5%, and 88.2% in the 4 Hz, 20 Hz, and 4/20 Hz groups, respectively. The reaction rate of CP / CPPS in 4 / 20 Hz group was higher than that in 4 Hz group and 20 Hz group. (P < 0.05). During treatment, the difference between NIH-CPSI scores between 4 Hz and 4/20 Hz was insignificant (P > 0.05). NIH-CPSI scores were lower in the 4/20 Hz group than in the 4 Hz and 20 Hz groups (P < 0.05). After treatment, there was no significant difference in the pain and discomfort subscales (P > 0.05) between the 4 Hz and 20 Hz groups and there were significantly lower pain and discomfort scores in the 4/20 Hz group (P < 0.05) compared to the 4 Hz and 20 Hz groups. There was no significant difference in the reduction of urination symptoms and quality of life among the three groups (P > 0.05). Compared with before treatment, IIEF-5 scores of the three groups were improved (P < 0.05). After treatment, there was no significant difference between the IIEF-5 scores in 4 Hz and 20 Hz (P > 0.05), while the IIEF-5 score in 4/20 Hz was significantly higher than that in 4 Hz and 20 Hz, and the change was significant (P < 0.05). The HADS scores decreased in all the three groups (P < 0.05), but there was no significant difference in HADS scores between the three groups (P > 0.05). Adverse events were mild and transient, and no serious adverse events occurred in each group. Both the expansive and continuous waveforms of EA can effectively alleviate symptoms such as prostatitis, erectile dysfunction, anxiety, and depression in patients with CP/CPPS. Expansion waves are superior to continuous waves in improving erectile function and pain symptoms in chronic prostatitis and can be used as a preferred waveform for the treatment of CP/CPPS. Trial Registration. This trial is registered with Chinese Clinical Trial Registry, ChiCTR2100044418.

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UI: 34897917

OBJECTIVE: Computed tomography (CT) imaging is frequently obtained for recurrent abdominal pain after a prior emergency department (ED) evaluation. We evaluate the utility of repeat CT imaging following an indeterminate index CT in low-risk abdominal pain adult ED patients. METHODS: An electronic search was designed for the patient-intervention-control-outcome-timing (PICOT) question: (P) adult patients with low-risk, recurrent, and previously undifferentiated atraumatic abdominal pain presenting to the ED after an index-negative CT within 12 months; (I) repeat CT versus (C) no repeat CT; for (O) abdominal surgery or other invasive procedure, mortality, identification of potentially life-threatening diagnosis, and hospital and intensive care unit admission rates; and return ED visit (T), all within 30 days. Four reviewers independently selected evidence for inclusion and then synthesized the results around the most prevalent themes of repeat CT timing, diagnostic yield, ionizing radiation exposure, and predictors of repetitive imaging.

RESULTS: Although 637 articles and abstracts were identified, no direct evidence was found. Thirteen documents were synthesized as indirect evidence. None of the indirect evidence defined a low-risk subset of abdominal pain nor did investigators describe whether reimaging occurred for complaints similar to the initial ED evaluation. Included studies did not describe the index CT findings and some reported explanatory findings noted on the original CT for which repeat CTs might have been indicated. The time frame for a repeat CT ranged from hours to 1 year. The frequency of repeat CTs (2%-47%) varied across studies as did the yield of imaging to alter downstream clinical decision making (range = 5%-67%).

CONCLUSION: Due to the absence of direct evidence our scoping review is unable to provide high-quality evidence-based recommendations upon which to confidently base an imaging practice guideline. There is no evidence to support or refute performing a CT for low-risk recurrent abdominal pain.

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Depression and anxiety screening in emergency department patients with recurrent abdominal pain: An evidence synthesis for a clinical practice guideline. [Review]

Oliveira J E Silva L, Prakken SD, Meltzer AC, Broder JS, Gerberi DJ, Upadhye S, Carpenter CR, Bellolio F

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Academic Emergency Medicine. 29(5):615-629, 2022 05.

[Journal Article. Review. Systematic Review. Research Support, Non-U.S. Gov't]

UI: 34665903

BACKGROUND: Recurrent abdominal pain in the emergency department (ED) might represent an opportunity for screening of depression and/or anxiety.

METHODS: We systematically searched five databases for studies evaluating the effect of screening for depression and/or anxiety in ED patients with recurrent and undifferentiated abdominal pain. Given paucity of direct evidence, we also searched for indirect evidence including studies that assessed prevalence of depression and/or anxiety in EDs (not necessarily recurrent abdominal pain), diagnostic accuracy of screening tools, effectiveness of screening in other settings, and outcomes such as repeat ED visits of patients with abdominal pain who were screened in the ED. Two methodologists evaluated certainty in the evidence using the GRADE approach.

RESULTS: A total of 4,337 citations were reviewed, and zero studies were found on the effect of screening in patients with recurrent and undifferentiated abdominal pain in the ED. A total of 35 studies were included as relevant indirect evidence. In studies of ED patients with abdominal pain, depression ranged from 10% to 29%, while anxiety ranged from 18% to 50%. False positives appear to be an issue given relatively low specificity of screening tools. One randomized trial including ED patients with vague symptoms evaluated the effect of depression screening on a composite outcome of depression recognition, psychiatric consultation, or referral by the emergency physician (risk ratio = 1.49, 95% confidence interval [CI] = 0.49 to 4.53, very low certainty). One study reported that patients with undifferentiated abdominal pain who screened positive for depression have had increased ED recidivism (odds ratio = 3.17, 95% CI = 1.14 to 8.85, very low certainty).

CONCLUSIONS: We were unable to identify any evidence that confirms that depression or anxiety screening in ED patients with recurrent and undifferentiated abdominal pain improves outcomes or changes management downstream.

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Amenorrhea, premenstrual tension syndrome, and dysmenorrhea among women of reproductive age on hemodialysis: A national study in Egypt.

Shemies RS, El-Gilany AH, Sayed-Ahmed N, Megahed AF, El-Behnasawy HM, Farouk HN, Saad HH, El-Anwar MH, Gaber T

BACKGROUND AND AIM: The current literature concerning the reproductive health of end stage renal disease (ESRD) females is scarce, outdated, and largely unknown in women living in developing countries. This study aims to estimate the prevalence of menstrual abnormalities and their associated factors among ESRD women in reproductive age undergoing chronic hemodialysis (HD) in Egypt.

METHODS: Thirty-five dialysis centers were selected by simple random sampling to represent the different regions of Egypt. Non-pregnant women in the reproductive age (15-50 years) receiving dialysis at the participating centers completed a questionnaire about their menstrual health during a routine hemodialysis session. Their responses were verified by reviewing the medical records and assessing their clinical data.

RESULTS: Out of the 472 women, 32.6% had amenorrhea. Menstrual irregularities were reported in 37% of the menstruating women. Premenstrual tension syndrome (PMS) was reported in 70% while dysmenorrhea in 58%. Amenorrhea was more prevalent in non-working women who started hemodialysis after the age of 30. PMS was more encountered in women with hypertension or in...
those with obstructive uropathy or autoimmune disease as a cause of ESRD. Dysmenorrhea was more prevalent among patients with autoimmune disease or chronic hepatitis C virus and those who started dialysis after the age of 30.

CONCLUSION: Secondary amenorrhea, dysmenorrhea, and PMS are common among premenopausal women with ESRD on dialysis. Several factors including socio-economic factors, cause of ESRD, and hypertension contribute to these disorders. Future studies are needed to understand the underlying pathophysiologic mechanisms and management of these abnormalities.

Is gabapentin effective and safe in the treatment of chronic pelvic pain in women: a systematic review and meta-analysis. [Review]

He Y, Zhuang X, Ma W

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UI: 35013759

INTRODUCTION AND HYPOTHESIS: Chronic pelvic pain (CPP) affects 2.1-24% of women, causing physical and psychological damage to women around the world. Based on the efficacy of gabapentin in the treatment of chronic pain, we conducted this study to evaluate the efficacy and safety of gabapentin in reducing pain in women with CPP.

METHODS: Systematic searches were performed in the electronic databases of PubMed, Embase, Web of Science, Scopus, Cochrane, and Clinicalkey databases. Studies focused on
comparing the efficacy of gabapentin and placebo in the treatment of female CPP patients were included. RevMan 5.4 was used to analyze the results and risk of bias. Two investigators independently selected eligible studies and extracted related pain scores and side effects for meta-analysis.

RESULTS: In total, 4 RCTs were enrolled in the meta-analysis, totaling 425 patients. Among patients receiving gabapentin, the average pain scores in 3 and 6 months were significantly lower than those in the placebo group (p < 0.00001). The results showed that there was no statistical difference between gabapentin and placebo in the reduction of pain scores from baseline (p = 0.41). The incidence of side effects in the gabapentin group was significantly higher than that in the placebo group (p < 0.00001).

CONCLUSION: This systematic review and meta-analysis demonstrated that for women with CPP, gabapentin was significantly different from placebo in average pain scores at 3 and 6 months. However, the two drugs did not differ in the reduction in pain scores from baseline. Gabapentin can bring more significant side effects, whether they are common side effects or serious side effects.


Objective follow-up after transection of uterine round ligament during laparoscopic repair of inguinal hernias in women: assessment of safety and long-term outcomes.


BACKGROUND: Whether to preserve the uterine round ligament during laparoscopic inguinal hernia repair in women is controversial. In this study, we aimed to compare outcomes of uterine round ligament preservation versus transection during such surgery and to explore the impact and long-term outcomes of transecting the round ligament.

METHODS: The study cohort comprised 419 women who had undergone laparoscopic inguinal hernia repair in Beijing Chaoyang Hospital and Qilu Hospital from January 2013 to January 2020; 393 (93.8%) of whom were successfully followed up. Patient characteristics and technical details of the operative procedure were collected and analyzed retrospectively. Early and late
postoperative follow-up data, complications, especially symptoms related to retroflexed uterus, and fertility outcomes, were collected by a single follow-up nurse who was blinded to the operative procedure.

RESULTS: There were 218 women (239 sides) in the uterine round ligament preservation group and 175 (182 sides) in the transection group. The patients in the preservation group were younger (45.9 vs. 53.6 years, p = 0.000), and had lower American Society of Anesthesiologists scores (p = 0.000). The median follow-up times in the preservation and transection groups were 41.8 +/- 24.2 and 42.7 +/- 24.6 months, respectively (p = 0.692). Compared with the transection group, the preservation group had longer operative times for repair of both primary and recurrent hernias. Intraoperative bleeding, length of hospital stay, development of seromas, recurrence rate, incidence of postoperative pain at the first and third postoperative months, and time of last outpatient visit were similar in the two groups. There were more premenopausal patients in the preservation group; however, we found no evidence that transection of the round ligament affected subsequent pregnancy or childbirth. Moreover, we identified no differences in dyspareunia, dysmenorrhea, chronic pelvic pain, or uterine prolapse.

CONCLUSION: Transection of the round ligament during laparoscopic inguinal hernia repair in women does not increase the incidence of dyspareunia, dysmenorrhea, chronic pelvic pain, or uterine prolapse.

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Year of Publication
2022
Treatment recommendations for the management of persistent pelvic pain: a systematic review of international clinical practice guidelines.

Mardon AK, Leake HB, Szeto K, Astill T, Hilton S, Moseley GL, Chalmers KJ

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[Journal Article. Systematic Review]

UI: 34919325

BACKGROUND: Females with persistent pelvic pain (PPP) report great variability in the treatments recommended to them despite the availability of clinical practice guidelines (CPGs) that aim to standardise care. A clear consensus for the best practice care for PPP is required.

OBJECTIVE: To identify and summarise treatment recommendations across CPGs for the management of PPP, and appraise their quality.

SEARCH STRATEGY: MEDLINE, CENTRAL, EMBASE, EmCare, SCOPUS, the Cochrane Database of Systematic Reviews, Web of Science Core Collection and relevant guideline databases were searched from their inception to June 2021.

SELECTION CRITERIA: Included CPGs were those for the management of urogynaecological conditions in adult females published in English, of any publication date, and endorsed by a professional organisation or society.

DATA COLLECTION AND ANALYSIS: We screened 1379 records and included 20 CPGs. CPG quality was assessed using The Appraisal of Guidelines for Research and Evaluation II (AGREE-II) tool. Descriptive synthesis compiled treatment recommendations across CPGs.

MAIN RESULTS: The CPGs for seven conditions provided 270 individual recommendations. On quality appraisal, guidelines on average scored 'excellent' for the domains 'scope and purpose' (80.6%, SD = 13.3) and 'clarity and presentation' (74.4%, SD = 12.0); for other domains, average scores were satisfactory or poor. Four guidelines (for Endometriosis: NICE, RANZCOG and ESHRE; for polycystic ovary syndrome: Teede et al. 2018, International Evidence Based Guideline for the Assessment and Management of Polycystic Ovary Syndrome, Monash University, Melbourne, Australia) were deemed recommended for use. Recommendations were most frequent for pharmaceutical and surgical interventions. Recommendations were variable for psychological, physiotherapy and other conservative interventions.

CONCLUSIONS: The quality of CPGs for PPP is generally poor. Several CPGs endorse the consideration of biopsychosocial elements of PPP. Yet most recommend pharmaceutical, surgical and other biomedical interventions.

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BACKGROUND AND AIMS: Pelvic pain is a frequently consulted symptom in pelvic floor rehabilitation units. The aim of this study was to evaluate the efficacy of collagen infiltrations in pain and the appearance of scars from perineal tears, episiotomies and caesarean sections.

MATERIAL AND METHODS: Pilot randomized, controlled and single-blind clinical trial. Control group (CG) patients received conventional rehabilitation treatment. Additionally, those in the intervention group (IG) received 3-5 collagen infiltrations. The patients were evaluated at baseline and 6 weeks post-intervention. The main outcome was pain and it was evaluated with the visual analog scale and McGill Pain Questionnaire. As secondary outcomes, the appearance of the scar was evaluated by Vancouver Scar Scale and the Patient Scar Assessment Scale. A sample of 15 women was analyzed, 8 in the CG and 7 in the IG.

RESULTS: The mean age was 33.1 years (SD 4.1). The intragroup analysis showed a significant decrease of the visual analog scale punctuation and total McGill Pain Questionnaire score and the PRI-Emotional dimension of the McGill Pain Questionnaire. In the IG, a significant decrease was also observed in the PRI-Sensorial and PRI-Evaluative dimensions in comparison with baseline situation. In both groups, a significant improvement in the appearance of the scar was observed. In the intergroup analysis, a greater decrease in pain was observed in PRI-Sensorial subscale of the McGill Pain Questionnaire in the IG (-15.1 vs. -6; P=.040).

CONCLUSIONS: Collagen infiltrations may improve pain and the appearance of painful scars. Copyright © 2021 Sociedad Espanola de Rehabilitacion y Medicina Fisica. Publicado por Elsevier Espana, S.L.U. All rights reserved.
INTRODUCTION: Endometriosis is an inflammatory disease that affects women of reproductive age, causing pain and the possibility of infertility. Endometriosis was associated to low life quality and research shows the impact of endometriosis in several areas of life, justifying how these patients are more likely to develop depression, anxiety, and stress.

OBJECTIVE: The aim of the present systematic review was to explore the field of psychology in endometriosis, identifying studies that used the cognitive behavioral therapy technique as a treatment for endometriosis and chronic pelvic pain.

METHODS: The keywords used were Endometriosis and Behavioral Therapy; Behavioral Disciplines and Activities; Cognitive Behavioral Therapy; Mental Health; Psychological Techniques; Psychology; Psychotherapy; Mental Health Services; and the search was performed in the following databases: PubMed/Medline, Scielo, Lilacs, and Capes. The study followed the PRISMA guidelines and all studies whose intervention strategy used was related to cognitive-behavioral therapy were considered.

RESULTS: Of the 129 articles found, only 5 were selected, and it was possible to identify that the psychological intervention whose approach brought cognitive-behavioral therapy techniques promoted a decrease in the sensation of pain, improvements in the scores of depression and stress, and significant changes in aspects of quality of life such as vitality, physical and social functioning, emotional well-being, control, and autonomy.

CONCLUSION: Cognitive-behavioral therapy can be very promising to take care of the emotional side of those who have endometriosis. However, the present systematic review highlights the need to develop more structured studies with consistent, clear and replicable methods to reach a
INTRODUÇÃO: A endometriose e uma doença inflamatória que afeta mulheres em idade reprodutiva, causando dor e possibilidade de infertilidade. A endometriose foi associada a baixa qualidade de vida e pesquisas mostram o impacto da endometriose em diversas áreas da vida, justificando como tais pacientes tem maior probabilidade de desenvolver depressão, ansiedade e estresse. OBJETIVO: O objetivo da presente revisão sistemática foi explorar o campo da psicologia na endometriose, identificando estudos que usaram a técnica da terapia cognitiva comportamental como tratamento da endometriose e da dor pélvica crônica. Métodos: As palavras chaves utilizadas foram Endometriose AND Terapia comportamental; Disciplinas e atividades comportamentais; Terapia cognitiva comportamental; Saúde mental; Tecnicas psicologicas; Psicologia; Psicoterapia; Servicos de saúde mental, e a busca foi realizada nos bancos de dados PubMed / Medline, SCIELO, LILACS e CAPES. O estudo seguiu as diretrizes dos Principais Itens para Relatar Revisões Systemáticas e Metaanálises (PRISMA, na sigla em inglês) e foram considerados todos os estudos cuja estratégia de intervenção utilizada estava relacionada a terapia cognitivo-comportamental. RESULTADOS: Dos 129 artigos encontrados, somente 5 foram selecionados, e foi possível identificar que a intervenção psicológica cuja abordagem trouxe técnicas da terapia cognitivo-comportamental promoveu diminuição na sensação de dor, melhora nos escores de depressão e estresse e mudanças significativas em aspectos da qualidade de vida como vitalidade, funcionalidade física e social, bem-estar emocional, controle e autonomia. CONCLUSÃO: A terapia cognitivo-comportamental pode ser muito promissora para o tratamento psicológico/emocional de quem tem endometriose. No entanto, a presente revisão sistemática destaca a necessidade de desenvolver estudos mais estruturados com métodos consistentes, claros e replicáveis para se chegar a um protocolo de intervenção psicológica para pacientes que convivem com esse quadro ginecológico-físico-emocional. 

Language: Portuguese
Morphological study of chronic prostatitis-chronic pelvic pain syndrome (CP/CPPS) normal modeling dose of T2 peptide in mice.


OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
UI: 35438412

OBJECTIVES: However, the pathogenesis and etiology of CP/CPPS are still poorly understood. Therefore, there is a need for further research through the Image J software to develop models capable of imitating the pathogenesis and etiology of CP/CPPS with different doses of the pathogenesis and the etiology of CP/CPPS is still poorly understood. The aim was to determine the area of the prostatic interstitium, the localization of the inflammation, and the impact of different doses on the group model.

MATERIALS AND METHODS: A total of 30 male ICR mice were randomly grouped into 5 (n = 6): 45 mug group = 6, 60 mug group = 6, 90 mug group = 6, 120 mug group = 6, control group = 6. With the exception of the control group, all the groups were immunized by injecting 0.2 mL of T2 peptide emulsion and immune adjuvant CFA to induce non-bacterial chronic prostatitis on days 0 and 14 of the mice and finally executed on day 28. All injections were administered subcutaneously. HE staining was used to evaluate changes in prostate pathology. Image J was used to calculate the area of the prostate interstitium, which represents the degree of prostate edema. To compare statistical differences between groups, the ANOVA test was used.

RESULTS: From the perspective of pathological scoring, the 60 mug, 90 mug, and 120 mug groups had the highest scores using Image J to treat inflammatory cells. In addition, in the prostate interstitium area treated, it was found that the 90 mug group attained the largest prostate interstitial area as well as the highest degree of swelling.

CONCLUSIONS: From the results, Image J software is an effective tool in the calculating the surface of the prostatic interstitium and the specific localization of the inflammation. Copyright © 2022. The Author(s), under exclusive licence to Springer Nature B.V.
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Men suffering from category III chronic prostatitis may benefit from N-acetylcysteine as an adjunct to alpha-blockers.

Yaryari AM, Mousavibahar SH, Amirhassani S, Bagheri M, Mohammadi Y, Mehrpooya M

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[Journal Article. Randomized Controlled Trial]

UI: 35068061

OBJECTIVE: We designed this study to investigate the potential use of N-acetylcysteine (NAC) as an adjunct to alpha-blockers in the treatment of category III chronic prostatitis (CP).

METHODS: Sixty-three men with category III CP with a National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI) total score of 15 or more were randomized to either the NAC treatment group or the placebo treatment group. Besides tamsulosin at a dose of 0.4 mg once daily, participants based on their allocation group received NAC or placebo at a dose of 600 mg twice daily for 12 weeks. The efficacy of the medications was assessed by measuring changes in the NIH-CPSI total score and its subscales, including pain, urinary symptoms, and quality of life.

RESULTS: Based on the general linear model analysis of the data, over the 12-week treatment, NAC+tamsulosin was statistically superior to placebo+tamsulosin in reducing the total NIH-CPSI score, pain subscore, and quality-of-life subscore (P value <.001). Further, after 12 weeks, more patients in the NAC+tamsulosin group than in the placebo+tamsulosin group met the responder criterion, defined as a decrease of at least 6 points in the NIH-CPSI total score (65.6% vs 29.0%). A more favorable outcome was also noted in the NAC+tamsulosin group regarding the number of patients reporting moderate or marked improvement in symptoms (62.5% vs 25.80%). No significant difference was seen between the groups concerning changes in urinary symptoms.

CONCLUSIONS: Our study provided clinical evidence that men with category III CP might benefit from NAC treatment. Further studies are needed for the validation of these findings.
56.

The Benefits and Harms of Botulinum Toxin-A in the Treatment of Chronic Pelvic Pain Syndromes: A Systematic Review by the European Association of Urology Chronic Pelvic Pain Panel. [Review]
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[Journal Article. Review. Systematic Review]
UI: 33526405

CONTEXT: Patients with chronic pelvic pain syndrome (CPPS) may have pain refractory to conventional management strategies. Botulinum toxin A (BTX-A) is a potential therapeutic option.

OBJECTIVE: To evaluate the benefits and harms of BTX-A injections in the treatment of CPPS.

EVIDENCE ACQUISITION: A systematic review of the use of BTX-A in the treatment of CPPS was conducted (PROSPERO-ID: 162416). Comprehensive searches of EMBASE, PUBMED, Medline, and SCOPUS were performed for publications between January 1996 and May 2020. Identified studies were screened and selected studies assessed for quality prior to data extraction. The primary outcomes were improvement in pain and adverse events following treatment. Secondary outcomes included quality of life, global response assessment, sexual function, bowel function, and bladder function.

EVIDENCE SYNTHESIS: After screening 1001 abstracts, 16 studies including 11 randomised controlled trials were identified, enrolling 858 patients and covering a range of CPPS subtypes. Most studies showed high risks of bias and confounding across all domains. A narrative synthesis was performed as heterogeneity of included studies precluded a meta-analysis and calculation of pooled effect estimates of measured outcomes. BTX-A reduced pain significantly in patients with bladder pain syndrome in two studies and in patients with prostate pain syndrome in one study, but no included studies showed benefit for patients with gynaecological pelvic pain. Adverse event reporting was variable and generally poor, but no serious adverse events were described.

CONCLUSIONS: Beneficial effects of BTX-A on pain, quality of life, and functional symptoms were seen in patients with certain CPPS subtypes, but the current evidence level is too weak to allow recommendations about BTX-A use for treating CPPS.

PATIENT SUMMARY: Botulinum toxin A is used to treat different pain disorders, but current studies are of insufficient quality to determine whether it reduces pain and improves quality of life in patients with chronic pelvic pain. Further research is needed.

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57.

Symptoms of Women With High-Risk Early-Stage Ovarian Cancer.
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Obstetrics & Gynecology. 139(2):157-162, 2022 02 01.
[Clinical Trial, Phase III. Journal Article. Randomized Controlled Trial. Research Support, N.I.H., Extramural]
UI: 34991145
OBJECTIVE: To assess the presentation, characteristics, and prognostic significance of symptoms in patients with high-risk early-stage epithelial ovarian cancer.
METHODS: A retrospective chart review was performed on all patients enrolled in a phase III clinical trial (GOG 157). All patients had surgically staged, high-risk early-stage epithelial ovarian cancer (stage IA-IB and grade 3, any clear cell, stage IC or II). Chi-square and Kaplan-Meier estimates and Cox proportional hazards models were used for statistical analyses.
RESULTS: Of 419 patients evaluated for symptoms, 301 (72%) presented with one or more symptoms, and 118 (28%) were asymptomatic but had a mass found on examination. Forty
percent had only one symptom, and 32% had more than one symptom. Among those with at least
one symptom, the most common were abdominal and pelvic pain (31%), and increased girth or
fullness (26%). Overall, 23% of patients with tumors 10 cm or smaller, 27% of patients with
tumors larger than 10 cm to 15 cm, and 46% of patients with tumors larger than 15 cm had
multiple symptoms (P<.001). There was no significant difference in presentation of symptoms
based on age, stage, or histologic subtype. Symptoms at diagnosis were not associated with
recurrence or survival.

CONCLUSION: More than 70% of patients with high-risk early-stage, epithelial ovarian cancer
present with one or more symptoms, with the most common being abdominal or pelvic pain. The
proportion of women with symptoms and the number of symptoms increase with enlarging tumor
size.

Impact of SARS-COV2 Pandemic on Patients with Endometriosis and Their Health Care.
Nicolas I, Martinez-Zamora MA, Gracia M, Feixas G, Rius M, Carmona F
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid
MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 35148487
Background: Endometriosis is a debilitating chronic inflammatory disease. The current SARS-
COV2 pandemic has had an impact on the management of these patients. Tele-health care has
been a relevant tool. The aim of this study was to analyze the impact of the SARS-COV2 pandemic on the perceived clinical health status and the type of care received in patients with endometriosis. Materials and Methods: We evaluated 945 premenopausal women treated at the Hospital Clinic of Barcelona between October 1 and December 31, 2020. Five hundred forty-nine women had endometriosis, and 396 had other benign gynecological diseases. An online health survey was sent to these patients. Clinicopathological features data were recorded. Results: Compared to patients with other benign gynecological diseases, a higher proportion of patients with endometriosis reported worsening of their symptoms (148/549, 27% vs. 85/396, 21.5%) and concern about their disease (515/549, 93.8% vs. 342/396, 86.4%), and more frequently received tele-health care (73.8% vs. 54.0%) during the pandemic. Patients with endometriosis and "significant" pelvic pain reported more concern and worsening than patients without "significant" pelvic pain, and evaluated the assistance received poorly. Multivariate analysis showed pelvic pain, limitation in usual activity, and sadness as risk factors of perception of disease worsening. Awaiting surgery and the feeling of sadness were risk factors of concern. Conclusions: Patients with endometriosis, and especially patients with "significant" pelvic pain, reported greater concern and the perception of worsening during the SARS-COV2 pandemic. Tele-health is a useful tool in patients with endometriosis, and face-to-face visit should be considered in those reporting "significant" pelvic pain. Clinical Trial Registration Number: HCB 1202011497.

Sakr AM, Fawzi AM, Kamel M, Ali MM

OBJECTIVES: To report the one-year results of ESWT on CPPS patients and the possible clinical characteristics that may affect its efficacy.

PATIENTS & METHODS: A prospective randomized clinical study between January 2017 and January 2021 on 155 adult patients with chronic pelvic pain syndrome. All patients were initially evaluated with a thorough history and physical examination. Baseline symptoms evaluation of each participant was assessed using NIH-CPSI score, IPSS, VAS, and IIEF-5 score. Patients were randomized into two groups: a verum treatment group and a placebo treatment group. Patients of verum group in the lithotomy position received a perineally applied ESWT treatment once a week for four weeks with 3000 impulses each. Patients of placebo group received the same therapy head of the same device with a layer of air-filled microspheres to absorb the shock waves. The previously mentioned validated scores were reassessed on regular follow-up visits at one, three, six, and 12 months after the completion of ESWT.

RESULTS: A statistically significant improvement was noticed in the mean values of NIH-CPSI, IPSS, VAS, and IIEF-5 of the patients of verum group over the follow-up period with also statistically significant difference between both groups. At the first visit of follow-up after ESWT, 63 (82.8%) patients had >=6 points decrease in the NIH-CPSI total score, while 13 (17.2%) patients did not. Univariate and multivariate analyses of the clinical characteristics between the responders and non-responders showed that those patients with history of psychological disorders or had higher initial NIH-CPSI score had a significantly lower response rate to ESWT (p = 0.005, 0.02 & p = 0.002, 0.004 respectively). ROC curve of NIH-CPSI score showed that a score of 32 was the cut-off point above which the response to ESWT decreased.

CONCLUSION: ESWT is an effective treatment option for CPPS. Its efficacy remained throughout long-term follow up. High initial NIH-CPSI score and history of psychological problems are significant predictors for it.
Pelvic Floor Physical Therapy for Pelvic Floor Hypertonicity: A Systematic Review of Treatment Efficacy. [Review]

van Reijn-Baggen DA, Han-Geurts IJM, Voorham-van der Zalm PJ, Pelger RCM, Hagenaars-van Miert CHAC, Laan ETM

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[Journal Article. Review. Systematic Review]

UI: 34127429

INTRODUCTION: Hypertonicity of the pelvic floor (PFH) is a disabling condition with urological, gynecological and gastrointestinal symptoms, sexual problems and chronic pelvic pain, impacting quality of life. Pelvic floor physical therapy (PFPT) is a first-line intervention, yet no systematic review on the efficacy of PFPT for the treatment of PFH has been conducted.

OBJECTIVES: To systematically appraise the current literature on efficacy of PFPT modalities related to PFH.

METHODS: PubMed, Embase, Emcare, Web of Science, and Cochrane databases were searched from inception until February 2020. A manual search from reference lists of included articles was performed. Ongoing trials were reviewed using clinicaltrial.gov. Randomized controlled trials (RCTs), prospective - and retrospective cohorts and case-study analyses were included. Outcome measures were pelvic floor muscle tone and function, pain reports, sexual function, pelvic floor symptom scores, quality of life and patients' perceived effect.

RESULTS: The literature search resulted in 10 eligible studies including 4 RCTs, 5 prospective studies, and 1 case study published between 2000 and 2019. Most studies had a high risk of bias associated with the lack of a comparison group, insufficient sample sizes and non-standardized interventions. Six studies were of low and 4 of medium quality. All studies were narratively reviewed. Three of 4 RCTs found positive effects of PFPT compared to controls on five out of 6 outcome measures. The prospective studies found significant improvements in all outcome measures that were assessed. PFPT seems to be efficacious in patients with chronic prostatitis, chronic pelvic pain syndrome, vulvodynia, and dyspareunia. Smallest effects were seen in patients with interstitial cystitis and painful bladder syndrome.

CONCLUSION: The findings of this systematic review suggest that PFPT can be beneficial in patients with PFH. Further high-quality RCTs should be performed to confirm the effectiveness of PFPT in the treatment of PFH. van Reijn-Baggen DA, Han-Geurts IJM, Voorham-van der Zalm PJ, et al. Pelvic Floor Physical Therapy for Pelvic Floor Hypertonicity: A Systematic Review of Treatment Efficacy. Sex Med Rev 2022;10:209-230.

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Based on the data mining technology, the main indications and compatibility rules of Ciliao (BL 32) were analyzed and summarized. The relevant literature was retrieved from the databases of CNKI, Wanfang, VIP, Cochrane Library, SinoMed, Scopus, Web of Science, EMBase and PubMed, from the date of establishment to September 8, 2021. Using the software of SPSS Modeler 18.0 and Gephi0.9.2, the included literature was analyzed by data mining. A total of 218 articles were included, of them, there were 36 articles using single-acupoint prescriptions and 182 articles using compound prescriptions. Acupuncture was the most frequently used intervention of Ciliao (BL 32), followed by electroacupuncture. Dysmenorrhea and labor analgesia were the dominant indications of single-acupoint prescriptions of Ciliao (BL 32), and 9 diseases i.e. dysmenorrhea, urinary incontinence, urinary retention, chronic pelvic inflammatory disease, chronic prostatitis and lumbar disc herniation were the dominant indications of compound prescriptions. The main indications of Ciliao (BL 32) involved diseases of reproductive system, urinary system and waist. There were 92 acupoints in compatibility with Ciliao (BL 32), which were main belonged to the bladder meridian, the conception vessel and the spleen meridian, the most frequently used acupoints were Sanyinjiao (SP 6), Guanyuan (CV 4), Shenshu (BL 23) and Zhongji (CV 3).
Interstitial Cystitis/Bladder Pain Syndrome Treatment: A Systematic Review of Sexual Health Outcomes. [Review]
Chen A, Shahiyan RH, Anger JT
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Sexual Medicine Reviews. 10(1):71-76, 2022 01.
[Journal Article. Review. Systematic Review]
UI: 34219009

INTRODUCTION: Interstitial cystitis/bladder pain syndrome (IC/BPS) is a chronic condition with highly prevalent negative consequences on sexual health and quality of life. However, there is a lack of consensus regarding treatment options that improve sexual function in this population. This study aims to review the current literature on sexual health outcomes in patients treated for IC/BPS.

METHODS: We conducted a systematic review of the literature on sexual health outcomes after treatment of IC/BPS. PubMed, MEDLINE, EMBASE, CINHAL, and Google Scholar were queried, and results were screened using Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Inclusion criteria for this review were: IC/BPS was clearly defined in the cohort, sexual health outcomes were measured as the primary or a secondary outcome, manuscript was written in English from January 2000 to April 2020. Studies on cystectomy were excluded as radical surgery is a confounding factor for sexual dysfunction.

RESULTS: We identified 1611 items with our search algorithm and determined that 10 studies ultimately met inclusion criteria. 4 of 10 studies reported improved sexual function after treatment. 4 of 10 studies were randomized control trials and reported no improvement in sexual function in each of the therapies that were investigated. Data were conflicting regarding the effect of intravesical hyaluronic acid.

CONCLUSION: This systematic review demonstrates the lack of focus on sexual health outcomes in studies of the IC/BPS. There was no strong evidence that any modality used to treat IC/BPS also improves sexual function despite the higher prevalence in this population. Chen A, Shahiyan RH, Anger J. Interstitial Cystitis/Bladder Pain Syndrome Treatment: A Systematic Review of Sexual Health Outcomes. Sex Med Rev 2022;10:71-76.

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Pulsed electromagnetic field (PEMF) as an adjunct therapy for pain management in interstitial cystitis/bladder pain syndrome. [Review]
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[Journal Article. Review]
UI: 34100976

INTRODUCTION AND HYPOTHESIS: Patients with interstitial cystitis/bladder pain syndrome (IC/BPS) often experience chronic pelvic and even systemic pain that can be difficult to clinically manage. Pulsed electromagnetic field (PEMF) therapy, a non-invasive strategy that has shown significant efficacy for pain reduction in other chronic pain conditions, may provide benefit for pain management in patients with IC/BPS.

METHODS: PEMF delivery to patients occurs via a bio-electromagnetic-energy device which consists of a flexible mat (180 x 50 cm) that the patient lies on for systemic, full-body delivery and/or a flexible pad (50 x 15 cm) for targeted delivery to a specific body region (e.g., pelvic area). The duration of individual sessions, number of sessions per day, total number of sessions, and follow-up observation period vary between previously published studies. Positive outcomes are typically reported as a significant reduction in visual analog scale (VAS) pain score and functional improvement assessed using validated questionnaires specific to the condition under study.

RESULTS AND CONCLUSIONS: The use of PEMF has been evaluated as a therapeutic strategy for pain management in several clinical scenarios. Randomized, double-blinded, placebo-controlled trials have reported positive efficacy and safety profiles when PEMF was used to treat non-specific low back pain, patellofemoral pain syndrome, chronic post-operative pain, osteoarthritis-related pain, rheumatoid arthritis-related pain, and fibromyalgia-related pain. Based on these positive outcomes in a variety of pain conditions, clinical trials to evaluate whether PEMF can provide a safe, non-invasive therapeutic approach to improve symptoms of chronic pain and fatigue in patients with IC/BPS are warranted.

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The effect of TENS for pain relief in women with primary dysmenorrhea: A systematic review and meta-analysis. [Review]

Arik, Meltem; Isintas, Kiloatar; Aslan, Burak; Icelli, Muge

OBJECTIVE: Primary dysmenorrhea (PD) is a chronic health condition that affects primarily young women and interferes with daily activities, causes loss of work productivity, and reduces quality of life. Transcutaneous electrical nerve stimulation (TENS) is a complementary and alternative therapy used to reduce pain related to PD. The purpose of this meta-analysis study was to evaluate the effectiveness of TENS in the treatment of pain in women with PD.

METHODS: A search of the English literature in the Cochrane Library, MEDLINE (EBSCO), Physiotherapy Evidence Database (PEDro), CINAHL (EBSCO), PUBMED, OVID, Science Direct, Scopus, Academic Search Complete databases was conducted using combinations of the following search terms: 'primary dysmenorrhea', 'pain', 'transcutaneous electrical nerve stimulation', 'TENS', and 'electrical stimulation'. All content from database inception through April 2020 was included in the search.

RESULTS: The initial search strategy based on date range and language yielded 571 relevant records and 4 of them were about both TENS and PD. A total of 260 patients were enrolled in the included studies. In all of the included studies, the comparison intervention consisted of sham TENS. The primary outcome of interest was pain intensity. Our analysis indicated that TENS was statistically more effective than sham TENS in reducing PD-related pain (SMD=1.384; 95% CI=0.505, 2.262; p = 0.002).

CONCLUSION: TENS is a safe and well-tolerated electrophysical therapy that may be effective for relieving pain in PD.

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65.

Effects of Spinal Cord Stimulation in Patients with Chronic Nausea, Vomiting, and Refractory Abdominal Pain.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Digestive Diseases & Sciences. 67(2):598-605, 2022 02.
[Journal Article]
UI: 33620598

BACKGROUND: Patients with chronic nausea and vomiting often also have chronic abdominal pain. Spinal cord stimulation (SCS) may provide pain control, but scarce data are available regarding the effect of SCS on chronic nausea and vomiting.
AIMS: We aimed to determine the effect of SCS in patients with chronic nausea, vomiting, and refractory abdominal pain.
METHODS: Retrospective chart review of 26 consecutive patients who underwent SCS trial for a primary diagnosis of nausea, vomiting and refractory abdominal pain.
RESULTS: 26 patients underwent SCS trial, with an average age of 48 years. Twenty-three patients (88.5%) reported > 50% pain relief during the temporary SCS trial and then underwent permanent implantation. Patients were then followed for 41 (22-62) months. At baseline, 20 of the 23 patients (87.0%) reported daily nausea, but at 6 months and the most recent follow-up, only 8 (34.8%) and 7 (30.4%) patients, respectively, had daily nausea (p < 0.001). Days of nausea decreased from 26.3 days/month at baseline to 12.8 and 11.7 days/month at 6 months and at the most recent visit, respectively. Vomiting episodes decreased by 50%. Abdominal pain scores improved from 8.7 to 3.0 and 3.2 at 6 months and the most recent visit, respectively (both p < 0.001). Opioid use decreased from 57.7 mg MSO4 equivalents to 24.3 mg at 6 months and to 28.0 mg at the latest patient visit (both p < 0.05).
CONCLUSIONS: SCS may be an effective therapy for long-term treatment of symptoms for those patients afflicted with chronic nausea, vomiting, and refractory abdominal pain.
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66.

Effectiveness of self-myofascial release combined with biofeedback and electrical stimulation for the management of myofascial pelvic pain: A randomized controlled trial.
Xu J, Chen K, Ding B, Zhu M, Yao S, Ren M, Shen Y
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Randomized Controlled Trial. Research Support, Non-U.S. Gov't]
UI: 34592023
BACKGROUND: Myofascial pelvic pain (MFPP) caused by myofascial trigger points (MTrPs) is a major contributor to chronic pelvic pain in women. However, the effect of the patient's self-myofascial release (SMFR) is unclear. This study aimed to investigate the effect of SMFR combined with biofeedback and electrical stimulation (BES) therapy in comparison with BES alone in patients with MFPP.
METHODS: A prospective randomized controlled study was conducted. Sixty-eight patients were randomly allocated into BES-SMFR group (n = 34) and BES group (n = 34). Every patient received 4 weeks of treatment, evaluated at baseline (T0), 4 weeks post-intervention (T4) and 12-week follow-up (T12). The primary outcome was pain intensity. The secondary outcomes were degree of activation of MTrPs, surface electromyography (sEMG) levels and Patient Global Impression of Improvement (PGI-I).
RESULTS: Compared with the effect of BES, BES-SMFR treatment significantly decreased pain intensity and the degree of activation of MTrPs in the levator ani (p = 0.02) and obturator internus (p = 0.03), as well as the sEMG levels of the pre-test resting baseline and post-test resting baseline (all p < 0.01). The degree of activation of MTrPs in the piriformis and coccygeus (all p > 0.05) and the sEMG levels of the quick flicks and endurance contraction were not significantly different. The BES-SMFR treatment improved the PGI-I scale at T4 (p = 0.02) but not at T12 (p = 0.40).
CONCLUSIONS: This study confirmed that the addition of SMFR to BES treatment resulted in superior outcomes compared with those with BES alone in patients with MFPP.
SIGNIFICANCE STATEMENT: Myofascial pelvic pain (MFPP) is a major contributor of female chronic pelvic pain. Myofascial release has been used commonly for better pain release; however, poor therapeutic effect due to poor patient compliance is common in clinical practice. Therefore, in future research, there is a need to investigate the effect of patient's self-myofascial release (SMFR) technique, which can eliminate the need for frequent office visits and improve patient compliance to some extent, in patients with MFPP.
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Version ID 1
Status MEDLINE
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A systematic review on isolated coil embolization for pelvic venous reflux.

Sutanto SA, Tan M, Onida S, Davies AH

OBJECTIVE: Pelvic venous reflux (PVR) can present with symptoms such as chronic pelvic pain, dysmenorrhea, and dyspareunia, resulting in a decreased quality of life among those affected.

METHODS: The MEDLINE and EMBASE databases were systematically searched from 1990 to July 20, 2020, for studies reporting on adult patients undergoing isolated CE for PVR. Articles not in English, case reports, studies reporting on pediatric patients, and studies not performing isolated CE were excluded. Search, review, and data extraction were performed by two independent reviewers (S.S. and M.T.). Changes in pain before and after CE was evaluated through a pooled analysis of visual analogue scale scores in seven studies.

RESULTS: A total of 970 patients (range, 3-218, 100% female) undergoing isolated ovarian vein or mixed veins embolization from 20 studies were included. Pooled analysis revealed mean improvements of 5.47 points (95% CI, 4.77-6.16) on the visual analogue scale. Common symptoms such as urinary urgency and dyspareunia reported significant improvements of 78-100% and 60-89.5% respectively. Complications were rare, with coil migration (n = 19) being the most common. Recurrence rates differed based on the varying symptoms and studies, with recurrence in pain 1-2 years after CE ranging from 5.9-25%. Two randomized controlled trials revealed improved clinical outcomes with CE as compared with vascular plugs and hysterectomy.

CONCLUSIONS: The current data suggests that isolated CE is technically effective and can result in clinical improvement among patients with PVR. However, further trials are required to ascertain its long-term effects.
The effect of biofeedback interventions on pain, overall symptoms, quality of life and physiological parameters in patients with pelvic pain: A systematic review. [Review]

Wagner B, Steiner M, Huber DFX, Crevenna R

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid

MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


Ul: 33751183

BACKGROUND: Biofeedback is recognized as an effective additive method for treating certain phenotypes of chronic pelvic pain syndrome and is a therapeutic option in other pelvic pain conditions. This review aims to evaluate evidence from the literature with a focus on the effect of biofeedback on pain reduction, overall symptom relief, physiological parameters and quality of life.

METHODS: A systematic literature search was conducted using the databases PubMed, MEDLINE, Embase, Cochrane Library and PEDro from inception to July 2020. Data were tabulated and a narrative synthesis was carried out, since data heterogeneity did not allow a meta-analysis. The PEDro scale and the McMaster Critical Review Form-Quantitative Studies were applied to assess risk of bias.

RESULTS: Out of 651 studies, 37 quantitative studies of primary research evaluating pelvic pain conditions in male and female adults and children were included. They covered biofeedback interventions on anorectal disorders, chronic prostatitis, female chronic pelvic pain conditions, urologic phenotypes in children and adults and a single study on low back pain. For anorectal disorders, several landmark studies demonstrate the efficacy of biofeedback. For other subtypes of chronic pelvic pain conditions there is tentative evidence that biofeedback-assisted training has a positive effect on pain reduction, overall symptom relief and quality of life. Certain factors have been identified that might be relevant in improving treatment success.

CONCLUSIONS: For certain indications, biofeedback has been confirmed to be an effective treatment. For other phenotypes, promising findings should be further investigated in robust and well-designed randomized controlled trials.

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RIA versus iliac crest bone graft harvesting: A meta-analysis and systematic review. [Review]
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present Injury. 53(2):286-293, 2022 Feb.
UI: 34756411
BACKGROUND: Reamer-Irrigator-Aspirator (RIA) of long bones is increasingly being used as an alternative to iliac crest harvesting for bone-grafts. This meta-analysis compares both harvesting techniques with regard to donor site morbidity, healing potency and implantation site morbidity.
METHODS: PubMed/Medline/Embase/CENTRAL/CINAHL were searched for both randomized clinical trials (RCT) and observational studies. Effect estimates were pooled across studies using random effects models and presented as weighted odds ratio (OR) with corresponding 95% confidence interval (95%CI).
RESULTS: A total of 5 studies were included. RIA carries a lower risk for chronic pain (0% versus 14.2%, OR 0.08, 95% CI 0.02 - 0.35) and infection (1% versus 5.9%, OR 0.29, 95% CI 0.09- 0.9) at the donor site compared to iliac crest harvesting. Iliac crest bone-harvesting has an inherent additional risk of neuropraxia of the lateral femoral cutaneous nerve and numbness of the scar which is not encountered in RIA harvesting. Risk for other reported complications such as hematoma and iatrogenic fractures appear equal in both groups. The clinical healing potential of both bone grafts, in terms of union rate (OR 1.53, 95%CI 0.62 - 3.75) at the implantation site and time-to-union (MD 0.44 months, 95%CI -1.72 - 0.83), seems equal.
CONCLUSION: The main difference between RIA and iliac crest bone graft harvesting is the considerable higher risk of chronic pain of the pelvic procedure. Although risk for infection was also higher for the iliac crest group, the absolute difference is relatively small. Evidence suggests an equal healing potential of the grafts themselves irrespective of harvesting method.
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1
The effect of self-management online modules plus nurse-led support on pain and quality of life among young adults with irritable bowel syndrome: A randomized controlled trial.

[Preprint]
AN: 2017166835

Background: Irritable bowel syndrome (IBS) is a chronic pain condition that needs life-long self-management. However, the effect of self-management among young adults with IBS is limited.
Objective(s): This study aimed to examine the effect of a nurse-led self-management program on IBS related pain and symptoms, and quality of life (QOL) among young adults with IBS.
Design(s): A randomized controlled trial with data collected at baseline, 6- and 12-week follow up.
Settings and participants: Eighty young adults with IBS recruited from two campuses of a public university and two gastrointestinal clinics were randomly assigned into a Self-Management Online education and learning Modules group (SMOM, n = 41) or a Nurse-Led SMOM group (NL +
SMOM, n = 39). Twenty-one healthy controls (HCs) were also recruited from these two campuses.

Method(s): All the IBS participants received the SMOM after baseline data collection. Participants in the NL + SMOM received additional three nurse-led one-to-one consultations at baseline, 6- and 12-week follow up. Self-reported pain, symptoms, IBS-related QOL, self-efficacy for managing chronic disease, and coping were measured at baseline, and 6- and 12-week follow up among the IBS participants. The HCs completed data collection of pain and symptoms at baseline and 12-week follow up. The intervention effects across study time points and the comparisons between the two interventional groups were analyzed using linear mixed models. A longitudinal mediation analysis was also conducted to explore the mediation effects of self-management mechanisms of the interventions.

Result(s): Both the SMOM and NL + SMOM groups showed significant interventional effects on decreasing pain intensity and pain interference and increasing IBS-QOL among young adults with IBS at the 12-week follow up (all p < 0.05). The NL + SMOM also had significant effect on reducing anxiety and greater improvement in IBS-QOL compared with the SMOM at the 12-week follow up (both p < 0.05). Increased self-efficacy mediated the intervention effect of the NL + SMOM on reducing pain interference and improving IBS-QOL, while the effect of the SMOM was mediated through decreased an inefficient coping strategy-catastrophizing.

Conclusion(s): Guided by the IFSMT, this study showed that both the pain self-management online education and nurse-led interventions were effective for alleviating pain and improving QOL among young adults with IBS by targeting the self-management process. The nurse-led program had a better outcome than the online education alone in improving IBS-QOL.

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Pelvic Venous Disorders (PeVD).
Ford R.W., Winokur R.S.
Embase
[Article]
AN: 2022057715
Pelvic venous disorders (PeVDs) have replaced the concept of pelvic congestion syndrome encompassing venous origin chronic pelvic pain (VO-CPP) in women. The evaluation of women with VO-CPP includes the assessment for other causes of pelvic pain as well as imaging evaluation for pelvic varicosities measuring greater than 5 mm diameter, ovarian vein diameter, and flow direction, as well as iliac vein diameter and signs of compression. Proper identification of these patients can lead to high degrees of success eliminating chronic pelvic pain following ovarian vein embolization and/or iliac vein stenting. Strong encouragement is provided to use the symptoms, varices, pathophysiology classification for these patients and upcoming research studies on the specific symptoms of patients with VO-CPP will help elucidate patient selection for intervention. Additional future randomized controlled trials are also upcoming to evaluate for outcomes of ovarian vein embolization and iliac vein.
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Pulsed Radiofrequency Ablation for Orchialgia-A Literature Review.
Embase
Diagnostics. 12(12) (no pagination), 2022. Article Number: 2965. Date of Publication: December 2022.
[Review]
AN: 2020769193
Pulsed radiofrequency, short bursts of radiofrequency energy, has been used by pain practitioners as a non- or minimally neurodestructive technique, an alternative to radiofrequency heat lesions. The clinical advantages and mechanisms of this treatment remain unclear. To review the current clinical implication of the pulsed radiofrequency technique for male patients with chronic scrotal pain. We systematically searched the English literature available at the EMBASE, MEDLINE/PubMed, Google Scholar, and Cochrane Library from inception to 22 November 2022. Only reports on a pulsed radiofrequency application on male patients with chronic scrotal pain were included. The final analysis yielded six reports on the clinical use of pulsed radiofrequency applications in male patients with chronic scrotal pain: six full publications, three case reports, one case series, one prospective uncontrolled pilot study, and one
prospective randomized, controlled clinical trial. The accumulation of these data shows that using pulsed radiofrequency generates an increasing interest in pain physicians, radiologists, and urologists for managing chronic scrotal pain. No side effects related to the pulsed radiofrequency technique were reported to date. Further research on the clinical and biological effects is justified. Large sample sizes and randomized clinical trials are warranted.

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73.

Psychological management of patients with chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS): a systematic review.
Li A.S.-W., Van Niekerk L., Wong A.L.Y., Matthewson M., Garry M.
Embase
[Article]
AN: 2019787780
Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) is a complex condition. Despite recommendations for the inclusion of non-pharmacological treatment in the management of CP/CPPS, the focus has predominantly been on the inclusion of physical therapies with minimal discussion of psychological interventions. Therefore, this systematic review aimed to evaluate peer-reviewed studies of psychological interventions for men with CP/CPPS to determine their therapeutic efficacy and quality of intervention. The review was registered in PROSPERO and based on PRISMA 2020 protocol. The systematic literature search was conducted in six databases. Quantitative studies of psychological intervention for adult men with CP/CPPS that provided outcome measures of pain, quality of life and/or psychological symptoms were reviewed. The Oxford level of evidence and Quality Assessment Tool for Quantitative Studies developed by the Effective Public Health Practice were employed. A total of 4,503 studies were
reviewed; seven met the inclusion criteria. The included studies were randomised controlled trials, cohort, repeated measures, and case-series studies, with most including combined treatment for CP/CPPS. Cognitive therapy, cognitive behavioural therapy, or paradoxical relaxation training were found to be effective. However, high risks of bias were found in all included studies, limiting the generalisability and reliability of findings. Evidence is preliminary but shows promise for psychological treatment either as a combined or standalone treatment for CP/CPPS. However, there is a need to develop research with a more rigorous methodology to evaluate psychological treatments for men with CP/CPPS.

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The efficacy and tolerability of pollen extract in combination with hyaluronic acid and vitamins in the management of patients affected by chronic prostatitis/chronic pelvic pain syndrome: a 26 weeks, randomized, controlled, single-blinded, phase III study.

Cai T., Gallelli L., Cione E., Verze P., Palmieri A., Mirone V., Bonkat G., Wagenlehner F.M., Bjerklund Johansen T.E.

Embase Minerva urology and nephrology. 74(6) (pp 780-788), 2022. Date of Publication: 01 Dec 2022. [Article]
AN: 640010326

BACKGROUND: Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) remains a challenging clinical condition to manage. Here, we evaluate the efficacy and tolerability of a new treatment option (suppositories) containing pollen extract in combination with hyaluronic acid and vitamins in the management of patients with CP/CPPS.

METHOD(S): In this prospective, randomized, controlled, single-blinded, phase-III study we enrolled CP/CPPS patients between March and December 2019. Participants were randomized (1:1) to the following treatment groups: 1) pollen extract suppositories 1 daily for 10 days; or 2) ibuprofen 600 mg 1 tablet in the morning for 10 days. At the enrolment time and at the follow-up evaluations (3, 6 months), all patients completed baseline questionnaires ([National Institutes of Health Chronic Prostatitis Symptom Index [NIH-CPSI] and Quality of Well-Being [QoL]) and underwent urological examination and microbiological evaluation. The primary endpoint was the quality-of-life assessment with Patients’ Reported Outcomes (PROs).

RESULT(S): One hundred and eighty-seven patients were screened. Finally, one hundred and twenty-four patients (mean age 34.6+/-3.9 years) were randomly allocated to the new pollen
extract treatment (N.=63) or ibuprofen (N.=61) groups. At the end of follow-up examinations 56/63 group 1 patients (88.8%) showed a significant reduction of the NIH-CPSI total score, compared with 17/61 (27.8%) in group 2 (P<0.0001). Group 1 patients also reported a higher improvement in terms of PROs, when compared with the control group and group 1 patients reported a significant reduction of leucocyte count at the Meares-Stamey Test (-12; -4; P<0.001). Only mild adverse events were reported in the two groups and adverse events were less frequent in the pollen extract suppositories group.

CONCLUSION(S): The combination of pollen extract with hyaluronic acid and vitamins is more effective than ibuprofen in improving symptoms and Quality of Life in patients affected with CP/CPPS and has less side effects.

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75.

Immediate Effect of Lumbosacral Orthosis and Abdominal Drawing-In Maneuver on Postural Control in Adults With Nonspecific Chronic Low Back Pain.
de Oliveira F.C.L., Lariviere C., Dallaire M., Mecheri H., Ngomo S., da Silva R.A.
Embase
[Article]
AN: 2021195386
Objective: The purpose of this study was to examine the immediate effects of lumbosacral orthosis and the abdominal drawing-in maneuver on the trunk postural control of adults with chronic low back pain compared with asymptomatic controls during 1-legged and semi-tandem stances.
Method(s): An experimental and comparative study (cross-sectional design) was conducted in a laboratory setting. Twenty adults with chronic low back pain and 20 asymptomatic controls randomly performed 2 postural balance tasks over a force platform, considering 3 experimental conditions: (1) natural posture (baseline-control), (2) lumbosacral orthosis, and (3) abdominal drawing-in maneuver. Linear variables (mean amplitude, ellipse area, and sway velocity) derived
from the center of pressure were computed, and 2-way analysis of variance (group x condition) for repeated measures were conducted.

Result(s): No group x condition interactions (.139 <= P <= .938) were detected in any center of pressure parameters. No condition effect was detected, but a group effect (P = .042) was observed for 1 center of pressure parameter. The chronic low back pain group presented with a lower mean anteroposterior center of pressure amplitude than asymptomatic controls (\( \bar{y} = 0.31 +/- 0.66 \) cm [95% confidence interval, 0.05-0.56], P = .019) during the semi-tandem stance balance task.

Conclusion(s): Neither lumbosacral orthosis nor the abdominal drawing-in maneuver showed immediate improvement in trunk postural control in any group. Thus, clinicians should not expect immediate benefits or improvements yielded by lumbosacral orthosis or the abdominal drawing-in maneuver when patients with chronic low back pain undergo these interventions.

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76.
Transvaginal Photobiomodulation Improves Pain in Women with Pelvic Muscle Tenderness and Interstitial Cystitis/Bladder Pain Syndrome: A Preliminary Observational Study.
Butrick C.W., Lamvu G.  
Embase  
Urology. 170 (pp 14-20), 2022. Date of Publication: December 2022.  
[Article]  
AN: 2020686782  
PURPOSE: Interstitial Cystitis/ Bladder Pain Syndrome (IC/BPS) is characterized by pelvic/bladder pain, associated with pelvic muscle tenderness, urgency, frequency, and dysuria. Prior studies show that transvaginal photobiomodulation (TV-PBM) reduces pain in women with chronic pelvic pain (CPP). Our objective was to obtain preliminary data on treatment effect and
adherence, in women with IC/BPS who selected TV-PBM therapy for management of pelvic pain.

MATERIALS AND METHODS: Before-and-after observational cohort study of women with
IC/BPS who received TV-PBM in 17 US practices. Pain was measured using a 0-10 numeric
rating scale (NRS). The primary outcome was a minimal clinical important difference (MCID);
reduction of overall pelvic pain severity by >=2 NRS points from baseline compared to after 8
treatments. Cohen d coefficient measured effect size (low effect size d<0.2, medium 0.2<d<0.8,
and high d>0.8).

RESULT(S): Of 140 patients with IC/BPS who self-selected to start TV-PBM therapy, 89.3%
(n=125) completed 4 treatments and 59.3% (n=83) completed 8. Improvement >=1 NRS point
was reported by 73.5% (n=61) and meaningful improvement (>=2 points) was reported by 63.9%
(n=53) after 8 treatments. In this group, patients with severe / moderate pain decreased from
83.1% (n=44) to 38.5% (n=20); p<0.001. Pain levels decreased as follows: overall pelvic pain
MCID=-2.7, d=1.07, pain with urination MCID=-2.6, d=1.0; pain with exercise MCID=-2.6, d=0.91,
pain with intercourse MCID=-2.5, d=0.82.

CONCLUSION(S): In real-world clinical settings, 2/3 women with IC/BPS who opted to undergo
TV-PBM therapy reported significant decrease in pelvic pain and dysuria. These findings are
promising; however, controlled studies are needed.

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77.

Occurrence of chronic endometritis in different types of human adenomyosis.
Khan K.N., Fujishita A., Ogawa K., Koshiba A., Mori T., Itoh K., Nakashima M., Kitawaki J.
Embase
Reproductive Medicine and Biology. 21(1) (no pagination), 2022. Article Number: e12421. Date of
Publication: January/December 2022.
[Article]
AN: 2013952212

Purpose: Human adenomyosis has an adverse effect on female fertility. Exact mechanistic basis
is still unclear. We investigated the occurrence of chronic endometritis (CE) in different types of
human adenomyosis.

Method(s): This is a prospective non-randomized observational study enrolling patients with focal
(n = 30), diffuse (n = 26), intrinsic (n = 23), and extrinsic (n = 10) adenomyosis. Endometrial
biopsy samples were collected from hysterectomy specimens. Immunohistochemical analysis
was performed using antibody against CD68 (Mphi marker) with biopsy samples of
intrinsic/extrinsic adenomyosis and CD138 (Syndecan-1), a marker of plasma cells, in all biopsy
samples.
Result(s): In GnRHa-untreated groups, a higher trend in the occurrence of CE, as characterized by infiltration of $\geq 1$ plasma cells in endometrial stroma, was found in women with focal (58.8%, $p = 0.0849$) and diffuse adenomyosis (60.0%, $p = 0.0841$) comparing to control women (10.0%). In women with focal adenomyosis, ipsilateral side showed a significantly higher occurrence of CE (58.8%) than on the contralateral side (11.7%) ($p = 0.043$). Tissue infiltration of macrophages in endometria was significantly higher in intrinsic than in extrinsic adenomyosis ($p = 0.03$) without showing any significant difference in the occurrence of CE between these two variants of adenomyosis.

Conclusion(s): A variable occurrence of CE in different types of adenomyosis may be involved in adverse reproductive outcome.

Identification of Immune-Related Genes and Small-Molecule Drugs in Interstitial Cystitis/Bladder Pain Syndrome Based on the Integrative Machine Learning Algorithms and Molecular Docking.
Jiang Y., Zhu X., Al-Danakh A.Y., Chen Q., Yang D.

Background. Interstitial cystitis/bladder pain syndrome (IC/BPS) is a chronic, severely distressing clinical syndrome characterized by bladder pain and pressure perceptions. The origin and pathophysiology of IC/BPS are currently unclear, making it difficult to diagnose and formulate successful treatments. Our study is aimed at investigating the role of immune-related genes in the diagnosis, progression, and therapy of IC/BPS. Method. The gene expression datasets GSE11783, GSE11839, GSE28242, and GSE57560 were retrieved from the GEO database for further analysis. Immune-related IC/BPS differentially expressed genes (DEGs) were identified by limma. Three distinct machine learning approaches, least absolute shrinkage and selection operator (LASSO), support vector machine-recursive feature elimination (SVM-RFE), and random forest (RF), were used to find the immune-related IC characteristic genes. Nomogram and receiving operator curves (ROC) were plotted to measure characteristic effectiveness. Using the CMap database and the molecular docking approach, potential small-molecule medicines were
found and verified. Consensus cluster analysis was also performed to separate the IC/BPS samples into immunological subtypes. Results. A total of 24 immune-related IC/BPS-DEGs were identified. When compared to the normal control group, the IC/BPS cohort had significantly more immune cell infiltration. Integrative machine learning methods discovered 5 IC/BPS characteristic genes (RASGRP1, PPBP, RBP4, CR2, and PROS2) that may predict IC/BPS diagnosis and immune cell infiltration. Furthermore, two immunological subgroups with substantial variations in immune cell infiltration across IC/BPS samples were identified, which were named cluster1 and cluster2, with the hallmark genes having greater expression in cluster2. Finally, bumetanide was shown to have the potential to be a medication for the treatment of IC/BPS, and it performed well in terms of its molecular binding with RASGRP1. Conclusion. We found and validated 5 immune-related IC/BPS genes (RASGRP1, PPBP, RBP4, CR2, and PROS2) and 2 IC/BPS immune subtypes. In addition, bumetanide was discovered to be a potential drug for treating IC/BPS, which may provide new insight into the diagnosis and immune therapy of IC/BPS patients.

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Status In-Process

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Publisher Hindawi Limited

Year of Publication 2022

79.


[Review]

AN: 637387730

Background: Endometriosis is an estrogen-dependent gynecological inflammatory condition that may lead to infertility and recurrent pelvic pain. The purpose of this research was to determine the efficacy and safety of Salvia miltiorrhiza-containing Chinese herbal medicine (CHM) combined with gonadotropin-releasing hormone agonist (GnRH-a) for postoperative endometriosis management.

Method(s): Eight databases were systematically searched before October 2021, including PubMed, Embase, Cochrane Library, Scopus, Web of Science, CNKI, VIP, and Wanfang. Finally, all randomized controlled studies comparing Salvia miltiorrhiza-containing CHM paired with GnRH-a to GnRH-a alone for postoperative endometriosis management were included.
Result(s): A total of 10 trials involving 836 patients were reported and analyzed. Compared with the control group, the Salvia miltiorrhiza-containing CHM combined with GnRH-a group showed significant superiority in decreasing endometriosis recurrence (risk ratio [RR] = 0.26; 95% confidence intervals [CI]: 0.16-0.41) and increasing the pregnancy rate ([RR] = 1.96; 95% CI: 1.58-2.44). Similarly, the effect of the Salvia miltiorrhiza-containing CHM combined with GnRH-a on CA-125 serum levels was positive (standardized mean difference [SMD] = -0.79; 95% CI: -1.11 to -0.47). Furthermore, this group showed a significant reduction in adverse effects.

Conclusion(s): The results indicate that Salvia miltiorrhiza-containing CHM may be a viable choice for postoperative endometriosis therapy, with the potential to enhance pregnancy while decreasing recurrence and adverse effects.

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80.

Giovannopoulou E., Saliaris K., Kavoura E., Pavlakis K., Lathouras K.

Embase
Current Oncology. 29(12) (pp 9105-9116), 2022. Date of Publication: December 2022.
[Review]
AN: 2020730067

(1) Background: Highly differentiated follicular carcinoma of ovarian origin (HDFCO) is an extremely uncommon neoplasm, associated with struma ovarii. There are scarce cases reported in the literature and, subsequently, no reliable conclusions on its pathophysiology, treatment, and prognosis can be drawn. The goal of this study is to enrich the literature on the topic by adding our own experience with a case, and simultaneously accumulate all cases published up to date.

(2) Methods: The present review was performed in accordance with the guidelines for systematic reviews and meta-analyses (PRISMA). PubMed (1966-2022), Scopus (2004-2022), and Clinicaltrials.gov databases were screened for relevant articles published up to July 2022.

(3) Results: Twenty patients with HDFCO were identified. The included patients were aged 47.15 years (range 24-74). The predominant origin was ovarian (60%) and extraperitoneal spread was confirmed in 15% of the cases. Surgical treatment varied from conservative to radical (35.3% vs. 41.2%, respectively) and the administration of supplementary therapy and thyroidectomy was not universal. Combined thyroidectomy/radioactive iodine therapy was applied in just 62.5% of the reported cases. There was one patient who demonstrated disease recurrence and lives with the disease. No disease related morbidity was reported.

(4) Conclusion(s): HDFCO represents a low-grade malignant tumor, whose rarity does not allow for reliable conclusions. Standard treatment including complete surgical excision and supplementary treatment seems to offer a favorable prognosis in selected cases.

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Molecular Mechanisms Underlying the Association between Endometriosis and Ectopic Pregnancy.
Zalecka J., Pankiewicz K., Issat T., Laudanski P.
Embase
International Journal of Molecular Sciences. 23(7) (no pagination), 2022. Article Number: 3490.
Date of Publication: April-1 2022.
[Review]
AN: 2016007550
Endometriosis is a common inflammatory disease characterized by the presence of endometrial cells outside the uterine cavity. It is estimated that it affects 10% of women of reproductive age. Its pathogenesis covers a wide range of abnormalities, including adhesion, proliferation, and cell signaling disturbances. It is associated with a significant deterioration in quality of life as a result of chronic pelvic pain and may also lead to infertility. One of the most serious complications of endometriosis is an ectopic pregnancy (EP). Currently, the exact mechanism explaining this phenomenon is unknown; therefore, there are no effective methods of prevention. It is assumed that the pathogenesis of EP is influenced by abnormalities in the contraction of the fallopian tube muscles, the mobility of the cilia, and in the fallopian microenvironment. Endometriosis can disrupt function on all three levels and thus contribute to the implantation of the embryo beyond the physiological site. This review takes into account aspects of the molecular mechanisms involved in the pathophysiology of endometriosis and EP, with particular emphasis on the similarities between them.
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PMID 35408850 [https://www.ncbi.nlm.nih.gov/pubmed/?term=35408850]
Patients with Functional Somatic Syndromes--Fibromyalgia, Irritable Bowel Syndrome, Chronic Headaches, and Chronic Low Back Pain--Have Lower Outcomes And Higher Opioid Usage And Cost After Shoulder And Elbow Surgery. 
Masood R., Mandalia K., Moverman M.A., Puzzitiello R.N., Pagani N.R., Menendez M.E., Salzler M.J. 
Embase 
[Review] 
AN: 639941010 
PURPOSE: To perform a systematic review assessing the relationship between functional somatic syndromes (FSSs) and patient-reported outcome measures (PROMs), post-operative opioid consumption, and hospitalization costs after shoulder and elbow surgery. 
METHOD(S): A systematic review of the PubMed and Web of Science databases was conducted according to PRISMA guidelines to identify all studies evaluating the effect of having at least 1 FSS (fibromyalgia, irritable bowel syndrome, chronic headaches, chronic low back pain) on outcomes after shoulder and elbow surgeries. Outcomes of interest included postoperative analgesic use, patient reported outcome measures (PROMs), and hospitalization costs. 
RESULT(S): The review identified a total of 320 studies, of which 8 studies met the inclusion criteria. The total number of participants in our 8 included studies was 57,389. Three studies (n=620) reported PROMs. These studies demonstrated that the presence of at least one FSS is predictive of significantly higher pain scores and lower quality of recovery, DASH, ASES, and SANE scores postoperatively. Although scores were inferior in among patients with FSS, two of the three studies showed improvement in PROMs in this group of patients. Seven studies (n=56,909) reported postoperative opioid use. Of these, 5 reported that a diagnosis of at least one FSS was a strong risk factor for long-term opioid use after surgery. One study (n=480) found that time-driven activity-based costs were significantly higher in patients with FSSs. 
CONCLUSION(S): Patients with functional somatic syndromes have less favorable PROMs postoperatively, consume more opioids postoperatively, and have higher healthcare costs after elective shoulder and elbow procedures. While PROMs among patients with FSSs are inferior compared to those without FSSs, PROMs still improve compared to baseline. LEVEL OF EVIDENCE: Level III, systematic review of Level II-III studies. 
Copyright © 2022. Published by Elsevier Inc.

Embase Archivio italiano di urologia, andrologia : organo ufficiale [di] Societa italiana di ecografia urologica e nefrologica. 94(4) (pp 447-450), 2022. Date of Publication: 27 Dec 2022. [Article] AN: 639878897 OBJECTIVES: The aim of this study was to assess changes in quality of life and pain alleviation in women with refractory Interstitial Cystitis/Painful Bladder syndrome following a combined intravesical injection of Botulinum Toxin-A and Hyaluronic Acid instillation versus Hyaluronic acid instillation alone. METHOD(S): Two groups of women with painful bladder syndrome/interstitial cystitis were randomly divided (one to one randomization). Intravesical injections of botulinum toxin-A and intravesical Hyaluronic acid were given to Group (I). Only Hyaluronic acid was instilled intravesically in Group II. Patients were given voiding diaries, a visual analogue scale for pelvic pain, the International Cystitis Symptom Index and Problem Index, the Pelvic Pain Urgency/Frequency Patient Symptom Scale, and the Patient Health Questionnaire-9 to assess the candidates' quality of life. The Student t-test and mean and standard deviation were used in statistical analysis, with p 0.05 considered as significant (IBM SPSS statistics) Results: Thirty-four women were included in this study. The pain severity (VAS) of group (I) cases dropped dramatically from 8.5 +/- 1.5 at the start to 3.9 +/- 2.4 after three months and 2.9 +/- 2.1 after six months. Among group (II) cases, the pain score reduced dramatically from 8.6 +/- 1.3 to 5.8 +/- 1.4 to 4.3 +/- 2.6. CONCLUSION(S): In patients with refractory Interstitial Cystitis/Bladder Discomfort Syndrome, Botulinum Toxin-A injection combined with Hyaluronic Acid instillation improves pelvic pain and improves quality of life. PMID 36576459 [https://www.ncbi.nlm.nih.gov/pubmed/?term=36576459] Institution (Ghaith) Urology Department, Faculty of Medicine, Tanta University (Radwan, Hagras) Urology Department, Faculty of Medicine, Tanta University (Rashed Taha) Urology Department, Faculty of Medicine, Tanta University (Elbendary) Urology Department, Faculty of Medicine, Tanta University (Al Damhogy) Urology Department, Almogammaa Altebbby Insurance Hospital Publisher NLM (Medline) Year of Publication 2022

Fluoroscopic anterior approach versus ultrasound guided superior hypogastric plexus neurolysis in cancer pelvic pain: a randomized controlled study. Abdelghaffar N.A., Farahat T.E.
Background: Cancer-related pelvic pain can be difficult and debilitating to treat. Superior hypogastric plexus neurolysis (SHPN) is a good choice for adequate pain relief with fewer side effects. The current study compared between fluoroscopic anterior approach and ultrasound guided SHPN in the management of cancer-related pelvic pain.

Method(s): Patients were randomly allocated into two equal groups. The ultrasound group (US group) (n = 48) received SHPN by an ultrasound-guided anterior approach using 3 ml 5% bupivacaine plus 20 ml 10% phenol, while the fluoroscopy group (n = 48) received SHPN by a fluoroscopy-guided anterior approach using 3 ml 5% bupivacaine plus 20 ml 10% phenol.

Result(s): The time of the procedure was shorter in the fluoroscopic group (21.31 +/- 4.79 min) than the US group (24.88 +/- 6.02 min) (P = 0.002). Patient satisfaction was higher in the fluoroscopy group (5.38 +/- 1.482) than the US group (2.98 +/- 1.495) (P<0.001). The need for analgesia using morphine was significantly limited in each group, at 1, 2 and 3 months intervals (P1<0.001, P2 <0.001 and P3 <0.001). There were statistically significant differences between both groups regarding fatigue at baseline, drowsiness at 3 months, nausea and vomiting at 1, 2 and 3 months and anorexia at 3 months. Group comparison also revealed statistically significant differences regarding depression at one month, anxiety at 2 and 3 months and insomnia at baseline.

Conclusion(s): The fluoroscopic anterior approach SHPN was more superior than the US guided SHPN regarding the time of the procedure and patient satisfaction, while both technique were similar regarding the numeric rating scale and the complications during block. Trial registration: Registered in the ClinicalTrials.gov (Identifier: NCT05299047) at 28/03/2022.

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PMID 36575390 [https://www.ncbi.nlm.nih.gov/pubmed/?term=36575390]
articles were left out because they required a membership, copyright clearance, or featured non-
English references. There were a total of 12 articles included in the final review. Among all the
study-related articles, only original research studies and one systematic review that
sonographically explored the gynecological etiology of acute pelvic pain were selected.
Result(s): Acute pelvic pain in women might be difficult to identify between gynecologic and non-
gynecologic causes based solely on patient history and examination. Advanced imaging, like
ultrasound, aids in determining the reason. Pelvic inflammatory disease can be difficult to
diagnose, and clinicians should use a low threshold for starting presumptive treatment in order to
avoid significant long-term effects such as infertility.
Conclusion(s): Pelvic pain can be acute, chronic or functional. Imaging investigations such as CT,
ultrasonography, and MRI can assist in establishing a diagnosis. Particularly ultrasound scanning
makes it possible to arrive at a diagnosis with a high degree of precision.

High-Intensity Laser Therapy (HILT) as an Emerging Treatment for Vulvodynia and Chronic
Musculoskeletal Pain Disorders: A Systematic Review of Treatment Efficacy.
Starzec-Proserpio M., Bardin M.G., Fradette J., Tu L.M., Berube-Lauziere Y., Pare J., Carroll M.-
S., Morin M.
Embase
Journal of Clinical Medicine. 11(13) (no pagination), 2022. Article Number: 3701. Date of
Publication: July-1 2022.
[Review]
AN: 2017227396
High-intensity laser therapy (HILT) has been gaining popularity in the treatment of chronic
musculoskeletal pain, including vulvodynia. The objective of this study was to critically appraise
and synthesize the available evidence on the efficacy of HILT for reducing pain and improving
function in vulvodynia and other chronic primary musculoskeletal pain conditions. Electronic
databases and the grey literature were searched. Effects on pain intensity, function, and adverse
events were assessed. One study investigating HILT in the treatment of vulvodynia and 13
studies on the treatment of chronic musculoskeletal pain were selected. The study assessing
vulvodynia showed favorable results for reducing pain. Regarding chronic musculoskeletal pain,
12 out of the 13 studies selected consistently showed that HILT was more effective than the
placebo/active comparator for reducing pain and improving function. The available effect sizes for
pain showed large to huge effects. Similar effects were observed for function except for two
studies showing moderate effects. The GRADE score was moderate.
Conclusion(s): There are insufficient data to support the use of HILT in vulvodynia, but the
promising results encourage further research. HILT appears to be effective in musculoskeletal
pain conditions. More high-quality studies are needed to identify effective laser protocols.
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87.

Genito Pelvic Pain/Penetration Disorder (GPPPD) in Spanish Women-Clinical Approach in Primary Health Care: Review and Meta-Analysis.
Embase
[Article]
AN: 2016447279

Sexuality is a component of great relevance in humans. Sexual disorders are a major public health problem representing a high prevalence in the general population. DSM-5 genito-pelvic pain/penetration disorder (GPPPD) includes dyspareunia and vaginismus (DSM-IV-TR). To assess the importance of research on these disorders in Spain, we evaluated the Spanish scientific publications of primary and community care. The objective was to quantify the magnitude of the publications of GPPPD in Spanish women in primary and community care. For this, we used the method of conducting a systematic review and meta-analysis of studies evaluating GPPPD. As main results, of the 551 items found, we selected 11 studies that met the inclusion criteria. In primary care in Spain, one in nine women has these disorders; the percentage of women with GPPPD in this study (raw data) was 11.23% (95% CI: 0-29%) (vaginismus 5%; penetration pain 8.33%; dyspareunia 16.45%). These percentages can differ of those from other countries, and they are at the top of the data of the European countries (9-11.9%). There is much variability in the studies found in the world with respect to the prevalence of these health problems.

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Status
In-Process


[Article] AN: 2015537161

Background: Irritable bowel syndrome (IBS) is a highly prevalent chronic pain disorder with multiple underlying mechanisms and few treatments that have been demonstrated to be effective in placebo controlled trials. One potential reason may be the use of composite outcomes, such as the IBS Symptom Severity Scale (IBS-SSS) which includes descriptive items related to pain frequency and pain intensity as well as bowel dysfunction and bloating. We investigated if different features of IBS pain have distinct genetic associations and if these may be moderated by sex hormones.

Participants and Setting: Adult outpatients with moderately severe IBS (>175 on IBS-SSS) enrolled in a clinical trial reported IBS-SSS at baseline and after 6 weeks of therapy.

Method(s): Fixed effects modeling was used to test the effect of COMT rs4680 genotype to change in pain severity (rated 0-100) and pain frequency (defined as number of days with pain in the past 10 days) from baseline to week 6 with IBS treatment. Parallel exploratory genome-wide association studies (GWAS) were also performed to identify single nucleotide polymorphisms (SNPs) associated with change in pain severity or pain frequency across all participants.

Result(s): A total of 212 participants (74% female) were included. The COMT rs4680 met allele was associated with decreased pain severity over the course of the trial in gene dosage models [beta(SE) -5.9 (2.6), P = 0.028]. Exploratory GWAS for change in pain frequency identified 5 SNPs in close proximity on chromosome 18 near L3MBTL4 which reached genome-wide significance (all P < 5.0E-8). This effect was not mediated by changing estradiol levels. There was also a region of chromosome 7 with 24 SNPs of genome-wide suggestive significance for change in pain severity (all P < 1.0E-5).

Conclusion(s): Previously reported association between COMT rs4680 genotype and treatment response as measured by IBS-SSS is related to pain severity, but not pain frequency. We also
identified new candidate genes associated with changes in IBS pain severity (SNX13) and pain frequency (L3MBTL4) in response to treatment. Further studies are needed to understand these associations and genetic determinants of different components of IBS-SSS. ClinicalTrials.gov, Identifier: NCT0280224.

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Publisher
Frontiers Media S.A.

Year of Publication
2022

89.

A pilot trial of movement-based pelvic floor physical therapy to address pelvic floor myofascial pain and lower urinary tract symptoms.
Meister M.R., Sutcliffe S., Ghetti C., Chu C.M., Spitznagle T.M., Lowder J.L.
Embase
[Article]
AN: 2019167376
Introduction and hypothesis: Pelvic floor myofascial pain (PFMP) is associated with lower urinary tract symptoms (LUTS). The objective of this study was to test movement-based pelvic floor physical therapy (PT) for patients with PFMP and LUTS. We hypothesized that movement-based PT designed to target PFMP would result in significant improvement in both PFMP and concomitant LUTS.
Method(s): This pilot trial enrolled patients with moderate-to-severe PFMP on palpation who were referred to movement-based PT to diagnose and treat pelvic floor dysfunction in the context of body alignment and movement patterns. The primary outcome was change in Urogenital Distress Inventory (UDI) scores after PT. Factors associated with PT attendance were also measured. We aimed to enroll 55 participants to achieve 80% power to detect a difference in 11 points on the
UDI scores with an alpha-level of 0.05, accounting for a 10% loss to follow-up. The sample size was increased to 65 owing to a higher-than-expected loss-to-follow-up rate.

Result(s): Sixty-five patients were enrolled and 62 analyzed. Thirty-eight (61.3%) attended PT, and 30 (48.4%) completed a follow-up PT Attendance (PTA) survey. Overall, UDI score and irritative, obstructive, and stress subscales ($p<0.0001$) improved in participants who attended PT as well as mean myofascial examination scores at each site.

Conclusion(s): Participants who attended movement-based PT demonstrated an improvement in LUTS. Future studies should extend our findings by: first, confirming whether the myofascial pain-directed elements of PT improved LUTS; second, investigating whether movement-based PT improves prolapse symptoms; and third, including a non-PT control arm to rule out the possible influence of a placebo effect and behavioral modifications on LUTS and PFMP.
Molecular Targets for Nonhormonal Treatment Based on a Multistep Process of Adenomyosis Development.
Kobayashi H.
Embase
[Review]
AN: 2018276038
Adenomyosis is an estrogen-dependent gynecologic disease characterized by the presence of endometrial tissue within the myometrium. Adenomyosis presents with abnormal uterine bleeding, pelvic pains, and infertility. This review aimed to investigate the major estrogen downstream effectors involved in the process of adenomyosis development and their potential use for nonhormonal treatment. A literature search was performed for preclinical and clinical studies published between January 2010 and November 2021 in the PubMed and Google Scholar databases using a combination of specific terms. Adenomyosis presents with a wide spectrum of clinical manifestations from asymptomatic to severe through a complex process involving a series of molecular changes associated with inflammation, invasion, angiogenesis, and fibrosis. Adenomyosis may develop through a multistep process, including the acquisition of (epi)genetic mutations, tissue injury caused at the endometrial-myometrial interface, inside-to-outside invasion (from the endometrial side into the uterine wall), or outside-to-inside invasion (from the serosal side into the uterine wall), and epithelial-mesenchymal transition, tissue repair or remodeling in the myometrium. These processes can be regulated by increased estrogen biosynthesis and progesterone resistance. The expression of estrogen downstream effectors associated with persistent inflammation, fragile and more permeable vessel formation, and tissue injury and remodeling may be correlated with dysmenorrhea, heavy menstrual bleeding, and infertility, respectively. Key estrogen downstream targets (e.g., WNT/beta-catenin, transforming growth factor-beta, and nuclear factor-kappaB) may serve as hub genes. We reviewed the molecular mechanisms underlying the development of adenomyosis and summarized potential nonhormonal therapies.
Copyright © 2022, The Author(s), under exclusive licence to Society for Reproductive Investigation.
PMID 35838920 [https://www.ncbi.nlm.nih.gov/pubmed/?term=35838920]
Status Article-in-Press
Benefits of physical therapy in improving quality of life and pain associated with endometriosis: Systematic Review and Meta-analysis.

Abril-Coello R., Correjero-Leon M., Ceballos-Laita L., Jimenez-Barrio S.

Embase
[Review]
AN: 639870338

OBJECTIVE: To assess whether non-pharmacological conservative therapies interventions are beneficial in improving pain intensity and quality of life in women with endometriosis compared to placebo.

METHOD(S): A systematic review with meta-analysis was designed. A literature search was performed in the following databases: PubMed, PEDro, Embase, CINAHL, Isi Web of Science, Enfispo, and Cochrane. RCTs included women with endometriosis treated with conservative treatment versus placebo. The quality of the studies was assessed using the PEDro scale, and the risk of bias of the individual studies was assessed using the Cochrane Risk of Bias tool. For the overall quality of the studies, the GRADE guidelines were used.

RESULT(S): Meta-analysis included 6 studies. Significant results were obtained for pain intensity (SMD = -0.89; 95% CI; -1.21,-0.57; I2:69%) and concerning quality of life only significant results were obtained for the sub-variable physical function (SMD= -1.49; 95% CI; -2.88, -0.10; I2:95%). No statistically significant differences were found for the rest of the variables analyzed.

CONCLUSION(S): Non-pharmacological conservative therapies are a therapeutic option for women with endometriosis for improving pain intensity and physical function.

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PMID 36571475 [https://www.ncbi.nlm.nih.gov/pubmed/?term=36571475]

Status Article-in-Press

Institution (Abril-Coello) MsC Physiotherapist. University of Valladolid   (Correjero-Leon) MsC Physiotherapist. Department of Surgery, Ophthalmology, Physiotherapy, Faculty of Health Sciences, University of Valladolid, OtorhinolaryngologyCalle Universidad S/N, Soria, Spain (Ceballos-Laita, Jimenez-Barrio) PhD Physiotherapist. Clinical Research in Health Sciences Group. Department of Surgery, Ophthalmology, Physiotherapy, Faculty of Health Sciences, University of Valladolid, OtorhinolaryngologyCalle Universidad S/N, Soria, Spain

Publisher NLM (Medline)

Year of Publication

2022
Merlino L., Titi L., Pugliese F., D'Ovidio G., Senatori R., Rocca C.D., Piccioni M.G.
Embase Pharmaceuticals. 15(12) (no pagination), 2022. Article Number: 1514. Date of Publication: December 2022.
[Review]
AN: 2020752158
Background: Vulvodynia is defined in this international consensus as persistent vulvar pain that occurs for >3 months without an identifiable cause and with several potential associated factors. At present there is no univocal consensus in the therapeutic treatment of vulvodynia. The methods of intervention are based on various aspects including, above all, the management of painful symptoms.
Method(s): A research on scientific database such as "Pubmed", "Medline Plus", "Medscape" was conducted, using the words "women's genital pain" and "vulvodynia" for the review of the scientific evidence on the assessment and treatment of women's genital pain.
Result(s): Among the drugs with pain-relieving action, the most effective in the treatment of vulvodynia would seem to be those with antidepressant and anticonvulsant action, even if their mechanisms of action are not known and there are still insufficient studies able to demonstrate their real validity. Among the least effective are non-steroidal anti-inflammatory drugs (NSAIDs) and corticosteroids. However, the ideal would seem to use a combined treatment with multiple types of drugs.
Conclusion(s): Future studies are needed to draw up a unique therapeutic action plan that considers the stratification of patients with vulvodynia and the variability of the symptom.
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Status
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Publisher
MDPI
Year of Publication
2022
Effect of Benson Muscle Relaxation Technique on Incisional Pain, Fatigue, and Anxiety Levels among Patients Post Abdominal Surgery.
Zidan S., Belal S., Aljaber N., Khamees M.A., Mahmoud W.M.A., Ahmed W.M.E.
Embase
NeuroQuantology. 20(19) (pp 1030-1043), 2022. Date of Publication: 2022.
[Article]
AN: 2018758626

Background: Trans-abdominal incisions are used in abdominal surgery. Persistent postoperative discomfort is a well-known side effect of this operation. Benson's Muscle Relaxation Technique is an effective complementary and non-pharmacological technique used to reduce incisional pain, fatigue, and anxiety levels.

Aim(s): To determine the effect of Benson Muscle Relaxation Technique on incisional pain, fatigue, and anxiety levels among patients post abdominal surgery.

Design(s): A quasi-experimental design was used to conduct this study.

Setting(s): The study was conducted in the surgical adult department affiliated with Ain Shims University Hospital. Subject: A non-probability purposive sampling technique was used to recruit 100 post-abdominal surgery patients who were randomly assigned into two groups, 50 for each of the study and control groups. Tools: (I) a structured interview questionnaire, (II) a numerical pain rating scale, (III) a fatigue assessment scale, and (IV) an anxiety rating scale.

Result(s): The findings demonstrated that there was a statistically significant difference between mean pretest and posttest scores in the study group regarding pain level at the p<0.05 level. Furthermore, there were highly statistically significant differences in fatigue scores in the study group compared to the control group pain (P<0.05). Highly statistically significant differences were found between both groups as regards anxiety levels.

Conclusion(s): The Benson Muscle Relaxation Technique was found to be useful in reducing.

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Does group physiotherapy improve pain scores and reduce the impact of pelvic pain for women referred with persistent pelvic pain? A clinical trial.
Beaumont T., Phillips K., Hull M.L., Green R.
Embase
[Article]
AN: 2020475675

Introduction: This study aimed to test group Physiotherapy sessions - pain education and supervised exercise - in addition to individual consultations, for women referred with persistent pelvic pain (with/without endometriosis), with the primary outcomes being pain scores and pain impact.
Method(s): Parallel study design with three treatment arms: (1) usual care: a suite of individual Physiotherapy consultations; (2) introductory group pain education session followed by usual care and (3) introductory group pain education session followed by usual care and an 8-week supervised group exercise programme.

Result(s): Ninety women were recruited (30/treatment arm), with 66 women (73%) completing their allocated treatment. Participants were aged between 16 and 51 years; endometriosis was confirmed in 41% (n = 27/66) of the study population. Data was analysed using descriptive and inferential statistics. Statistically significant gains (p < 0.05) in pain scores and pelvic pain impact scores were observed in all arms. Between groups, there was statistically significant improvement (p < 0.05) in pelvic pain impact score for those who attended the group pain education session followed by usual care (arm 2), compared to usual care (arm 1) alone. There was no significant added improvement with the weekly supervised group exercise programme (arm 3), when compared to those who received the group pain education programme and usual care (arm 2).

Conclusion(s): This study has demonstrated positive benefits of a group pain education session on pain scores and pelvic pain impact for women referred with persistent pelvic pain, when added as a precursor to individual Physiotherapy consultations.

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Article-in-Press
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Publisher
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Year of Publication
2022

Ethanol Sclerotherapy versus Laparoscopic Surgery in Management of Ovarian Endometrioma; a Randomized Clinical Trial.
Tehrani H.G., Tavakoli R., Hashemi M., Haghighat S.
Embase
Archives of Academic Emergency Medicine. 10(1) (no pagination), 2022. Article Number: e55.
Date of Publication: 2022.
[Article]
AN: 2019396470
Introduction: A variety of therapeutic modalities are available in management of ovarian endometrioma. This study aimed to compare the effects of ethanol sclerotherapy and laparoscopic surgery on disease recurrence and ovarian factors of these patients.
Method(s): 70 women with ovarian endometrioma and chronic pelvic pain were randomly divided into two groups. The first group underwent sclerotherapy with a puncture needle (cook) and the second group underwent laparoscopic surgery. Both groups were followed up every three months to investigate the recurrence rate. In this regard, ultrasonography was performed 3 months and 12 months after treatment, and serum anti-Mullerian hormone (AMH) levels were also reassessed 12 weeks after the intervention.
Result(s): 70 women with the mean age of 31.46 +/- 4.71 years, and the mean body mass index (BMI) of 23.12 +/- 1.01 were studied. The two groups were similar regarding age (p = 0.770), BMI (p = 0.371), history of gastrointestinal signs (p = 0.794), history of urinary diseases (p = 0.324),
dysmenorrhea (p = 0.403), pelvic pain (p = 0.454), dyspareunia (p = 0.448), location of cyst (p = 0.448), and diameter of cyst (p = 0.250). In the laparoscopic group, a significant decrease in anti-Mullerian hormone (AMH) levels was observed after 12 weeks (p < 0.0001), while in the sclerotherapy group, no significant changes were found between pre-and post-operative AMH levels (p = 0.120). Cyst size decreased significantly in both groups three months (p < 0.001) and twelve months (p < 0.0001) after treatment. In the third month, 8 patients in the sclerotherapy group and 13 patients in the laparoscopic group had recurrences, and in the twelfth month, 17 patients in the sclerotherapy group and 15 patients in the laparoscopic group had recurrence of symptoms (p > 0.05).

Conclusion(s): Although AMH level and mean cyst diameter were significantly lower one year after laparoscopy, recurrence rate of ovarian endometrioma was similar between ethanol sclerotherapy and laparoscopic methods.

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Progestins in the symptomatic management of endometriosis: a meta-analysis on their effectiveness and safety.
Mitchell J.-B., Chetty S., Kathrada F.

BMC Women's Health. 22(1) (no pagination), 2022. Article Number: 526. Date of Publication: December 2022.
[Article]
AN: 2020644661
Background: Endometriosis is a complex chronic disease that affects approximately 10% of women of reproductive age worldwide and commonly presents with pelvic pain and infertility. Method & outcome measures: A systematic review of the literature was carried out using the databases Pubmed, Scopus, Cochrane and ClinicalTrials.gov in women with a confirmed laparoscopic diagnosis of endometriosis receiving progestins to determine a reduction in pain symptoms and the occurrence of adverse effects. Result(s): Eighteen studies were included in the meta-analysis. Progestins improved painful symptoms compared to placebo (SMD = -0.61, 95% CI (-0.77, -0.45), P < 0.00001) with no comparable differences between the type of progestin. After median study durations of 6-12 months, the median discontinuation rate due to adverse effects was 0.3% (range: 0 - 37.1%) with mild adverse effects reported. Conclusion(s): The meta-analysis revealed that pain improvement significantly increased with the use of progestins with low adverse effects. Systematic Review Registration: PROSPERO CRD42021285026.
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98.


Embase
[Review]
AN: 2020664650
Vulvodynia affects 7% of American women, yet clinicians often lack awareness of its presentation. It is underdiagnosed and often misdiagnosed as vaginitis. The etiology of vulvodynia remains unknown, making it difficult to identify or develop effective treatment methods. The purpose of this article is to (1) review the presentation and evaluation of vulvodynia, (2) review the research on vulvodynia treatments, and (3) aid the clinician in the selection of vulvodynia treatment methods. The level of evidence to support vulvodynia treatment varies from case series to randomized controlled trials (RCTs). Oral desipramine with 5% lidocaine cream, intravaginal diazepam tablets with intravaginal transcutaneous electric nerve stimulation (TENS), botulinum toxin type A 50 units, enoxaparin sodium subcutaneous injections, intravaginal TENS (as a single therapy), multimodal physical therapy, overnight 5% lidocaine ointment, and acupuncture had the highest level of evidence with at least one RCT or comparative effectiveness trial. Pre to posttest reduction in vulvar pain and/or dyspareunia in non-RCT studies included studies of gabapentin cream, amitriptyline cream, amitriptyline with baclofen cream, up to 6 weeks' oral itraconazole therapy, multimodal physical therapy, vaginal dilators, electromyography biofeedback, hypnotherapy, cognitive behavioral therapy, cold knife vestibulectomy, and laser therapy. There is a lack of rigorous RCTs with large sample sizes for the treatment of vulvodynia, rendering it difficult to determine efficacy of most treatment methods. Clinicians will be guided in the selection of best treatments for vulvodynia that have the highest level of evidence and are least invasive.

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Effect of Antioxidant Supplementation on Endometriosis-Related Pain: A Systematic Review.
Sukan B., Akdevelioglu Y., Sukan V.N.

Embase
Current Nutrition Reports. 11(4) (pp 753-764), 2022. Date of Publication: December 2022. [Review]
AN: 2018493072

Purpose of Review: This study was conducted to determine the effects of antioxidant supplementation on endometriosis-related chronic pelvic pain, dysmenorrhea, and dyspareunia.

Method(s): PubMed/MEDLINE, Scopus, and Cochrane Library databases and the Google Scholar search engine were searched from early 2012 to 2022 using appropriate keywords for clinical trials receiving antioxidant supplements and reporting endometriosis-related pelvic pain (PROSPERO registration number CRD42022318924). The qualities of the included studies were evaluated using the Joanna Briggs Institute (JBI) Checklists Critical Appraisal Tools and the National Institutes of Health (NIH) quality assessment tool for before-after (Pre-Post) study with no control group. This systematic review was reported according to the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) guideline.

Result(s): In this systematic review, 8 studies (5 RCTs and 3 non-comparative trials) published in 2012-2022 were included.

Conclusion(s): The studies we included showed promising results in the use of antioxidants in endometriosis-related pain. However, many scientific studies are needed for clear statements.

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Publisher Springer
Year of Publication
Current role of neuromodulation in bladder pain syndrome/interstitial cystitis.
Padilla-Fernandez B., Hernandez-Hernandez D., Castro-Diaz D.M.
Embase
Therapeutic Advances in Urology. 14 (no pagination), 2022. Date of Publication: January-December 2022.
[Review]
AN: 2020188302
Neuromodulation is recommended by major international guidelines as a fourth-line treatment in bladder pain syndrome/interstitial cystitis (BPS/IC) patients after failure of behavioural, oral and intravesical pharmacological treatments, including hydrodistension. A non-systematic review of studies identified by electronic search of MEDLINE was performed with no time limitation. A narrative synthesis of the existing evidence regarding the results of sacral, tibial and pudendal nerve stimulation in the management of BPS/IC was developed. Neuromodulation in pelvic chronic pain disorders, including BPS/IC, is a useful tool for refractory patients to conventional treatments. Sacral neuromodulation may be effective in patients with BPS without Hunner's lesions, and the effect seems to be maintained in the mid- and long-term. Posterior tibial nerve stimulation can be offered to patients with BPS/IC in the context of a multidisciplinary approach. When pudendal neuralgia is suspected, selective pudendal nerve stimulation has a high response rate. The aetiology of the pain can influence the outcomes in the mid- and long-term of the different neuromodulation approaches, thus careful diagnosis is recommended.
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Publisher
SAGE Publications Inc.
Year of Publication
2022

Acupuncture for low back and/or pelvic pain during pregnancy: a systematic review and meta-analysis of randomised controlled trials.
Embase
Objective Acupuncture is emerging as a potential therapy for relieving pain, but the effectiveness of acupuncture for relieving low back and/or pelvic pain (LBPP) during the pregnancy remains controversial. This meta-analysis aims to investigate the effects of acupuncture on pain, functional status and quality of life for women with LBPP pain during the pregnancy. Design Systematic review and meta-analysis. Data sources The PubMed, EMBASE databases, Web of Science and Cochrane Library were searched for relevant randomised controlled trials (RCTs) from inception to 15 January 2022. Eligibility criteria for selecting studies RCTs evaluating the effects of acupuncture on LBPP during the pregnancy were included. Data extraction and synthesis The data extraction and study quality assessment were independently performed by three reviewers. The mean differences (MDs) with 95% CIs for pooled data were calculated. We assessed the confidence in the evidence using the Grading of Recommendations Assessment, Development and Evaluation framework. Main outcomes and measures The primary outcomes were pain, functional status and quality of life. The secondary outcomes were overall effects (a questionnaire at a post-treatment visit within a week after the last treatment to determine the number of people who received good or excellent help), analgesic consumption, Apgar scores >7 at 5 min, adverse events, gestational age at birth, induction of labour and mode of birth. Results This meta-analysis included 10 studies, reporting on a total of 1040 women. Overall, acupuncture significantly relieved pain during pregnancy (MD=1.70, 95% CI: (0.95 to 2.45), p<0.00001, I² =90%) and improved functional status (MD=12.44, 95% CI: (3.32 to 21.55), p=0.007, I² =94%) and quality of life (MD=-8.89, 95% CI: (-11.90 to -5.88), p<0.00001, I² = 57%). There was a significant difference for overall effects (OR=0.13, 95% CI: (0.07 to 0.23), p<0.00001, I² = 7%). However, there was no significant difference for analgesic consumption during the study period (OR=2.49, 95% CI: (0.08 to 80.25), p=0.61, I² =61%) and Apgar scores of newborns (OR=1.02, 95% CI: (0.37 to 2.83), p=0.97, I² = 0%). Preterm birth from acupuncture during he study period was reported in two studies. Although preterm contractions were reported in two studies, all infants were in good health at birth. In terms of gestational age at birth, induction of labour and mode of birth, only one study reported the gestational age at birth (mean gestation 40 weeks). Thus, prospective randomised clinical studies or clinical follow-up studies were hence desirable to further evaluate these outcomes. Conclusions Acupuncture significantly improved pain, functional status and quality of life in women with LBPP during the pregnancy. Additionally, acupuncture had no observable severe adverse influences on the newborns. More large-scale and well-designed RCTs are still needed to further confirm these results. PROSPERO registration number CRD42021241771.
Ultrasound-Guided Quadratus Lumbarum Block Versus Caudal Block for Pain Relief in Children Undergoing Lower Abdominal Surgeries: A Randomized, Double-Blind Comparative Study.
Embase
[Article]
AN: 2018644250
Background: The quadratus lumborum (QL) block, also known as the abdominal truncal block, was developed to provide visceral and somatic analgesia during abdominal procedures.
Objective(s): This study aimed to assess pain alleviation, the incidence of complications in lower abdominal procedures, and hemodynamic stability between the caudal block and ultrasound-guided QL block.
Method(s): Fifty-two patients aged 1 to 7 years old from both genders scheduled for unilateral lower abdominal surgery were randomly assigned to 2 study groups: group QL, unilateral QL block (n = 26), and group C, caudal block (n = 26). In group C, children received caudal block. In group QL, an ultrasound-guided QL block was performed. The time to first rescue analgesia was evaluated as a primary outcome. The quality of analgesia was determined using the face, legs, activity, cry, consolability scale (FLACC scale), hemodynamic parameters, and incidence of complications because hemodynamic instability was recorded under ultrasound guidance. Signs of local anesthetics toxicity and the parents’ satisfaction were secondary outcomes.
Result(s): The time until the first demand for analgesia postoperatively was statistically longer in group QL compared to group C. A non-significant difference was observed between the 2 groups (P > 0.05) regarding age, weight, gender, duration of surgery, type of surgery, FLACC scale, and hemodynamics (SBP, systolic blood pressure), except at 30 minutes, which was significant in QL block. Also, a non-significant difference was observed in the severity of postoperative pain up to 1 day postoperatively. Group QL showed more satisfaction than group C. No intraoperative complications were detected.
Conclusion(s): Compared to caudal block, QL block produced sustained and adequate analgesia time postoperatively, with higher satisfaction.
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Publisher
Brieflands
Year of Publication
2022

103.
Efficacy of electro-acupuncture in postpartum with diastasis recti abdominis: A randomized controlled clinical trial.
Background: Electro-acupuncture (EA) has promising effects on diastasis rectus abdominis (DRA), defined as a separation of the two muscle bellies of rectus abdominis. To study, there is scant knowledge or scarce high-quality evidence.

Objective(s): We aimed to evaluate the long-term efficacy and safety of EA in treating DRA during postpartum. It was assumed that the improvement of DRA was more obvious in the EA group than in the control group.

Design(s): Randomized, controlled, blinded trial (Clinical Trial Registration: ChiCTR2100041891).

Setting(s): Hangzhou Hospital of Traditional Chinese Medicine in China.

Participant(s): Females aged 20-45 years without a past medical history of pathological rectus abdominal dissection were recruited from DRA inclusion criteria from 42 days to 1 year postpartum.

Intervention(s): 110 participants were randomly assigned in a 1:1 ratio to a control group with no EA intervention (n = 55), and EA group (n = 55). The EA group received ten sessions of EA combined with physical exercise or only physical exercise for 2 weeks with a 26-week follow-up.

Measurements: Outcomes were assessed at baseline, week 2, and week 26. The primary outcome was the change of the inter recti distance (IRD) and electromyographic evaluation of the pelvic floor. Secondary outcomes included elasticity of linea alba (LA), paraumbilical subcutaneous adipose tissue (SAT) measurement, body mass index (BMI), percentage body fat (F%), dyspepsia symptoms, menstrual symptoms, quality of life (QoL), pain performance of patients with lower back pain, postnatal depression symptoms (PDS), postpartum self-image, and DRA-related symptom assessment including urine leakage, frequency, and urgency, constipation, sexual dysfunction, and chronic pelvic pain.

Result(s): A total of 110 maternal (55 in each group) were recruited. The mean difference in IRD from baseline to week 2 and week 26 in all states of the two groups were reduced compared with those before treatment, with statistical significance (P < 0.05). The mean of IRD at the horizontal line of the umbilicus in the end-expiratory state was smaller in the EA group than in the control group, but the difference was not statistically significant (P > 0.05) at week 2. The mean of IRD at the horizontal line of the umbilicus in head-up and flexed knee state was smaller in the EA group than in the control group, and the difference was statistically significant (P < 0.05) at week 26.

Five (9.1%) and thirteen (23.64%) adverse events were reported in EA and control groups, respectively. No serious adverse events were reported.

Limitation(s): The frequency intensity of EA parameters was selected between 4 and 6 because of individual tolerance differences.

Conclusion(s): EA is an effective approach to improve IRD, electromyographic evaluation of the pelvic floor, BMI, the elasticity of LA, paraumbilical SAT, and symptoms of DRA, with durable effects at 26 weeks. Primary funding source: The Construction Fund of Medical Key Disciplines of Hangzhou (Project Number: OO20200097), Hangzhou Medical and Health Science and Technology Project No. A20200483, and Zhejiang Traditional Chinese Medicine Science and Technology Plan Project (Project Number: 2021ZQ065). Clinical trial registration: http://www.chictr.org.cn/index.aspx, identifier: ChiCTR2100041891.

Copyright © 2022 Liu, Zhu, Jiang, Lu, Xiao, Wang, Chen, Sun, Deng, Gu, Zheng, Feng and Shi.

PMID 36483239 [https://www.ncbi.nlm.nih.gov/pubmed/?term=36483239]

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Opioid Use After Laparoscopic Surgery for Endometriosis and Pelvic Pain.
Heres C.K., Rindos N.B., Fulcher I.R., Allen S.E., King N.R., Miles S.M., Donnellan N.M.
Embase
[Article]
AN: 2020741035
Study Objective: The primary objective was to quantify postoperative opioid use after laparoscopic surgery for endometriosis or pelvic pain. The secondary objective was to identify patient characteristics associated with greater postoperative opioid requirements.
Design(s): Prospective, survey-based study in which subjects completed 1 preoperative and 7 postoperative surveys within 28 days of surgery regarding medication usage and pain control.
Setting(s): Tertiary care, academic center.
Patient(s): A total of 100 women with endometriosis or pelvic pain.
 Intervention(s): Laparoscopic same-day discharge surgery by fellowship-trained minimally invasive gynecologists.
Measurements and Main Results: A total of 100 patients were recruited and 8 excluded, for a final sample size of 92 patients. All patients completed the preoperative survey. Postoperative response rates ranged from 70.7% to 80%. The mean number of pills (5 mg oxycodone tablets) taken by day 28 was 6.8. The average number of pills prescribed was 10.2, with a minimum of 4 (n = 1) and maximum of 20 (n = 3). Previous laparoscopy for pelvic pain was associated with a significant increase in postoperative narcotic use (8.2 vs 5.6; p = .044). Hysterectomy was the only surgical procedure associated with a significant increase in postoperative narcotic use (9.7 vs 5.4; p = .013). There were no difference in number of pills taken by presence of deep endometriosis or pathology-confirmed endometriosis (all p >.36). There was a trend of greater opioid use in patients with diagnoses of self-reported chronic pelvic pain syndrome, anxiety, and depression (7.9 vs 5.7, p = .051; 7.7 vs 5.2, p = .155; 8.1 vs 5.6, p = .118).
Conclusion(s): Most patients undergoing laparoscopic surgery for endometriosis and pelvic pain had a lower postoperative opioid requirement than prescribed, suggesting surgeons can prescribe fewer postoperative narcotics in this population. Patients with a previous surgery for pelvic pain, self-reported chronic pelvic pain syndrome, anxiety, and depression may represent a subset of patients with increased postoperative opioid requirements.
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PMID 36162768 [https://www.ncbi.nlm.nih.gov/pubmed/?term=36162768]
105.

Pain management strategies in urethral reconstruction: a narrative review.
Chang C., Nikolavsky D., Ong M., Simhan J.

Embase
Translational Andrology and Urology. 11(10) (pp 1442-1451), 2022. Date of Publication: October 2022.
[Review]
AN: 2021123364

Background and Objective: Few investigations explore pain recovery comprehensively following urethral reconstruction, and understanding pain pathways that lead to discomfort following reconstruction has posed challenges. Options for pain control aside from opioids continue to be in the early forms of investigation, and remain an important strategy to combat the well-documented burden of the opioid epidemic. We conduct a detailed assessment of pain pathways in patients undergoing urethral reconstruction and further outline non-narcotic based pain management strategies in those undergoing urethroplasty.

Method(s): We performed a literature review to describe pain pathways involved in urethral reconstruction with buccal graft, and postoperative pain recovery. We searched for pain management techniques performed by fields similar to urology, and those being utilized in urethroplasty with buccal graft. Key Content and Findings: Innervation of the penoscrotal areas and mouth are well-defined, but understanding postoperative pain after urethroplasty remains a challenge. Preventative analgesia, nerve blocks, and multimodal analgesia have been employed by colorectal and gynecological surgeons. Urologists have utilized similar techniques for patients undergoing urethral reconstruction with buccal graft.

Conclusion(s): Few investigations explore pain recovery comprehensively following urethral reconstruction, but we believe that utilizing a combination of preventative analgesia, nerve blocks, and multimodal analgesia will have acceptable outcomes in post-surgical patients undergoing recovery. Additional work is required to further explore how combined pain management strategies can optimally reduce postoperative pain.

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Status
Embase

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Institution
Effect of Intratrigonal Botulinum Toxin in Patients with Bladder Pain Syndrome/Interstitial Cystitis: A Long-Term, Single-Center Study in Real-Life Conditions.

Abreu-Mendes P., Ferrao-Mendes A., Botelho F., Cruz F., Pinto R.

Embase

The high percentage of treatment failures seen in patients with bladder pain syndrome/interstitial cystitis (BPS/IC) managed conservatively frequently demands invasive treatment options. We aimed to evaluate the long-term efficacy and adverse events of intratrigonal botulinum toxin injection in such circumstances, as well as to determine possible predictors of response to toxin treatment. A retrospective cohort study included 47 female BPS/IC patients treated with onabotulinum toxin A (OnabotA) in a tertiary hospital between the years 2009 and 2022. All patients received 100 U of OnabotA in ten injections limited to the trigonal area. Patients were divided into three groups based on their treatment response as responders, non-responders and lost to follow-up due to non-medical reasons. The clinical and surgical records of the individuals were retrieved, including the 10-point visual analogue scale (VAS), the number of treatments, the time between injections, and the age at the first injection. A total of 25 patients (>50% of the cohort) were long-term responders, but none of the evaluated parameters was a predictor for this circumstance: age, pain intensity, or duration of improvement following the injection. The time between injections was stable (around 1 year). No severe adverse events were registered. The intratrigonal injection of botulinum toxin in patients with BPS/IC was an effective and safe long-term treatment for patients’ refractory to conservative forms of treatment. Age, basal pain intensity, and time to injection request did not predict long-term response to OnaBotA.

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PMID 36356025 [https://www.ncbi.nlm.nih.gov/pubmed/?term=36356025]
Ability of polymicrobial probiotic and mono-strain probiotic to reduce functional abdominal pain in children: a randomized clinical trial.

Jafari S.S., Hashemi S.M., Sadeghi B., Almasi-Hashiani A.

Embase

Background: Chronic abdominal pain is a common problem in childhood.

Purpose(s): Due to the prevalence of functional abdominal pain (FAP) and the importance of probiotics, this study aimed to compare the ability of 2 probiotics to reduce and improve FAP in children.

Method(s): This open-label randomized clinical trial included 116 children aged 5-15 years with FAPP who met the ROME-4 criteria and were referred to the gastrointestinal clinic of Amir-Kabir Hospital in Arak in 2020-2021. The children were randomly allocated to receive polymicrobial probiotic (PMP group) or mono-strain probiotic (MSP group) once daily for 4 weeks. The standard Wong-Baker Faces scale was used to assess symptom severity.

Result(s): Of the 116 subjects, 62 (53.5%) were boys; the mean participant age was 7.39 years (standard deviation, 3.4 years). A significant intergroup difference (P=0.003) was observed in pain severity; 10.34% of children in the PMP group had no pain, while all patients in the MSP group reported low-degree pain. There was no intergroup difference in mean pain score (P=0.466), but it decreased over time in both groups (P= 0.001).

Conclusion(s): Although significantly more children were painless in the PMP versus MSP group, no significant intergroup difference in pain score was noted and symptom severity decreased in both groups. A future study with a placebo group is recommended to validate our findings.

Copyright © 2022 by The Korean Pediatric Society.
Short course of dutasteride in treatment of a refractory category IIIB chronic prostatitis (A placebo-controlled study).
Embase
Prostate International. 10(4) (pp 213-217), 2022. Date of Publication: December 2022.
[Article]
AN: 2019193760
Objective: To evaluate the short-term efficacy of Dutasteride in the management of chronic prostatitis (CP)/chronic pelvic pain syndrome.
Material(s) and Method(s): A randomized placebo-controlled double-blind study was conducted that including 50 patients diagnosed with CP based on the presence of pelvic pain for >=3 months of the preceding 6 months. Patients were randomized into 2 equal groups to evaluate Dutasteride of 0.5 mg once daily that was given for 3 months compared to a placebo.
Result(s): Forty-nine patients were evaluated after the follow-up period with no statistically significant difference in the perioperative demographic data. The mean age of the Dutasteride group was 48.3 (range 41-62) compared to a mean age of 46.5 (range 44-60) in the placebo group. There was a highly statistically significant improvement in the Dutasteride group compared to its preoperative parameters and the placebo compared group in the terms of pain, urinary scores, and total National Institutes of Health CP symptom score. Moderate and marked improvement in patients’ symptomatology was seen in 56% of the dutasteride group, while only 8% in the dutasteride group failed to show an improvement with no significant side effects noted in our study.
Conclusion(s): The short-term outcome of dutasteride therapy showed an improvement in the National Institutes of Health-CP symptom score compared to a placebo in the treatment of category IIIB CP. The trial was registered in the clinical trial.gov registry with a registration number: NCT04756206.
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Pelvic venous reflux embolization in the treatment of symptomatic pelvic congestive syndrome: A systematic review with meta-analysis.
de Carvalho S.F.C., Metzger P.B., Fernandez M.G., Ribeiro W.B., Nogueira A.K.S., Souza J.P.R.E.
Embase
[Review]
AN: 2021605704
Objective: The objective of this study was to objectively evaluate the improvement of chronic pelvic pain in patients with congestive pelvic syndrome undergoing pelvic venous embolization treatment through the Visual Analog Scale (VAS) measurement.
Method(s): This is a meta-analysis conducted by evaluating descriptors indexed in the Medical Subject Heading platform and variable terms in the following databases: PubMed, ScienceDirect, LILACS, Cochrane Library, and CINAHL up until March 2021. The study was registered in the PROSPERO platform with reference number CRD42021246488.
Result(s): A total of 1426 patients (age range, 31-49 years; 100% female), included in 19 studies (range, 11-520 patients), met the inclusion criteria. All studies showed a decrease in mean VAS scores after pelvic venous embolization (P < .001). There was a reduction of 5.15 points (95% confidence interval [CI], 4.44-5.86; I2 = 97%) in VAS considering a meta-analysis with random effects. Dyspareunia, dysuria, and dysmenorrhea symptoms improved in 79.8% (n = 401), 77.3% (n = 205), and 46.7% (n = 303) of symptomatic patients, respectively. Studies that evaluated associated symptoms through the VAS also reported a decrease in mean VAS scores after pelvic venous embolization (1.8 points; 95% CI, 1.07-2.53; I2 = 0%), dysuria (1.63 points; 95% CI 0.84-2.41; I2 = 0%), and dysmenorrhea (2.7 points; 95% CI 1.87-3.53; I2 = 0%). The procedure was mostly performed in gonadal and hypogastric veins (72.5%), followed by left ovarian vein alone (18.7%) and bilateral gonadal veins (7%). Embolizing agents used were coils and/or vascular plugs (76.5%), liquid (4%), or combined (19.4%) agents, with clinical improvement maintained during a mean follow-up period of 21.7 months. Regarding recurrence of symptoms, pelvic pain was the most reported, with 52 recurrences (6.1%) in a mean time of 8.5 to 21 months, followed by lower limb varicosities with 43 recurrences (16.6%). Coil migration was the most common major complication with 29 occurrences (2%), followed by thrombosis with one occurrence (0.07%).
Conclusion(s): Pelvic venous embolization is efficient in reducing chronic pelvic pain secondary to the symptomatic pelvic congestive syndrome and its related symptoms objectively evaluated by the VAS. Studies with greater follow-up that promote comparison between techniques to treat symptomatic patients are required.
Copyright © 2022 Society for Vascular Surgery
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Article-in-Press
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Publisher
Elsevier Inc.
Year of Publication
2022

Neuromodulation for Management of Chronic Pelvic Pain: A Comprehensive Review.
Introduction: Chronic pelvic pain (CPP) is a symptom that derives from a complex group of heterogeneous pathologies of the pelvic organs. The aim of this study was to review the available evidence on efficacy of neuromodulatory modalities including sacral neuromodulation, dorsal root ganglion stimulation, dorsal column neuromodulation, and pudendal nerve stimulation.

Method(s): This narrative review focuses on updated information on neuromodulation for management of chronic pelvic pain. In 2022, we searched English-language studies on neuromodulation, pelvic pain, and chronic pain in a comprehensive search. We searched the following databases: PubMed, Medline, SciHub, Cochrane Database of Systematic Reviews, and Google Scholar. We used the following combinations of keywords: neuromodulation, pelvic pain, chronic pain, chronic pelvic pain, pelvic pain treatment. We tried to include as many recent manuscripts as possible (within the last 3 years) but also included papers older than 3 years if they were particularly relevant to our topic. We also attempted to search for, use, and cite primary manuscripts whenever possible.

Result(s): CPP is a challenging entity to treat because of diagnostic inconsistencies and limited evidence for therapeutic modalities. Our review found evidence suggestive of benefit for all modalities reviewed but the data was of overall low quality with numerous limitations. The literature highlights a lack of randomized controlled trials for neuromodulatory therapies but suggests a growing role for such techniques in treating refractory chronic pelvic pain syndrome (CPPS).

Conclusion(s): This review explores the available evidence on efficacy of neuromodulatory modalities for CPPS and contextualizes the results with information about the type of neuromodulation, lead location and waveform, pain outcomes and assessment timepoints, and reported adverse effects.

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Gray Matter Volume Abnormality in Chronic Pain Patients With Depressive Symptoms: A Systemic Review and Meta-Analysis of Voxel-Based Morphometry Studies.
Ma T., Ji Y.-Y., Yan L.-F., Lin J.-J., Li Z.-Y., Wang W., Li J.-L., Cui G.-B.
Embase
Frontiers in Neuroscience. 16 (no pagination), 2022. Article Number: 826759. Date of Publication: 06 Jun 2022.
[Review]
AN: 2017958655
Background: Gray matter volume (GMV) alteration in specific brain regions has been widely regarded as one of the most important neuroplasticity features in chronic pain patients with depressive symptoms (CP-D). However, the consistent and significant results were still lacking. Thus, further exploration was suggested to be performed.
Objective(s): This study aimed to comprehensively collect the voxel-based morphometry (VBM) studies on GMV alteration between CP-D and healthy controls (HCs). And a systemic review and meta-analysis were made to explore the characteristic brain regions in chronic pain and depression comorbidity.
Method(s): Search of PubMed, MEDLINE, Web of Science, and Cochrane Library databases updated to July 13, 2021. The altered GMV between CP-D and HCs in VBM studies was included in this meta-analysis. In total, 18 studies (20 datasets) and 1320 participants (520 patients and 800 HCs) were included. The significant coordinate information (x, y, z) reported in standard space and the effect size (t-value or z-score) were extracted and analyzed by anisotropic effect size-signed differential mapping (AES-SDM) 5.15 software.
Result(s): According to the main analysis results, CP-D showed significant and consistent increased GMV in the left hippocampus (HIP. L) and decreased GMV in the medial part of the left superior frontal gyrus (SFG. L, BA 10) compared to HCs. Subgroup analysis showed significant decreased GMV in the medial orbital part of SFG.R (BA 10) in neuropathic pain, as well as significant increased GMV in the right parahippocampal gyrus (PHG.R, BA 35), left hippocampus (HIP.L, BA 20), and right middle frontal gyrus (MFG.R) in musculoskeletal pain. Furthermore, meta-regression showed a positive relationship between the decreased GMV in the medial part of SFG.L and the percentage of female patients.
Conclusion(s): GMV abnormality in specific brain areas (e.g., HIP.L and SFG) was robust and reproducible, which could be significantly involved in this comorbidity disease. The findings in this study may be a valuable reference for future research. Systematic Review Registration: [www.crd.york.ac.uk/prospero/].
Copyright © 2022 Ma, Ji, Yan, Lin, Li, Wang, Li and Cui.
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Publisher
112. Women with Chronic Pelvic Pain Demonstrate Increased Lumbopelvic Muscle Stiffness Compared to Asymptomatic Controls.
Embase
[Article]
AN: 639674458
Background: Although lumbopelvic muscle stiffness is commonly clinically assessed in women with chronic pelvic pain (CPP), it has not been objectively quantified in this population, and its association with other pain-related impairments has not yet been established.
Objective(s): To compare superficial lumbopelvic muscle stiffness in women with and without CPP. In addition, pressure pain threshold (PPT) was compared between groups and the associations between muscle stiffness and PPT were assessed in women with CPP.
Study Design: Case-control.
Method(s): Muscle stiffness and PPT of 11 lumbopelvic muscles were assessed in 149 women with CPP and 48 asymptomatic women. Subjective outcome measures, including pelvic floor function, health history, and psychosocial outcomes, were collected before muscle stiffness and PPT measurements. Analysis of covariance was used to compare muscle stiffness differences between groups, and independent t-tests were used to compare PPT between groups. Associations between measurements of PPT and muscle stiffness were calculated using correlation analysis.
Result(s): Five of the 11 muscles measured were significantly stiffer in women with CPP than those without CPP (p<0.05). PPT was significantly decreased in all muscles measured in women with CPP; however, there was not a significant association between muscle stiffness and PPT in women with CPP.
Conclusion(s): The study identified the abdominal lumbopelvic muscles that have increased stiffness in women with CPP compared to asymptomatic women. In addition, muscle stiffness and PPT are two distinct impairments within this population. The results suggest that women with CPP have peripheral muscle impairments, which may be addressed without intravaginal or intrarectal intervention. Clinical Trial Registration: NCT04851730.
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Publisher NLM (Medline)
Year of Publication 2022
Quality, Value, and Efficacy of Complementary and Alternative Medicine in the Treatment of Interstitial Cystitis/Bladder Pain Syndrome.
Bouchard B., Campeau L.
Embase
Current Bladder Dysfunction Reports. (no pagination), 2022. Date of Publication: 2022.
[Review]
AN: 2020314624
Purpose of Review: Interstitial cystitis/bladder pain syndrome (IC/BPS) is a difficult condition to treat, and few treatments have been demonstrated to be effective. Patients are therefore often willing to try treatments that traditional medicine does not offer, such as complementary and alternative medicine (CAM). The purpose of this paper is to review the current CAM treatments for IC/BPS. Recent Findings: Several modalities have been explored in the treatment of IC/BPS. Dietary modification with the elimination of arylalkylamine-containing foods has been shown to reduce symptom flares. Different nutraceuticals have also been studied. Promising results were shown for calcium glycerophosphate taken before the ingestion of foods responsible for symptom flares. The glycosaminoglycan layer appears to be damaged in this condition, and therefore intravesical and oral therapies targeting this layer have the potential of improving symptoms. Mind-body interventions including yoga, mindfulness-based stress reduction, and hypnosis can improve symptoms, relaxation, and help patients in feeling more empowered. Manipulative approaches such as myofascial physical therapy, transvaginal biofeedback, and intravaginal Thiele massage can improve pelvic floor hypertonicity. Pulsed electromagnetic field therapy and acupuncture with or without moxibustion are associated with a reduction in pain.
Summary: Different areas of complementary and alternative medicine have been studied for the treatment of IC/BPS, including biologically based therapies, mind-body interventions, manipulative and body-based approaches, and whole medical systems. These therapies have shown promising results. However, most of them have a small number of participants and do not provide high-quality evidence regarding their effectiveness. Randomized, placebo-controlled studies should be conducted to establish the efficacy of CAMs.
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Publisher
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Despite many efforts to treat HPV infection, cervical cancer survival is still poor for several reasons, including resistance to chemotherapy and relapse. Numerous treatments such as surgery, radiation therapy, immune cell-based therapies, siRNA combined with various drugs, and immunotherapy are being studied and performed to provide the best treatment. Depending on the stage and size of the tumor, methods such as radical hysterectomy, pelvic lymphadenectomy, or chemotherapy can be utilized to treat cervical cancer. While accepted, these treatments lead to interruptions in cellular pathways and immune system homeostasis. In addition to a low survival rate, cervical neoplasm incidence has been rising significantly. However, new strategies have been proposed to increase patient survival while reducing the toxicity of chemotherapy, including targeted therapy and monoclonal antibodies. In this article, we discuss the types and potential therapeutic roles of monoclonal antibodies in cervical cancer.
Effects of Transcutaneous Electrical Nerve Stimulation on Chronic Pelvic Pain in Women: A Systematic Review and Meta-Analysis.
Babazadeh-Zavieh S.S., Bashardoust Tajali S., Haeri S.M.J., Shamsi A.
Embase
Complementary medicine research. (no pagination), 2022. Date of Publication: 21 Nov 2022. [Article]
AN: 639581288
INTRODUCTION: The study aimed to identify the effects of transcutaneous electrical nerve stimulation (TENS) in women with chronic pelvic pain (CPP) by conducting a systematic review and meta-analysis of randomized controlled trials.
METHOD(S): We used five international databases from 2000 to 2020 and selected the clinical trials that reported the effects of TENS on CPP. We excluded the case reports, acute pelvic pain reports, men-related, animal-related, and intravaginal and intrarectal electrical stimulations articles. The level of pain (based on the visual analog scale) was considered for pooling data through the meta-analysis.
RESULT(S): Ten studies met the inclusion criteria, and three articles were included in the meta-analysis. The results showed that TENS application mildly reduced pain in women with primary dysmenorrhea (mean difference=-1.29; 95% CI: -2.57 to -0.01; Z=1.98, P=0.05). Also, to reduce pain in patients with CPP, the TENS must be applied at least for 20 minutes, with a pulse duration of 50-400 mus, at a frequency of 2-120 Hz. The meta-analysis was followed by assessing the risk of biases, including publication bias. Based on the Cochrane risk of biases evaluation, the majority of the included trials were assessed with moderate methodological quality.
CONCLUSION(S): TENS application can mildly improve the level of pain in patients with CPP caused by primary dysmenorrhea. Although no distinct agreement was observed among the effective parameters, the high-frequency mode with maximum tolerated intensity was more effective compared to the low-frequency mode.
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Year of Publication
2022
Diagnostic value of susceptibility-weighted imaging for endometrioma: preliminary results from a retrospective analysis.
Embase
Acta Radiologica. 63(7) (pp 976-981), 2022. Date of Publication: July 2022.
[Article]
AN: 2012327208
Background: Endometrioma is a common manifestation of endometriosis that can be difficult to diagnose with conventional magnetic resonance imaging (MRI). Susceptibility-weighted imaging (SWI) may be more sensitive than conventional MRI in the detection of chronic, local hemorrhagic disease.
Purpose(s): To investigate whether signal voids in SWI sequences could be used in the preoperative diagnosis of endometrioma.
Material(s) and Method(s): This retrospective study included consecutive female patients with clinically suspected endometrioma. All patients underwent pelvic 3-T MRI (T1- and T2-weighted) and SWI within two weeks before laparoscopy. Two experienced radiologists blinded to the histopathologic/clinical diagnoses interpreted the images together, and any disagreements were resolved by consensus.
Result(s): The final analysis included 73 patients: 46 patients (mean age=37 years; age range=22-68 years) with 85 endometrioma lesions and 27 patients (mean age=34 years; age range=15-68 years) with 34 non-endometrioid cystic lesions (18 hemorrhagic corpus luteal cysts, three simple cysts, three mucinous cystadenomas, two mature teratomas, and one endometrioid cyst with corpus luteum rupture/hemorrhage). The presenting symptoms for patients with endometrioma were chronic pelvic pain (44.6%), dysmenorrhea (31.9%), infertility (12.8%), dyspareunia (6.4%), and menstrual irregularity (4.3%). MRI identified all 119 lesions observed laparoscopically. SWI visualized punctate or curvilinear signal voids along the cyst wall or within the lesion in 67 of 85 endometriomas (78.8%) and only 3 of 31 non-endometrioid cysts (8.8%).
Conclusion(s): The use of SWI to look for signal voids in the cyst wall or within the lesion could facilitate the preoperative diagnosis of endometrioma.
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Publisher SAGE Publications Inc.
Year of Publication 2022

118.

Early life events in functional abdominal pain disorders in children.
Karunanayake A., Devanarayana N.M., Rajindrajith S.
Embase
Objectives Functional abdominal pain disorders (FAPDs) are common gastrointestinal problems in children, and the pathophysiology is thought to be multifactorial. Adverse early life events (ELE) induce alterations in the central nervous system, perhaps predisposing individuals to develop FAPDs. We aimed to study the potential adverse ELE that are associated with FAPDs. Methods We steered a school-based survey involving 1000 children from 4 randomly selected schools. FAPDs were assessed using the translated Rome III questionnaire, and ELE were identified using a pre-tested, parental questionnaire. FAPDs were diagnosed using the Rome III criteria. Results Hundred and eighty-two (182) children had FAPDs (62.1% girls, mean age 8.5, SD 2.1). ELE of them were compared with 571 children without FAPDs (51.1% girls, mean age 8.8, SD 1.9). According to the binary logistic regression analysis, family members with abdominal pain, family member with chronic pain other than abdominal pain, prenatal maternal complications and interventional deliveries, were recognized as potential risk factors for the development of FAPDs. Breast feeding over two years has shown to reduce the prevalence of FAPDs. Conclusions Prenatal maternal medical problems are associated with a higher prevalence of FAPDs later in life. Prolonged breastfeeding and normal vaginal delivery could be considered as factors that reduce the vulnerability of developing FAPDs in children. Therefore, minimizing pregnancy-related complications, encouraging vaginal deliveries, and encouraging breastfeeding are potentially valuable measures to prevent FAPDs during childhood.

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119.

Prostate cancer induced bone pain: pathobiology, current treatments and pain responses from recent clinical trials.

Smith A.E., Muralidharan A., Smith M.T.

Discover Oncology. 13(1) (no pagination), 2022. Article Number: 108. Date of Publication: December 2022.

[Review]

AN: 2019677920

Purpose: Metastatic spread of prostate cancer to the skeleton may result in debilitating bone pain. In this review, we address mechanisms underpinning the pathobiology of metastatic prostate cancer induced bone pain (PCIBP) that include sensitization and sprouting of primary afferent
sensory nerve fibres in bone. We also review current treatments and pain responses evoked by various treatment modalities in clinical trials in this patient population.

Method(s): We reviewed the literature using PubMed to identify research on the pathobiology of PCIBP. Additionally, we reviewed clinical trials of various treatment modalities in patients with PCIBP with pain response outcomes published in the past 7 years.

Result(s): Recent clinical trials show that radionuclides, given either alone or in combination with chemotherapy, evoked favourable pain responses in many patients and a single fraction of local external beam radiation therapy was as effective as multiple fractions. However, treatment with chemotherapy, small molecule inhibitors and/or immunotherapy agents, produced variable pain responses but pain response was the primary endpoint in only one of these trials. Additionally, there were no published trials of potentially novel analgesic agents in patients with PCIBP.

Conclusion(s): There is a knowledge gap for clinical trials of chemotherapy, small molecule inhibitors and/or immunotherapy in patients with PCIBP where pain response is the primary endpoint. Also, there are no novel analgesic agents on the horizon for the relief of PCIBP and this is an area of large unmet medical need that warrants concerted research attention.

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120.

Is intracrinology of endometriosis relevant in clinical practice? A systematic review on estrogen metabolism.

Mercorio A., Giampaolino P., Romano A., Dallenbach P., Pluchino N.

Embase

Frontiers in Endocrinology. 13 (no pagination), 2022. Article Number: 950866. Date of Publication: 20 Sep 2022. [Review]

AN: 2019408084

Endometriosis is a chronic, multifactorial, estrogen-dependent disease. The abnormal endocrine microenvironment of endometriosis lesions is considered a main feature and multiple enzymatic pathways leading to local increased synthesis of estrogens have been identified. However, the relevance of intracrinology in clinical practice is still lacking. Medline, Embase, Scopus database were systematically searched for studies reporting on local estrogens metabolism of endometriotic lesions. The main enzymatic pathways involved in the intracrinology of endometriosis such as aromatase (CYP19A1), 17beta-hydroxysteroid dehydrogenase (HSD17B) type 1, type 2 and type 5, steroid sulfatase (STS), estrogen sulfotransferase (SULT1E1) were
assessed with a critical perspective on their role in disease endocrine phenotyping, drug resistance and as therapeutic targets. Overall, studies heterogeneity and missing clinical data affect the interpretation of the clinical role of these enzymes. Although the use of some drugs such as aromatase inhibitors has been proposed in clinical practice for two decades, their potential clinical value is still under investigation as well as their modality of administration. A closer look at new, more realistic drug targets is provided and discussed. Altered expression of these key enzymes in the lesions have far reaching implication in the development of new drugs aimed at decreasing local estrogenic activity with a minimal effect on gonadal function; however, given the complexity of the evaluation of the expression of the enzymes, multiple aspects still remains to be clarified. Systematic Review Registration: https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42022311329, identifier CRD42022311329.

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Publisher
Frontiers Media S.A.
Year of Publication
2022

121.

Remus A., Lempke A.F.D., Wuytack F., Smith V.
Embase
Journal of Pain. 23(12) (pp 2052-2069), 2022. Date of Publication: December 2022.
[Review]
AN: 2020485910
This study provides evidence- and consensus-based recommendations for the instruments to measure the five Pelvic Girdle Pain Core Outcome Set (PGP-COS): pain frequency, pain intensity/severity, function/disability/activity limitation, health-related quality of life and fear avoidance. Studies evaluating measurement properties of instruments measuring any PGP-COS outcome in women with PGP were identified through a systematic search of MEDLINE, EMBASE and PEDro databases (inception-July 2021). The methodological quality of studies and quality of measurement properties were evaluated using the COnsensus-based Standards for the selection of health status Measurement Instruments (COSMIN) checklist. Quality criteria and the synthesized evidence were graded using the modified grading of recommendations, assessment, development, and evaluation (GRADE) approach. A consensus meeting with PGP stakeholders was then held to establish recommendations, based on the evidence, for the instruments that should be used to measure the PGP-COS. Ten instruments were identified from 17 studies. No instrument showed high quality evidence for all measurement properties and/or measured all PGP-COS outcomes. Based on current evidence and consensus, the Pelvic Girdle Questionnaire (PGQ), the Short Form-8 (SF-8) and the Fear Avoidance Beliefs Questionnaire (FABQ) are
recommended for measuring the PGP-COS. Future research should establish additional measurement properties of instruments and to substantiate these recommendations.

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Status In-Process

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122.


Date of Publication: December 2022.

[Article] AN: 2021073326

Background: Vulvodynia, vulvar pain of unknown origin lasting at least 3 months, affects 7% of American women. Dyspareunia, its frequent companion, renders sexual intercourse virtually impossible. Although few therapies are efficacious and rapid pain relief is rarely possible, there have been no sham/placebo-controlled studies of acupuncture for vulvodynia. Aims are to: 1) determine efficacy of acupuncture for vulvodynia, 2) explore duration of the acupuncture effect.

Method(s): In a pretest/posttest randomized controlled, double-blind (practitioner-patient) efficacy trial of a standardized acupuncture protocol, we will randomize 80 participants 1:1 to either penetrating needle or skin-touch placebo needle groups. Both types of needles are designed to blind both the acupuncturist and participant. Participants with vulvodynia will insert and remove a tampon as a standardized stimulus and complete primary measures of vulvar pain (pain intensity) and secondary measures of dyspareunia (Female Sexual Function Index, FSFI dyspareunia subscale score) and sexual function (FSFI total score) pretreatment, after the 10th acupuncture session, and pain measures weekly until return to pretest levels. Upon study completion control group participants will be offered 10 free real acupuncture sessions.

Discussion(s): This is the first multi-needle multi-session RCT using double-blind acupuncture needles as a reliable sham. We hypothesize that controlling for baseline, at posttest there will be statistically significant less vulvar pain and dyspareunia and more sexual function over five weeks in the penetrating needle group compared to the skin touch placebo group.

Conclusion(s): This study is responsive to the need for efficacious pain management for women with vulvodynia. ClinicalTrials.gov Identifier: NCT03364127.

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Status

Embase
Contraception. 116 (pp 22-28), 2022. Date of Publication: December 2022.
[Article]
AN: 2020668153

Objectives: We collected real-world data on the safety and clinical outcomes of the levonorgestrel-releasing intrauterine system (LNG-IUS) for heavy menstrual bleeding and dysmenorrhea.

Study Design: This was a prospective, multicenter, single-cohort, open-label, post-authorization 12-month follow-up study of Japanese patients initiating the LNG-IUS for heavy menstrual bleeding and/or dysmenorrhea. The primary endpoint was the safety profile based on adverse events and adverse drug reactions (ADRs), including expulsions and abnormal bleeding, within 12 months of LNG-IUS insertion. Secondary endpoints included changes from baseline in menstrual blood loss based on bleeding days and dysmenorrhea graded on a visual analog scale (VAS).

Result(s): Of the 595 patients included, many had underlying conditions such as adenomyosis (39.5%), uterine leiomyoma (30.8%), or endometriosis (12.9%). The incidences of ADRs and serious ADRs were 59.7% and 0.3%, respectively. Frequently reported ADRs were metrorrhagia (48.9%), procedural pain (14.1%), and ovarian cyst (6.2%). The cumulative incidence of
expulsions at 12 months was 8.7%. Risk factors for expulsion were obesity (body mass index \(\geq 25 \text{ kg/m}^2\)), adenomyosis, and uterine cavity length \(\geq 8 \text{ cm}\). The median [interquartile range] VAS score for dysmenorrhea improved from 46.5 [13.0-68.0] at insertion to 1.0 [0.0-13.0] at 12 months, and improvements were also observed in chronic pelvic pain and painful defecation. Conclusion(s): The LNG-IUS safely and effectively reduced dysmenorrhea, chronic pelvic pain, and painful defecation. Risk factors for expulsion suggest that patients with underlying organic disease should be monitored carefully when using the LNG-IUS. Implications: The LNG-IUS is an effective treatment for secondary dysmenorrhea with organic disease, and for the reduction of chronic pelvic pain; however, physicians should be aware of the increased risk of expulsion in patients with organic conditions.

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Status Embase
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Publisher Elsevier Inc.
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124.

Neuroimaging Studies of Chronic Prostatitis/Chronic Pelvic Pain Syndrome.
Zhao Y., Lin J., Dong Y., Tian Z., Ye Y., Ma Z., Xia S., Huang X., Chen D., Zhang P.
Embase
[Article]
AN: 2018195945
Evidence shows that chronic prostatitis/chronic pelvic pain syndrome hugely impacts the body and mind. The central mechanisms in patients with CP/CPPS resulted in increased attention as neuroimaging techniques developed. This review investigated the study design and major neuroimaging findings in CP/CPPS patients to provide comprehensive evidence. Seven databases were searched and screened: PubMed, EMBASE/SCOPUS, Cochrane Library
Database, China National Knowledge Infrastructure, VIP, Wanfang, and China Biology Medicine disc. Nine studies were eventually included in the analysis. The results demonstrate that the insula, anterior cingulate gyrus, postcentral gyrus, and precuneus are significantly associated with CP/CPPS patients' pain feelings and cause dysregulation of painful emotions, lowering patients' tolerance to stimulus.

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Sympathetic nerve blocks for persistent pain in adults with inoperable abdominopelvic cancer. Nagar S.D., Nagar S.J., Jordan V., Dawson J.


Objectives: This is a protocol for a Cochrane Review (intervention). The objectives are as follows:. To evaluate the benefits and harms of neurolytic sympathetic nerve blocks for persistent visceral pain in adults with inoperable abdominopelvic cancer compared to standard care or placebo and comparing single blocks to combination blocks.

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Sympathetic nerve blocks for persistent pain in adults with inoperable abdominopelvic cancer. Nagar S.D., Nagar S.J., Jordan V., Dawson J.


Objectives: This is a protocol for a Cochrane Review (intervention). The objectives are as follows:. To evaluate the benefits and harms of neurolytic sympathetic nerve blocks for persistent visceral pain in adults with inoperable abdominopelvic cancer compared to standard care or placebo and comparing single blocks to combination blocks.

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The role of gut and genital microbiota and the estrobolome in endometriosis, infertility and chronic pelvic pain.
Salliss M.E., Farland L.V., Mahnert N.D., Herbst-Kralovetz M.M.
Embase
Human Reproduction Update. 28(1) (pp 92-131), 2022. Date of Publication: 2022.
[Article]
AN: 2020804874
BACKGROUND: Endometriosis is a chronic, burdensome condition that is historically understudied. Consequently, there is a lack of understanding of the etiology of the disease and its associated symptoms, including infertility and chronic pelvic pain (CPP). Endometriosis development is influenced by estrogen metabolism and inflammation, which are modulated by several factors including the microbiome and the estrobolome (the collection of genes encoding estrogen-metabolizing enzymes in the gut microbiome). Therefore, there is increasing interest in understanding the role of microbiota in endometriosis etiology.
OBJECTIVE AND RATIONALE: To date, there is no cure for endometriosis and treatment options often are ineffective. This manuscript will review the potential relationship between the microbiome and endometriosis, infertility and CPP and highlight the available data on the microbiome in relation to endometriosis and its related symptoms. The overarching goal of this manuscript is to inform future microbiome research that will lead to a deeper understanding of the etiology of the disease and possible diagnostic modalities and treatments. The potential impact of the microbiome on estrogen regulation modulated by the estrobolome, as well as inflammation and other endometriosis-promoting mechanisms within the genital tract, will be reviewed. The methodological limitations of microbiome-related studies will be critically assessed to provide improved guidelines for future microbiome and clinical studies.
SEARCH METHOD(S): PubMed databases were searched using the following keywords: endometriosis AND microbiome, infertility AND microbiome, pelvic pain AND microbiome, IVF (in-vitro fertilization) AND microbiome, endometriosis AND infertility. Clinical and preclinical animal trials that were eligible for review, and related to microbiome and endometriosis, infertility or CPP were included. All available manuscripts were published in 2002-2021.
OUTCOME(S): In total, 28 clinical and 6 animal studies were included in the review. In both human and animal studies, bacteria were enriched in endometriosis groups, although there was no clear consensus on specific microbiota compositions that were associated with endometriosis, and no studies included infertility or CPP with endometriosis. However, bacterial vaginosis-associated bacteria and Lactobacillus depletion in the cervicovaginal microbiome were associated with endometriosis and infertility in the majority (23/28) of studies. Interpretation of endometrial studies is limited owing to a variety of methodological factors, discussed in this review. In addition, metadata outlining antibiotic usage, age, race/ethnicity, menopausal status and timing of sample collection in relation to diagnosis of endometriosis was not consistently reported. Animal studies (6/6) support a bidirectional relationship between the gut microbiota and endometriosis onset and progression.
WIDER IMPLICATION(S): There is evidence that a dysbiotic gut or genital microbiota is associated with multiple gynecologic conditions, with mounting data supporting an association between the microbiome and endometriosis and infertility. These microbiomes likely play a role in the gut-brain axis, which further supports a putative association with the spectrum of symptoms associated with endometriosis, including infertility and CPP. Collectively, this review highlights the demand for more rigorous and transparent methodology and controls, consistency across the field, and inclusion of key demographic and clinical characteristics of disease and comparison participants. Rigorous study designs will allow for a better understanding of the potential role of the microbiome in endometriosis etiology and the relationship to other disorders of the female reproductive tract.
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PMID
The effect of self-management online modules plus nurse-led support on pain and quality of life among young adults with irritable bowel syndrome: A randomized controlled trial.


BACKGROUND: Irritable bowel syndrome is a chronic pain condition that needs life-long self-management. However, the effect of self-management among young adults with irritable bowel syndrome is limited.

OBJECTIVE(S): This study aimed to examine the effect of a nurse-led self-management program on pain, symptoms, and quality of life among young adults with irritable bowel syndrome.

DESIGN: A randomized controlled trial. SETTINGS AND PARTICIPANTS: Eighty young adults with irritable bowel syndrome recruited from two campuses of a public university and two gastrointestinal clinics were randomly assigned into a self-management online education and learning modules alone group (Online Modules, n=41) or a nurse-led one-to-one consultation plus self-management online education and learning modules group (Nurse-Led Online Modules, n=39). Twenty-one healthy controls were also recruited from these two campuses.

METHOD(S): Both the intervention groups received ten online modules after baseline data collection. Participants in the Nurse-Led Online Modules group received additional three nurse-led one-to-one consultations at baseline, 6- and 12-week follow-ups. Self-reported pain, symptoms, quality of life, self-efficacy for managing chronic disease, and coping were measured at baseline, and 6- and 12-week follow-ups among the participants with irritable bowel syndrome. The healthy controls completed data collection of pain and symptoms at baseline and the 12-week follow-up. The intervention effects across study time points and the comparisons between the two interventional groups were analyzed using linear mixed models. A longitudinal mediation
analysis was also conducted to explore the mediation effects of self-management mechanisms of the interventions.

RESULT(S): Both the intervention groups showed significant interventional effects on decreasing pain intensity and pain interference and increasing quality of life at the 12-week follow-up (all p<0.05). At the 12-week follow-up, the Nurse-Led Online Modules significantly reduced anxiety (p=0.016) and had a significant greater improvement in quality of life than the Online Modules (p=0.040). Increased self-efficacy mediated the intervention effect of the Nurse-Led Online Modules group on reducing pain interference and improving quality of life, while the effect of the Online Modules was mediated through decreasing inefficient coping strategy-catastrophizing.

CONCLUSION(S): This study showed that both the pain self-management online education and nurse-led intervention were effective for alleviating pain and improving quality of life among young adults with irritable bowel syndrome by targeting the self-management process. The nurse-led intervention had a better outcome than the online education alone in improving quality of life.

REGISTRATION NUMBER: NCT03332537.

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Embase

Zhongguo zhen jiu = Chinese acupuncture & moxibustion. 42(4) (pp 397-401), 2022. Date of Publication: 12 Apr 2022.

AN: 637730652

OBJECTIVE: To observe the clinical therapeutic effect of CO2 laser moxibustion on endometriosis related pelvic pain of cold coagulation and blood stasis.

METHOD(S): A total of 76 patients with endometriosis related pelvic pain of cold coagulation and blood stasis were randomized into a laser moxibustion group and a sham laser moxibustion group, 38 cases in each group. In the laser moxibustion group, moxibustion was applied at bilateral Zigong (EX-CA 1) using CO2 laser moxibustion instrument. In the sham laser moxibustion group, the manipulation of moxibustion was same as the laser moxibustion group,
without laser output. The treatment was given once every other day, 30 min each time, 3 times a
week for 4 weeks in both groups. Before and after treatment and follow-up of 3 months after
treatment, the scores of Gracely box scale (GBS) and visual analogue scale (VAS) were
observed, the usage of non-steroidal anti-inflammatory drug for the duration of the treatment and
the average days of taking drugs were recorded in both groups.
RESULT(S): Compared before treatment, the GBS and VAS scores were decreased after
treatment and during follow-up in the laser moxibustion group (P<0.05), while those in the sham
moxibustion group had no significant differences (P>0.05). Compared with the sham moxibustion
group, the GBS and VAS scores were decreased after treatment and during follow-up (P<0.05),
the cases and average days of taking drugs were less in the laser moxibustion group (P<0.05).
CONCLUSION(S): CO2 laser moxibustion can improve the pain symptom in patients with
endometriosis related pelvic pain of cold coagulation and blood stasis, and reduce the use of
analgesic drugs.

129.
Medical Cannabis for Gynecologic Pain Conditions: A Systematic Review.
Liang A.L., Gingher E.L., Coleman J.S.
Embase
Obstetrics and gynecology. 139(2) (pp 287-296), 2022. Date of Publication: 01 Feb 2022.
[Article]
AN: 637154145
OBJECTIVE: The endocannabinoid system is involved in pain perception and inflammation.
Cannabis contains delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD), which are
cannabinoids that bind to endocannabinoid system receptors. A fatty acid amide called
palmitoylethanolamide (PEA) enhances endogenous cannabinoids. Given that use of medical
cannabis is increasing, we sought to characterize patterns of cannabis use for gynecologic pain
and its effectiveness as an analgesic. DATA SOURCES: We searched PubMed, EMBASE,
Scopus, Cochrane, and ClinicalTrials.gov using terms for "woman," "cannabis," and "pain" or
"pelvic pain" or "endometriosis" or "bladder pain" or "cancer." The search was restricted to
English-language articles published between January 1990 and April 2021 and excluded animal
studies. METHODS OF STUDY SELECTION: The initial search yielded 5,189 articles with 3,822
unique citations. Studies were included if they evaluated nonpregnant adult women who used
cannabinoids for gynecologic pain conditions (eg, chronic pelvic pain, vulvodynia, endometriosis,
interstitial cystitis, malignancy). Study types included were randomized controlled trials (RCTs),
cohort studies, and cross-sectional studies. Covidence systematic review software was used.
TABULATION, INTEGRATION, AND RESULTS: Fifty-nine studies were considered for full
review, and 16 met inclusion criteria. Prevalence of cannabis use ranged from 13% to 27%. Most
women ingested or inhaled cannabis and used cannabis multiple times per week, with dosages of
THC and CBD up to 70 mg and 2,000 mg, respectively. Sixty-one to 95.5% reported pain relief.
All six prospective cohort studies and one RCT of PEA-combination medications reported
significant pain relief, and the average decrease in pain after 3 months of treatment was 3.35+-
1.39 on the 10-point visual analog scale. However, one fatty acid amide enzyme inhibitor RCT did not show pain reduction.

CONCLUSION(S): Survey data showed that most women reported that cannabis improved pain from numerous gynecologic conditions. Cohort studies and an RCT using PEA-combination medications reported pain reduction. However, interpretation of the studies is limited due to varying cannabis formulations, delivery methods, and dosages that preclude a definitive statement about cannabis for gynecologic pain relief. SYSTEMATIC REVIEW REGISTRATION: PROSPERO, CRD42021248057.

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PMID 35104069 [https://www.ncbi.nlm.nih.gov/pubmed/?term=35104069]

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Publisher
NLM (Medline)

Year of Publication
2022

130.

Molecular Genotyping of Chlamydia trachomatis in Iraqi Married Pregnant and Non-Pregnant Women.
Shamkhi G.J., Alkhuzai R.A.H., Al-Shukr N.M.K.

It has been approved that the infection caused by Chlamydia trachomatis (C. trachomatis) is one of the major causes of infertility and adverse birth outcomes in populations. The C. trachomatis epidemiology among childbearing-age women in Iraq has not been recognized yet. This study aimed to detect the prevalence of C. trachomatis infection among pregnant and non-pregnant women using the polymerase chain reaction (PCR) assay and phylogenetic analysis of local isolates. In total, 200 endocervical swabs were collected from adult married pregnant (n=100) and non-pregnant women (n=100) from June to July 2021. Targeting the omp1 gene, 9% of the total samples were positive for C. trachomatis, and significant increases were reported among non-pregnant compared to pregnant women. The PCR products of five positive local isolates were selected randomly, sequenced, and documented in the National Centre for Biotechnology Information (NCBI) with the accession numbers OK094104.1, OK094105.1, OK094106.1, OK094107.1, and OK094108.1. Analysis of the homology sequence of the local and NCBI-BLAST isolates revealed a significant association with the Russian (MF288585.1) isolate. Statistical analysis of reproductive data revealed a higher prevalence, odds ratio (OD), and risk in asymptomatic, compared to symptomatic cases. Although no significant variation was detected in prevalence rate among single and multiple symptomatic women, increases were observed in OD values and risk of multiple symptomatic women. Reportedly, chronic pelvic pain was more prevalent than pelvic inflammatory diseases, ectopic pregnancy, and infertility in single symptomatic women. Regarding the demographic characteristics (i.e., age, the place of residence, and occupation), prevalence and risk of infection were higher in women who were <30 years, lived in urban areas, and had a job, compared to women who were >=30 years, lived in
suburban and rural areas, and had a free job. In conclusion, the course of chlamydial infections is usually unpredictable, diverse, and asymptomatic and has remained almost unrecognized. Therefore, PCR-based methods can apply successfully to detect C. trachomatis in both pregnant and non-pregnant women.

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PMID 36284967 [https://www.ncbi.nlm.nih.gov/pubmed/?term=36284967]

Status Embase

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Publisher Razi Vaccine and Serum Research Institute

Year of Publication 2022

131.

Efficacy of Magnetic Therapy in Pain Reduction in Patients with Chronic Pelvic Pain: A Systematic Review.

dede Pedro Negri A.M., Prieto M.J.R., Diaz-Mohedo E., Martin-Valero R.

Embase


Article Number: 5824. Date of Publication: May-2 2022.

[Review]

AN: 2016677461

Chronic pelvic pain (CPP), also known as chronic pelvic pain syndrome (CPPS), is a common and painful condition. However, its treatment is still a challenge. The findings about the beneficial effects of electromagnetic therapy provide a new, potentially valid, therapeutic alternative for the management of patients with CPP.

Objective(s): to analyze the efficacy of magnetic field therapy in pain reduction in patients with CPP and for other variables, such as urinary symptoms and quality of life, as well as to review the evidence, in order to establish an action protocol. A qualitative systematic review was carried out, based on the PRISMA protocol and registered in PROSPERO (CRD42022285428). A search was performed in the PubMed, Medline, Scopus, Cochrane, PEDro, BVS, and WOS databases, including those articles in which the patients suffered from CPP; the study variable was pain, and the intervention was based on the application of magnetic fields.

Result(s): Among the 81 articles found, five clinical trials were considered (with an average score of 7.2 in the PEDro scale), with a total of 278 participants, most of whom presented improvements in perceived pain (p <= 0.05), as well as in quality of life (p < 0.05) and urinary symptoms (p = 0.05), evaluated through the NIH-CPSI and VAS scales. The therapy was conducted as a monotherapy or in combination with a pharmacological treatment. There was no common protocol among the different articles.

Conclusion(s): Intervention programs through electromagnetic therapy, on their own or with other therapies, can be effective in patients with CPP.

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PMID 35627359 [https://www.ncbi.nlm.nih.gov/pubmed/?term=35627359]

Status Embase
Prevalence of dysmenorrhea in adolescents in France: Results of a large cross-sectional study.

Hadjou O.-K., Jouannin A., Lavoue V., Leveque J., Esvan M., Bidet M.

Embase

[Article]
AN: 2016367405

Backgrounds: Dysmenorrhea is the most common gynecological complaint in young women but is overlooked by recent studies. Our objective was to evaluate the prevalence of dysmenorrhea in adolescents in France and its impact on daily living.

Method(s): It was a cross-sectional study conducted between April-May 2019, in eight randomly selected high schools in France. Participants were randomly selected post-menarche girl pupils 15-19 years who completed a 50-item questionnaire. Dysmenorrhea severity was assessed with the Numerical Rating Scale (NRS) and Verbal Multidimensional Scoring System Scale (VMSS).

Result(s): Questionnaires from 953 girls were analyzed (mean age: 16.9 years). The prevalence of dysmenorrhea was 92.9% with 8.9% describing their pain as severe. Impact on quality of life was significant: 43.3% reported school absences because of dysmenorrhea, 74.9% difficulties in attending classes and 77.2% difficulties in sports activities. Risk factors of severe dysmenorrhea in multivariate analysis were heavy menstrual bleeding (OR 2.02, 95%CI [1.12; 3.63] p = 0.0192), early menarche (OR 0.68, 95%CI [0.57; 0.81] p<0.0001), chronic pelvic pain (OR 2.60, 95%CI [1.10; 6.11] p = 0.0274), BMI (BMI<18, OR 1.94, 95%CI [1.03; 3.66] p = 0.0335). Of the 50.4% who had consulted a physician, 45.4% had seen a general practitioner. Among the girls who had not consulted, 55.1% reported that menstruation was a "woman's burden".

Conclusion(s): Dysmenorrhea is highly prevalent in adolescents in France and has a real impact on daily living with social repercussions. As such, it should be treated as a public health problem with educational and information campaigns targeting the girls themselves, their families and healthcare professionals.

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PMID 34973478 [https://www.ncbi.nlm.nih.gov/pubmed/?term=34973478]

Status Embase

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Effect of Vaginal Stretching and Photobiomodulation Therapy on Sexual Function in Women With Pelvic Floor Myofascial Pain - A Randomized Clinical Trial.
Embase
[Article]
AN: 2016058236

Background: Spasm or increased tonus of the pelvic floor muscles (PFM) can cause myofascial pain (MP), which may result in painful intercourse and sexual dysfunction.

Aim(s): The effect of vaginal stretching (VS) with photobiomodulation therapy (PBMT) is compared to VS with sham PBMT in overall sexual function, rate and severity of painful intercourse at baseline and after treatment in women with pelvic floor MP.

Method(s): A double-blind randomized clinical trial of 103 women with MP: 1 group received 10 sessions of VS with PBMT (4 Joules of near-infrared light-808 nm at 3 points), and the other group received VS with sham PBMT.

Outcome(s): Impact of treatment was measured by the number of women experiencing painful intercourse, Pain severity was measured by Visual Analog Scale and sexual function was assessed by the FSFI questionnaire. Variables were assessed at baseline and after ten sessions in the intervention groups.

Result(s): After treatment, the number of women experiencing painful intercourse was significantly lower in both the VS with PBMT group (90.2-55%, P = .001), and VS with sham PBMT group (86.6-46.2%, P < .001). There was a significant reduction in pain measure by Visual Analog Scale (P < .001, [VS with PBMT group: P = .002; VS with sham PBMT group: P < .001]). There was a significant decrease in the number of participants with sexual dysfunction (FSFI score <=26.55) after the treatment in the VS with PBMT group (92.2-74.5%, P = .003) and in the VS with sham PBMT group (94.4-76.9%, P = .035). Both groups showed improvement in the FSFI pain domain after treatment (P < .001, [VS with PBMT group: P = .038; VS with sham PBMT group: P = .005]). Only the VS with sham PBMT group had a significant increase in FSFI desire and total score (P < .001) after treatment. Clinical Implications: We found that VS associated or not with PBMT may be effective in reducing complaints of painful intercourse, alleviating pain severity, and reducing the number of women with pelvic floor MP suffering from sexual dysfunction. Strengths & Limitations: Strengths of this study are the randomized design and use of validated questionnaires. Limitation of the study is the lack of a long follow-up period and the lack of a usual care comparison group hampers generalizability of the results.


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PMID
34955173 [https://www.ncbi.nlm.nih.gov/pubmed/?term=34955173]
The Effect of Core Stabilization Exercise with the Abdominal Drawing-in Maneuver Technique on Stature Change during Prolonged Sitting in Sedentary Workers with Chronic Low Back Pain. Saiklang P., Puntumetakul R., Chatprem T.

Embase

AN: 2015581426
To enhance stature recovery, lumbar spine stabilization by stimulating the deep trunk muscle activation for compensation forces originating from the upper body was introduced. The abdominal drawing-in maneuver (ADIM) technique has been found mainly to activate deep trunk muscles. The purpose of the current study was to determine whether 5 weeks of training of deep trunk muscles using the ADIM technique could improve stature recovery, delay trunk muscle fatigue, and decrease pain intensity during prolonged sitting. Thirty participants with chronic low back pain (CLBP) conducted a core stabilization exercise (CSE) with the ADIM technique for 5 weeks. Participants were required to sit for 41 min before and after the exercise intervention. Stature change was measured using a seated stadiometer with a resolution of +/-0.006 mm. During sitting, the stature change, pain intensity, and trunk muscle fatigue were recorded. A comparison between measurements at baseline and after 5 weeks of training demonstrated: (i) stature recovery and pain intensity significantly improved throughout the 41 min sitting condition; (ii) the bilaterally trunk muscle showed significantly decreased fatigue. The CSE with the ADIM technique was shown to provide a protective effect on detrimental reductions in stature change and trunk muscle fatigue during prolonged sitting in young participants under controlled conditions in a laboratory. This information may help to prevent the risk of LBP from prolonged sitting activities in real life situations.

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PMID 35162924 [https://www.ncbi.nlm.nih.gov/pubmed/?term=35162924]
Models of Follow-Up Care and Secondary Prevention Measures for Survivors of Colorectal Cancer: Evidence-Based Guidelines and Systematic Review.


Embase

Current Oncology. 29(2) (pp 439-454), 2022. Date of Publication: February 2022.

[Article]

AN: 2015361955

Objective: To provide recommendations for preferred models of follow-up care for stage I-IV colorectal (CRC) cancer survivors in Ontario; to identify signs and symptoms of potential recurrence and when to investigate; and to evaluate patient information and support needs during the post-treatment survivorship period.

Method(s): Consistent with the Program in Evidence-Based Medicine's standardized approach, MEDLINE, EMBASE, PubMed, Cochrane Library, and PROS-PERO databases were systematically searched. The authors drafted recommendations and revised them based on the comments from internal and external reviewers.

Result(s): Four guidelines, three systematic reviews, three randomized controlled trials, and three cohort studies provided evidence to develop recommendations.

Conclusion(s): Colorectal cancer follow-up care is complex and requires multidisciplinary, coordinated care delivered by the cancer specialist, primary care provider, and allied health professionals. While there is limited evidence to support a shared care model for follow-up, this approach is deemed to be best suited to meet patient needs; however, the roles and responsibilities of care providers need to be clearly defined, and patients need to know when and how to contact them. Although there is insufficient evidence to recommend any individual or combination of signs or symptoms as strong predictor(s) of recurrence, patients should be educated about these and know which care provider to contact if they develop any new or concerning symptoms. Psychosocial support and empathetic, effective, and coordinated communication are most valued by patients for their post-treatment follow-up care. Continuing professional education should emphasize the importance of communication skills and coordination of communication between the patient, family, and healthcare providers.

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PMID 35200540 [https://www.ncbi.nlm.nih.gov/pubmed/?term=35200540]

Panunzio A., Tafuri A., Mazzucato G., Cerrato C., Orlando R., Pagliarulo V., Antonelli A., Cerruto M.A.

Embase

[Review]
AN: 2015256430

Introduction: Pain management of patients with chronic pelvic pain syndrome (CPPS) is challenging, because pain is often refractory to conventional treatments. Botulinum toxin A (BTX-A) may represent a promising therapeutic strategy for these patients. The aim of this systematic review was to investigate the role of BTX-A in CPPS treatment.

Method(s): We reviewed the literature for prospective studies evaluating the use of BTX-A in the treatment of CPPS. A comprehensive search in the PubMed, Scopus, Web of Science, and Cochrane Central Register of Controlled Trials databases was performed from English language articles published between January 2000 and October 2021. The primary outcome was to evaluate pain improvement in CPPS after BTX-A treatment. Pooled meta-analysis of the included studies, considering the effect of BTX-A on pain evaluated at last available follow-up compared to baseline values, was performed together with meta-regression analysis.

Result(s): After screening 1001 records, 18 full-text manuscripts were selected, comprising 13 randomized clinical trials and five comparative studies. They covered overall 896 patients of both sexes and several subtype of CPPS (interstitial cystitis/bladder pain syndrome, chronic prostatitis/prostate pain syndrome, chronic scrotal pain, gynecological pelvic pain, myofascial pelvic pain). The clinical and methodological heterogeneity of studies included makes it difficult to do an overall estimation of the real effect of BTX-A on pain and other functional outcomes of various CPPS subtypes. However, considering pooled meta-analysis results, a benefit in pain relief was showed for BTX-A-treated patients both in the overall studies populations and in the overall cohorts of patients with CPP due to bladder, prostate, and gynecological origin.

Conclusion(s): BTX-A could be an efficacious treatment for some specific CPPS subtypes. Higher level studies are needed to assess the efficacy and safety of BTX-A and provide objective indications for its use in CPPS management.

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PMID 35051002 [https://www.ncbi.nlm.nih.gov/pubmed/?term=35051002]

Status
Embase

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Publisher
MDPI

Year of Publication
2022
Effect of TENS and stabilization exercises on pelvic pain in pelvic cancer survivors following multimodal treatment: A clinical trial.
Mathias O.D., Pattanshetty R.B.
Embase
Journal of Cancer Research and Therapeutics. 18(4) (pp 1124-1128), 2022. Date of Publication: July-September 2022.
[Article]
AN: 639175115
Background: Pelvic floor muscle (PFM) dysfunction and pain are common complications seen in pelvic cancers including the gynecological and genitourinary systems before and after treatments such as chemotherapy, radiotherapy, and surgeries and may contribute to significant morbidity as the survival rates increase in these patients.
Objective(s): The objective of the clinical trial was to evaluate the effect of transcutaneous electrical nerve stimulation (TENS) and stabilization exercises on pelvic pain in pelvic cancer survivors following multimodal treatment.
Material(s) and Method(s): Thirty-one patients including both male and female adults treated for pelvic cancers were recruited in the study. Outcome measures in terms of pain were assessed at baseline and at the end of the study by the visual analog scale and genitourinary pain index (GUPI) scale, abdominal muscle strength by pressure biofeedback unit for transverse abdominal (TrA) muscle, and quality of life (QOL) by functional assessment of cancer therapy general questionnaire. Pelvic stabilization exercises and TENS were administered once daily approximately 30 min during the acute hospitalization.
Result(s): Pelvic stabilization exercises and TENS demonstrated to be effective in ameliorating pelvic pain (P < 0.001) and improving in the GUPI scores of pain, incontinence, increasing strength of TrA musculature (P < 0.001), and improving overall QOL (P < 0.005).
Conclusion(s): The trial suggests that a combination of pelvic stabilization exercises and conventional TENS may be used as a strategic tool to reduce pain and improve PFM strength after multimodal treatments in pelvic cancer survivors in the clinical setup of an Indian Scenario.
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PMID 36149171 [https://www.ncbi.nlm.nih.gov/pubmed/?term=36149171]
Effectiveness of motor control exercises versus other musculoskeletal therapies in patients with pelvic girdle pain of sacroiliac joint origin: A systematic review with meta-analysis of randomized controlled trials.
Mapinduzi J., Ndacayisaba G., Mahaudens P., Hidalgo B.
Embase
Journal of Back and Musculoskeletal Rehabilitation. 35(4) (pp 713-728), 2022. Date of Publication: 2022.
[Review]
AN: 638524892
BACKGROUND: Pelvic girdle pain represents a group of musculoskeletal pain disorders associated with the sacroiliac joint and/or the surrounding musculoskeletal and ligamentous structures. Its physical management is still a serious challenge as it has been considered the primary cause of low back pain.
OBJECTIVE(S): This review sought to determine the effectiveness of motor control exercises for two clinically relevant measures; i.e., pain and disability, on patients with pelvic girdle pain of sacroiliac joint origin.
METHOD(S): This review covered only randomized controlled studies. Online databases, such as PubMed, Embase, Scopus, and Cochrane Library, were searched from January 1, 1990, to December 31, 2019. PEDro scale was used to assess the methodological quality of included studies, while Review Manager was employed to synthesize data in view of meta-analysis. The PRISMA guidelines were applied for this review.
RESULT(S): Twelve randomized controlled trials of moderate-to-high quality were included in this review. The studies involved 1407 patients with a mean age ranging from 25.5 to 42.1 years as well as intervention and follow-up durations from 1 week to 2 years. Motor control exercises alone for pelvic girdle pain of sacroiliac joint origin were not effective in terms of pain reduction (SMD = 0.29 [-0.64, 1.22]) compared to control interventions whereas they were slightly effective in terms of disability reduction (SMD = -0.07 [-0.67, 0.53]) at short-term. The combination of motor control exercises with other musculoskeletal therapies, however, revealed to be more effective than control interventions in terms of pain reduction (SMD = -1.78 [-2.49, -1.07]; 95%CI) and lessened disability (SMD = -1.80 [-3.03, -0.56]; 95%CI) at short-term.
CONCLUSION(S): Motor control exercises alone were not found to be effective in reducing pain at short-term. However, their combination with other musculoskeletal therapies revealed a significant and clinically-relevant decrease in pain and disability at short-term, especially in peripartum period.
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PMID 34957990 [https://www.ncbi.nlm.nih.gov/pubmed/?term=34957990]
Pain Management. 12(4) (pp 417-424), 2022. Date of Publication: May 2022. [Article]
AN: 637766947
Aims: Better documentation of vulvar pain is needed. We examined pain locations marked on general body and genital specific outlines among women with vulvodynia.
Method(s): 62 women (mean age 32.1 +/- 9.5 years) with vulvodynia marked their pain on a digital genital specific outline (22 segments) and 59 of those women also marked their pain on a digital general body outline (48 segments). We used ImageJ software to determine body surface area (BSA) for each outline.
Result(s): On the general body outline, 24/48 segments were marked; 22/22 segments were marked on the genital specific outline. There was a moderate correlation (r = 0.43; p = 0.001) between the BSA marked on the general body outline and the BSA marked on the genital area outline.
Conclusion(s): Findings support concurrent validity of the BSA as a measure of pain location using either outline.
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PMID 35060761 [https://www.ncbi.nlm.nih.gov/pubmed/?term=35060761]
Status Embase
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Publisher Newlands Press Ltd
Year of Publication 2022

140.
European Urology Open Science. 46 (pp 55-67), 2022. Date of Publication: December 2022. [Article]
AN: 2020879773
Context: Acupuncture is a promising therapy for relieving symptoms in chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS), which affects 9-16% of adult men worldwide.
Objective(s): This study aims to explore the efficacy and safety of acupuncture for CP/CPPS. Evidence Acquisition: Nine electronic databases were searched. Only randomized controlled trials were included. Two reviewers extracted data and assessed the risk of bias of trials using the revised Cochrane risk-of-bias (RoB 2.0) tool. Stata 17.0 was used to analyze the data.
Evidence Synthesis: Twelve trials were included. The results of a meta-analysis showed that acupuncture had larger effect sizes (standardized mean difference [SMD] = -1.20, confidence interval or CI [-1.69, -0.71], acupuncture compared with sham acupuncture; SMD = -1.01, CI [-1.63, -0.38], acupuncture compared with medication; SMD = -0.91, CI [-1.29, -0.54], acupuncture plus medication compared with medication) in reducing the National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI) total score. In decreasing NIH-CPSI pain domain score, acupuncture also led to larger effect sizes (SMD = -0.94, CI [-1.18, -0.70], acupuncture compared with sham acupuncture; SMD = -1.04, CI [-1.29, -0.79], acupuncture compared with medication; SMD = -0.85, CI [-1.23, -0.48], acupuncture plus medication compared with medication), whereas the effect sizes in the reduction of NIH-CPSI urinary domain and quality of life domain scores were medium. Compared with sham acupuncture and medication, acupuncture appears to be more effective in improving the global response rate. Results from four trials indicated that acupuncture was better than sham acupuncture in decreasing the International Prostate Symptom Score. No serious adverse effects were found in the acupuncture treatment.

Conclusion(s): Current evidence supports acupuncture as an effective treatment for CP/CPPS-induced symptoms, particularly in relieving pain. Comprehensive acupuncture treatment according to individual symptoms should be considered in future clinical practice and trials for CP/CPPS.

Patient Summary: In this study, we further verified the efficacy of acupuncture in patients with chronic prostatitis/chronic pelvic pain syndrome, especially in reducing pain.

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Publisher
Elsevier B.V.
Year of Publication
2022

141.

Sarwar A., Agu E.O., Polcari J., Cirol j., Nephew B., King J.
Embase
Smart Health. 26 (no pagination), 2022. Article Number: 100344. Date of Publication: December 2022.
[Article]
AN: 2020879132
Chronic pain is currently diagnosed using verbal self-reports, which present a challenge for patients with cognitive or physiological disorders. Prior work has explored machine learning prediction of pain from clinical data, which requires active user involvement and does not capture their behavior in natural settings. Passive objective assessment is desirable. Circadian Rhythms, including sleep-wake cycles, are biological processes that reoccur every 24 h and can be derived from physiological data such as heart rate, activity, and sleep, gathered using widely-owned smart wearables. This study investigated the feasibility of using machine learning and rest-activity circadian rhythm features to predict patients' pain, including pain intensity, its interference with the patient's life (dysregulation), and their difficulty in performing physical functions using passively gathered actigraphy data. To predict pain on day N, actigraphy data collected over that
day were analyzed. Three sets of feature were extracted: (1) Activity (total sedentary bouts/time/breaks, % in sedentary/light/moderate activity), (2) Sleep (sleep efficiency/latency, wake after sleep onset), and (3) Rest Activity Rhythm (mesor, acrophase, Intradaily Variability (IV)). These features were then classified using various machine learning algorithms. Our proposed PainRhythms approach achieved an average AUC-ROC of 0.97 with a stacking machine learning classifier for predicting pain, 0.67 and 0.62 with logistic regression for pain intensity and interference, and 0.56 with gradient boosting for physical function. We found that chronic pain predictions were more accurate using rest-activity rhythm features than sleep or activity features. Of all the rhythmic features, Intradaily Variability (IV) was the most predictive feature, with elevated values in pain associated with disturbed sleep. PainRhythms provides preliminary evidence that rest-activity rhythms can effectively detect subjects with chronic pain. In future work, we aim to gather more data and confirm our preliminary findings on a large, class-balanced and diverse dataset.

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142.

The role of new medical technologies in the relief of chronic pelvic pain and the rehabilitation of reproductive function.
Kabulova I.V., Tsallagova L.V.
Embase
Cardiometry. (23) (pp 58-63), 2022. Date of Publication: August 2022.
[Article]
AN: 2020807623
The low efficacy of ongoing conventional therapy and a significant decrease in the quality of life in patients with reconstructive plastic surgery (RPO) on the pelvic organs (PO) due to tubal-peritoneal infertility (TPI) and chronic nonspecific salpingo-ophoritis (CNSO) requires searching for new, promising methods of non-drug treatment, in particular, taking into account the regional characteristics of the Republic of North Ossetia-Alania and its natural resources. One of the main ways to increase the efficacy and intensify the treatment of this category of patients is the use of natural factors, namely, sulfide waters of the local Redant-4 deposit, which have a number of anti-inflammatory effects. Purpose of the study is to assess the role of non-drug technologies using magnetic infrared-laser therapy and balneological factors of the local deposit in the rehabilitation of the reproductive function in patients undergoing reconstructive plastic surgery due to TPI and CNSO. Material and methods. 235 women with impaired reproductive function, who underwent laparoscopic reconstructive plastic surgery on the pelvic organs (RPO on PO) due to tubal-peritoneal infertility (TPI) and CNSO, whose average age was 28 + 7 years, were examined. 2 groups were formed by the method of blind sampling: the main group consisted of 139 women with RPO on the pelvic organs due to TPI and CNSO, who, along with conventional therapy, received magnetic IR-laser therapy and had hydrogen sulfide baths; the comparison group...
included 96 women with RPO on PO due to TPI and CNSO, whose treatment was carried out by conventional methods of drug therapy. The conventional treatment included along with antibiotic therapy the use of ecological adaptogens (aloë, apilac), immune modulators (polyoxidonium), vitamin therapy (vitamin E 100 mg/day for 3 months and B vitamins), drugs to eliminate disorders in the intestinal and vaginal flora (antifungal agents: fluconazole, tergynan, acylact for 7-14 days). The patients of the studied groups were observed before their treatment and 1-12 months after the treatment. All patients underwent a clinical and functional examination. Statistical processing of the material was carried out using the package Statistica for Windows.

Results. A control examination of patients of both groups showed a more pronounced positive effect on the course of a number of clinical symptoms in the postoperative period in the main group of patients who received magnetic IR laser therapy and had sulfide baths of the North Ossetian deposit in the complex of therapy. As a result of the physiotherapy treatment, the pain syndrome was eliminated in 107 of 139 patients (77%) who complained of pain before their treatment. A decrease in pelvic pain after the course of treatment was noted in 46 patients (33%). It should be noted that in the majority of patients 94 (68%), who received sulfide balneotherapy, a decrease in the formation of repeated adhesions of the pelvis was revealed during the procedures, the effectiveness of the regression of the adhesive process was found throughout the observation. It was detected that against the background of the proposed non-drug technology in the rehabilitation treatment of patients with RPO on PO due to TPI and CNSO, a significant increase in the effectiveness of treatment of this pathology (89%), improvement in the quality of life of patients as well as restoration of fertility has been achieved. Conclusions. The use of the method of sulfide balneotherapy in patients with RPO on PO due to TPI and CNSO allows shortening the duration of their next treatment and achieving the maintenance of positive dynamics and duration of regression of the adhesive process of the pelvis.

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Publisher
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Year of Publication
2022

Pain Reduction With an Immersive Digital Therapeutic Tool in Women Living With Endometriosis-Related Pelvic Pain: Randomized Controlled Trial.
Embase
Journal of Medical Internet Research. 24(9) (no pagination), 2022. Article Number: e39531. Date of Publication: 01 Sep 2022.
[Article]
AN: 2020650166
Background: Chronic pelvic pain is a common and disabling condition in women living with endometriosis. Pharmacological and surgical treatments are not always effective at controlling pain and present important restrictions. Digital therapeutics (DTx) are emerging as major nonpharmacological alternatives that aim to extend the analgesic therapeutic arsenal of patients.
Objective(s): In this randomized controlled trial (RCT), we aimed to measure the immediate and 4-hour persisting effects of a single use 20-minute DTx (Endocare) on pain in women experiencing pelvic pain due to endometriosis. Method(s): A total of 45 women with endometriosis participated in a randomized controlled study comparing the analgesic effect of a single use of a virtual reality digital treatment named Endocare (n=23, 51%) to a 2D digital control (n=22, 49%). Perceived pain and pain relief were measured before the treatment and 15, 30, 45, 60, and 240 minutes after the end of the treatment.

Result(s): The clustered posttreatment pain was significantly reduced compared to the pretreatment for both Endocare and the control group (all P<.01). Endocare was significantly more effective than the control group (all P<.01). Endocare decreased the mean pain intensity from 6.0 (SD 1.31) before the treatment to 4.5 (SD 1.71) posttreatment, while the control only decreased it from 5.7 (SD 1.36) to 5.0 (SD 1.43). When comparing each posttreatment measures to the pretest, Endocare significantly reduced pain perception for all points in time up to 4 hours posttreatment. The differences did not reached significance for the control group. Moreover, Endocare was significantly superior to the control group 15, 30, and 45 minutes after the treatment (all P<.001). The mean perceived pain relief was significantly higher for Endocare at 28% (SD 2%) compared to the control, which was 15% (SD 1%) for all the posttreatment measurements (all P>.05).

Conclusion(s): Our study aimed to test the effects of a single use of a DTx treatment on reported pain at different time points in women diagnosed with endometriosis experiencing moderate-to-severe pelvic pain. Importantly, our results support that Endocare, a virtual reality immersive treatment, significantly reduce pain perception compared to a digital control in women living with endometriosis. Interestingly, we are the first to notice that the effect persisted up to 4 hours posttreatment.
Background The female body changes during pregnancy to create a favorable environment for fetal development which may result in musculoskeletal disorder and painful symptoms in the lumbopelvic region. Objective To analyze the evidence of therapeutic exercise versus other modalities to prevent and treat LBP, LGP, and LPP during pregnancy. Methods Full text randomized controlled trials (RCT) evaluating interventions to prevent or treat LBP, PGP, and LPP during pregnancy (any gestational age) that comparing therapeutic exercises with usual care or other modalities to reduce the incidence or severity of LBP or PGP or both during pregnancy will be included. 5 electronic databases will be searched to identify studies. Assess risk of bias in each study using the Cochrane Handbook for Systematic Reviews of Interventions and quality of overall body of evidence for all primary outcomes will be assessed for all comparisons using the approach outlined in GRADE Handbook.

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PMID 36137127 [https://www.ncbi.nlm.nih.gov/pubmed/?term=36137127]

145.

The impact of high-frequency linear transducer on the accuracy of pelvic ultrasound in early pregnancy pelvic pain and bleeding.
Cellik A., Yazici M.M., Oktay M.


Introduction: The primary concern of emergency physicians (EPs) in symptomatic patients in their early pregnancy is to rule out ectopic pregnancy by identifying a definite intrauterine pregnancy (IUP). Then an assessment of viability is required for the IUPs. Although transvaginal ultrasound (TVUS) stands as the best modality for these patients, it is not available in most emergency settings. This study aimed to investigate the effects of high-frequency linear transducers (HFLT) on the accuracy of point-of-care ultrasound (POCUS) for detection of IUP and the agreement between EPs and obstetricians for patients' diagnosis.

Method(s): A convenience sample of pregnant patients who presented to the emergency department (ED) with vaginal bleeding and abdominopelvic pain was included. The characteristics of diagnostic tests of transabdominal POCUS performed by EPs were compared to TVUS.
Result(s): The study population was finalized as 143 patients. For the definite IUP, the diagnostic accuracy of POCUS was 93.0%, with a sensitivity of 89.0%, a specificity of 100%, compared to an accuracy of 97.9% for POCUS plus HFLT with a sensitivity of 96.7%, a specificity of 100%. For the identification of fetal cardiac activity (FCA), utilizing HFLT improved the diagnostic accuracy to 97.9% (from 94.4%) and sensitivity to 95.5% (from 88.1%). In addition, the agreement between the EPs and obstetricians concerning the classification of ED diagnosis was excellent (agreement: 96.5%, kappa: 0.943, p < 0.0001).

Conclusion(s): POCUS plus HFLT performed by EPs in evaluating symptomatic patients in their first-trimester pregnancy improves the accuracy to a non-inferior level compared to TVUS performed by obstetricians. Hence, EPs can securely rely on POCUS to confirm IUP and FCA. However, they should be cautious about using it as a rule-out tool. Moreover, HFLT use could enhance the accuracy of POCUS in viability assessment as an alternative to TVUS.

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Publisher W.B. Saunders
Year of Publication 2022

Association of physical therapy techniques can improve pain and urinary symptoms outcomes in women with bladder pain syndrome. A randomized controlled trial.

Hacad C.R., Lucon M., Milhomem S.A.R., Bruschini H., Tanaka C.


[Article]

AN: 2019932783

Purpose: to verify the effects of biofeedback (BF) and manual therapy (MT) associated with transcutaneous electrical nerve stimulation (TENS) or postural exercises (PE) in the treatment of bladder pain syndrome (BPS) in women regarding pain and urinary symptoms.

Material(s) and Method(s): a parallel-randomized controlled trial was conducted in BPS patients diagnosed according to NIH clinical criteria. Two specialized physiotherapists applied demographic and validated questionnaires of perineal and suprapubic pain (VAS), urinary symptoms and problems (ICSI and ICPI) and sexual function (FSFI) and a physical assessment was made to identify myofascial trigger points. Thirty-one women, mean age 51.8 +/- 10.9 were randomized in three groups of treatment consisting of ten weekly sessions of BF and MT (Conventional group); BF, MT, and TENS (TENS group); and BF, MT, and PE (Postural group).

Result(s): Postural group improved perineal and suprapubic pain after treatment (p<0.001 and p=0.001, respectively), and the suprapubic pain improvement remained persistent at 3 months of follow up (p=0.001). Postural group improved urinary symptoms and problems after treatment (p<0.001 and p=0.005, respectively) and during follow up (p<0.001 and p=0.001). Conclusion(s): Biofeedback and manual therapy associated with postural exercises showed a significant improvement in perineal and suprapubic pain and urinary symptoms after treatment and during follow-up. Both results suggest a possible role for the use of this physiotherapy
Post-Selective Serotonin Reuptake Inhibitor Sexual Dysfunctions (PSSD): Clinical Experience with a Multimodal Approach.
Reisman Y., Jannini T.B., Jannini E.A.
Embase
Journal of Men's Health. 18(8) (no pagination), 2022. Article Number: 165. Date of Publication: 01 Aug 2022.
[Article]
AN: 2019743079
Background: Post-SSRI sexual dysfunction (PSSD) is a set of heterogeneous sexual disorders, that may arise during the administration of antidepressant Selective Serotonin Reuptake Inhibitors (SSRIs) and serotonin and norepinephrine reuptake inhibitor (SNRIs) and may persist after their discontinuation. PSSD is commonly associated with sexual problems with marked distress and poor quality of life. To date, however, no effective treatment is available. The study describes the clinical experience with a newly introduced systems sexology approach involving bio-psycho-social interventions.
Method(s): In this study we retrospectively analyzed (from July 2019 to July 2020) twelve PSSD male patients (mean age 31.3 +/- 6.21 years old) treated according to a recently introduced approach involving system sexology and bio-psycho-social interventions. The protocol was based on a combination of lifestyle changes, nutritional supplementation, pharmacological and behavioral interventions.
Result(s): 12 patients with high probability of PSSD were selected. Patients reported a significant improvement in all International Index of Erectile Function-15 (IIEF) domains and Orgasmometer scores from the baseline at 6 months of follow-up.
Conclusion(s): This study described for the first time a feasible and handy treatment procedure for PSSD, framework to improve patients complaints, sexual function and satisfaction, and quality of life. Future randomized, placebo-controlled clinical studies with bigger cohorts will be needed in order to better assess this efficacy and confirm our results.
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Bibliometric and visual analysis of research on nutcracker syndrome from 1974 to 2021: A systematic review.
Gan Z., Wang Q., Chen Y., Jiang Y.
[Review]
AN: 2019708051
Background: At present, researchers have obtained fruitful results in the study of nutcracker syndrome (NCS), but there is still a lack of systematic research on the overall status of this disease. This article aims to describe the past and current status of research into NCS, and predict future research trends and popular research topics.
Method(s): Using bibliometric and visualization methods, 552 articles related to NCS collected from the Scopus database from 1974 to 2021 were analyzed from multiple perspectives.
Result(s): Overall, the amount of literature related to NCS is on the rise every year, and the number of citations is the turning point in 2006. The United States has the largest number of publications and has the most extensive cooperation with other countries. The main contents of the co-authored study focused on the symptoms, surgical procedures, and concomitant diseases of NCS. Keywords such as peak velocity, ultrasonography, orthostatic proteinuria, etc appeared earlier, whereas diagnosis, chronic pelvic pain, endovascular stents, etc appeared later.
Conclusion(s): The literature utilization rate of NCS is relatively insufficient. The pathogenesis and pathological mechanisms need to be further studied, and the diagnostic criteria and surgical methods will continue to be favored by clinicians.
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Publisher Lippincott Williams and Wilkins
Year of Publication 2022
Efficacy and safety of co-crystal of tramadol-celecoxib (CTC) in acute moderate-to-severe pain after abdominal hysterectomy: A randomized, double-blind, phase 3 trial (STARDOM2).


Embase

Background: STARDOM2 is a randomized, double-blind, phase 3 trial evaluating the efficacy and safety of co-crystal of tramadol-celecoxib (CTC)-a first-in-class analgesic co-crystal comprising racemic tramadol hydrochloride and celecoxib in a supramolecular network that modifies their pharmacokinetic properties-for the management of acute postoperative pain (NCT03062644; EudraCT:2016-000593-38).

Method(s): Patients with moderate-to-severe pain following abdominal hysterectomy were randomized 2:2:2:2:2:1 to oral CTC 100 mg (rac-tramadol hydrochloride 44 mg/celecoxib 56 mg) twice daily (BID); CTC 150 mg (66/84 mg) BID; CTC 200 mg (88/112 mg) BID; immediate-release tramadol 100 mg four times daily (QID); celecoxib 100 mg BID; or placebo, for 5 days. The primary endpoint was the sum of pain intensity differences over 0-4 h (SPID0-4). Key secondary endpoints were rescue medication use within 4 h, 50% response rate at 4 h, and safety/tolerability.

Result(s): Of 1355 patients enrolled, 1138 were randomized (full analysis set) and 1136 treated (safety analysis set). In the prespecified gatekeeping analysis of SPID0-4, CTC 200 mg was not superior to tramadol but showed non-inferior efficacy (p < 0.001) that was sustained throughout the 120-h period, despite a 5-day cumulative tramadol administration of 880 mg with CTC 200 mg BID versus 2000 mg with tramadol 100 mg QID. Treatment-emergent adverse events (TEAEs) and severe TEAEs were less common with CTC 200 mg versus tramadol. Treatment-related TEAEs were 14.4% with CTC 200 mg and 23.6% with tramadol.

Conclusion(s): Although the study did not meet its primary endpoint, CTC 200 mg showed a clinically relevant improvement in overall benefit/risk profile versus tramadol alone, with considerably lower cumulative opioid exposure.

Significance: In the randomized, double-blind, phase 3 STAROM2 trial in acute moderate-to-severe pain after abdominal hysterectomy-the novel co-crystal of tramadol-celecoxib (CTC) 200 mg BID was superior to placebo and non-inferior to tramadol 100 mg QID. Although superiority to tramadol was not reached, CTC 200 mg BID exposed patients to lower cumulative opioid (tramadol) doses than tramadol (100 mg QID) alone, with fewer treatment-emergent adverse events. CTC 200 mg thus has a clinically relevant improved benefit/risk profile compared with tramadol alone.

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Current approaches to acute postoperative pain management after major abdominal surgery: a narrative review and future directions.

Pirie K., Traer E., Finniss D., Myles P.S., Riedel B.

Embase
British Journal of Anaesthesia. 129(3) (pp 378-393), 2022. Date of Publication: September 2022. [Review]
AN: 2019140073

Poorly controlled postoperative pain is associated with increased morbidity, negatively affects quality of life and functional recovery, and is a risk factor for persistent pain and longer-term opioid use. Up to 10% of opioid-naive patients have persistent opioid use after many types of surgeries. Opioid-related side-effects and the opioid abuse epidemic emphasise the need for alternative, opioid-minimising, multimodal analgesic strategies, including neuraxial (epidural/intrathecal) techniques, truncal nerve blocks, and lidocaine infusions. The preference for minimally invasive surgical techniques has changed anaesthetic and analgesic requirements in abdominal surgery compared with open laparotomy, leading to a decline in popularity of epidural anaesthesia and an increasing interest in intrathecal morphine and truncal nerve blocks. Limited research exists on patient quality of recovery using specific analgesic techniques after intra-abdominal surgery. Poorly controlled postoperative pain after major abdominal surgery should be a research priority as it affects patient-centred short-term and long-term outcomes (including quality of life scores, return to function measurements, disability-free survival) and has broad community health and economic implications.

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PMID 35803751 [https://www.ncbi.nlm.nih.gov/pubmed/?term=35803751]
Formulation and examination of a new urine alkalizing tablet for the symptomatic treatment of bladder pain syndrome.
Horvath A., Vasvari G., Lovasz S., Horvath G., Birinyi P.
Embase
Journal of Drug Delivery Science and Technology. 74 (no pagination), 2022. Article Number: 103537. Date of Publication: August 2022.
[Article]
AN: 2018912789
The bladder pain syndrome is a condition with frequent urinary complaints and significant bladder pain. The problem is caused by the loss of the barrier function of the GAG-layer against the irritant substance in the urine, resulting in a chronic inflammation of non-bacterial origin. Our aim was to create a potassium-free, prolonged-release tablet that provides a pH of about 7 by alkalizing the urine, reducing pain and provides proper patient adherence. Powder blends were formulated, their powder flow was tested and tablets were prepared by direct compression of the powder mixtures with the best flow properties. Dissolution characteristics of the hydrophilic matrix tablets were evaluated, appropriate candidate was selected for a clinical study involving 20 adult patients, previously diagnosed with bladder pain syndrome. Summarizing the results, an effective alkalizing tablet, causing fewer side effects has been developed for interstitial cystitis/bladder pain syndrome patients. We can conclude that our objectives have been achieved, because the prolonged-release and potassium-free tablet, effectively increases urinary pH, does not irritate the wall of the stomach, and the bladder, which is especially sensitive to potassium.
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Publisher
Editions de Sante
Year of Publication
Quality of Life in Japanese Patients with Dysmenorrhea or Endometriosis-Associated Pelvic Pain Treated with Extended Regimen Ethinylestradiol/Drospirenone in a Real-World Setting: A Prospective Observational Study.

Yoshino O., Suzukamo Y., Yoshihara K., Takahashi N.

Embase

Introduction: Dysmenorrhea and endometriosis are common gynecologic disorders among women of reproductive age that significantly impact health-related quality of life (HRQL) as well as productivity. Although there are treatment options listed in Japanese guidelines, a gap remains in unmet medical needs for maximizing treatment outcome. The extended regimen of ethinylestradiol and drospirenone (EE/DRSP) (taken daily for up to 120 consecutive days) has been available in Japan for treating dysmenorrhea and/or endometriosis-associated pain since 2016. Yet, the effectiveness of its usage on HRQL has not been investigated elsewhere to date. Therefore, in this study, we aim to observe changes in HRQL of Japanese women treated with an extended regimen of EE/DRSP for dysmenorrhea and/or endometriosis-associated pain.

Method(s): As part of a 2-year post-marketing surveillance study, women with dysmenorrhea or endometriosis-associated pelvic pain were prescribed extended EE/DRSP during routine clinical practice. Data were collected 1 month before and 3 and 6 months after initiating treatment. Primary outcomes were the Menstrual Distress Questionnaire (MDQ) (before, during, and after menstruation) in patients with dysmenorrhea, and the Endometriosis Impact Scale (EIS) and European Quality of Life 5-dimensions 5-level instrument (EQ-5D-5L) in patients with endometriosis.

Result(s): The study cohort included 315 patients (mean age 28.9 years) with dysmenorrhea and 262 patients (mean age 31.3 years) with endometriosis. Mean MDQ total scores before and during menstruation decreased significantly after 6 months with extended EE/DRSP; there was no improvement in after-menstruation MDQ score. Mean EIS domain scores improved significantly by 6 months, with improvement in most EIS individual item scores. Mean EQ-5D-5L scores increased slightly during 6 months of treatment.

Conclusion(s): Extended EE/DRSP treatment improved HRQL outcomes in Japanese women with dysmenorrhea or endometriosis-associated pelvic pain. Trial Registration: Registered at ClinicalTrials.gov (NCT03126747) on June 2017.

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The Association between Childhood Adversity and Risk of Dysmenorrhea, Pelvic Pain, and Dyspareunia in Adolescents and Young Adults: A Systematic Review.
Moussaoui D., Grover S.R.
Embase
Journal of Pediatric and Adolescent Gynecology. 35(5) (pp 567-574), 2022. Date of Publication: October 2022.
[Review]
AN: 2018837241

Purpose: Exposure to adverse childhood experiences (ACEs) has been associated with poor health outcomes, including chronic pain. However, little is known about the potential impact on the development of pelvic pain in adolescents and young adults. This systematic review was conducted to explore the association between ACEs and dysmenorrhea, pelvic pain, and dyspareunia in adolescents and young adults.

Method(s): Medline, Embase, and PsycNET were searched, using keywords related to childhood adversity, dysmenorrhea, pelvic pain, and dyspareunia.

Result(s): Of the 566 articles identified, 19 studies were included. There was an association between the number and severity of ACEs and the risk of dysmenorrhea. Sexual abuse and posttraumatic stress disorder appeared to be associated with dysmenorrhea, pelvic pain, and dyspareunia, but it was unclear whether this relationship was mediated by poorer mental health. No association was found for immigration and bullying, and findings were inconsistent regarding female genital mutilation, parental separation, and parental death.

Conclusion(s): Future research should include longitudinal follow-up and use validated tools to assess childhood adversity. A greater understanding of the risk of ACEs among adolescents and young adults with dysmenorrhea, chronic pelvic pain, and dyspareunia could provide insight into the development of these conditions.

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Embase
Gynecological Endocrinology. 38(9) (pp 713-720), 2022. Date of Publication: 2022.

[Review]
AN: 2018689144

Objective: The aim of this systematic review is to summarize the data obtained from randomized controlled trials looking at new pharmacologic treatments for endometriosis published over the last decade with a focus on hormonal therapeutic options for endometriosis-associated pelvic pain (EAPP), excluding studies focusing on fertility.

Method(s): We identified relevant original studies in the English language through a search of the MEDLINE, Scopus, and EMBASE (2012 to present) databases using the appropriate MeSH terms and applying the article type filter 'randomized controlled trials'. A total of 219 records were found during the electronic search. After a detailed evaluation and review of the manuscripts, 11 primary articles met the inclusion criteria. A systematic review of the data was conducted.

Result(s): This review included several emerging drug therapies for EAPP. Randomized control trials showed promising results with several oral gonadotropin-releasing hormone antagonists (elagolix, relugolix, ASP1707, linzagolix). However, studies of other hormonal agents such as aromatase inhibitors and selective progesterone receptor modulators have not yielded significant or new advantages. Selective estrogen receptor modulators have not been represented in randomized control trials and have failed to demonstrate clinical efficacy.

Conclusion(s): Although numerous novel agents are being investigated for the treatment of endometriosis, there is still no significant progress in the development of curative rather than suppressive drugs. Therefore, further efforts are needed to develop an effective and hopefully curative treatment for this chronic, costly, and overwhelming disease.

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Long-Term Disease Control After locoregional Pelvic Chemoradiation in Patients with Advanced Anal Squamous Cell Carcinoma.
Introduction: The incidence of metastatic squamous cell carcinoma of the anus (SCCA) is increasing. Even if systemic docetaxel, cisplatin, and 5-Fluorouracil (DCF) provide a high rate of long-term remission, the role of pelvic chemoradiation (CRT) is unknown in this setting. We reported the safety and efficacy of local CRT in patients with synchronous metastatic SCCA who achieved objective response after upfront DCF.

Method(s): Patients included in Epitopes HPV01 or Epitopes HPV02 or SCARCE trials and treated with DCF followed by pelvic CRT were included. Concurrent chemotherapy was based on mitomycin (MMC) (10 mg/m² for two cycles) and fluoropyrimidine (capecitabine 825 mg/m² twice a day at each RT treatment day or two cycles of intra-venous 5FU 1000 mg/m² from day 1 to day 4). Primary endpoints were safety, local complete response rate, and local progression-free survival (PFS). Secondary endpoints were PFS, overall survival (OS), and metastasis-free survival (MFS).

Result(s): From 2013 to 2018, 16 patients received DCF followed by a complementary pelvic CRT for advanced SCCA. Median follow-up was 42 months [range, 11-71]. All patients received the complete radiation dose. Compliance to concurrent CT was poor. Overall, 13/15 of the patients (87%) had at least one grade 1-2 acute toxicity and 11/15 of the patients (73%) had at least one grade 3-4 toxicity. There was no treatment-related death. The most frequent grade 3-4 adverse effects were neutropenia (36%), dermatitis (40%), and anitis (47%). Eleven patients (73%) had at least one chronic grade 1 or 2 toxicity. One patient had a grade 4 chronic rectitis (7%). Complete local response rate was 81% at first evaluation and 62.5% at the end of the follow-up. Median local PFS was not reached and the 3-year local PFS was 77% (95%CI 76.8-77).

Conclusion(s): In patients with metastatic SCCA who had a significant objective response after upfront DCF, local CRT was feasible with high complete local response rate. The good local control rate, despite interruptions due to toxicities and low CT compliance, underline the role of pelvic RT. The high rate of toxicity prompts the need to adapt CRT regimen in the metastatic setting.

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Conditioned pain modulation and offset analgesia: Influence of sex, sex hormone levels and menstrual cycle on the magnitude and retest reliability in healthy participants.

Vollert J., Trewartha N., Kemkowski D., Cremer A.F., Zahn P.K., Segelcke D., Pogatzki-Zahn E.M.

Embase

AN: 2018392923

Background: Conditioned pain modulation (CPM) and offset analgesia quantify impairment of endogenous pain modulation, but magnitude and reliability vary broadly between studies, indicating influencing factors that are not currently controlled for. The aim of this study was to quantify magnitude and retest reliability of CPM and offset analgesia in healthy participants, while investigating the influence of sex and sex hormone levels.

Method(s): Sixty-two participants (30 female) completed the study. We tested CPM (heat-cold paradigm) and offset analgesia on 6 days within two menstrual cycles (tests were performed in each phase of two subsequent menstrual cycles, with similar time points for men).

Result(s): Median offset effect was -29.4% in female and -22.5% in male participants (as change from initial stimulus). Median early CPM effects were -16.7% for women versus -13.3% for men. Reliability (intra-class correlation coefficient [ICC]) was similar between the main measures, offset effect (female: 0.48, male: 0.47) and early CPM effect (female: 0.49, male: 0.43). There was significant variance between individual experimental parameters within protocols but not between sexes or menstrual phases. While oestradiol and progesterone did not correlate with the magnitude of effect within sexes, we found that testosterone levels explained an estimated 5%-10% of variance within individual responses in all sexes.

Conclusion(s): Our results show that the reliability of both CPM effect and offset analgesia was independent of sex and menstrual cycle phase. The magnitude of CPM and offset effects was weakly influenced by sex and testosterone levels, indicating an area for future research, rather than clinical significance.

Significance: This study investigated CPM and offset analgesia in parallel, across sexes and during two menstrual cycles while assessing the impact of sex hormones. Reliability seems to depend on experimental parameters rather than participant characteristics, while the magnitude of effect could be weakly linked to sex hormones and sex.

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157.

A systematic review of diagnostic tests to detect pelvic floor myofascial pain.
Kapurubandara S.C., Lowes B., Sansom-Daly U.M., Deans R., Abbott J.A.

Embase
[Review]
AN: 2018168605

Introduction and hypothesis: Myofascial pain arising from pelvic floor muscles occurs in women with vaginismus, interstitial cystitis and endometriosis but is often overlooked. The aim is to examine alternative diagnostic tests to detect pelvic floor myofascial pain compared with standardized vaginal palpation of pelvic floor muscles as the reference test.

Method(s): A systematic review was prospectively conducted (PROSPERO-CRD42020183092) according to PRISMA guidelines. Databases searched included Ovid Medline 1946-, Embase 1957-, Scopus 1960-, Cochrane Combined, Clinical trials, Google Scholar (top 200 articles), Web of Science, TRIP, BIOSIS, DARE, CINHAL, EmCare, PEDro, ProQuest and EBSCOhost up to July 2020. Articles were independently screened by two authors and assessed for bias using QUASDAS-2 tool.

Result(s): A total of 26,778 articles were screened and 177 were selected for full text review, of which 5 were selected for final analysis. Five studies included 9694 participants of which 1628 had pelvic floor myofascial pain. Only one study reported data to calculate sensitivities and specificities of the index test, which utilized a score of > 40 on the Central Sensitization Inventory to detect women with pelvic floor myofascial pain and revealed a sensitivity of 34.8% and a specificity of 84.9% compared to the reference test.

Conclusion(s): This systematic review did not reveal any diagnostic test superior to the pre-defined reference test. There is a lack of consensus on the definition of pelvic floor myofascial pain and a lack of a validated diagnostic criteria which must be addressed to progress with meaningful research in this field.

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Status Embase

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A meta-analysis of the associations of elements of the fear-avoidance model of chronic pain with negative affect, depression, anxiety, pain-related disability and pain intensity.

Rogers A.H., Farris S.G.

Background and objective: Biopsychosocial conceptualizations of clinical pain conditions recognize the multi-faceted nature of pain experience and its intersection with mental health. A primary cognitive-behavioural framework is the Fear-Avoidance Model, which posits that pain catastrophizing and fear of pain (including avoidance, cognitions and physiological reactivity) are key antecedents to, and drivers of, pain intensity and disability, in addition to pain-related psychological distress. This study aimed to provide a comprehensive analysis of the magnitude of the cross-sectional association between the primary components of the Fear-Avoidance Model (pain catastrophizing, fear of pain, pain vigilance) with negative affect, anxiety, depression, pain intensity and disabilities in studies of clinical pain. Databases and data treatment: A search of MEDLINE and PubMed databases resulted in 335 studies that were evaluated in this meta-analytic review, which represented 65,340 participants.

Result(s): Results from the random effect models indicated a positive, medium- to large-sized association between fear of pain, pain catastrophizing, and pain vigilance measures and outcomes (pain-related negative affect, anxiety, depression, pain intensity and disability) and medium-sized associations with pain intensity. Fear of pain measurement type was a significant moderator of effects across all outcomes.

Conclusion(s): These findings provide empirical support, aligned with the components of the fear-avoidance (FA) model, for the relevance of both pain catastrophizing and fear of pain to the pain experience and its intersection with mental health. Implications for the conceptualization of the pain catastrophizing and fear of pain construct and its measurement are discussed.

Significance: This meta-analysis reveals that, among individuals with various pain conditions, pain catastrophizing, fear of pain, and pain vigilance have medium to large associations with pain-related negative affect, anxiety, and depression, pain intensity and disability. Differences in the strength of the associations depend on the type of self-report tool used to assess fear of pain.
Risk Factors and a Nomogram for Prediction of Refractory Pudendal Neuralgia: A Retrospective Multivariate Analysis Study.


Embase

Pain Physician. 25(6) (pp E815-E822), 2022. Date of Publication: September/October 2022.

[Article]

AN: 2018024176

Background: Pudendal neuralgia (PN) is one of the most common forms of genital pain. About 4% or higher of patients suffering from chronic pain.

Objective(s): The aim of this study was to evaluate the risk factors for prediction of refractory PN (RPN).

Study Design: A retrospective multivariate analysis study.

Setting(s): This retrospective analysis included 112 patients with PN who received the pudendal nerve block treatment at the Pain Department of General Hospital of People's Liberation Army.

Method(s): Univariate and multivariable logistic regression analyses were used for covariates selection. A nomogram was developed to estimate nonresponse to the pudendal nerve block.

Result(s): The median age of patients and duration of patients were 48.0 and 1.25 years, respectively. Among 112 patients, there were 64 good responders to the pudendal nerve block for neuropathic pain and 48 nonresponders. Multivariate analysis of 112 patients with PN demonstrated high self-rating depression scale scores (> 32) (odds ratio [OR], 95% confidence interval [CI]: 0.11, 0.01-0.77), damage to more than 2 terminal branches (OR, 95% CI: 0.22, 0.07-0.71), sensory deficit at S2-S4 on the dermatome map (OR, 95% CI: 0.22, 0.05-0.90), and duration of pain (> 4 years) (OR, 95% CI: 0.10, 0.03-0.42) were significant prognostic factors for nonresponse to the pudendal nerve block.

Limitation(s): There are information biases for retrospective analysis, thus making it more difficult to come up with definitive conclusions. Large-scale randomized clinical trials are warranted to evaluate the risk factors for prediction of RPN.

Conclusion(s): A longer duration of pain was correlated with a worse prognosis of the neurological disease. Patients with depression were prone to nonresponse to the pudendal nerve block treatment. Pain involved in more than 2 terminal branches and small fibers, affected at S2-S4 dermatome map, were considered to poor prognosis.

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PMID

36122264 [https://www.ncbi.nlm.nih.gov/pubmed/?term=36122264]
160. Peripheral Nerve Stimulation for Chronic Pain and Migraine: A Review. Erosa S.C., Moheimani R.S., Oswald J.C., Castellanos J.P., Abraham M.E., Schuster N.M. Embase Physical Medicine and Rehabilitation Clinics of North America. 33(2) (pp 379-407), 2022. Date of Publication: May 2022. [Review] AN: 2017997792 PMID 35526976 [https://www.ncbi.nlm.nih.gov/pubmed/?term=35526976] Status Embase Institution (Erosa, Moheimani, Oswald, Castellanos, Schuster) Department of Anesthesiology, Division of Pain Medicine, University of California, San Diego, CA, United States (Erosa, Moheimani, Oswald, Castellanos, Abraham, Schuster) Koman Family Outpatient Pavilion, Center for Pain Medicine, 9400 Campus Point Drive, MC 7328, La Jolla, CA 92037, United States (Oswald) Department of Emergency Medicine, University of California, San Diego, San Diego, CA, United States (Abraham) Department of Neurosurgery, University of California, San Diego, San Diego, CA, United States Publisher W.B. Saunders Year of Publication 2022

161. Comparing the Effect of Chamomile and Mefenamic Acid on Primary Dysmenorrhea Symptoms and Menstrual Bleeding: A Randomized Clinical Trial. Shabani F., Narenji F., Vakilian K., Zareian M.A., Bozorgi M., Bioos S., Nejatbakhsh F. Embase Open Public Health Journal. 15 (no pagination), 2022. Article Number: e187494452205190. Date of Publication: 2022. [Article] AN: 2017953754 Background: Dysmenorrhea in young women reduces their quality of life. Objective(s): This research reviewed the impact of chamomile sachet and mefenamic acid on primary dysmenorrhea, its relevant symptoms as well as bleeding. Method(s): Two hundred female students afflicted with primary dysmenorrhea from Arak universities were randomly assigned to two groups and participated in this randomized clinical trial. The first group (A) received mefenamic acid (250 mg) and the second group (B) received chamomile (5000 mg) three times a day in two consecutive cycles from two days before up to the
first three days after menstruation. Intensity of pain, related symptoms and bleeding were evaluated by visual analog scale, Andersch-Milsom Verbal Scale and Higham chart, respectively. Data analysis was performed by SPSS 21.

Result(s): Severe pain lasting two months after intervention was observed in 6 subjects (6.3%) of group (B) as well as 6 participants (6.3%) in group (A) (p=0.351, p=0.332). Two months after treatment, mean severity of related symptoms was 4.93 +/- 3.54 in group (B) and 5.62 +/- 3.54 in group (A), which shows further reduction of pain in group (B) that was not significant (p=0.278). Two months later, mean of bleeding was 88.71 +/- 66.4 and 70.54 +/- 53.34 in group (B) and (A), respectively. Thus, the decrease of pain in the two groups was not significant (p=0.567).

Conclusion(s): It appears that chamomile sachet can decrease the severity of pain and bleeding, which is similar to the effect of mefenamic acid and even further alleviates the symptoms of dysmenorrhea. (IRCT code no. 20161008250B1N5).

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Magnetic resonance imaging of endometriosis: a common but often hidden, missed, and misdiagnosed entity.

Zuber M., Shoaib M., Kumari S.

Endometriosis is a common benign and chronic inflammatory gynaecological disease due to functional endome-trial glands and stroma in an ectopic location outside the uterine cavity. It affects 5-10% of reproductive age group women in the peak age of 24-29 years. However, women with infertility and chronic pelvic pain have an even greater prevalence, accounting for 30-50% and 90% of cases, respectively. Although it is a common entity, patients often get a delayed diagnosis because it is often subtle (hidden), missed, or confused with mimics, leading to misdiagnosis, which significantly affects patients' quality of life because they live in constant pain from undiagnosed endometriosis. Laparoscopy followed by histopathological confirmation is the gold standard for diagnosis, but it is an invasive pro-cedure. MRI is an excellent non-invasive modality that helps in non-invasive diagnosis, with excellent delineation of the disease extent, and thus provides a presurgical mapping of the disease, which is helpful for the operating surgeon. Radiologists should be aware of all possible spectrum and diagnose this early and provide a
detailed structured report mapping the entire extent of the disease process, which helps in effective treatment planning and successful outcomes in improving patients' quality of life. 

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163.

The effect of gestational diabetes mellitus on occurrence of the pelvic girdle pain and symptom severity in pregnant women.
Kablan N., Ayvaci H., Can M., Tatar Y., Kumru P., Sahin S.

Embase

[Article]
AN: 2017873924

The primary objective of this study was to examine the effect of gestational diabetes mellitus (GDM) on pelvic girdle pain (PGP) occurrence and symptom severity. Pregnant women who were with/without GDM, 20-40 years of age, and also in the second and third trimesters of pregnancy were included in the study. PGP provocation tests were administered to 187 pregnant women to determine the presence and severity of PGP. Based on the test results, the study subjects were divided into two groups; Group 1 (GDM+, PGP+; n:32) and Group 2 (GDM-, PGP+; n:35). Both groups were asked to fill in the Pelvic Girdle Questionnaire (PGQ). The relationship between the presence of GDM and the presence of PGP was found to be significant (p =.043). It was found the groups were similar in view of pain, and also in PGQ total/subscale scores (p >.05). Although GDM has no effect on symptom severity, it has been determined that it may relate to the development of PGP. Therefore, early interventions (nutrition, exercise, belt using, etc.) are recommended to prevent the development of PGP in pregnant women with a family history of diabetes, with a previous diagnosis of diabetes and/or with GDM detected in their previous pregnancies. Clinical Trial Number: 04769375

Impact of Statement
What is already known on this subject? Gestational diabetes mellitus and pelvic girdle pain are pathologies that develops secondary to pregnancy-related systemic and biomechanical changes. What do results on this study add? GDM may related the development of PGP. What are the implications of these findings for clinical practice and/or further research? Early interventions (nutrition, exercise, belt using, etc.) and strict control of pregnant women in view of PGP is recommended to prevent the development of PGP in pregnant women with a family history of diabetes, with previous diagnosis of diabetes and/or with GDM detected in their previous pregnancies. The evaluation of pregnant women for PGP before administering interventions, such as exercise and diet (both decrease the pro-inflammatory markers), following the diagnosis of GDM and the measurement of plasma anti-and pro-inflammatory marker values in the same time period will further reveal the relationship between GDM and PGP.

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Status
Embase
The effect of pelvic floor muscle exercises applied during pregnancy on genito-pelvic pain level in postpartum period.
Yetiskin G., Dinc Kaya H.
Embase
[Article]
AN: 2017862583
Introduction and hypothesis: The goal of the study is to determine the effect of pelvic floor muscle exercises on genito-pelvic pain levels during the postpartum period.
Method(s): The data of the study, which was carried out in a randomized controlled experimental design, were collected in the antenatal polyclinic of a public hospital from June-December 2019. There were 60 pregnant women in the experimental and control groups. Pelvic floor muscle exercises were applied to the pregnant women in the experimental group from the 30th week of gestation to the 6th week postpartum. The control group was not given pelvic floor muscle exercise training, and only data collection forms were filled in. During the study, the Descriptive Form, Verbal Category Scale, Pelvic Floor Distress Inventory-20, and Labour and Postpartum Information Form were given to the pregnant women in both groups.
Result(s): After pregnant women in the experimental group performed pelvic floor muscle exercises, pain levels were significantly lower than in the control group (p < 0.01). Pelvic Floor Distress Inventory-20 total score and sub-dimension scores of the experimental group were statistically significantly lower than in the control group (p < 0.01). In addition, a statistically significant difference was found (p < 0.01) in the postpartum 72 h findings of the experimental group in which pelvic floor muscle exercises were applied compared to the control group.
Conclusion(s): According to the result of the study, as the gestational weeks progress, the genito-pelvic pain increases. Pelvic floor muscle exercises applied during pregnancy prevent the development and progression of pelvic floor disorders in both the antenatal and postnatal periods.
Trial registration: NCT05343520
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PMID
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Evolving Role of Silodosin for the Treatment of Urological Disorders - A Narrative Review.
Jindan L., Xiao W., Liping X.
Embase
Drug Design, Development and Therapy. 16 (pp 2861-2884), 2022. Date of Publication: 2022. [Review]
AN: 2017813718
Use of alpha-androgenic receptor blockers remains a mainstay therapeutic approach for the treatment of urological diseases. Silodosin is recommended over other alpha-blockers for the treatment of lower urinary tract symptoms (LUTS) and benign prostate hyperplasia (BPH), due to its high alpha1A uroselectivity. Current research data suggest that silodosin is efficacious in the management of various urological diseases. Thus, we herein review the current evidence of silodosin related to its efficacy and tolerability and appraise the available literature that might ultimately aid in management of various urological conditions at routine clinical practice.
Literature reveals that silodosin is beneficial in improving nocturia events related to LUTS/BPH. Silodosin exerts effect on relaxing muscles involved in detrusor obstruction, therefore prolonging the need for patients undergoing invasive surgery. Silodosin treatment, either as a monotherapy or combination, significantly improves International Prostate Symptom Score (IPSS) including both storage and voiding symptoms in patients with BPH/LUTS. Patients on other treatment therapies such as phosphodiesterase 5 inhibitors or other alpha-blockers are well managed with this drug. Steadily, silodosin has proved beneficial in the treatment of other urological disorders such as chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS), overactive bladder/acute urinary retention (AUR), premature ejaculation (PE), and prostate cancer post brachytherapy-induced progression. In patients with distal ureteral stones, silodosin treatment is beneficial in decreasing stone expulsion time without affecting stone expulsion rate or analgesic need. Moreover, there were significant improvements in intravaginal ejaculation latency time, quality of life scores, and decrease in PE profile among patients with PE. Silodosin has also demonstrated promising results in increasing the likelihood of successful trial without catheter in patients with AUR and those taking antihypertensive drugs. Reports from Phase II studies have shown promising role of silodosin in the treatment of CP/ CPPS as well as facilitating ureteral stone passage. From the robust data in this review, further silodosin treatment strategies in the management of different urological conditions need to be focused on.
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PMID
36051157 [https://www.ncbi.nlm.nih.gov/pubmed/?term=36051157]
The dienogest-related cystitis in women with endometriosis: a prospective, controlled, comparative study.
Krakhotkin D.V., Silkina M.N., Chernylovskyi V.A., Gayvoronskaya S.A.
Embase
[Article]
AN: 2017594063

The aim of the study was to examine the severity of clinical symptoms of acute cystitis and the level bacteriuria in female patients who underwent laparoscopic surgery followed by a postoperative administration of dienogest 2 mg and combined oral contraceptives pills (COCP). One hundred and forty five women who had a laparoscopic surgery prospectively were enrolled. Criteria inclusions were the age from 30 to 45 years old; body mass index (BMI) absence of previous hormonal therapy at least 6 month and recent performed a laparoscopy surgery for endometriosis. The women (n = 35) who had uterine myoma, abnormal coagulation profile; concomitant neoplastic diseases; chronic pelvic inflammatory disease and chronic recurrent cystitis were excluded from study. The female patients were assigned into both groups treatment: group I (n = 54) and group II (control, n = 56) who received dienogest 2 mg once daily and COCP, respectively. During follow-up three female patients of group I were withdrawn due to prolonged genital bleedings. The final analysis included 105 women. The patients of both groups had a low level of bacteriuria <10^3 CFU/ml without clinical symptoms of acute cystitis before treatment. The level of bacteriuria in-group I significantly increased from 10^2 to 10^6 CFU/ml whereas in-group II did not exceed 10^2 CFU/ml during 4 weeks of hormonal treatment. The differences of values of acute cystitis symptom score (ACSS) for differential, typical, quality of life domains were statistically significant after 4, 8 and 12 weeks of therapy in-group I compared with group II. During 3 months of hormonal treatment with dienogest 2 mg in group I, the acute cystitis developed in 10 (18.5%), in 19 (38%) and in 34 (68%) women at 4, 8 and 12 weeks of follow-up, respectively. All cases of acute cystitis in-group I were successfully treated with fosfomycin trometamol 3 g single dose or nitrofurantoin 50 mg four times a day during 5 days. We concluded that the dienogest might increase the level bacteriuria and severity of clinical symptoms of acute cystitis during a postoperative prophylaxis of endometriosis.

Impact statement
What is already known on this subject? Dienogest is a 19-nortestosterone derivative progestogen that is highly selective for progesterone receptors with high efficacy for reducing endometriosis-related pelvic pain syndrome. The administration of dienogest is a standard treatment option after laparoscopic excision of endometrial heterotopic tissue with prophylactic purpose. However, there are some adverse events, which are a cause for discontinuation. What do the results of this study add? Despite the low incidence of urinary tract infection (1-5.4%) reported in different studies this study has shown that there was a significant increase of level bacteriuria and severity of clinical symptoms of cystitis in the dienogest group. What are the implications of these findings for clinical practice and/or further research? The implications of these findings are that the administration of dienogest may lead to enhancing of clinical symptoms of cystitis and increasing bacteriuria in some women after operative treatment of endometriosis.
167.

Treatment of Provoked Vulvodynia: A Systematic Review.
Bohm-Starke N., Ramsay K.W., Lytsy P., Nordgren B., Sjoberg I., Moberg K., Flink I.
Embase
[Article]
AN: 2017388269

Background: Treatment recommendations for provoked vulvodynia (PVD) are based on clinical experiences and there is a need for systematically summarizing the controlled trials in this field.

Aim(s): To provide an overview of randomized controlled trials and non-randomized studies of intervention for PVD, and to assess the certainty of the scientific evidence, in order to advance treatment guidelines.

Data Sources: The search was conducted in CINAHL (EBSCO), Cochrane Library, Embase (Embase.com), Ovid MEDLINE, PsycINFO (EBSCO) and Scopus. Databases were searched from January 1, 1990 to January 29, 2021. Study Eligibility Criteria: Population: Premenopausal women with PVD.

Intervention(s): Pharmacological, surgical, psychosocial and physiotherapy, either alone or as combined/team-based interventions. Control: No treatment, waiting-list, placebo or other defined treatment.

Outcome(s): Pain during intercourse, pain upon pressure or touch of the vaginal opening, sexual function/satisfaction, quality of life, psychological distress, adverse events and complications.

Study design: Randomized controlled trials and non-randomized studies of interventions with a control group. Study Appraisal and Synthesis Methods: 2 reviewers independently screened citations for eligibility and assessed relevant studies for risk of bias using established tools. The results from each intervention were summarized. Studies were synthesized using a narrative approach, as meta-analyses were not considered appropriate. For each outcome, we assessed the certainty of evidence using grading of recommendations assessment, development, and evaluation (GRADE).

Result(s): Most results of the evaluated studies in this systematic review were found to have very low certainty of evidence, which means that we are unable to draw any conclusions about effects of the interventions. Multimodal physiotherapy compared with lidocaine treatment was the only intervention with some evidential support (low certainty of evidence for significant treatment effects favoring physiotherapy). It was not possible to perform meta-analyses due to a heterogeneity in interventions and comparisons. In addition, there was a heterogeneity in outcome measures, which underlines the need to establish joint core outcome sets. Clinical Implications: Our result underscores the need of stringent trials and defined core outcome sets for
PVD. Strength and Limitations: Standard procedures for systematic reviews and the Population Intervention Comparison Outcome model for clinical questions were used. The strict eligibility criteria resulted in limited number of studies which might have resulted in a loss of important information.

Conclusion(s): This systematic review underlines the need for more methodologically stringent trials on interventions for PVD, particularly for multimodal treatments approaches. For future research, there is a demand for joint core outcome sets. Bohm-Starke N, Ramsay KW, Lytsy P, et al. Treatment of Provoked Vulvodynia: A Systematic Review. J Sex Med 2022;19:789-808.

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PMID 35331660 [https://www.ncbi.nlm.nih.gov/pubmed/?term=35331660]

Status
Embase

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168.


Embase

[Article]
AN: 2016809755

There is uncertainty regarding the association between abdominal morphology, pelvic floor function, and psychological factors in women with postpartum pelvic girdle pain (PGP). The aim of this case-control study was to evaluate the differences between women with and without persistent PGP regarding pelvic floor function, diastasis recti, and psychological factors 6-24 weeks postpartum. Pelvic floor manometry, palpation examination of abdominal muscles, the International Consultation on Incontinence Questionnaire Short Form, The Depression, Anxiety and Stress Scale-21, and the Pain Catastrophizing Scale were used. The PGP group presented with lower vaginal resting pressure (p < 0.001), more tenderness (p = 0.018) and impaired voluntary activation of pelvic floor muscles (p <= 0.001). Women with pain also had more distortion on the level of the anterior abdominal wall (p = 0.001) and more severe diastasis recti (p = 0.046) when compared to pain-free controls. Lower vaginal resting pressure was the
Randomized study on the effectiveness of nomegestrol acetate plus 17beta-estradiol oral contraceptive versus dienogest oral pill in women with suspected endometriosis-associated chronic pelvic pain.

Caruso S., Cianci A., Iraci Sareri M., Panella M., Caruso G., Cianci S.

BMC Women's Health. 22(1) (no pagination), 2022. Article Number: 146. Date of Publication: December 2022.

[Article]

AN: 2016632411

Background: To evaluate the effects of a combined oral contraceptive containing 1.5 mg 17b-estradiol (E2) and 2.5 mg nomegestrol acetate (NOMAC) or 2 mg/daily dienogest (DNG) oral progestin on endometriosis-associated chronic pelvic pain (CPP) and on the quality of life (QoL) and sexual function, by a randomized study design.

Method(s): The E2/NOMAC group and DNG group included 99 and 98 women, respectively. The levels of CPP were measured by the visual analogic scale (VAS). The QoL scores were investigated by the Short Form-36 questionnaire (SF-36). Finally, sexual function was studied using the Female Sexual Function Index (FSFI), while sexual distress was studied by the Female Sexual Distress Scale (FSDS). The study had 3, 6 and 12-month follow-ups.

Result(s): The intra-group analysis showed an improvement of the VAS score from baseline to the 12-month follow-up in the women of both groups (p < 0.001). The inter-group comparison showed a similar improvement of CPP (p = 0.06). Women on DNG had better SF-36 somatic (p < 0.01) and FSFI scores (p < 0.006) than women on E2/NOMAC at the 6- and 12-month follow-ups.

Conclusion(s): The results support the efficacy of both hormonal treatments, even if DNG was more effective than E2/NOMAC in a limited intergroup comparison.

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Pelvic floor physical therapy in patients with chronic anal fissure: a randomized controlled trial. van Reijn-Baggen D.A., Elzevier H.W., Putter H., Pelger R.C.M., Han-Geurts I.J.M.

Embase
Techniques in Coloproctology. 26(7) (pp 571-582), 2022. Date of Publication: July 2022.
[Article]
AN: 2016399871

Background: A chronic anal fissure is a common, painful condition with great impact on daily life. The exact pathogenesis has not been fully elucidated and treatment varies. A large percentage of patients experience pelvic floor dysfunction (dyssynergia and increased pelvic floor muscle tone). The aim of our study was to investigate the effect of pelvic floor physical therapy in patients with chronic anal fissure.

Method(s): Between December 2018 and July 2021, at the Proctos Clinic in the Netherlands, patients with chronic anal fissure and pelvic floor dysfunction were randomly assigned to an intervention group, receiving 8 weeks of pelvic floor physical therapy including electromyographic biofeedback or assigned to a control group receiving postponed pelvic floor physical therapy. The primary outcome was muscle tone at rest during electromyographic registration of the pelvic floor before and after pelvic floor physical therapy. Secondary outcomes contained healing of the fissure, pain ratings, improvement of pelvic floor function, and complaint reduction measured with a proctology-specific patient-reported outcome measurement. Endpoints were measured at 8- and 20-week follow-up.

Result(s): One hundred forty patients were included in the study, 68 men (48.6%) and 72 women (51.4%) with a mean age of 44.5 +/- 11.1 (range 19-79) years. Mean resting electromyographic values of the pelvic floor in the intervention group significantly improved from pre- to post-treatment (p < 0.001) and relative to controls (mean estimated difference between groups - 1.88 microV; 95% CI, -2.49 to -1.27 (p < 0.001) at first follow-up and remained significant from baseline at 20-week follow-up (p < 0.001). The intervention group performed better compared to the control group on all secondary outcomes, i.e., healing of the fissure (55.7% of the patients vs 21.4% in control), pain ratings (p < 0.001), diminished dyssynergia (p < 0.001), complaint reduction (p < 0.001), and decrease of pelvic floor muscle tone (p < 0.05) at first follow-up.

Conclusion(s): The findings of this study provide strong evidence that pelvic floor physical therapy is effective in patients with chronic anal fissure and pelvic floor dysfunction and supports its recommendation as adjuvant treatment besides regular conservative treatment.

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171.

Validation of the Iranian version of the ENDOPAIN-4D questionnaire for measurement of painful symptoms of endometriosis.
Ahmadpour P., Jahangiry L., Bani S., Iravani M., Mirghafourvand M.

Embase

[Article]
AN: 2016081888
Endometriosis is one of the leading gynecological disorders in reproductive ages. About two-thirds of women with endometriosis experience chronic pelvic pain. There are different methods for the assessment of pain in endometriosis. One of these questionnaires is endometriosis painful symptoms-4 dimensions (ENDOPAIN-4D) questionnaire, which has not been validated in Iran. Therefore, we decided to conduct a study to determine the psychometric properties of this questionnaire. In this study, we randomly selected 169 women with endometriosis from two educational-medical centres of Al-Zahra and Taleghani in Tabriz, Iran, in 2020. We evaluated the validity of ENDOPAIN-4D in terms of face, content, and structure (through exploratory and confirmatory factor analyses). We used internal consistency assessment and test-retest reliability to determine the questionnaire reliability. In this study, the CVI and CVR for the ENDOPAIN-4D instrument were obtained as 0.99 and 0.98, respectively. In the exploratory factor analysis, we extracted a four-factor structure, and the confirmatory factor analysis gave a good fit for the extracted model. We obtained Cronbach's alpha coefficient as 0.96 and the intra-class correlation coefficient (ICC) (at 95% confidence interval) as 0.94 (0.85 to 0.98). The Persian version of ENDOPAIN-4D has acceptable content validity, construct validity and reliability for the evaluation of pelvic pain and gynaecology in Iranian women with endometriosis.

Impact Statement
What is already known on this subject? There are different methods for the assessment of pain in endometriosis. But there is no specific psychometric instrument to determine the painful symptoms of endometriosis in Iran so far. What do the results of this study add? The Persian version of ENDOPAIN-4D is a valid and reliable instrument for the evaluation of pelvic pain and gynaecology in Iranian women with endometriosis. What are the implications of these findings for clinical practice and/or future research? The validation of the Persian version of the ENDOPAIN-4D questionnaire leads to correct assessment of painful symptoms in Iranian women with
Dal Farra F., Aquino A., Tarantino A.G., Origo D.

Introduction and hypothesis: Chronic pelvic pain syndrome (CPPS) is defined as the occurrence of chronic pelvic pain (CPP) in the absence of a specific cause. People typically refer to pain associated with urological, gynaecological, and sexual dysfunction, affecting the quality of life. Therefore, we assessed the effectiveness of myofascial manual therapies (MMT) for pain and symptom impact.

Method(s): A systematic review and meta-analysis were conducted. Findings were reported following the 2020 PRISMA statement. Five databases were searched for RCTs. Studies were independently assessed through a standardized form, and their internal validity was evaluated using the Cochrane risk of bias (RoB) tool. Effect sizes (ES) were calculated post-treatment, and the quality of evidence was assessed through GRADE criteria.

Result(s): Seven articles were included in the review, five of these in the meta-analysis. None of these studies were completely judged at low RoB. MMT was revealed to be not significantly superior for pain reduction [ES: -0.54 (-1.16; 0.08); p = 0.09], for symptom impact [ES: -0.37 (-0.87; 0.13); p = 0.15], and for quality of life [ES: -0.44 (-1.22, 0.33), p = 0.26] compared to standard care. The quality of evidence was "very low". Other results were presented in a qualitative synthesis.
Conclusion(s): In patients with CPP/CPPS, MMT is not considered superior to other interventions for pain reduction and symptom impact improvements. However, a positive trend was detected, and we should find confirmation in the future. Further high-quality, double-blinded, sham-controlled RCTs are first necessary to confirm these positive effects and to improve the quality of evidence.

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2022

173.

The efficacy of botulinum toxin a injections in pelvic floor muscles in chronic pelvic pain patients: a systematic review and meta-analysis.
Spruijt M.A., Klerkx W.M., Kelder J.C., Kluivers K.B., Kerkhof M.H.

Embase

[Review]
AN: 2015498098

Introduction and hypothesis: Chronic pelvic pain (CPP) is a common multifactorial condition affecting 6 to 27% of women aged 18-50 years worldwide. This study was conducted to review and meta-analyse the current literature on the reduction of chronic pelvic pain after botulinum toxin A (BTA) injection.

Method(s): In July 2021 we performed a systematic search in PubMed and EMBASE to assess the benefits of BTA injection in pelvic floor muscles in women with chronic pelvic pain. Primary outcome was reduction in visual analogue scale (VAS) after treatment. Secondary outcomes evaluated were: reduction of dyspareunia, pelvic floor resting pressure and quality of life.

Identified reports were assessed on quality of reporting and risk of bias. Standardized mean difference (SMD) was used to combine and analyse outcomes of the included studies.

Result(s): Eight studies with 289 participants were considered eligible to be included in this systematic review and meta-analysis. After recalculating SMD into VAS scores (0-100), long-term follow-up (24-26 weeks) showed a significant 15-point improvement in VAS scores (95% CI: 8.8-21.5) for non-menstrual pelvic pain and a 13-point improvement (95% CI: 2.1-24.0) for
dyspareunia. BTA injection had a significant effect on pelvic floor resting pressure and quality of life.

Conclusion(s): There is limited scientific evidence on the effectiveness of BTA injections in pelvic floor muscles in women with chronic pelvic pain. The available studies show that BTA injections significantly reduce pain levels and improve quality of life at 6 months follow-up. Prospero ID: CRD42018105204.

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PMID 35362767 [https://www.ncbi.nlm.nih.gov/pubmed/?term=35362767]

Introduction and hypothesis: The aim of this systematic review and meta-analysis is, looking at different care settings, to examine prevalence rates of psychological distress-level comorbidities in female interstitial cystitis/bladder pain syndrome (IC/BPS) patients, their impact on Quality of Life (QoL), and the correlation between such comorbidities and symptom severity.

Method(s): A systematic literature search according to PRISMA guidelines was conducted in PubMed, PsycInfo, Web of Science, Science Direct, and Google Scholar.

Result(s): Twenty-nine studies were found that met inclusion criteria. Prevalence rates of depression and anxiety are higher in IC/BPS patients compared to the general population; however, due to a wide array of measurements, statistical comparisons between care settings were only possible in two cases showing mixed results. No studies meeting inclusion criteria exist that examine PTSD and borderline personality disorder, though rates of past traumatic experiences seem to be higher in patients than in healthy controls. Psychological comorbidities of the distress category, especially depression, are found in most studies to be related to symptom severity, also yielding statistically significant associations.

Conclusion(s): While there is still need for studies focused on some of the comorbidities as well as on different care settings, the data already show that psychological comorbidities of the
Patient-reported outcome measures for pain in women with pelvic floor disorders: a systematic review.
Ralphsmith M., Ahern S., Dean J., Ruseckaite R.
Embase
[Review]
AN: 2015176752
Introduction and hypothesis: Patient-reported outcome measures (PROMs) are helpful instruments when measuring and reporting changes in patient health status (Al Sayah et al. J Patient Rep Outcomes 5 (Suppl 2):99, 2021) such as the health-related quality of life (HRoL) of women with pelvic organ prolapse (POP) and stress urinary incontinence (SUI). The Australasian Pelvic Floor Procedure Registry (APFPR) aims to increase capacity for women to report surgical outcomes through the collection of HRoL data (Ruseckaite et al. Qual Life Res. 2021) but currently lacks a pain-specific PROM for women with pelvic floor disorders (PFDs), particularly POP and SUI. This review aims to systematically review the existing literature and identify instruments that measure pain in women with POP and SUI for inclusion within the APFPR, which reports on complications from these conditions.
Method(s): We conducted a literature search on OVID MEDLINE, Embase, CINAHL, PsycINFO and EMCARE databases in addition to Google Scholar and grey literature to identify studies from inception to April 2021. Full-text studies were included if they used PROMs to measure pain in women with POP and SUI. Two authors independently screened articles, extracted data and assessed methodological quality.
Result(s): From 2001 studies, 23 publications describing 19 different PROMs were included for analysis. Eight of these instruments were specific to the pelvic floor; four were only specific to pain and used across multiple disorders; three were generic quality of life instruments and four were other non-validated instruments such as focus group interviews. These instruments were not specific to pain in women with POP or SUI, as they did not identify all relevant domains such as the sensation, region and duration of pain, or incidents where onset of pain occurs.
Conclusion(s): The findings of this review suggest there are no current PROMs that are suitable pain-specific instruments for women with POP or SUI. This knowledge may inform and assist in the development of a new PROM to be implemented into the APFPR.

Evaluating the Management of chronic Pelvic girdle Pain following pregnancy (EMaPP): study protocol for a randomised controlled feasibility trial to compare a customised pelvic orthosis with standard care.


Introduction An estimated 10% of women experience severe, chronic pelvic girdle pain post partum. This has significant physical, psychological and socioeconomic consequences. Typically, such pain is recalcitrant to conservative management; hence the need to identify effective management strategies. Customised Dynamic Elastomeric Fabric Orthoses may be an option to address this gap; designed to improve pain by providing support while optimising movement and function. Currently, no studies have evaluated the clinical and cost-effectiveness, or acceptability of these customised orthoses in postpartum women. Methods and analysis EMaPP is a pragmatic, multicentre randomised controlled feasibility trial with an embedded qualitative study and economic evaluation. Sixty participants with pregnancy-related severe pelvic girdle pain >3 months post partum will be recruited. Participants will be randomly allocated in a 1:1 ratio (stratified by centre and presence/absence of lumbo-pelvic pain pre pregnancy) to receive either standard care (standardised information and exercise) or intervention (orthosis plus standard care). All participants will be asked to complete a battery of self-report questionnaires (including pain, function, health-related quality of life and health and social care resource use), via a web-based application at baseline, 12 weeks and 24 weeks. Pain levels and medication usage will be reported fortnightly. Feasibility and acceptability of the trial procedures will be determined in terms of recruitment and retention rates, data completion rates and intervention adherence. Five clinicians and 10 participants will be interviewed to explore their experiences of the trial procedures and receiving the intervention. Ethics and dissemination This study was approved by: National Research Ethics Scheme (NRES Committee Health and Care Research Wales Research Ethics Committee (21/WM/0155) and University of Plymouth Faculty of Health Research Ethics and Integrity Committee (ref:2966). Results will be made available to
Clinical Efficacy of Dienogest versus Levonorgestrel-Releasing Intrauterine System for Adenomyosis.
Yang S., Liu Y., Wen J., Sun Y., Ren F.

Objective. The aim of this study is to evaluate the efficacy of dienogest versus levonorgestrel-releasing intrauterine system (LNG-IUS) for the treatment of adenomyosis. Methods. In this retrospective study, 85 patients with adenomyosis treated in The First Affiliated Hospital of Zhengzhou University from May 2019 to May 2021 were recruited and assigned, via the random number table method at a ratio of 1:1, to receive either dienogest (observation group, n = 41) or LNG-IUS (control group, n = 44). The patients presented with dysmenorrhea, menorrhagia, and infertility. The treatment outcome was evaluated using visual analogue scale (VAS) scores, menstrual volume, uterine volume, endometrial thickness, and adverse reactions. Results. After treatment, the VAS score, menstrual volume, and endometrial thickness were significantly decreased in both groups (P<0.05). After 3, 6, and 12 months of treatment, patients receiving dienogest showed significantly lower VAS scores compared to those treated with LNG-IUS (P<0.05). After 6 and 12 months of treatment, patients receiving dienogest were also found to have a significantly better control of menstrual volume compared to those receiving LNG-IUS (P<0.05). Irregular vaginal bleeding was mainly seen in the first 3 months of treatment with
dienogest. The incidence of irregular vaginal bleeding lasting more than 6 months was lower with LNG-IUS treatment than with dienogest (P<0.05), and it decreased in both groups as the duration of treatment increased. Conclusion. Dienogest effectively alleviates dysmenorrhea, relieves pelvic pain, dyspareunia, and reduces menstrual flow in patients with adenomyosis, with few adverse effects and a high safety profile.

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Publisher
Hindawi Limited
Year of Publication
2022

178.

Experiences of internet-based treatment for vulvodynia: A qualitative study.
Hess Engstrom A., Bohm-Starke N., Kullinger M., Hogberg U., Buhrman M., Skalkidou A., Widarsson M.
Embase
[Article]
AN: 2019351084
Objective: The aim of this study was to describe women's experiences before, under, and after a guided internet-based intervention for vulvodynia.
Method(s): The design was qualitative, based on content analysis. Participants were women who had undergone guided internet-based treatment for vulvodynia based on acceptance and commitment therapy principles (n = 13). Data were collected through in-depth interviews approximately-one month after participants completed treatment.
Result(s): The analysis revealed the women's experiences of internet-based treatment for vulvodynia. Three themes emerged: "dealing with pain alone," which was related to experiences of living with vulvodynia before internet-based treatment; "finding new ways," which described the experiences of undergoing an internet-based treatment for vulvodynia and "feeling empowered to take control," referring to the experiences of living with vulvodynia after the internet-based treatment. The women described a long search for a diagnosis, revealing a negative experience of healthcare. The internet-based treatment helped them find new ways to manage vulvodynia, but difficulties with the treatment were also experienced. After the intervention, the women reported improvements in wellbeing and having better strategies to manage pain, but also stated that the treatment was insufficient to perceive changes in vulvar pain.
Conclusion(s): The guided internet-based treatment program for vulvodynia based on acceptance and commitment therapy principles was perceived as credible, helpful to manage vulvodynia, and could serve as a complement to regular care. Questions regarding the need for more support and optimal length of treatment need to be further evaluated.
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PMID
35870352 [https://www.ncbi.nlm.nih.gov/pubmed/?term=35870352]
Effectiveness of Norethisterone Acetate alone Versus in Combination with Letrozole for treatment of Chronic Pelvic Chronic Pain and Dyspareunia in Patients with Endometriosis. 
Ashraf S., Khosa A.F., Farwa R.

Pakistan Journal of Medical and Health Sciences. 16(6) (pp 307-309), 2022. Date of Publication: June 2022.

Aim: To compare mean chronic pelvic pain (CPP) and deep dyspareunia intensity after 6 month treatment of using norethisterone acetate alone and combination with letrozole in patients with endometriosis. Study design & duration: This randomized controlled trail was conducted from February 1st, 2020 to January 31st, 2021.

Setting(s): Department of Obs. & Gynecology, Nishtar hospital Multan.

Material(s) and Method(s): Seventy two women with age range 18-60 years regardless of parity, having endometriosis with baseline pain > 5 at visual analogue scale were included in study. Pain was measured onVAS at baseline and after 6 months of treatment. All data was entered in a pre-designed proforma.

Result(s): Mean age of cases was 39.83 +/- 12.61 years in group-A and 41.58 +/- 12.66 years in group-B. At baseline the mean chronic pelvic pain in group-A was 7.17 +/- 1.28 and in group-B was 7.00 +/- 1.39. The mean chronic pelvic pain at 6th month was statistically lower in group-A (1.72 +/- 0.74) when compared with group-B (4.39 +/- 0.64) with a p-value < 0.001. Similarly, deep dyspareunia was markedly reduced follow-up in both group A and group B at 6 months. 

Conclusion(s): CPP and deep dyspareunia are significantly reduced after 6 month of treatment with combined oral letrozole (2.5 mg/day) and norethisterone acetate (2.5 mg/day).
180. A review of the literature on randomized controlled trials of acupuncture and moxibustion in the treatment of chronic prostatitis/chronic pelvic-pain syndrome within 2016-2021. Wang S., Qin P., Zhang F., Liu J. Embase Journal of Traditional Chinese Medical Sciences. 9(3) (pp 222-229), 2022. Date of Publication: July 2022. [Review] AN: 2018974422 Chronic prostatitis (CP)/chronic pelvic-pain syndrome (CPPS) is a common urinary-system disease with a high incidence in young and middle-aged men, seriously affecting patients’ ability to work and their quality of life (QoL). Western medicine (WM) has some limitations in treating CP/CPPS. Acupuncture is an ancient Chinese medical method that is commonly used to treat this condition and has a relatively good effect on it. Many randomized controlled trials (RCTs) on this subject have been published. For this study, we searched the China National Knowledge Infrastructure (CNKI), Chinese Science and Technology Periodical (VIP), Wanfang, SinoMed, and PubMed databases for RCTs on acupuncture treatment of CP/CPPS in the last 5 years (2016/01/01-2021/12/01). In addition, we conducted analysis and research, aiming to summarize acupuncture treatment in CP/CPPS RCTs and the clinical efficacy, with the goal of providing clinical reference. A total of 466 related documents were retrieved in the search, and 62 articles were retained after screening. We obtained RCT information on acupuncture treatment of CP/CPPS. The results showed that several relevant clinical studies have been performed over the last 5 years and that acupuncture and moxibustion have better curative effect on CP/CPPS than WM. Due to the small number of included studies, more experimental evidence is needed to verify the clinical efficacy of acupuncture.

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Importance Data on long-term mesh hysteropexy outcomes are limited. This study provides 7-year data from the original VAULT (Vaginal and Laparoscopic Mesh Hysteropexy for Uterovaginal Prolapse Trial) study. Objective The aim of this study was to compare long-term outcomes and success for laparoscopic sacral hysteropexy (LSHP) and vaginal mesh hysteropexy (VMHP).

Study Design This multicenter, prospective parallel cohort was an extension to the initial VAULT study. Subjects were contacted, and informed consent was obtained. We collected baseline demographics and the latest Pelvic Organ Prolapse-Quantification examination data from chart review and conducted telephone interviews to update demographic information and collect Pelvic Floor Distress Inventory Short-Form, Patient Global Impression of Improvement, prolapse reoperation/pessary use, and complications. Surgical success was defined as no bulge symptoms, satisfaction score of "very much better"or "much better,"and no reoperation/pessary use. Results Five of 8 original sites enrolled 53 subjects (LSHP n = 34 and VMHP n = 19). The LSHP group was younger (67 vs 74, P < 0.01), but there were no differences in parity, body mass index, menopause, race, insurance, tobacco use, or Charlson Comorbidity Index. The median subjective follow-up was 7.3 +/- 0.9 years. Composite success was 82% LSHP versus 74% VMHP. Pelvic Floor Distress Inventory Short-Form composite scores were similar at baseline and improved for both groups (P < 0.01) with lower bother observed in the LSHP group (20.8 vs 43.8, P = 0.01). There were no differences in complications. Conclusions Over 7 years after surgery, LSHP and VMHP have high success, low retreatment, and low complication rates that did not differ between groups. Although there is a trend toward better anatomic support in the LSHP group, these findings were not significant and we are underpowered to detect a difference.

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PMID 35536663
Objective The aim of the study was to evaluate incidence of midurethral sling removal/revision based on timing with surgery for pelvic organ prolapse. Methods This was a retrospective cohort study of women who underwent midurethral sling placement in a claims-based database of women 65 years or older. Three groups were identified using the Current Procedural Terminology codes: (1) isolated sling, (2) concomitant sling, and (3) prolapse surgery and staged sling after prolapse surgery. In the staged group, placement of sling was identified within 18 months after index prolapse surgery. Fascial grafts were excluded. Sling removal/revision was identified across 3 years after sling surgery using Current Procedural Terminology code 57287. Rates of sling removal/revision were calculated by group. Comparisons were made using the chi2 test and analysis of variance. Cumulative incidence of removal/revision was evaluated using the Kaplan-Meier curves. Cox proportional hazards was performed to evaluate factors influencing removal/revision. Results We identified 39,381 isolated MUSs, 25,389 concomitant, and 886 staged. The rate of sling removal/revision was 3.52%. Rates of removal/revision differed between groups (7% staged vs 3.94% concomitant vs 3.17% isolated sling, P < 0.001). Compared with the staged group, the rate of removal/revision was lower in the isolated sling group (relative risk, 0.4550; 95% confidence interval [CI], 0.358-0.568) and the concomitant group (relative risk, 0.5666; 95% CI, 0.4450-0.7287). After adjusting for patient characteristics, sling revision or removal remained significantly less in the isolated MUS (hazard ratio, 0.50; 95% CI, 0.39-0.65) and concomitant (odds ratio, 0.55; 95% CI, 0.43-0.71) groups. Conclusions Sling removal/revision is higher when it is staged after prolapse surgery compared with isolated and concomitant placement. Future studies are needed to confirm these findings in a controlled population. Copyright © American Urogynecologic Society. All rights reserved. PMID 35113050 [https://www.ncbi.nlm.nih.gov/pubmed/?term=35113050] Status Embase Institution (Boyd, Long) Division of Female Pelvic Medicine and Reconstructive Surgery, Department of Obstetrics and Gynecology, Penn State Health, United States (Agbese, Leslie) Center for Applied Studies in Health Economics, Department of Public Health Sciences, Penn State College of Medicine, Hershey, PA, United States Publisher Lippincott Williams and Wilkins Year of Publication 2022

183.

Study protocol and methods for Easing Pelvic Pain Interventions Clinical Research Program (EPPIC): a randomized clinical trial of brief, low-intensity, transdiagnostic cognitive behavioral therapy vs education/support for urologic chronic pelvic pain syndrome (UCPPS).
Embase Trials. 23(1) (no pagination), 2022. Article Number: 651. Date of Publication: December 2022. [Article] AN: 2018639865
Background: Urologic chronic pelvic pain syndrome (UCPPS) encompasses several common, costly, diagnoses including interstitial cystitis/bladder pain syndrome and chronic prostatitis/chronic pelvic pain syndrome that are poorly understood and inadequately treated with conventional medical therapies. Behavioral strategies, recommended as a first-line treatment for managing symptoms, are largely inaccessible, time and labor intensive, and technically complex.
The Easing Pelvic Pain Interventions Clinical Research Program (EPPIC) is a clinical trial examining the efficacy of low-intensity cognitive behavioral therapy (Minimal Contact CBT or MC-CBT) for UCPPS and its durability 3 and 6 months post treatment. Additional aims include characterizing the operative processes (e.g., cognitive distancing, context sensitivity, coping flexibility, repetitive negative thought) that drive MC-CBT-induced symptom relief and pre-treatment patient variables that moderate differential response.

Method(s): UCPPS patients (240) ages 18-70 years, any gender, ethnicity, and race, will be randomized to 4-session MC-CBT or a credible, non-specific education comparator (EDU) that controls for the generic effects from simply going to treatment. Efficacy assessments will be administered at pre-treatment, 2 weeks, and 3 and 6 months post treatment-week acute phase. A novel statistical approach applied to micro-analytic mediator assessment schedule will permit the specification of the most effective CBT component(s) that drive symptom relief.

Discussion(s): Empirical validation of a low-intensity self-management therapy transdiagnostic in scope has the potential to improve the health of chronic pelvic pain patients refractory to medical therapies, reduce social and economic costs, conserve health care resources, as well as inform evidence-based practice guidelines. Identification of change mechanisms and moderators of treatment effects can provide proactive patient-treatment matching fundamental to goals of personalized medicine. Trial Registration: Clinicaltrials.gov NCT05127616. Registered on 9/19/21.

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PMID 35964133 [https://www.ncbi.nlm.nih.gov/pubmed/?term=35964133]

Status Embase

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Year of Publication 2022

184.

A Phase 1b Clinical Study of Intravesical Photodynamic Therapy in Patients with Bacillus Calmette-Guerin-unresponsive Non-muscle-invasive Bladder Cancer.

Embase

European Urology Open Science. 41 (pp 105-111), 2022. Date of Publication: July 2022. [Article] AN: 2018490756
Background: A phase 1b study of photosensitizer TLD-1433-mediated photodynamic therapy (PDT) was performed in bacillus Calmette-Guerin (BCG)-unresponsive non-muscle-invasive bladder cancer (NMIBC) patients. 

Objective(s): The primary objectives were safety and tolerability of PDT, with secondary objectives of (1) pharmacokinetic (PK) properties of TLD-1433 and (2) efficacy, as evaluated by recurrence-free survival and complete response (CR) at 90 and 180 d for patients treated at the maximum recommended starting dose (0.35 mg/cm² bladder surface area) and the therapeutic dose (0.70 mg/cm²). 

Design, setting, and participants: Six BCG-unresponsive patients were enrolled in an open-label, single-arm, dose-escalating study of PDT. TLD-1433 was instilled intravesically for 60 min preoperatively. PDT was performed under general anesthesia using intravesically delivered irradiation of the bladder wall with green light (520 nm) to a dose of 90 J/cm². 

Outcome measurements and statistical analysis: Patients were followed by standard cystoscopy and cytology for up to 18 mo to assess time to recurrence. 

Results and limitations: PDT was well tolerated by all patients. All patients experienced at least one grade <=2 adverse event (AE). There were no patient deaths or light sensitivity reactions. The most common AE was moderate bladder irritability, which resolved within the first weeks after treatment. AEs were independent of the TLD-1433 dose. TLD-1433 was cleared in the urine and from the plasma within 24 and 72 h, respectively. Of three patients treated at the therapeutic dose, two achieved a CR at 180 d, which was durable at 18 mo. The other patient was diagnosed with metastatic disease at 138 d. 

Conclusion(s): PDT with TLD-1433 appears safe for the treatment of BCG-unresponsive NMIBC. Early efficacy signals from full-dose photosensitizer are encouraging and warrant phase 2 trial investigation. The safety and PK results obtained support the potential for administration of consecutive PDT treatments as required. 

Patient Summary: Photodynamic therapy with TLD-1433 appears to be safe and effective for the treatment of bacillus Calmette-Guerin (BCG)-unresponsive bladder cancer. 

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Quality assessment and relevant clinical impact of randomized controlled trials on chronic prostatitis/chronic pelvic pain syndrome. 


BMC Urology. 22(1) (no pagination), 2022. Article Number: 122. Date of Publication: December 2022.
Objective: This study evaluated the quality of randomized controlled trials (RCTs) on chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS).

Method(s): We searched PubMed, Web of Science, and Embase for RCTs (original articles) on CP/CPPS published from database establishment to 2021. The RCT quality assessment was performed using the Consolidated Standards of Reporting of Trials (CONSORT) statement and the improved Jadad scale.

Result(s): In total, 77 RCTs were included. According to the evaluation, 26 (33.77%) papers presented the description of the specific random methods, only 6 (7.79%) papers described the allocation concealment methods, and 26 (33.77%) articles referred to the "blind method". Of the RCTs, 34 (44.16%) papers recorded the number of patients who withdrew from the study, and 67 (87.01%) papers reported adverse reactions. However, few reports mentioned the sample size calculation, clinical trial registration, or information about the relevant research programs and funding. In addition, 19 (24.68%) reports had Jadad scale scores of >= 4 points, and 58 (75.32%) reports had Jadad scale scores of <= 3 points.

Conclusion(s): To date, the quality of RCT reports on CP/CPPS needs to be further improved, and the results of the RCTs should be accepted and utilized cautiously. It is suggested that researchers should follow the CONSORT statement and the improved Jadad scale to standardize the design and implementation of RCTs to improve the quality of RCTs and provide reliable evidence for the treatment of CP/CPPS.

Therapeutic ultrasound versus injection of local anesthetic in the treatment of women with chronic pelvic pain secondary to abdominal myofascial syndrome: a randomized clinical trial.
usually located within a musculoskeletal band or its lining fascia. In the literature, there are few studies that address AMPS.

**Objective(s):** To evaluate and compare the efficacy of therapeutic ultrasound (TUS) and injection of local anesthetic (IA) to improve pain in women with abdominal myofascial syndrome secondary to CPP. Study design: Randomized controlled clinical trial.

**Setting(s):** Tertiary University Hospital.

**Material(s) and Method(s):** A randomized clinical trial was conducted, patients were allocated to two types of treatment: group TUS (n = 18), and group IA (n = 20). The instruments used for evaluation and reassessment were the Visual Analog Scale, Numerical Categorical Scale, McGill Pain Questionnaire, and SF-36 quality of life assessment questionnaire. They were evaluated before starting treatment, 1 week after the end of treatment, and at 1, 3, and 6 months.

**Result(s):** TUS and IA were effective in reducing clinical pain and improving quality of life through the variables analyzed among study participants. There was no significant difference between groups.

**Limitation(s):** absence of blinding; exclusion of women with comorbidities and other causes of CPP, the absence of a placebo group, the difference between the number of sessions used for each technique, and the COVID-19.

**Conclusion(s):** Treatment with TUS and IA were effective in reducing clinical pain and improving quality of life in women with AMPS secondary to CPP. Trail registration: We declare that this clinical trial has been registered under the number [ReBEC) no. RBR-39czsv] on 07/18/2018 in the Brazilian Registry of Clinical Trials.

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PMID 35918696 [https://www.ncbi.nlm.nih.gov/pubmed/?term=35918696]

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187.

Neuromodulation in Chronic Pelvic Pain: A Narrative Review.
Xiang H., Zhang T., Al-Danakh A., Yang D., Wang L.

Pain and Therapy. 11(3) (pp 789-816), 2022. Date of Publication: September 2022.

[Review] AN: 2018272396

Chronic primary pelvic pain syndrome (CPPPS) is a heterogeneous disease with unknown pathogenesis and a lack of distinct pathological features, which complicates diagnosis and therapy and has a significant impact on patients' daily life. Because pharmacological management is ineffective and long-term use may result in additional system damage, developing a more effective treatment is critical. Neuromodulation has advanced rapidly over the last few decades, and various types of neuromodulations have demonstrated efficacy in the treatment of CPPPS. In this article we discuss the evolution of neuromodulation technology in the treatment of chronic pelvic pain, its application to various subtypes of chronic pelvic pain, and the comparison of relevant efficacy and parameter differences, as well as assess the relative advantages and
disadvantages of sacral neuromodulation, percutaneous tibial nerve stimulation, transcutaneous electrical nerve stimulation, electroacupuncture, and pudendal neuromodulation. Furthermore, it was noted that chronic pelvic pain should be evaluated in terms of pain, associated symptoms, psychological problems, and quality of life. Although neuromodulation approaches have been shown to be effective in treating chronic pelvic pain, more extensive multicenter trials are required to confirm this.

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Oral pharmacological treatments for chronic prostatitis/chronic pelvic pain syndrome: A systematic review and network meta-analysis of randomised controlled trials.
Qin Z., Zhang C., Guo J., Kwong J.S.W., Li X., Pang R., Doiron R.C., Nickel J.C., Wu J.
Embase
eClinicalMedicine. 48 (no pagination), 2022. Article Number: 101457. Date of Publication: June 2022.
[Article]
AN: 2018256997
Background: Pharmacological treatments for chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) are empirically used. However, the quantitative comparative effectiveness and safety of multiple pharmacological treatments is lacking.
Method(s): PubMed, Embase, Cochrane Central Register of Controlled Trials, and Web of Science were searched from inception to March 22, 2022. Randomised controlled trials comparing two or more oral pharmacological treatments for patients with CP/CPPS were included. Title, abstract, and full-text screening were independently screened by four reviewers. Primary outcomes were efficacy (the National Institutes of Health Chronic Prostatitis Symptom Index [NIH[sbnd]CPSI] total score, pain score, urinary score, and quality of life score [QoL]) and safety (adverse events). This study was registered with PROSPERO, CRD42020184106.
Finding(s): 25 studies (3514 patients) assessed 26 treatments. Low to very low quality evidence indicated that doxazosin (Mean difference [MD], -11.4, 95% Credible interval [CrI], -17.5 to -5.1) and the doxazosin, ibuprofen, and thiocolchicoside combination (MD, -11.6, CrI, -18.1 to -5.3) were significantly more effective than placebo in the NIH[sbnd]CPSI total score. Other NIH[sbnd]CPSI relative outcomes (pain, urinary, and QoL scores) showed a similar pattern. Low and very low quality evidence suggested that combination treatment including doxazosin,
ibuprofen, and thiocolchicoside (odds ratios [OR], 3.2, CrI, 0.5 to 19.3) and the tamsulosin and
dapoxetine combination (OR, 6.0, CrI, 0.7 to 67.3) caused more adverse events. In half of all
comparisons regarding NIH[sbnd]CPSI pain scores and quality of life scores, heterogeneity was
minimal or low. Heterogeneity was high in both NIH[sbnd]CPSI total symptom scores (I² =
78.0%) and pain scores (I² = 87.0%) for tamsulosin versus placebo. There was also high
heterogeneity in NIH[sbnd]CPSI urine scores for the combination of tamsulosin and ciprofloxacin
versus tamsulosin (I² = 66.8%), tamsulosin and levofloxacin versus tamsulosin (I² = 93.3%), and
tamsulosin versus placebo (I² = 83%).
Interpretation(s): Pharmacological treatments have little evidence supporting efficacy in
CP/CPPS. Future studies could personalise therapy for individuals according to specific
symptoms and identify non-pharmacological targets for CP/CPPS.
Funding(s): Dr Jiani Wu received funding for this project from the China Association for Science
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027), and the National Natural Science Foundation of China (82105037).
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Looking for Responders among Women with Chronic Pelvic Pain Treated with a Comicronized
Formulation of Micronized Palmitoylethanolamide and Polydatin.
Indraccolo U., Favilli A., Dell'anna A., Di Francesco A., Dionisi B., Giugliano E., Murina F., Stocco
E.
Embase
BioMed Research International. 2022 (no pagination), 2022. Article Number: 8620077. Date of
Publication: 2022.
[Review]
AN: 2018196445
Background. Palmitoylethanolamide is reported to solve pain and neuroinflammation in different
models of chronic and neurodegenerative diseases. Some concerns have been illustrated for
cautiously interpreting the available literature on the topic. Specifically, there is a lack of evidence
about palmitoylethanolamide and female chronic pelvic pain. Concerns will be best solved by
randomized trials. The present study was aimed at finding the best responders to micronized
palmitoylethanolamide in female patient with chronic pelvic pain, using the existing literature at individual patient level, to help further randomized trial planning. Methods. After a systematic research, eligible studies (the ones enrolled female patients treated for chronic pelvic pain or for dyspareunia, dysuria, dyschezia, and dysmenorrhea with or without chronic pelvic pain) were assessed at individual patient data level. Conditional probabilities were calculated to assess variables conditioning the rates of good responders (pain score points more or equal to 3 reduction), poor responders (2 pain score reduction), and nonresponders at a three-month follow-up. Results. Only cases treated with palmitoylethanolamide comicronized with polydatin for a short period can be assessed. Good responders are more than 50%. In chronic pelvic pain, there is a 19.0% conditional probability to find good responders among patients with pain score at enrolment of 6 to 8 and of 6.8% to find poor responders among patients with a pain score at enrolment of 6 to 8. Painful disease does not matter on responders' rates. Conclusion. Best responders to comicronized palmitoylethanolamide/polydatin are patients with pain score higher than 6 at enrolment, irrespective of other variables.

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Year of Publication 2022

190.

Efficacy and Safety of Chinese Herbal Medicine for Endometriosis Associated Pain.
Lin Y., Hou R., Zhang T., Chung J.P.W., Wang C.C., Zhao R.
Embase
American Journal of Chinese Medicine. 50(4) (pp 1095-1111), 2022. Date of Publication: 2022. [Article]
Endometriosis is a chronic, estrogen-dependent condition that causes dysmenorrhea and pelvic pain. Chinese herbal medicine (CHM) has been used for endometriosis for many years in Asian populations. This is a retrospective study in a territory teaching hospital of the China Academy of Chinese Medical Sciences in Beijing, China to compare the short- and long-term effectiveness and safety of CHM for endometriosis-associated pain (EAP) before and after CHM treatment. A total of 338 out of 1143 women confirmed with endometriosis by ultrasonogram or surgery within three months received a CHM decoction twice a day for at least 3 and up to 24 months. All data were collected by a Structured Medical Records of Endometriosis (SMRE) in every clinic visit covering the whole treatment period. Pain score, evaluated by Numeric Rating Scale, was significantly decreased from 3rd to 12th month in women with moderate or severe pain. Frequency and severity rating of menstrual symptoms, evaluated by Cox Menstrual Symptom Scale, were significantly decreased in women with any pain level. Psychological changes rated by Self-rating Anxiety Scale (SAS) were significantly lower in 3, 6, 12, and 24 months of treatment, but those by Self-rating Depression Scale (SDS) was significantly decreased in six months of treatment. There was no severe adverse event but only minor side-effects. In conclusion, our study showed that CHM relieved EAP and related symptoms with minimal side-effects after treatment. A large-scale randomized and placebo-controlled trial could be designed to confirm the efficacy and safety.
immediately after endometrial ablation may inactivate residual untreated endometrium and/or inhibit the regeneration of endometrial tissue. Furthermore, the LNG-IUS may prevent agglutination of the uterine walls preventing intrauterine adhesion formation associated with endometrial ablation. In these ways, insertion of an LNG-IUS immediately after endometrial ablation might prevent subsequent hysterectomies because of persisting uterine bleeding and cyclical pelvic pain or pain that arises de novo. Hence, we evaluate if the combination of endometrial ablation and an LNG-IUS is superior to endometrial ablation alone in terms of reducing subsequent rates of hysterectomy at two years following the initial ablative procedure.

Methods/design: We perform a multicentre randomised controlled trial in 35 hospitals in the Netherlands. Women with heavy menstrual bleeding, who opt for treatment with endometrial ablation and without contraindication for an LNG-IUS are eligible. After informed consent, participants are randomly allocated to either endometrial ablation plus LNG-IUS or endometrial ablation alone. The primary outcome is the hysterectomy rate at 24 months following endometrial ablation. Secondary outcomes include women's satisfaction, reinterventions, complications, side effects, menstrual bleeding patterns, quality of life, societal costs.

Discussion(s): The results of this study will help clinicians inform women with HMB who opt for treatment with endometrial ablation about whether concomitant use of the LNG-IUS is beneficial for reducing the need for hysterectomy due to ongoing bleeding and/or pain symptoms. Trial registration Dutch Trial registration: NL7817. Registered 20 June 2019, https://www.trialregister.nl/trial/7817.

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Objective: To compare the difference in the clinical therapeutic effect on dysmenorrhea in the patients with adenomyosis between acupuncture and ibuprofen sustained release capsules.

Method(s): A total of 40 patients were randomized into an acupuncture group and an ibuprofen group, 20 cases in each one. The treatment was given consecutively for 3 menstrual cycles and the follow-up lasted for 2 menstrual cycles. The score of visual analogue scale (VAS) at the most painful time during menstruation, menstrual flow, the score of COX menstrual symptom scale (CMSS) and the score of endometriosis health profile-5 (EHP-5), as well as the patients’ satisfaction and acceptance were compared between the two groups.

Result(s): Three menstrual cycles after treatment, the VAS score at the most painful time, menstrual flow, CMSS score and EHP-5 score were all lower than those before treatment in either group, with statistical significance (all P < 0.05). Three menstrual cycles after treatment, compared with the ibuprofen group, in the acupuncture group, the VAS score at the most painful time was slightly higher (P > 0.05), the menstrual flow was lower (P > 0.05), CMSS score was higher (P < 0.05) and EHP-5 was higher (P > 0.05). The score of the patients’ satisfaction and acceptance in the acupuncture group were all higher than the ibuprofen group (both P < 0.05). In 2- menstrual cycles follow-up, the VAS score at the most painful time, menstrual flow, CMSS score and EHP-5 score in the acupuncture group were all lower than those in the ibuprofen group (all P < 0.05).

Conclusion(s): Acupuncture is effective for analgesia and symptom-relief and the long-term effect is superior to the oral administration of ibuprofen.

Vulvodynia: What is available online? A systematic review of information on the internet.
Loganathan J., Ghai V., Ilaalagan R., Doumouchtsis S.K.
Embase
[Review]
AN: 2017876500
Aim: This review aimed to evaluate the quality of medical information online for patients relating to vulvodynia. To our knowledge no evaluation of online patient information exists regarding vulvodynia and, at present, there is no standardized or validated method of evaluating medical information on the internet.
Method(s): A clearly defined protocol was developed to generate keywords relating to vulvodynia. The three most popular search engines worldwide; google.com, yahoo.com, and bing.com, were searched in September 2020. Three assessors evaluated eligible webpages for accuracy, credibility, readability, and reliability.
Result(s): Forty-five webpages were eligible with 38% given HON certification or Information Standard approval. Only one webpage achieved a DISCERN score of >=63 indicating excellent reliability. No webpages scored a maximum 10 points for credibility. Eleven percent of webpages were rated "accurate" with score 17 or above. The modal Flesch Kincaid Grade Level was 9 with only 15.6% having a readability grade level of 8 or less. Conclusion(s): It has been shown in previous studies that patient information available online pertaining to gynecological conditions is frequently inaccurate, with limited regulation and low reliability, and our findings are in agreement with this. As patients increasingly look to the internet for medical information and education, we as clinicians, need to ensure the resources available are of a high standard and regulated. Without ensuring safe and effective healthcare resources, we risk misinformation which can negatively impact clinical care.

Embase
Iranian Journal of Epidemiology. 17(4) (pp 330-339), 2022. Date of Publication: Winter 2022. [Article]
AN: 2017617263
Background and Objectives: In most parts of the world, pelvic girdle and lower back pain are one of the most common musculoskeletal disorders, but its prevalence has been reported differently in studies around the world. were performed to investigate the-analysis Therefore, the present meta prevalence of pelvic girdle and lower back pain in pregnant women.
Method(s): all articles published from to May using the keywords Pelvic Girdle Pain, Low back pain, Cross-Sectional, Prevalence, Epidemiology, Survey in Scopus, PubMed, Web of Science Core Collection,Science Direct and SID collected and reviewed. Munn et al. tools were used to evaluate the quality of studies and methodology.
Result(s): 26 studies with a sample size of 13430 showed that, the overall prevalence of pelvic girdle and low back pain in pregnant women is 50% (95% CI: 43-58%, I2: 98.9%) and in primigravida women 44% (95% CI: 35-54%, I2: 97.9). Also, the prevalence of pelvic girdle and
low back pain was using the questionnaire 57% (95% CI: 47-68, I2: 99.04%), using a combination of methods 53% (95% confidence interval: 37-70, I2: 96.12%), using a VAS Scale 38%(95% confidence interval: 23-52, I2: 99.08%).

Conclusion(s): The results of the present study indicate a 50% prevalence of pelvic girdle and low back pain in pregnant women. Due to the high prevalence and effects of pain on the quality of life of pregnant women, it seems necessary to plan, policy and design effective interventions in this field by the treatment team.

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195.

Review article: diagnostic and therapeutic approach to persistent abdominal pain beyond irritable bowel syndrome.
Coffin B., Duboc H.
Embse
Alimentary Pharmacology and Therapeutics. 56(3) (pp 419-435), 2022. Date of Publication: August 2022.
[Review]
AN: 2017603197

Background: Persistent abdominal pain (PAP) poses substantial challenges to patients, physicians and healthcare systems. The possible aetiologies of PAP vary widely across organ systems, which leads to extensive and repetitive diagnostic testing that often fails to provide satisfactory answers. As a result, widely recognised functional disorders of the gut-brain interaction, such as irritable bowel syndrome and functional dyspepsia, are often diagnosed in patients with PAP. However, there are a number of less well-known differential diagnoses that deserve consideration.

Aim(s): To provide a comprehensive update on causes of PAP that are relatively rare in occurrence.

Method(s): A literature review on the diagnosis and management of some less well-known causes of PAP.

Result(s): Specific algorithms for the diagnostic work-up of PAP do not exist. Instead, appropriate investigations tailored to patient medical history and physical examination findings should be made on a case-by-case basis. After a definitive diagnosis has been reached, some causes of
PAP can be effectively treated using established approaches. Other causes are more complex and may benefit from a multidisciplinary approach involving gastroenterologists, pain specialists, psychologists and physiotherapists. This list is inclusive but not exhaustive of all the rare or less well-known diseases potentially associated with PAP.

Conclusion(s): Persistent abdominal pain (PAP) is a challenging condition to diagnose and treat. Many patients undergo repeated diagnostic testing and treatment, including surgery, without achieving symptom relief. Increasing physician awareness of the various causes of PAP, especially of rare diseases that are less well known, may improve patient outcomes.

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Status
Embase
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Publisher
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Year of Publication
2022

196.

Sacral Nerve Stimulation in Patients With Refractory Pudendal Neuralgia.
Embase
Pain Physician. 25(4) (pp E619-E627), 2022. Date of Publication: July 2022.[Article]
AN: 2017459660
Background: Pudendal neuralgia (PN) is one of the most common forms of genital pain. Only 42.2% of PN patients respond to the first-line treatment. Novel neuromodulation techniques in the treatment of refractory PN patients are urgently required.
Objective(s): The aim of this study was to evaluate the treatment effects and adverse events of sacral nerve stimulation (SNS) for patients with refractory PN.
Study Design: A prospective nonrandomized study.
Setting(s): This prospective analysis included 33 patients who received the phase II surgical implantation.
Method(s): A total of 55 eligible PN patients were recruited for SNS treatment after informed consent, and 33 of 55 patients with a minimum 50% improvement were candidates for surgical implantation. Visual Analog Scale (VAS) scores, Self-rating Anxiety and Depression Scale, Quality of life score (SF-36), and sleep monitoring indicators before and after surgery were used to assess the effects of SNS on patients with refractory PN.
Result(s): Thirty-three patients were included in the final analysis, involving 24 women and 9 men with a mean age of 49.5 years (26-70 years). There was a favorable decrease in pain severity (VAS scores) from 7.1 +/- 1.1 at baseline to 6.1 +/- 1.0 on postoperative day 1, and 2.8 +/- 0.7 at 1 week, 1.7 +/- 0.5 at 1 month, 1.1 +/- 0.7 at 6 months, and 1.0 +/- 0.6 at 12 months after surgery, respectively (P < 0.05). The mean score of each section of SF-36 after SNS was significantly higher than that at baseline (P < 0.05). Total sleep time and sleep time in each period were significantly prolonged after SNS implantation compared with that before surgery (6 months vs
Pre, total: 5.32 +/- 1.49 hours vs 3.66 +/- 1.19 hours, deep: 2.52 +/- 0.63 hours vs 1.36 +/- 0.43 hours, light: 1.78 +/- 0.42 hours vs 0.99 +/- 0.30 hours, rapid eye movement: 1.41 +/- 0.29 hours vs 0.89 +/- 0.27 hours, P < 0.05). No serious device complications were reported during the follow-up period.

Limitation(s): Large-scale randomized clinical trials are warranted to evaluate the risk factors for prediction of refractory PN.

Conclusion(s): These data imply that SNS can have beneficial effects on patients with refractory PN.

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PMID 35793186 [https://www.ncbi.nlm.nih.gov/pubmed/?term=35793186]

Prostate Cancer Diagnosis, Treatment and Outcomes in Patients with Previous or Synchronous Colorectal Cancer: A Systematic Review of Published Evidence.


The management of patients with prostate cancer (PCa) and previous or synchronous colorectal cancer (CRC) represents a challenging issue. A systematic review was performed in May 2022 to summarize available evidence about the diagnosis, management, and outcomes of these patients. Twenty-seven studies involving 252 patients were identified. Overall, 163 (64.7%) and 89 (35.3%) patients had synchronous and metachronous PCa and CRC, respectively. In patients with synchronous diseases, PCa treatment involved active surveillance in 1 patient, radical prostatectomy (RP) in 36 patients, radiotherapy (RT) in 60 patients, RP plus RT in 1 patient, proton beam therapy in 1 patient, and cryoablation in 1 patient. In patients with previous CRC treatment, prostate biopsy was mostly performed by transrectal approach (n = 24). The transperineal and suprapubic approaches were adopted in 12 and 6 cases, respectively. Surgical PCa treatment in these cases involved endoscopic extraperitoneal RP, robot-assisted RP, and not otherwise specified RP in 30, 15, and 2 cases, respectively. Biochemical recurrence rates ranged from 20% to 28%. Non-surgical PCa treatment options included brachytherapy, RT plus androgen deprivation therapy, and RT alone in 23, 2 and 4 patients, respectively. PCa specific survival was reported by one study and was 100%.

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A Survey of the Incidence of Constipation in Patients with Chronic Non-cancer Pain Using Opioid Analgesics in Japan.
Sonohata M., Wada S., Koretaka Y., Morioka Y., Mishima H., Mawatari M.
Embase
Pain and Therapy. 11(3) (pp 845-859), 2022. Date of Publication: September 2022.
[Article]
AN: 2017089201
Introduction: Although opioids have potent analgesic properties, their use is associated with side effects, including opioid-induced constipation (OIC). This study investigated the incidence of OIC based on the Rome IV diagnostic criteria in patients using opioid analgesics for chronic non-cancer pain and to explore and compare the risk factors for the development of OIC in opioid analgesic users.
Method(s): We surveyed patients aged 20 years or more living in Japan via the internet; who had been using opioid or non-opioid analgesics (N = 500 each) for at least 3 months for relief from chronic non-cancer musculoskeletal pain (low back pain or osteoarthritis); and who provided electronic consent to participate in and complete the survey. The groups were matched for age and sex.
Result(s): Of the patients using opioid analgesics, 89% were taking weak opioids. The proportion of patients perceiving constipation was comparable between the opioid and non-opioid analgesic groups (34% vs 29%, respectively); however, a significantly higher proportion of patients in the opioid group, compared to the non-opioid group, reported self-assessed constipation (40% vs 18%, respectively) after using an analgesic and fulfilled two or more symptoms of the Rome IV diagnostic criteria for constipation (28% vs 19%, respectively). A higher proportion of patients were taking prescribed medicine for constipation in the opioid group compared with the non-opioid group (33% vs 18%, respectively). Low back pain, but not opioid strength and scheduled dosing, was identified as a risk factor for OIC among various covariates assessed in the logistic regression analysis in 81 patients with OIC and Rome IV diagnosis vs 419 patients without OIC in the opioid group.
Conclusion(s): Use of opioid analgesics, including weak opioids, for treating chronic non-cancer musculoskeletal pain is associated with OIC. This finding highlights the need for appropriate treatment of constipation in patients with chronic non-cancer pain in Japan. Trial Registration: UMIN000043985.
Novel temperature-responsive hydrogel injected to the incision site for postoperative pain relief in laparoscopic abdominal surgery: a single-blind, randomized, pivotal clinical trial.

Choi B.-M., Hwang C.-S., Yoon Y.S., Park I.J., Yoo M.-W., Kim B.S.

Background: A temperature-responsive hydrogel (PF-72; TGel Bio, Inc., Ltd, Seoul, Korea), developed as a sustained drug delivery device, can be mixed with ropivacaine to reduce pain in the incision area. The hydrogel is soluble at low temperatures (2-8 degreeC) and is converted into a gel at high temperatures (> 30 degreeC). We aimed to evaluate whether the administration of ropivacaine using PF-72 at incision sites reduces pain until 72 h postoperatively in patients undergoing laparoscopic stomach or colorectal surgery.

Method(s): Patients were randomly assigned to the control group (0.75% ropivacaine) or PF-72 group (PF-72 mixed with 0.75% ropivacaine). Before surgical incision closure, 0.75% ropivacaine or PF-72 mixed with 0.75% ropivacaine was injected into the subcutaneous fat and muscle of all incisions. Postoperative pain was evaluated by the Numerical Rating Scale (NRS, 0 = no pain, 10 = most severe pain) for wound pain at 3, 6, 24, 48, and 72 h after the end of surgery.

Result(s): Ninety-nine patients (control, n = 51; PF-72, n = 48) were included in the analysis. The areas under the curve of NRS for wound pain until 72 h in the control group and the PF-72 group were 188.7 +/- 46.1 and 135.3 +/- 49.9 h, respectively (P < 0.001). The frequency of the administration of rescue analgesics in the general ward was similar between the two groups. Conclusion(s): PF-72 mixed with 0.75% ropivacaine reduced postoperative pain until 72 h in patients undergoing laparoscopic surgery. Although the study population was not large enough for safety evaluation, no adverse events associated with PF-72 were observed.
Guidelines for Reasonable and Appropriate Care in the Emergency Department 2 (GRACE-2): Low-risk, recurrent abdominal pain in the emergency department.
Embase
[Article]
AN: 2016577932
This second Guideline for Reasonable and Appropriate Care in the Emergency Department (GRACE-2) from the Society for Academic Emergency Medicine is on the topic "low-risk, recurrent abdominal pain in the emergency department." The multidisciplinary guideline panel applied the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach to assess the certainty of evidence and strength of recommendations regarding four priority questions for adult emergency department patients with low-risk, recurrent, undifferentiated abdominal pain. The intended population includes adults with multiple similar presentations of abdominal signs and symptoms recurring over a period of months or years. The panel reached the following recommendations: (1) if a prior negative computed tomography of the abdomen and pelvis (CTAP) has been performed within 12 months, there is insufficient evidence to accurately identify populations in whom repeat CTAP imaging can be safely avoided or routinely recommended; (2) if CTAP with IV contrast is negative, we suggest against ultrasound unless there is concern for pelvic or biliary pathology; (3) we suggest that screening for depression and/or anxiety may be performed during the ED evaluation; and (4) we suggest an opioid-minimizing strategy for pain control. EXECUTIVE SUMMARY: The GRACE-2 writing group developed clinically relevant questions to address the care of adult patients with low-risk, recurrent, previously undifferentiated abdominal pain in the emergency department (ED). Four patient-intervention-comparison-outcome-time (PICOT) questions were developed by consensus of the writing group, who performed a systematic review of the literature and then synthesized direct and indirect evidence to formulate recommendations, following GRADE methodology. The writing group found that despite the commonality and relevance of these questions in emergency care, the quantity and quality of evidence were very limited, and even fundamental definitions of the population and outcomes of interest are lacking. Future research opportunities include developing precise and clinically relevant definitions of low-risk, recurrent, undifferentiated abdominal pain and determining the scope of the existing populations in terms of annual national ED visits for this complaint, costs of care, and patient and provider preferences.
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PMID
35543712 [https://www.ncbi.nlm.nih.gov/pubmed/?term=35543712]
Status
Effect of Psychological Intervention on Pelvic Floor Function and Psychological Outcomes After Hysterectomy.

Xie M., Huang X., Zhao S., Chen Y., Zeng X.
Background: Hysterectomy is one of the most frequently performed operations worldwide. However, postoperative complications and body image changes may induce psychological distress after hysterectomy. The study aimed to evaluate the effect of psychological intervention on pelvic floor function and psychological outcomes following hysterectomy among patients with benign indications.

Method(s): Ninety-nine patients underwent hysterectomy were randomly divided into intervention group (n = 50) and control group (n = 49). Patients in the control group received routine postoperative nursing care, while extra psychological intervention was provided to patients in the intervention group, including psychological support, regular lectures and family support. After 6 months, patient's psychological statuses were assessed by Generalized Anxiety Disorder scale (GAD-7) and Patient Health Questionnaire-9 (PHQ-9). The pelvic floor function of patients was evaluated using Pelvic Floor Impact Questionnaire (PFIQ-7) and Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire (PISQ-12). Furthermore, the incidence of postoperative complications, including uracratia, pelvic organ prolapses, sexual dysfunction and chronic pelvic pain, was evaluated.

Result(s): After 6-month intervention, the GAD-7 and PHQ-9 scores were significantly decreased in the intervention group (p < 0.001 and p = 0.018 respectively). Both scored were significantly lower than that in the control group (p < 0.001 and p < 0.001). Compared with control group, the incidence of uracratia, pelvic organ prolapse, sexual dysfunction and chronic pelvic pain for intervention group was significantly lower (p = 0.003, p = 0.027, p = 0.001, p = 0.002 respectively) and the pelvic floor muscle strength was significantly stronger (p = 0.001). Besides, the postoperative Urinary Incontinence Impact Questionnaire (UIQ-7), Pelvic Organ Prolapse Impact Questionnaire (POPIQ-7), and Colorectal-Anal Impact Questionnaire (CRAIQ-7) scores were significantly lower (p = 0.025, p = 0.04, p < 0.001) and PISQ-12 score was significantly higher in intervention group (p < 0.001).

Conclusion(s): Psychological intervention could effectively improve the psychological condition of patients with hysterectomy, which may facilitate patients' postoperative recovery in pelvic floor function. These findings emphasized the necessity of psychological intervention in routine postoperative nursing care.

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Status
Embase
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(Xie, Huang, Zhao, Chen, Zeng) Department of Gynecology, Guangdong Provincial People’s Hospital, Guangdong Academy of Medical Sciences, Guangzhou, China
Publisher
Frontiers Media S.A.
Year of Publication
2022

202.

Acupuncture for chronic prostatitis: A randomized controlled trial.
Embase
World Journal of Acupuncture - Moxibustion. 32(3) (pp 204-207), 2022. Date of Publication: July 2022.
[Article]
AN: 2015913442
Objective: To explore whether there is a specific clinical effect of acupuncture in the treatment of chronic prostatitis.
Method(s): A total of 52 patients with chronic prostatitis were randomly divided into an acupuncture group (24 cases) and a placebo acupuncture group (28 cases). During the treatment, 1 case was dropped out in the placebo acupuncture group and 51 patients accomplished the clinical trial finally in two groups. In the acupuncture group, Shenshu (BL23), Zhongliao (BL33), Huiyang (BL35) and Sanyinjiao (SP6) were selected. In the placebo acupuncture group, the non-meridian points located lateral to BL23, BL33, BL35 and SP6 were selected, respectively. The duration of treatment was 8 weeks in each group. In the first 4 weeks of treatment, the treatment was given once every two days, three times weekly. In the last 4 weeks of treatment, the treatment was given once every three days, twice a week. Totally, 20 acupuncture treatments were required in the whole trial. Before treatment, in week 4 and 8 of treatment and in follow-up, National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI) score and the comprehensive effect were evaluated in the two groups successively.

Result(s): In week 4 and 8 of treatment, NIH-CPSI score in the acupuncture group was lower than that before treatment, respectively (both P < 0.05). In week 8 of treatment, NIH-CPSI score in the placebo acupuncture group was lower than that before treatment (P < 0.05). NIH-CPSI score in the acupuncture group was lower than the placebo acupuncture group in week 8 of treatment (P < 0.05). In follow-up, NIH-CPSI score of the two groups all decreased as compared with the score before treatment (both P < 0.05), and the score in the acupuncture group was lower than the placebo acupuncture group (P < 0.05). In the comparison of comprehensive effect, the total effective rate was 91.7% in the acupuncture group and was 74.1% in the placebo acupuncture group. The therapeutic effect in the acupuncture group was better than that of the placebo acupuncture group (P < 0.05).

Conclusion(s): Acupuncture relieves pelvic pain and urination symptoms and has a certain of long-term effect in patients with chronic prostatitis.

Twisting of transobturator midurethral slings: does it matter?.
Gillor M., Dietz H.P.
Embase
[Article]
AN: 2015598497
Introduction and hypothesis: We assessed rotation/twisting of transobturator midurethral slings (TOTs) and tested for associations with de novo chronic pain and voiding dysfunction.
Method(s): A retrospective pilot study including patients seen after MonarcTM TOT surgery at a single tertiary hospital in 2005-2016. Patients underwent an interview, clinical examination, uroflowmetry and 4D pelvic floor ultrasound. Volume datasets were analyzed blinded against all other data. Sling rotation/twisting was evaluated in volumes obtained at rest. The sling axis was measured relative to the vertical in the midline and in the most lateral parasagittal slice. Total
sling rotation was calculated by summation of absolute angle differences between midline and lateral angles. “Corkscrew” rotation was noted when direction of rotation was opposite on the contra-lateral side.

Result(s): The study included 215 patients. Fifty-two (24%) were excluded, leaving 163. Mean age was 57 years (28-87; SD 12), mean BMI 29.4 kg/m2 (18.3-47.4, SD 6). Follow-up was at a median of 17 months (IQR 11-27). Chronic de novo pain was reported by 15 women (9%; dyspareunia by 11 and pelvic/vaginal pain by 4). On imaging, mean total sling rotation was 144degrees (12-335, SD 56). In the majority (n = 103, 63%) it rotated counter-clockwise from its midline position and in 30 (18%) it rotated clockwise. “Corkscrew” rotation was noted in 30 (18%). De novo chronic pain was associated with lower BMI and vaginal sling exposure but not with sling rotation. The latter was not found to be associated with voiding dysfunction either.

Conclusion(s): MonarcTM TOTs rotate considerably throughout their course. The degree of twisting or rotation and its direction was not found to be associated with de novo postoperative chronic pain or voiding dysfunction.

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Salivary MicroRNA Signature for Diagnosis of Endometriosis.

Background: Endometriosis diagnosis constitutes a considerable economic burden for the healthcare system with diagnostic tools often inconclusive with insufficient accuracy. We sought to analyze the human miRNAome to define a saliva-based diagnostic miRNA signature for endometriosis.

Method(s): We performed a prospective ENDO-miRNA study involving 200 saliva samples obtained from 200 women with chronic pelvic pain suggestive of endometriosis collected between January and June 2021. The study consisted of two parts: (i) identification of a biomarker based on genome-wide miRNA expression profiling by small RNA sequencing using next-generation sequencing (NGS) and (ii) development of a saliva-based miRNA diagnostic signature according to expression and accuracy profiling using a Random Forest algorithm.

Result(s): Among the 200 patients, 76.5% (n = 153) were diagnosed with endometriosis and 23.5% (n = 47) without (controls). Small RNA-seq of 200 saliva samples yielded ~4642 M raw
sequencing reads (from ~13.7 M to ~39.3 M reads/sample). Quantification of the filtered reads and identification of known miRNAs yielded ~190 M sequences that were mapped to 2561 known miRNAs. Of the 2561 known miRNAs, the feature selection with Random Forest algorithm generated after internally cross validation a saliva signature of endometriosis composed of 109 miRNAs. The respective sensitivity, specificity, and AUC for the diagnostic miRNA signature were 96.7%, 100%, and 98.3%.

Conclusion(s): The ENDO-miRNA study is the first prospective study to report a saliva-based diagnostic miRNA signature for endometriosis. This could contribute to improving early diagnosis by means of a non-invasive tool easily available in any healthcare system.

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Combination therapy with tamsulosin and traditional herbal medicine for lower urinary tract symptoms due to benign prostatic hyperplasia: A double-blinded, randomized, pilot clinical trial.


Embase
International Journal of Urology. 29(6) (pp 503-509), 2022. Date of Publication: June 2022.

AN: 2015321561

Objective: To evaluate the efficacy and safety of tamsulosin and Hachimijiogan or Ryutanshakanto in patients with lower urinary tract symptoms due to benign prostatic hyperplasia.

Method(s): A prospective, randomized, double-blind method was used to determine the efficacy and safety of the combination or placebo at baseline and 4, 8, and 12 weeks of study. The International Prostate Symptom Score, quality of life index, complete voiding diary, and National Institutes of Health-Chronic Prostatitis Symptom Index were studied. Uroflowmetry and postvoid
residual urine volume were measured and compared. Laboratory tests including prostate-specific antigen were performed.

Result(s): In all groups, International Prostate Symptom Score and quality of life showed improvement, but no significant differences were shown among the groups. Prostate volume increased after treatment, and uroflowmetric parameters showed improvements after treatment without significance among the three groups. The total score of the National Institutes of Health-Chronic Prostatitis Symptom Index showed a significant improvement in all groups, without significant differences among the groups. Only the pain sub-score of the National Institutes of Health-Chronic Prostatitis Symptom Index showed a significant decrease in the tamsulosin with Ryutanshakanto group compared to the control group. A total of 11 adverse reactions occurred, but they were mild and not related to the study drugs.

Conclusion(s): Ryutanshakanto can provide pain relief in patients with chronic prostatitis and chronic pelvic pain syndrome. If more research is conducted, Hachimijiogan and Ryutanshakanto may be applied as add-on treatments in patients with storage symptoms with alpha-blocker monotherapy.


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2022

206.

A systematic review and meta-analysis of placebo effect in clinical trials on chronic prostatitis/chronic pelvic pain syndrome.


Embase

Prostate. 82(6) (pp 633-656), 2022. Date of Publication: May 1, 2022.
Background: It is a common practice to control efficacy of pharmacological treatment with a placebo group. However, placebo itself may affect subjective and even objective results. The purpose of this study was to evaluate the placebo effect on symptoms of CP/CPPS to improve future clinical trials.

Method(s): A search at three databases (Scopus, MEDLINE, and Web of Science) was conducted to identify double-blind placebo-controlled clinical trials on the treatment of CP/CPPS published until April 2021. The primary outcome - National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI) score.

Secondary Outcomes: Qmax, PVR, IPSS, and prostate volume.

Result(s): A total of 3502 studies were identified. Placebo arms of 42 articles (5512 patients, median 31 patients) were included in the systematic review. Systematic review identified positive changes in the primary endpoint, meta-analysis of 10 articles found that NIH-CPSI total score results were significantly influenced by placebo, mean difference -4.2 (95% confidence interval [CI]: -6.31, -2.09). Mean difference of NIH-CPSI pain domain was -2.31 (95% CI: -3.4, -1.21), urinary domain -1.12 (95% CI: -1.62, -0.62), quality of life domain -1.67 (95% CI: -2.38, -0.96); p < 0.001 for all. In case of the objective indicator - Qmax, there were three articles included in the meta-analysis. Qmax mean change from baseline was 0.68 (95% CI: -0.85, 2.22, p = 0.38).

Systematic review showed no significant changes in pain, measured by VAS or other scores, IPSS and PVR.

Conclusion(s): Placebo significantly affected the subjective parameters (NIH-CPSI) and limitedly affected various other measurements of pain (visual analog scale, McGill pain questionnaire). There was no long-term effect on IPSS and objective measurements (Qmax, PVR). This study can be used in further clinical trials to develop general rules of CPPS treatment assessment.

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Publisher
John Wiley and Sons Inc

Year of Publication
2022
Comparing the effect of adjunctive N-acetylcysteine plus low dose contraceptive with low dose contraceptive alone on recurrence of ovarian endometrioma and chronic pelvic pain after conservative laparoscopic surgery: a randomised clinical trial study.
This study aimed to compare the effectiveness of NAC plus low dose contraceptive with low dose contraceptives alone. This was a randomised trial on a sample of women who underwent conservative laparoscopic surgery for ovarian endometrioma. Patients were randomly assigned either to the NAC plus low dose contraceptive group (n = 48) or low dose contraceptive alone (n = 52). To evaluate the recurrence rate transvaginal ultrasound was performed. Pelvic pain was assessed using a visual analogue scale (VAS). All assessments were performed at two points in time: 3 and 6 months post-surgery and compared between the two regimens. The findings indicated that reduction in the recurrence rate of endometrioma and pelvic pain were similar between both groups. The findings showed that adding N-acetylcysteine to low dose contraceptive treatment has a similar effect in reducing the recurrence rate of endometrioma and pelvic pain when compared to low dose contraceptives alone. Impact statement What is already known on this subject? Endometriosis is a frequent benign disease-producing inflammatory response with mild to severe symptoms. Although surgical removal of ectopic lesions is the first-line intervention, the recurrence rate of the disease is high. Thus this study aimed to compare the effectiveness of N-acetylcysteine plus low dose contraceptive with low dose contraceptive alone. What do the results of this study add? The findings showed that adding N-acetylcysteine to low dose contraceptive treatment has a similar effect in reducing the recurrence rate of endometrioma and pelvic pain when compared to low dose contraceptives alone. What are the implications of these findings for clinical practice and/or further research? It is recommended to increase the duration of drug administration in future studies.
Therapeutic interventions to urologic chronic pelvic pain syndrome and UPOINT system for clinical phenotyping: How far are we?

Embase
Urologia Journal. 89(3) (pp 315-328), 2022. Date of Publication: August 2022.
[Review]
AN: 2014645002

The assessment and management of urologic chronic pelvic pain syndrome (UCPPS), is controversial. It is classified by voiding symptoms, pelvic pain, and bladder pain, which is weekly treated, weekly understood, and bothersome. In the aspect of clinical efforts and research to help people with this syndrome have been hampered by the deficiency of a widely reliable, accepted, and a valuable tool to evaluate the patient symptoms and quality of life (QoL) impact. However, the etiology comes into sight is multifactorial, and available treatment options have been imprecise considerably in present years. We compiled the published literature on the assessment of the syndrome, a tentative role of pharmacological and non-pharmacological (conservative, alternative, and invasive therapy) interventions in eradicating the disease as well as improving symptoms. The previously published literature on animal models has established the association of immune systems in the etiology, pathogenesis, and progression of the disease. The UPOINT system for clinical phenotyping of UCPPS patients has six predefined domains that direct multimodal therapy, which would lead to significant symptom improvement in the medical field. The narrative review aims to scrutinize the fluctuating scientist's views on the evaluation of patient and multimodal treatment of the UPOINT system.

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Ghai V., Subramanian V., Jan H., Doumouchtsis S.K.
Objectives: To evaluate the content validity of 19 patient-reported outcome measures (PROMs) used to measure quality of life (QoL) in women with chronic pelvic pain (CPP). Study Design and Setting: We searched Embase, MEDLINE, PsycINFO databases and Google Scholar from inception to August 2020. We included records describing the development or studies assessing content validity of PROMs. Two reviewers independently assessed the methodological quality of PROMs using the Consensus-based Standards for the Selection of Health Measurement Instruments checklist. Evidence was synthesized for relevance, comprehensiveness, and comprehensibility. Quality of evidence was rated using a modified Grading of Recommendations, Assessment, Development, and Evaluations approach.

Result(s): PROM development was inadequate for all instruments included in this review. No high-quality evidence ratings were found for relevance, comprehensiveness, and comprehensibility. QoL was measured using generic instruments (68.42%, 13/19) rather than those specific to chronic pain (21.04%, 4/19) or pelvic pain (10.53%, 2/19). Quality of concept elicitation was inadequate for 90% of PROMs. Half of PROMs did not include patients in their development and only 40% were devised using a sample representative of the target population for which the PROM was developed. Cognitive interviews were conducted in one-fifth of PROMs and were mostly of inadequate/doubtful quality.

Conclusion(s): There is poor quality of evidence for content validity of PROMs used to measure QoL in women with CPP.

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PMID 35452795 [https://www.ncbi.nlm.nih.gov/pubmed/?term=35452795]
OBJECTIVE: To evaluate the association between surgical findings and postoperative pain intensity and its reaction to analgesics in women who underwent surgical sterilization.

MATERIALS AND METHODS: Observational, analytical, retrospective cohort study carried out in an institution in eastern Colombia in women over 18 years of age who opted for laparoscopic surgical sterilization as a method of family planning. Quantitative variables were analyzed as measures of central tendency and nominal variables as percentages. The history of pelvic pain was compared with the severity of postoperative pain, with adjustment for confounding variables.

RESULT(S): We studied 141 patients with age limits of 25 and 34 years. A history of pelvic pain was evident in 26.2%. During surgery 29.7% had moderate adhesive syndrome of the abdominal wall towards the uterus, which was associated with a history of pelvic pain in 29.7%. In the evaluation of postoperative pain, 48.2% suffered moderate pain. In 95% of the patient's pain was controlled with 500 mg of paracetamol every 6 hours, without requiring opioids.

CONCLUSION(S): Moderate adhesive syndrome was associated with a history of chronic pelvic pain and previous cesarean section. There was no significant relationship between postoperative pain and surgical findings. Pain at 72 hours was mild and moderate in 46.1 and 48.2% respectively. In this study the laparoscopic procedure was not associated with increased pain, which was controlled with conventional analgesia, which confirms an important advantage of this type of procedure.

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TNF-inhibitors or bisphosphonates in chronic nonbacterial osteomyelitis? - Results of an international retrospective multicenter study.


Clinical Immunology. 238 (no pagination), 2022. Article Number: 109018. Date of Publication: May 2022.

Chronic nonbacterial osteomyelitis (CNO) can cause significant morbidity, including bone pain and damage. In the absence of clinical trials, treatments include non-steroidal anti-inflammatory drugs, corticosteroids, TNF-inhibitors (TNFi) and/or bisphosphonates. In a retrospective chart review in the United Kingdom and Germany, we investigated response to TNFi and/or pamidronate. Ninety-one patients were included, receiving pamidronate (n = 47), TNFi (n = 22) or both sequentially (n = 22). Patients with fatigue [p = 0.003] and/or arthritis [p = 0.002] were more frequently treated with TNFi than pamidronate. Both therapies were associated with clinical remission at 6 months, and reduction of bone lesions on MRI at 12 months. While not reaching statistical significance, pamidronate resulted in faster resolution of MRI lesions. Fewer flares were
observed with TNFi. Failure to respond to pamidronate was associated with female sex \(p = 0.027\), more lesions on MRI \(p = 0.01\) and higher CRP levels \(p = 0.03\). Randomized clinical trials are needed to confirm observations and generate evidence.

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Status Embase

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Year of Publication 2022

213.

Pentosan polysulfate in patients with bladder pain syndrome/interstitial cystitis with Hunner's lesions or glomerulations: systematic review and meta-analysis.
Grigoryan B., Kasyan G., Pivazyan L., Pushkar D.
Embase
Therapeutic Advances in Urology. 14 (no pagination), 2022. Date of Publication: 2022.
[Article]
AN: 2017614697

Background: Bladder pain syndrome/interstitial cystitis (BPS/IC) is a persistent pain perceived in the urinary bladder region, accompanied by at least one symptom, such as pain worsening with bladder filling and daytime or nighttime urinary frequency without any proven infection or obvious pathology. The aim of this study is to evaluate the efficacy and safety of pentosan polysulfate (PPS) in patients with BPS/IC.

Method(s): Systematic search was performed by PRISMA checklist. Electronic databases, including PubMed and Cochrane library, were checked until 2021 using keywords: 'pentosan polysulfate', 'pain syndrome', 'interstitial cystitis', and bibliography of relevant papers was checked. Inclusion criteria: Patients with confirmed diagnosis of BPS/IC and cystoscopy criteria - Hunner's lesions. Exclusion criteria included hypersensitivity, pregnancy, lactation, and oral therapy for BPS/IC in the period of 1 month before the study and abstracts or unpublished papers.

Result(s): In total, 13 clinical trials were included in systematic review and 7 were included in meta-analysis. Studies evaluated the effectiveness and safety of oral PPS versus placebo or
other treatment options. In the first meta-analysis, three studies compared oral PPS with placebo: [relative risk (RR) = 2.07, 95% confidence interval (CI): 1.37-3.13, p = 0.0006]. The second meta-analysis of two studies compared oral PPS with another treatment options (intravesical liposome and CyA): (RR = 0.44, 95% CI: 0.10-1.93, p = 0.28). The third meta-analysis of two studies included intravesical regimen of PPS compared with intravesical placebo: (RR = 1.09, 95% CI: 0.54-2.22, p = 0.80). The majority of studies do not report any particular serious side effects.

Conclusion(s): PPS treatment has a statistically significant effect over placebo on the subjective improvement of patients with BPS/IC. There was no difference between PPS and other treatment options. Intravesical regimen of PPS had no significant impact on response rates. None of included studies reported severe side effects after intervention.

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214.

Embase
[Article]
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Objective: To provide health care providers with the best evidence on cannabis use with respect to women's health. Areas of focus include general patterns of cannabis use as well as safety of use; care for women who use cannabis; stigma; screening, brief intervention, and referral to treatment; impact on hormonal regulation; reproductive health, including contraception and fertility; sexual function; effects on perimenopausal and menopausal symptoms; and use in chronic pelvic pain syndromes. Target Population: The target population includes all women currently using or contemplating using cannabis.
Outcome(s): Open, evidence-informed dialogue about cannabis use, which will lead to improvement in patient care. Benefits, Harms, and Costs: Exploring cannabis use through a trauma-informed approach provides the health care provider and patient with an opportunity to build a strong, collaborative, therapeutic alliance. This alliance empowers women to make informed choices about their own care. It also allows for the diagnosis and possible treatment of cannabis use disorders. Use should not be stigmatized, as stigma leads to poor "partnered care" (i.e., the partnership between the patient and care provider). Multiple side effects of cannabis use may be mistaken for other disorders. Currently, use of cannabis to treat women's health issues is
not covered by public funding; as a result, individual users must pay the direct cost. The indirect costs of cannabis use are unknown. Thus, health care providers and patients must understand the role of cannabis in women's health issues, so that women can make knowledgeable decisions. Evidence: PubMed, EMBASE, and grey literature were searched to identify studies of "cannabis use and effect on infertility, contraception, perimenopause and menopausal symptoms, and pelvic pain" published between January 1, 2018 and February 18, 2021. All clinical trials, observational studies, reviews (including systematic reviews and meta-analyses), guidelines, and conference consensus statements were included. Publications were screened for relevance. The search terms were developed using the Medical Subject Headings (MeSH) terms and keywords (and variants), including cannabis, cannabinoids, marijuana, dexanabinol, dronabinol, tetrahydrocannabinol; the specific terms to capture women's health were estrogen, estradiol, medroxyprogesterone acetate, vaginal contraception, oral contraceptives, fertilization, amenorrhea, oligomenorrhea, pelvic pain, dysmenorrhea, endometriosis, interstitial cystitis, vulvodynia, and menopause. Validation Methods: The authors rated the quality of evidence and strength of recommendations using the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach. See online Appendix A (Tables A1 for definitions and A2 for interpretations of strong and weak recommendations). Intended Audience: All health care providers who care for women. SUMMARY STATEMENTS: 1. Cannabis use is increasing, and women are commonly using cannabis for recreational and medical reasons (high). 2. Use of cannabis, especially products containing tetrahydrocannabinol, can induce or worsen psychosis and worsen depression (high). 3. Study results concerning the association between cannabis and anxiety are conflicting, and this association requires further evaluation (high). 4. Use of cannabis, similar to use of other intoxicating substances, may be associated with high-risk sexual activity (low). 5. There is no evidence that contraceptive methods are altered by cannabis use (low). 6. There is limited evidence that frequent cannabis use may affect female fertility (moderate), but frequent use can diminish male fertility (moderate). 7. There is no evidence for cannabis use for management of perimenopausal symptoms (very low). 8. There is no evidence that cannabis products improve chronic pelvic pain (low). RECOMMENDATIONS: 1. Women should be screened for cannabis use, as they are for other substance use (strong, moderate), and further exploration of its impact should be initiated (strong, moderate). 2. Cannabis use can be screened for using appropriate screening tools (conditional, moderate). 3. A trauma-informed care approach and harm reduction should be used when inquiring about cannabis use (strong, low). 4. The fact that a woman uses cannabis should not influence her choice of contraceptive method (strong, moderate). 5. Couples should be counselled that cannabis use appears to affect male fertility and may have an impact on female fertility (conditional, moderate). 6. Sleep disturbances in the perimenopausal period should be characterized and other management modalities trialed before women consider using any cannabis product for this indication (strong, moderate). 7. Women should be counselled about the lack of evidence for using cannabis products to treat chronic pelvic pain (strong, moderate).
Evaluating the Effectiveness of Neurofeedback Treatment on Depression, Anxiety, Stress and Abdominal Pain in Patients with Chronic Psychosomatic Abdominal Pains.
Shafaei H.
Embase
Pakistan Journal of Medical and Health Sciences. 16(2) (pp 395-401), 2022. Date of Publication: February 2022.
[Article]
AN: 2017574376
The aim of this study was to evaluate the effectiveness of neurofeedback therapy on depression, anxiety and stress in female patients with chronic clinical psychosomatic abdominal pain in Tabriz. This quasi-experimental study is a pre-test-post-test with a control group. The statistical population of this study was all women with chronic psychosomatic abdominal pain, from which a sample of 40 people was selected, from which the study was performed with 30 people (15 in the experimental group and 15 in the control group). These individuals were randomly assigned to two groups of 15 in the experimental group and the control group. In this intervention method, the experimental group underwent neurofeedback treatment for 10 weeks (three sessions of 40 minutes per week) and the control group did not receive any intervention and was placed on a waiting list. The experimental and control groups also completed the Depression, Anxiety and Stress Questionnaire in the pre-test and post-test. Analysis of MANCOVA was used to analyze the data. The results of analysis of MANCOVA showed that neurofeedback treatment was effective in reducing anxiety and depression (P <0.001). In other words, 53% of the changes in depression and 57% of the changes in anxiety were due to neurofeedback; but neurofeedback had no effect on stress. Neurofeedback was able to reduce depression and anxiety in women with abdominal pain but had no effect on their stress level.
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Sacrospinous Ligament Fixation Using an Anchor Versus Suture-Capturing Device: A Prospective Cohort Study.
Mckenzie C.M., Crafton C.L., Plair A., Matthews C.A.
Embase

216.

Sacrospinous Ligament Fixation Using an Anchor Versus Suture-Capturing Device: A Prospective Cohort Study.
Mckenzie C.M., Crafton C.L., Plair A., Matthews C.A.
Embase
Female Pelvic Medicine and Reconstructive Surgery. 28(3) (pp 131-135), 2022. Date of Publication: 01 Mar 2022.
[Article]
AN: 2017431955
Objective The aim of the study was to compare rates of persistent gluteal and posterior thigh pain, procedural efficacy, and postoperative complications at 1 year after sacrospinous ligament fixation using either an anchor-based or suture-capturing device. Methods This prospective cohort study evaluated outcomes 1 year after operation in patients previously enrolled in a randomized controlled trial comparing an anchor-based versus suture-capturing device for sacrospinous fixation. Symptom scores were evaluated via Pelvic Floor Distress Inventory 20 and Pelvic Floor Impact Questionnaire 7. Pain was evaluated using the Numerical Rating Scale. Composite surgical failure was defined as prolapse beyond the hymen or C-point greater than one half down the vagina, vaginal bulge symptoms, or a need for prolapse retreatment via surgery or pessary management. Descriptive and bivariate statistics were performed. Results Forty three (21 anchors, 22 sutures) of the original 47 patients (91%) returned for follow-up. The mean follow-up time was 15.4 months, age was 69 years old, body mass index was 30, and preoperative Pelvic Organ Prolapse Quantification stage was 2.7. No patients reported significant increase in pain at sacrospinous fixation site above baseline, and there was no significant difference in posterior thigh or gluteal pain on the side of fixation compared with baseline in the anchor-based or suture-capture groups (-0.2 +/- 0.9 and -0.5 +/- 1.6, respectively, P = 0.719). Two patients demonstrated surgical failure (anchor group) due to bulge symptoms (P = 0.233). The devices similarly improved Pelvic Floor Distress Inventory 20 (-71.0 +/- 45.5 vs -66.3 +/- 64.4, P = 0.652) and Pelvic Floor Impact Questionnaire 7 (-40.6 +/- 62.4 vs -26.4 +/- 65.7, P = 0.768) scores. Conclusions Persistent gluteal or posterior thigh pain and surgical failure is uncommon 12 months after sacrospinous fixation and was not associated with the type of fixation device.
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PMID 35272318 [https://www.ncbi.nlm.nih.gov/pubmed/?term=35272318]
Status Embase
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Publisher Lippincott Williams and Wilkins
Year of Publication 2022

217.

Efficacy and safety of Abelmoschus manihot in treating chronic kidney diseases: A multicentre, open-label and single-arm clinical trial.
Embase
Phytomedicine. 99 (no pagination), 2022. Article Number: 154011. Date of Publication: May 2022.
[Article]
AN: 2017180064
Rationale and objective: The efficacy of Abelmoschus manihot (AM) in treating chronic kidney disease (CKD) has been confirmed by prior trials. AM is also commonly combined to other medicines among CKD patients in clinic. This trial aimed at evaluating the safety of AM
combination application, and further verifying the efficacy of AM in treating various types of CKD. Study design: A multicentre, prospective, open-label, single-arm trial Setting and participants: Approximately 2000 CKD patients with proteinuria (≥150 mg/d), from 105 centres across China Interventions: AM was administered to patients three times per day for 24 weeks: the daily dose was based on age (>12 years old: 2.5 g tid; 6–12 years old: 1.5 g tid; 2–6 years old: 1 g tid) Outcomes: The efficacy outcomes were the change in 24-hour proteinuria and estimated glomerular filtration rate (eGFR) from baseline to week 24. Safety outcomes included adverse events and laboratory tests. Result(s): 2054 CKD patients from 105 centres were enrolled in this trial, with 1843 (89.7%) completing the 24-week follow-up. The participants' median age was 44 years old and 44.6% were female. Compared to baseline, 24-hour proteinuria decreased 471 mg (95% confident interval, 367 to 575, p < 0.001) at week 24. eGFR did not change significantly relative to baseline with the mean increase as 1.7 ml/min/1.73 m² (95% confident interval, -0.3 to 3.7, p = 0.09). 902 (43.9%) participants combined medication to AM during follow-up. The total incidence of adverse events was 12.9%; and the most common adverse events were hyperlipidaemia (4.1%), abnormal liver function (2.3%), upper respiratory infection (1.8%), and hyperglycaemia (1.1%). Combined medications did not change the risk for hyperlipidaemia and upper respiratory infection. The combination application with antiplatelet reagents increased the risk of abnormal liver function, and with calcium channel blockers increased the risk of hyperglycaemia. Limitation(s): Single-arm clinical trial and short observation time Conclusion(s): We have provided safety information of AM on various types of CKD in a large trial, especially when combination to medications most commonly prescribed to CKD patients. AM also showed to decrease proteinuria with stable kidney function during follow up. AM is a promising treatment for CKD patients.

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Long-term Outcomes Following Surgical Management of Rectal Endometriosis: Seven-year Follow-up of Patients Enrolled in a Randomized Trial.
Roman H., Huet E., Bridoux V., Khalil H., Hennetier C., Bubenheim M., Braund S., Tuech J.-J.
Embase Journal of Minimally Invasive Gynecology. 29(6) (pp 767-775), 2022. Date of Publication: June 2022.
[Article]
AN: 2017121940
Study Objective: To compare functional outcomes, recurrence rate, and pregnancy likelihood in patients undergoing conservative or radical surgery for deep rectal endometriosis followed up for 7 years.
Design(s): Prospective study in a cohort of patients enrolled in a 2-arm randomized trial from March 2011 to August 2013.
Setting(s): A tertiary referral center.
Patient(s): Fifty-five patients with deep endometriosis infiltrating the rectum.
Intervention(s): Patients underwent either segmental resection or nodule excision via shaving or disk excision, depending on randomization that was performed preoperatively using sequentially numbered, opaque sealed envelopes.
Measurements and Main Results: The primary end point was the number of patients experiencing one of the following symptoms: constipation, frequent bowel movements, anal incontinence, or bladder dysfunction 24 months after surgery. The secondary end points were values of gastrointestinal and overall quality of life scores. The 7-year recurrence rates (new deep endometriosis nodules infiltrating the rectum) in the excision vs segmental resection arms were 7.4 % vs 0% (p =.24). One of the symptoms included in the definition of the primary outcomes was recorded in 55.6% vs 60.7% of patients (p =.79). However, 51.9% vs 53.6% of patients considered their bowel movements as normal (p =.99). An intention-to-treat comparison of overall quality of life scores did not find a difference between the 2 groups 7 years after surgery. At the end of the 7-year study period, 31 of 37 patients who tried to conceive were successful (83.8%), including 27 pregnancies (57.4%) resulting from natural conception and 20 pregnancies (42.6%) resulting from assisted reproductive technology procedures. The pregnancy rate was 82.4% vs 85% in the 2 arms (p =.99). A 75.7% live birth rate was recorded. At the end of the follow-up, there were 15 women with 1 child (40.5%) and 13 women with 2 children (35.1%). During the 7-year follow-up, the reoperation rates were 37% and 35.7%, respectively, in each arm (p =.84). Among the 27 reoperation procedures during the follow-up period, 11 (40.7%) were for postoperative complications, 7 (25.9%) were necessary before assisted reproductive technology management, 8 (29.6%) were for recurrent abdominal or pelvic pain, and 1 (3.7%) was for midline ventral hernia after pregnancy.
Conclusion(s): Our study did not reveal a considerable difference in terms of digestive functional outcomes, recurrence rate, reoperation risk, and pregnancy likelihood when conservative and radical rectal surgeries for deep endometriosis were compared 7 years after surgery. The postoperative pregnancy rate observed in our series was high.
219.

The role of dynamic thiol/disulfide homeostasis for the evaluation of oxidative stress in endometriosis patients.
Topbas Selcuki N.F., Yalcin Bahat P., Kaya C., Neselioglu S., Bagci K., Goksu M., Kabakci M., Erel O.

Objective: To evaluate the role of oxidative stress in endometriosis patients by determining dynamic thiol/disulfide homeostasis and ischemia modified albumin (IMA) levels.

Patients and Methods: This prospective case-controlled study was conducted at a tertiary gynecology clinic in Istanbul, Turkey. 86 patients previously diagnosed with endometriosis and persistent endometriomas were included in the study group. 60 patients who visited the clinic during the study period for routine gynecological control were included in the control group. Thiol/disulfide parameters and IMA levels were determined from the serum samples.

Result(s): When the thiol/disulfide parameters were compared between the study and the control group no significant difference was observed (p=0.49). Mean disulfide level in the control group was 18.58 +/- 5.73 micromol/L and in the study group was 18.61 +/- 7.37 micromol/L. Levels were statistically similar in both groups (p=0.98). In addition, there were no differences between the groups in terms of IMA and albumin levels.

Conclusion(s): The results of this study revealed no significant difference in the dynamic thiol/disulfide homeostasis among the endometriosis patients. Although, it has been accepted as a potential oxidative stress marker in other chronic inflammatory diseases, its use in determining the systemic oxidative stress level in endometriosis patients is limited.

Copyright © 2022 Marmara University Press, All Rights Reserved.
Impact of diet on pain perception in women with endometriosis: A systematic review.
Sverrisdottr U.A., Hansen S., Rudnicki M.
Embese
[Review]
AN: 2017058493
Introduction: Endometriosis is a painful, chronic inflammatory disorder that is difficult to treat. Studies have suggested that diet may have a therapeutic effect on chronic inflammation. However, only limited information is available regarding the impact of diet on pain perception in relation to endometriosis. As such, the aim of this review was to evaluate if diet has any impact on pain perception in women suffering from endometriosis.
Material(s) and Method(s): A systematic review was conducted by searching Medline and Embase to identify randomized controlled trials and observational studies adhering to the PRISMA and SWiM guidelines. A table summarizing the findings was developed using the GRADE approach. Inclusion criteria were: women of reproductive age; laparoscopically confirmed diagnosis of endometriosis; and intervention including any type of dietary change. This review was registered with PROSPERO on 14 November 2020 (CRD42020212314).
Result(s): In total, the database search identified 2185 studies; of these, six studies fulfilled the inclusion criteria. The Newcastle-Ottawa scale and the Cochrane tool were used to assess the studies, which were concluded to be of high quality and to have low risk of bias. All studies had a positive impact on pain perception, with all except one study reporting a significant reduction in pain perception, indicating that high intake of polyunsaturated fatty acids, a gluten-free diet and a low nickel diet may improve painful endometriosis. It was not possible to conduct a meta-analysis due to considerable heterogeneity amongst the included studies due to differences in dietary adherence, dietary therapies, outcome measurements, populations, durations and study designs.
Conclusion(s): All studies found that diet had a positive impact on pain perception among women with endometriosis. However, the majority of available evidence on dietary interventions in relation to endometriosis-associated pain was derived from non-randomized controlled trials, which have multiple sources of bias. Therefore, further studies are needed to investigate diet and its effect on pain perception in women with endometriosis.
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Comparison of the Modified Lumbar Pelvic Belt with the Current Belt on Low Back and Pelvic Pain in Pregnant Women.

Heydari Z., Aminian G., Biglarian A., Shokrpour M., Mardani M.A.

Background: Low back pain is one of the most common problems for pregnant women during pregnancy. Most belts are designed for supporting the surface of the symphysis pubis or upper anterior iliac spine without any support in the lumbar region.

Objective(s): This study aimed to compare the related effects between the new design and the current belt on the pain and function of pregnant women.

Material(s) and Method(s): In this randomized control trial study, 48 pregnant women with pelvic and lumbar pain participated. The participants were randomly divided into three groups: current belt, modified belt, and control. Pain intensity assessment, pelvic girdle (PG), and Oswestry disability index (ODI) questionnaires were utilized at the beginning of the study and three weeks later.

Result(s): The pain intensity decreased more in the modified belt group than in the current belt group. ODI and PG scores decreased in two belt groups after three weeks of follow-up. However, this decrease was greater in the modified belt group, there was no statistically significant difference.

Conclusion(s): The disability decreased in both groups using the belts, and their function was improved. Accordingly, the use of a modified belt with lumbar and PG support can significantly reduce back and pelvic pain in pregnant women compared to the current pelvic belt.

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Role of Helicobacter pylori in Chronic Abdominal Pain and Endoscopy-suggested Gastritis.
Patil A.P., Ghatge M.N., Parab S.P., Kulkarni S.S.
Embase
[Article]
AN: 2016786436

Aim and background: Helicobacter pylori (H. pylori) infection can cause chronic gastritis and gastric malignancy. Upper gastrointestinal endoscopy is performed to assess the symptoms of abdominal pain but endoscopy alone is not confirmatory. Therefore, either pathological evaluation of biopsies of mucosa or detection of urease in the mucosa by rapid urease test (RUT) produces accurate diagnosis. The study aimed to assess the role of H. pylori infection among patients with chronic abdominal pain and endoscopy-suggested chronic gastritis and also to evaluate the association of endoscopic findings and RUT.

Material(s) and Method(s): The prospective randomized study was performed on 50 patients with clinical findings suggestive of chronic gastritis or abdominal pain of unknown etiology. Data regarding patient history and routine physical and clinical examination were recorded. Upper gastrointestinal endoscopy was performed in all patients. Organs including the esophagus, stomach, and duodenum were examined for abnormality and biopsy was performed at various sites of the affected organ. The obtained specimen from biopsy was subjected to RUT.

Result(s): Endoscopic finding suggested gastritis in 6% (n = 38) of the patients among which 31 patients were RUT positive. A significant association was found between endoscopic findings and RUT (p = 0.013). Patients of 31-40 years of age (n = 11) and males were found to be more commonly affected as indicated by a positive reaction to RUT (n = 27).

Conclusion(s): RUT facilitates rapid and accurate diagnosis of H. pylori infection, and along with endoscopy, can be used in the diagnosis of H. pylori infection in chronic gastritis. Clinical significance: Early diagnosis of H. pylori is essential to formulate early and appropriate clinical strategies for better management of the patient. RUT is a well-known diagnostic test that is rapid, cheap, and simple. It detects urease in or on gastric mucosa produced by the bacteria.

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The Effect of Melissa officinalis on Premenstrual Syndrome and Primary Dysmenorrhea in Women of Reproductive Age: A Systematic Review and Meta-Analysis.
Maghalian M., Mirghafourvand M., Ghassab-Abdollahi N.
Embase
Current Women's Health Reviews. 18(3) (pp 25-36), 2022. Article Number: e310821196001. Date of Publication: August 2022.

[Review]
AN: 2016660822

Background: Premenstrual syndrome (PMS) and dysmenorrhea are prevalent disabling conditions and affecting the quality of life of women of reproductive age. Melissa officinalis exhibits multiple pharmacological properties, including anti-inflammatory, antispasmodic, analgesic, and antidepressant activities.

Objective(s): The aim of this study was to systematically review the effect of Melissa officinalis on PMS and primary dysmenorrhea.

Method(s): A systematic search in English (Embase PubMed, ProQuest, Scopus, Clinicaltrial.gov, Cochrane Library), and Persian (SID, Magiran, Iran Doc) databases to find articles was carried out in May 2020. All types of clinical trials were included. Two authors independently selected the articles and quality assessments and extracted the data. Standardized Mean Difference (SMD) was described as a measure of effect size due to the application of multiple tools to measure the severity of PMS. The quality of evidence was assessed using the GRADE approach.

Result(s): A total of 978 articles were obtained from databases. Ultimately, 7 articles were included in the study. Based on the results of these 7 studies, the consumption of Melissa officinalis improved the symptoms of PMS and primary dysmenorrhea after treatment, as compared to the control group. Also, from the meta-analysis results, the consumption of Melissa officinalis in the intervention group as compared to the control group, significantly reduced the mean severity of PMS’s symptoms following treatment) SMD:-0.93; 95% CI:-0.19 to-0.67; P=0.88; I2=0%).

Conclusion(s): Due to the limited number of articles included in the meta-analysis, conducting well-designed clinical trials with large sample size to ascertain the effect of Melissa officinalis on PMS and primary dysmenorrhea are recommended.

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Update on the role of naldemedine in opioid-induced constipation in patients with chronic noncancer pain.
BouSaba J., Sannaa W., Camilleri M.
Chronic noncancer pain (CNCP) affects up to 20% of adults and can interfere with activities of daily living. Up to 4% of adults in the United States receive chronic opioid therapy and up to 57% of patients on long-term opioids for CNCP report opioid-induced constipation (OIC). OIC is essentially constipation occurring after starting opioid treatment. While laxatives are traditionally the first-line therapy for OIC, 81% of patients taking daily laxatives and opioids still reported OIC and considered that it negatively affected their quality of life. Naldemedine is a peripherally acting micro-opioid receptor antagonists (PAMORA) approved for the treatment of OIC in patients with CNCP. This article reviews the mechanism of action, efficacy, and safety of naldemedine in CNCP patients. Naldemedine improves OIC in patients with CNCP by acting as an opioid receptor antagonist in the gastrointestinal tract. It does not interfere with the analgesic properties of opioids or cause withdrawal symptoms since these effects are centrally mediated, and naldemedine does not cross the blood brain barrier. Naldemedine showed significant and sustained improvement in frequency of bowel movements, quality of life, and constipation-related symptoms. It is generally well tolerated with a higher incidence of gastrointestinal adverse events of mild or moderate severity such as diarrhea, abdominal pain, or vomiting compared to placebo. While there are no randomized, controlled trials that compare head-to-head pharmacological therapies used for treatment of OIC, network meta-analysis shows that naldemedine has an overall good benefit-risk profile compared to the other approved medications.

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Role of Ultrasound in the Assessment and Differential Diagnosis of Pelvic Pain in Pregnancy.
Embase
Diagnostics. 12(3) (no pagination), 2022. Article Number: 640. Date of Publication: March 2022.
[Review]
AN: 2015946817
Pelvic pain (PP) is common in pregnant women and can be caused by several diseases, including obstetrics, gynaecological, gastrointestinal, genitourinary, and vascular disorders. Timely and accurate diagnosis as well as prompt treatment are crucial for the well-being of the mother and foetus. However, these are very challenging. It should be considered that the physiological changes occurring during pregnancy may confuse the diagnosis. In this setting,
ultrasound (US) represents the first-line imaging technique since it is readily and widely available and does not use ionizing radiations. In some cases, US may be conclusive for the diagnosis (e.g., if it detects no foetal cardiac activity in suspected spontaneous abortion; if it shows an extrauterine gestational sac in suspected ectopic pregnancy; or if it reveals a dilated, aperistaltic, and blind-ending tubular structure arising from the cecum in suspicious of acute appendicitis). Magnetic resonance imaging (MRI), overcoming some limits of US, represents the second-line imaging technique when an US is negative or inconclusive, to detect the cause of bowel obstruction, or to characterize adnexal masses.

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Pelvic Floor Muscle Training in the Management of Female Pelvic Floor Disorders.
Hutchison D., Ali M., Zillioux J., Ortiz N.M., Smith R., Rapp D.E.
Embase
Current Bladder Dysfunction Reports. 17(2) (pp 115-124), 2022. Date of Publication: June 2022.

Purpose of Review: We review contemporary data to understand the role of pelvic floor muscle training (PFMT) in the physiology, prevention, and treatment of stress and urge urinary incontinence, pelvic organ prolapse, and chronic pelvic pain. In addition, a review of treatment regimens and adjuvant therapies is provided. Recent Findings: A large body of literature supports the role of PFMT in the treatment of various PFD. A wide variety of treatment regimens are reported and complicate systematic analysis of related outcomes. Less investigation is available to understand the role of PFMT as an adjuvant therapy.

Summary: Pelvic floor muscle training is recognized as an effective treatment for a variety of pelvic floor disorders and is supported by large body of research and expert guideline statements. Related investigation is limited by significant variety in treatment protocols, outcome measures, and study methodology and further well-designed trials are helpful.

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Pelvic Floor Muscle Training in the Management of Female Pelvic Floor Disorders.
Hutchison D., Ali M., Zillioux J., Ortiz N.M., Smith R., Rapp D.E.
Internet-based cognitive behavioral therapy for improving health-related quality of life in patients with endometriosis: study protocol for a randomized controlled trial.
Schubert K., Lohse J., Kalder M., Ziller V., Weise C.
Embase Trials. 23(1) (no pagination), 2022. Article Number: 300. Date of Publication: December 2022.
AN: 2015600837
Background: The trial investigates the efficacy of internet-based cognitive behavioral therapy (iCBT) in improving health-related QoL in patients with endometriosis, which is a chronic gynecological condition affecting up to 15% of people with female-assigned reproductive organs. Endometriosis is stress-related and comes with various physical symptoms such as pelvic pain and infertility. It has a substantial impact on health-related quality of life (QoL), and mind-body interventions seem promising in reducing the psychological burden.
Method(s): This is a monocentric randomized-controlled trial recruiting 120 patients with endometriosis. The intervention consists of eight iCBT modules focusing on psychoeducation, cognitive restructuring, pacing, and emotion regulation. Participants will receive written feedback from a trained therapist weekly. The comparator is a waitlist control group. All participants will be followed up 3 months after the intervention, and the intervention group will additionally be followed up 12 months after the intervention. Trial participants will not be blinded to the allocated trial arm. Primary outcome measures are endometriosis-related QoL, pain, and pain-related disability. Secondary outcomes include coping, illness representations, and psychological flexibility. Statistical analyses will be performed following intention-to-treat principles.
Discussion(s): This randomized-controlled trial is the first trial to test the efficacy of iCBT for improving endometriosis-related QoL. Potential predictor variables and key mechanisms in treatment will be investigated to enable further progression in medical and psychological care for patients with endometriosis. Trial registration: ClinicalTrials.gov, NCT05098444 Registered on October 28, 2021
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Status Embase
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Year of Publication 2022
Potential Feasibility of an Online Hypnosis Intervention for Women with Persistent Pelvic Pain.
Faisabilité potentielle d'une intervention par hypnose en ligne chez des femmes souffrant de douleurs pelviennes persistantes

Potentielle Machbarkeit einer Online Hypnose-Intervention fur Frauen mit anhaltenden Schmerzen im Beckenbereich

Viabilidad potencial de una intervencion hipnotica en linea para mujeres con dolor pelvico persistente

Brooks T., Sharp R., Evans S., Scharfbillig S., Baranoff J., Esterman A.

Embase
[Article]
AN: 2015421047

This study aimed to examine the potential feasibility of an online hypnotic intervention for women with persistent pelvic pain. The secondary aim was to explore the effect of the hypnosis intervention on anxiety, depression, pain severity, coping, pain catastrophizing, and pain disability in comparison to a no-intervention control. Twenty women with persistent pelvic pain completed assessment questionnaires and were recruited from a variety of social media sites related to persistent pelvic pain and randomized to either control or hypnotic intervention groups. The intervention group completed a 7-week online hypnotic intervention. Results found a 30% dropout rate and modest compliance (90%-40%) with practice of audio recordings. Comments from the 7 participants who completed the hypnosis intervention indicated it was acceptable. Significant reductions in screening measures of anxiety and depression were found; however, there were no significant effects shown for pain severity, avoidant coping, pain catastrophizing, or pain disability. The intervention is potentially feasible, but further refinement and optimization is needed to increase retention, compliance, and potential effects.

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Feasibility and acceptability of somatocognitive therapy in the management of women with provoked localized vestibulodynia-ProLoVe feasibility study.

Kaarbo M.B., Danielsen K.G., Haugstad G.K., Helgesen A.L.O., Wojniusz S.

Embase

Pilot and Feasibility Studies. 8(1) (no pagination), 2022. Article Number: 68. Date of Publication: December 2022.

[Article] AN: 2015390180

Background: Provoked vestibulodynia (PVD) is a prevalent chronic pain condition especially among young women. Pain is localized to the vulvar vestibule and is provoked by touch or pressure, such as penetrative intercourse. PVD can have profound consequences, adversely affecting a woman's sexual life, relation to her partner, and her psychological health. There is an urgent need for well-designed randomized clinical trials (RCTs) to identify the most effective interventions for this neglected women's health condition.

Aim(s): The primary aim of this study is to assess the feasibility of undertaking a full-scale RCT of somatocognitive therapy (SCT), a multimodal physiotherapy intervention, for women with PVD. The secondary aim is to evaluate the implementation and acceptability of SCT and its potential treatment effectiveness in PVD. In the full-scale RCT, SCT will be compared to standard PVD treatment.

Method(s): A multimethod feasibility study with a single-arm before-after trial and qualitative interviews. Ten women with PVD, aged 18-33 were recruited from the Vulva Clinic at Oslo University Hospital. The intervention took place at Oslo Metropolitan University. Participants were assessed at baseline, post-treatment, and the 8-month follow-up with the tampon test and self-report questionnaires. The main feasibility outcomes were evaluation of recruitment rate, adherence to assessment tools, and follow-up rate. The participants' experiences with the primary outcome and the intervention were explored with semi-structured interviews.

Result(s): Ten out of 18 eligible patients were recruited over 11 weeks. None were lost to follow-up. Adherence to self-report questionnaires was excellent. Adherence to tampon tests and to the reporting of treatments was good, whereas adherence to the 14-day diary was poor. No adverse events were reported. The tampon test was suboptimal as a primary outcome. SCT was found to be an acceptable treatment, based on Global Perceived Effect scores and the participants’ experiences.

Conclusion(s): The findings suggest that it is feasible to deliver a full-scale RCT of the SCT intervention for women with PVD. Some changes are suggested to optimize the protocol, such as increasing recruitment sites, change of primary outcome measures, and adding a booster session. Trial registration: ClinicalTrials.govNCT04208204. Retrospectively registered on December 23, 2019.

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Effects of a motor control exercise program on lumbopelvic pain recurrences and intensity in pregnant women with a history of lumbopelvic pain: a study protocol for a randomized controlled feasibility trial.

Daneau C., Marchand A.-A., Bussieres A., O'Shaughnessy J., Ruchat S.-M., Descarreaux M.


Background: About 50% of women experience lumbopelvic pain (LBPP) during their pregnancy. LBPP has negative repercussions on sleep, social and sexual life, physical and work capacity, and psychological health and contributes to physical inactivity. The benefits of LBPP prevention or treatment in pregnant women through specific exercises should therefore be further investigated. This study protocol has been designed to establish the feasibility of implementing motor control exercise program with pregnant women presenting with a history of LBPP.

Methods/design: Forty pregnant women with a history of LBPP will be recruited and randomly allocated to a control (20 participants) or intervention (20 participants) group. The control group will receive standard prenatal care, including basic information on what to do when suffering from LBPP. The intervention group will participate in three 40-min exercise sessions per week from <20 weeks until 34-36 weeks of gestation: one supervised group session via the Zoom platform (once a month, this session will take place at the Universite du Quebec a Trois-Rivieres) and two unsupervised sessions at home. A motor control exercise program will be developed to target strengthening of the lumbo-pelvic-hip core muscles and improve spinal and pelvic stabilization.

Participants of this group will also receive standard prenatal care. Women of the control group will receive after 6 weeks postpartum an exercise program designed to reduce LBPP they may have developed during pregnancy and that may persist after delivery. Primary outcomes will be participants’ recruitment, retention and adherence rates, safety, and acceptability of the intervention. Secondary outcomes will include LBPP incidence, frequency, and intensity, as well as self-reported functional disability, physical activity levels, fear avoidance behavior, anxiety, and depression.

Discussion(s): This study will inform the feasibility of conducting a full-scale randomized controlled study to test the effectiveness of a motor control exercise program on the prevention and treatment of LBPP in women with a history of LBPP. Adequate prevention and treatment of pregnant women with a history of LBPP should help limit the recurrences of LBPP or the aggravation of its intensity during pregnancy. Trial registration: US National Institutes of Health Clinical Trials registry NCT04253717 April 27, 2021.

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Relationships of Pelvic Vein Diameter and Reflux with Clinical Manifestations of Pelvic Venous Disorder.
Gavrilov S., Karalkin A., Mishakina N., Efremova O., Grishenkova A.
Embase Diagnostics. 12(1) (no pagination), 2022. Article Number: 145. Date of Publication: January 2022.

The causes of chronic pelvic pain (CPP) in patients with pelvic venous disorder (PeVD) are not completely understood. Various authors consider dilation of pelvic veins (PeVs) and pelvic venous reflux (PVR) as the main mechanisms underlying symptomatic forms of PeVD. The aim of this study was to assess relationships of pelvic vein dilation and PVR with clinical manifestations of PeVD. This non-randomized comparative cohort study included 80 female patients with PeVD who were allocated into two groups with symptomatic (n = 42) and asymptomatic (n = 38) forms of the disease. All patients underwent duplex scanning and single-photon emission computed tomography (SPECT) of PeVs with in vivo labeled red blood cells (RBCs). The PeV diameters, the presence, duration and pattern of PVR in the pelvic veins, as well as the coefficient of pelvic venous congestion (CPVC) were assessed. Two groups did not differ significantly in pelvic vein diameters (gonadal veins (GVs): 7.7 +/- 1.3 vs. 8.5 +/- 0.5 mm; parametrial veins (PVs): 9.8 +/- 0.9 vs. 9.5 +/- 0.9 mm; and uterine veins (UVs): 5.6 +/- 0.2 vs. 5.5 +/- 0.6 mm). Despite this, CPVC was significantly higher in symptomatic versus asymptomatic patients (1.9 +/- 0.4 vs. 0.7 +/- 0.2, respectively; p = 0.008). Symptomatic patients had type II or III PVR, while asymptomatic patients had type I PVR. The reflux duration was found to be significantly greater in symptomatic versus asymptomatic patients (median and interquartile range: 4.0 [3.0; 5.0] vs. 1.0 [0; 2.0] s for GVs, p = 0.008; 4.0 [3.0; 5.0] vs. 1.1 [1.0; 2.0] s for PVs, p = 0.007; and 2.0 [2.0; 3.0] vs. 1.0 [1.0; 2.0] s for UVs, p = 0.04). Linear correlation analysis revealed a strong positive relationship (Pearson's r = 0.78; p = 0.007) of CPP with the PVR duration but not with vein diameter. The grade of PeV dilation may not be a determining factor in CPP development in patients with PeVD. The presence and duration of reflux in the pelvic veins were found to be predictors of the development of symptomatic PeVD.

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2022
Efficacy of capacitive resistive monopolar radiofrequency in the physiotherapeutic treatment of chronic pelvic pain syndrome: A randomized controlled trial.


Embase Neurourology and Urodynamics. 41(4) (pp 962-972), 2022. Date of Publication: April 2022.

[Aarticle]

AN: 2015257740

Aim: To evaluate the efficacy of adjuvant, capacitive resistive monopolar radiofrequency (CRMRF, INDIBA) treatment at 448 kHz together with physiotherapeutic techniques compared to a sham treatment with the same techniques, for pain reduction and quality of life (QoL) improvements in patients with chronic pelvic pain syndrome (CPPS).

Method(s): A triple-blind, randomized controlled trial (RCT) including patients with CPPS randomly allocated (1:1) to a CRMRF-activated group (intervention) or a CRMRF-deactivated one (control). Both groups received physiotherapeutic techniques and pain education weekly for 10 consecutive weeks. Data from a visual analogical scale and the SF-12 questionnaire were collected at trial commencement and repeated at the 5th and 10th sessions. Pain intensity was considered the main outcome. For the comparisons between variables, the chi2 and Student's t test were used. Superiority was analyzed by estimating the mean change (95% confidence interval). Analysis was performed for the per-protocol and the intention-to-treat populations. The statistical significance level was set at p < 0.05.

Result(s): Eighty-one patients were included (67.9% women) with a mean age of 43.6 years (SD 12.9). CRMRF lessened pain scores by more than 2 points and improved QoL by 5 points. There were no relevant side effects and overall adherence to the treatment was 86.4%.

Conclusion(s): This is the first RCT that evaluates the efficacy of CRMRF (INDIBA) compared to a sham treatment, and demonstrates its superiority in decreasing pain and improving QoL. Such results may lead to greater prescribing of CRMRF when treating CPPS patients.

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233.

Long-Term Outcomes of NRG Oncology/RTOG 0529: A Phase 2 Evaluation of Dose-Painted Intensity Modulated Radiation Therapy in Combination With 5-Fluorouracil and Mitomycin-C for the Reduction of Acute Morbidity in Anal Canal Cancer.
[Article]
AN: 2014767761
Purpose: A multi-institutional phase 2 trial assessed long-term outcomes of dose-painted intensity modulated radiation therapy (IMRT) with 5-fluorouracil (5FU) and mitomycin-C (MMC) for anal canal cancer. Methods and Materials: T2-4N0-3M0 anal cancers received 5FU (1000 mg/m2/d, 96-hour infusion) and MMC (10 mg/m2 bolus) on days 1 and 29 of dose-painted IMRT prescribed as follows: T2N0 = 42 Gy elective nodal and 50.4 Gy anal tumor planning target volumes, 28 fractions; T3-4N0-3 = 45 Gy elective nodal, 50.4 Gy <=3 cm and 54 Gy >3cm metastatic nodal and 54 Gy anal tumor planning target volumes, 30 fractions. Local-regional failures, distant metastases, and colostomy failures were assessed using the cumulative incidence method, and disease-free survival, overall survival, and colostomy-free survival were assessed using the Kaplan-Meier method. Late effects were scored using National Cancer Institute-Common Terminology Criteria for Adverse Events v3.
Result(s): Of 52 patients, 54% were stage II, 25% were stage IIIA, and 21% were stage IIIB. Median follow-up was 7.9 years (min-max, 0.02-9.2 years). Local-regional failure, colostomy failures, distant metastases, overall survival, disease-free survival, and colostomy-free survival at 5 years are 16% (95% confidence interval [CI], 7%-27%), 10% (95% CI, 4%-20%), 16% (95% CI, 7%-27%), 76% (95% CI, 61%-86%), 70% (95% CI, 56%-81%), and 74% (95% CI, 59%-84%); and at 8 years they are 16% (95% CI, 7%-27%), 12% (95% CI, 5%-23%), 22% (95% CI, 12%-34%), 68% (95% CI, 53%-79%), 62% (95% CI, 47%-74%) and 66% (95% CI, 51%-77%), respectively. Eight patients experienced local-regional failure, with 5 patients having persistent disease at 12 weeks. No isolated nodal failures occurred in the microscopic elective nodal volumes. Six patients required colostomy-5 for local-regional salvage and 1 for a temporary ostomy for anorectal dysfunction. Rates of late adverse events included: 28 patients (55%) with grade 2, 8 patients (16%) with grade 3, 0 patients with grade 4, and 2 patients (4%) with grade 5 events (sinus bradycardia and myelodysplasia, possibly owing to chemotherapy). Only 11 patients reported grade 1 to 3 sexual dysfunction.
Conclusion(s): Dose-painted IMRT with 5FU/MMC for the treatment of anal canal cancer yields comparable long-term efficacy as conventional radiation cohorts. Enhanced normal tissue protection lowered rates of grade 3 and higher late effects without compromising pelvic tumor control.
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PMD
34400269 [https://www.ncbi.nlm.nih.gov/pubmed/?term=34400269]
234.

Depression, Anxiety, and Correlating Factors in Endometriosis: A Systematic Review and Meta-Analysis.
Embase
Journal of Women's Health. 31(2) (pp 219-230), 2022. Date of Publication: February 2022.
[Review]
AN: 637293999
Background: Endometriosis stage is not directly related to the burden of symptoms, and recurrence of symptoms occurs frequently. It is suggested that symptoms are associated with psychological distress, as in depression and anxiety disorders. Our aim was to explore the strength of the associations between endometriosis and depression or anxiety and to review correlating factors.
Material(s) and Method(s): A literature search was carried out using the electronic databases Embase, PubMed, Web-of-science, and PsycINFO. Search terms related to depression, anxiety, and endometriosis were combined resulting in 1,837 records. Articles were included when describing an association between patients with endometriosis and symptoms of depression or anxiety assessed by validated tools, structured psychiatric interviews, or a documented diagnosis. With 47 articles a systematic qualitative review was performed. Seventeen studies were eligible for meta-analysis.
Result(s): Endometriosis patients experienced significantly more symptoms of depression (standardized mean difference [SMD] of 0.71 (95% confidence interval [CI] 0.36-1.06)) and anxiety (SMD 0.60 (95% CI 0.35-0.84)) compared with healthy controls, but no differences were found comparing endometriosis patients with other chronic pelvic pain patients (SMD -0.01 [95% CI -0.17 to 0.15] for depression and SMD -0.02 [95% CI -0.22 to 0.18] for anxiety). Besides the effect of pain, other correlating factors included age, quality of life, quality of sleep, fatigue, sexual function, gastrointestinal symptoms, comorbidity, self-esteem, emotional self-efficacy, coping style, social adjustment, pain imagery, and pain sensitization.
Conclusion(s): This systematic review supports the assumption that symptoms of depression and anxiety occur frequently in endometriosis patients and are related to chronic pain. Correlating factors should further be investigated.
Hyperuricosuric and hypercalciuric children had a significantly lower chance of FAP (odds ratio [OR] =0.425, 95% confidence interval [CI] =0.204-0.886). Although an inverse association was seen between hyperuricosuria and FAP (OR = 0.693, 95% CI = 0.395-1.214), it was not statistically significant. In stratified analyses by gender for both hyperuricosuria and hypercalciuria, a marginal inverse significant association was seen in male gender (P < 0.1).

Conclusion(s): Our study showed that hypercalciuria is significantly in inverse association with FAP but not hyperuricosuria. Therefore, these disorders, particularly hyperuricosuria may not be considered as the possible causes of FAP. Further studies with larger sample size for providing more reliable evidence are recommended.
236.

Effects of Acupuncture Combined with Rehabilitation on Chronic Pelvic Pain Syndrome in Females: A Meta-Analysis Running Head - Acupuncture Combined with Rehabilitation on Chronic Pelvic Pain.
Zheng J., Lai X., Zhu W., Huang Y., Chen C., Chen J.
Embase
[Article]
AN: 2017554727

Objective. To investigate the clinical efficacy of this combined treatment for chronic pelvic pain syndrome (CPPS) by meta-analysis. Methods. Relevant articles were retrieved from PubMed, CNKI, Wanfang Data, Web of Science, and Embase, including randomized controlled trials on acupuncture combined with rehabilitation for CPPS in females. Results. A total of 224 articles were retrieved in this study, and 14 studies were finally identified for inclusion. Among them, the treatment group was treated with acupuncture combined with pelvic floor rehabilitation therapy, while the control group was treated with acupuncture or pelvic floor rehabilitation therapy. Meta-analysis showed that the treatment effective rate in the treatment group was significantly higher than that in the control group (OR = 6.54; 95% CI: 4.20, 10.21; P < 0.05). After treatment, compared with the control group, the treatment group showed lower incidences of adverse reactions (OR = 0.16; 95% CI: 0.09, 0.27; P < 0.05), bladder prolapse (OR = 0.36; 95% CI: 0.18, 0.73; P < 0.05), cervical prolapse (OR = 0.22; 95% CI: 0.10, 0.49; P < 0.05), and pelvic peritoneal hernia (OR = 0.14; 95% CI: 0.05, 0.38; P < 0.05); in addition, the treatment group was also associated with lower pain score (SMD = -4.05; 95% CI: -6.75, -1.34; P < 0.05) and pelvic dysfunction score (SMD = -4.35; 95% CI: -5.37, -3.34; P < 0.05). Conclusion. Acupuncture combined with rehabilitation is effective for CPPS in females, which can significantly reduce the pain intensity and improve pelvic dysfunction of patients.
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Status
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A Systematic Review and Meta-Analysis on Comparative Kinematics in the Lumbopelvic Region in the Patients Suffering from Spinal Pain.
Embase
[Review]
AN: 2017554716
Background. Lumbopelvic kinematics has been observed to include different parameters and directly relate to the movement of the hip spine. In the current scenario, more than 65 million people have been suffering from spinal pain, and 18% of adults experience chronic spinal pain.
Methods. This systematic review and meta-analysis selected 9 studies for analysis via electronic databases like EMBASE, MEDLINE, Web of Science, Scopus, CINAHL, and Cochrane (CENTRAL). After collecting the data, the dataset has been systematically analyzed through statistical methodologies using RevMan and Stata. Results. Out of 116 studies initially scrutinized, nine were finally selected for the meta-analysis. When range of motion was studied via meta-analysis, it was noted that a considerable reduced movement was noted in the lumbar region of the spine when people were suffering from lower back pain in comparison to control group people. Hence, reduced lumbar range of motion, no difference in the angle of lordosis, and no significant difference in extension and rotation in people with lower back pain were found. However, variability was noted in people suffering from lower back pain for flexion and lateral flexion. A significant heterogeneity was found between the studies which lacked some details and standardization of the criteria which were used for defining patients with lower back pain or without them (control group). Results show that spinal pain is the main reason behind the limitation of lumbar range of motion. It is clear from the data set of mean and standard deviation, and this is clear to establish the relationship between the causes of pelvic and spinal pain. In flexion-based ROM, the mean difference was found to be -9.77 (95% CI: -21.86, 2.32). Similarly, for lateral flexion, the mean difference was found to be -5.58 (with 95% CI: -10.38, -0.79).
Conclusion. It can be concluded that spinal disease is too influential for people; thereby, it affects day-to-day life activities by creating painful and restricted movements. It is concluded that people suffering from lower back pain have reduced proprioception and range of movement in the lumbar region when compared to control groups with no lower back pain, which mainly focus on flexion and lateral flexion.
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PMID
35345658 [https://www.ncbi.nlm.nih.gov/pubmed/?term=35345658]
Endometriosis and adverse pregnancy outcome.
Sorrentino F., Depadova M., Falagario M., D’Alterio M.N., Dispiezio Sardo A., Pacheco L.A.,
Carugno J.T., Nappi L.

INTRODUCTION: Endometriosis is a gynecologic disease affecting approximately 10% of reproductive age women, around 21-47% of women presenting subfertility and 71-87% of women with chronic pelvic pain. Main symptoms are chronic pelvic pain, dysmenorrhea, dyspareunia and infertility that seem to be well controlled by oral contraceptive pill, progestogens, GnRh antagonists. The aim of this review was to illustrate the modern diagnosis of endometriosis during pregnancy, to evaluate the evolution of endometriotic lesions during pregnancy and the incidence of adverse outcomes. EVIDENCEACQUISITION: Published literature was retrieved through searches of the database PubMed (National Center for Biotechnology Information, USNational Library of Medicine, Bethesda, MD, USA). We searched for all original articles published in English through April 2020 and decided to extract every notable information for potential inclusion in this review. The search included the following MeSH search terms, alone or in combination: "endometriosis" combined with "endometrioma," "biomarkers," "complications," "bowel," "urinary tract," "uterine rupture," "spontaneous hemoperitoneum in pregnancy" and more "adverse pregnancy outcome," "preterm birth," "miscarriage," "abruption placentae," "placenta previa," "hypertensive disorder," "preeclampsia," "fetal grow restriction," "small for gestation age," "cesarean delivery." EVIDENCESYNTHESIS: Pregnancy in women with endometriosis does not always lead to disappearance of symptoms and decrease in the size of endometriotic lesions, but it may be possible to observe a malignant transformation of ovarian endometriotic lesions. Onset of complications may be caused by many factors: chronic inflammation, adhesions, progesterone resistance and a dysregulation of genes involved in the embryo implantation. As results, the pregnancy can be more difficult because of endometriosis related complications (spontaneous hemoperitoneum [SH], bowel complications, etc.) or adverse outcomes like preterm birth, FGR, hypertensive disorders, obstetrics hemorrhages (placenta previa, abruptio placenta), miscarriage or cesarean section. Due to insufficient knowledge about its pathogenesis, currently literature data are contradictory and do not show a strong correlation between endometriosis and these complications except for miscarriage and cesarean delivery, CONCLUSION(S): Future research should focus on the potential biological pathways underlying these relationships in order to inform patients planning a birth about possible complications during pregnancy.

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PMID
Perioperative factors associated with persistent postsurgical pain after hysterectomy, cesarean section, prostatectomy, and donor nephrectomy: A systematic review and meta-analysis.
Sharma L.R., Schaldemose E.L., Alaverdyan H., Nikolajsen L., Chen D., Bhanvadia S., Komen H., Yaeger L., Haroutounian S.

Pain. 163(3) (pp 425-435), 2022. Date of Publication: 01 Mar 2022.

Persistent postsurgical pain (PPSP) is a common and often disabling postoperative morbidity, but many questions remain about factors associated with PPSP. This systematic review and meta-analysis aimed to identify preoperative, intraoperative, and postoperative factors associated with PPSP after gynecological surgeries, namely, hysterectomy and cesarean section, and urological surgeries, namely, prostatectomy and donor nephrectomy. Overall, 18 gynecological surgery studies, 4 prostatectomy studies, and 2 donor nephrectomy studies met the review criteria, providing data that could be meta-analyzed. The average (+/-SD) PPSP occurrence after gynecological surgery was 20 +/- 11%; factors associated with increased risk of PPSP included smoking, preoperative abdominal or pelvic pain, preoperative pain elsewhere in the body, longer duration of surgery, more intense acute postoperative pain, and surgical wound infection. The use of neuraxial anesthesia was associated with decreased PPSP risk. The average PPSP occurrence was 20 +/- 9% after prostatectomy and 15 +/- 2% after donor nephrectomy. For urological procedures, the existing data did not allow for identification of significant factors associated with PPSP, except for laparoscopic and hand-assisted laparoscopic approaches that were associated with lower incidence of PPSP for donor nephrectomy, and the use of neuraxial anesthesia which was associated with lower incidence of PPSP after prostatectomy. Persistent postsurgical pain after gynecological and urological surgeries is common. This systematic review identified important factors associated with cesarean section and hysterectomy that can help identify women who are at high risk of PPSP. More high-quality studies with consistent methodology are needed to understand the factors associated with PPSP risk, particularly for surgeries such as prostatectomy and nephrectomy.

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PMID 34121077 [https://www.ncbi.nlm.nih.gov/pubmed/?term=34121077]
Effect of Shixiao San on inflammatory factors and pain in rats with endometriosis.

Embase

Ethnopharmacological relevance: In the practice of traditional Chinese medicine, endometriosis is believed to be caused by blood stasis and is characterised by dysmenorrhea, which is difficult to control. Shixiao San (SXS) has a long history of use in the treatment of gynaecological diseases. The prescriptions composed of SXS include Typhae Pollen and Faeces Trogopterori, both of which have anti-inflammatory activity. In addition, Typhae Pollen can be used to treat many kinds of blood stasis diseases. Aim of the study: The purpose of the present study was to investigate the effect of SXS on pain relief in rats with endometriosis and to preliminarily explore its mechanism of action in alleviating pain.

Material(s) and Method(s): Ten rats received sham operation as the Sham group, and 30 endometriosis model rats were randomly divided into three groups: the Model, Shixiao San-Low (SXS-L), and Shixiao San-High (SXS-H) groups. The rats were administered the appropriate treatment via intragastric gavage for 4 weeks. The thermal radiation pain and mechanical pain thresholds of the rats were measured every 7 days after treatment. Finally, the distribution density of nerve fibres in endometrial tissue, the inflammatory infiltration of the dorsal root ganglion (DRG), the expression of TRPV1 in the DRG, and the expression of IL-1beta, TNF-alpha, and IL-6 in ectopic tissue were measured.

Result(s): After SXS treatment, the growth of ectopic tissue in rats with endometriosis was significantly suppressed, their thermal radiation pain and mechanical pain thresholds increased, the density of nerve fibres and the expression of inflammatory factors in ectopic tissues reduced, and inflammatory cells infiltration in the DRG of the animals alleviated. Meanwhile, the expression of TRPV1 in the DRG was downregulated in rats with endometriosis.

Conclusion(s): SXS could possibly inhibit the development of endometriosis and relieve pain in patients with endometriosis by reducing inflammatory responses in ectopic tissue and the DRG.

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PMID 35182668 [https://www.ncbi.nlm.nih.gov/pubmed/?term=35182668]
The efficacy and safety of triptorelin-therapy following conservative surgery for deep infiltrating endometriosis: A multicenter, prospective, non-interventional study in China.

Zhu L., Guan Z., Huang Y., Hua K., Ma L., Zhang J., Yang D., Perrot V., Li H., Zhang X., Covali. R.


Abstract

Triptorelin is one of the most commonly used gonadotropin-releasing hormone agonists and has been used in the treatment of deep infiltrating endometriosis (DIE). This study aimed to evaluate the efficacy and safety of up to 24 weeks of triptorelin treatment after conservative surgery for DIE. This prospective, non-interventional study was performed in 18 tertiary hospitals in China. Premenopausal women aged >=18 years treated with triptorelin 3.75 mg once every 28 days for up to 24 weeks after conservative surgery for DIE were included. Endometriosis symptoms were assessed, using a visual analogue scale (0-10 cm) or numerical range (0-10), at baseline (pre-surgery) and routine visits 3, 6, 9, 12, 18, and 24 months after surgery. Changes in symptom intensity over time were primary outcome measures. A total of 384 women (mean [standard deviation] age, 33.4 [6.2] years) were analyzed. Scores for all symptoms (pelvic pain, dysmenorrhea, ovulation pain, dyspareunia, menorrhagia, metrorrhagia, and gastrointestinal and urinary symptoms) assessed decreased from baseline over 24 months. Cumulative improvement rates in pelvic pain, dysmenorrhea, ovulation pain, and dyspareunia were 74.4%, 83.6%, 55.1%, and 66.9%, respectively. The 24-month cumulative recurrence rate (>=1 symptom) was 22.2%. The risk of symptom recurrence was higher in patients with >=2 versus 1 lesion (odds ratio [OR] 2.539; 95% CI: 1.458-4.423; P = .001) and patients with moderate (OR 5.733; 95% CI: 1.623-20.248; P = .007) or severe (OR 8.259; 95% CI: 2.449-27.851; P = .001) pain versus none/mild pain. Triptorelin was well tolerated without serious adverse events. Triptorelin after conservative surgery for DIE improved symptoms over 24 months of follow up. The recurrence rate of symptoms was low and triptorelin was generally well tolerated. Trial registration number: ClinicalTrials.gov, NCT01942369.

PMID: 35119037 [https://www.ncbi.nlm.nih.gov/pubmed/?term=35119037]
The effects of adalimumab on the rat autotransplantation endometriosis model: A placebo-controlled randomized study.
Kaplan S., Kirici P., Turk A.
Embase
Advances in Clinical and Experimental Medicine. 31(4) (no pagination), 2022. Date of Publication: January 2022.
[Article]
AN: 2016802355

Background. Endometriosis is a chronic inflammatory pathology that can cause persistent pelvic pain and infertility by affecting women of reproductive age. It is defined as the placement of endometrial tissue outside the uterine cavity. Hormonal, genetic and immunological factors have an effect on the development of endometriotic implants. Adalimumab is a monoclonal antibody specific for tumor necrosis factor alpha (TNF-alpha), used in the treatment of autoimmune diseases. Objectives. To investigate the effectiveness of adalimumab on histopathological and biochemical values in rats with experimental endometriosis. Materials and methods. This study is a comparative, prospective, experimental rat study. Wistar albino female rats were divided into 4 groups. Group 1 was separated as the control group. Endometriotic implants were simultaneously induced in group 2 and group 3. After 4 weeks, developing endometriotic foci were measured. Adalimumab (5 mg/kg) was simultaneously intraperitoneally (ip.) administered to group 3 and group 4 for 4 weeks. At the end of the study, histopathological scoring and fibrillin-1 scoring were performed. Total antioxidant status (TAS), total oxidant status (TOS) and malondialdehyde (MDA) values were measured. Findings in all groups were compared. Results. When group 1 and group 2 were compared, the histopathological score, as well as MDA and TOS levels increased, while TAS levels decreased in group 2 (p < 0.001). After adalimumab treatment, the average endometriotic implant size in group 3 (0.32 +/- 0.002 mm) decreased compared to group 2 (0.77 +/- 0.04 mm) (p = 0.032). While fibrillin-1 score increased in group 2 and group 3 compared to group 1, it decreased in group 3 compared to group 2 (p < 0.001). Histopathological score decreased, TAS levels increased and MDA levels decreased in group 3 compared to group 2 (p < 0.001). Conclusions. Adalimumab may play a role in the regression of endometrial implants by showing antioxidant and anti-inflammatory effects on histopathological damage and fibrosis.
Therapy With Local Anesthetics to Treat Vulvodynia. A Pilot Study.
Weinschenk S., Benrath J., Kessler E., Strowitzki T., Feisst M.

Introduction: Vulvodynia (chronic vulvar pain) is a sexually debilitating disorder with a prevalence of ~10%.

Aim(s): To investigate the effectiveness of therapy with local anesthetics (TLA) in women with severe vulvodynia, we conducted a prospective, non-controlled observational study.

Method(s): 45 patients with severe chronic vulvodynia (primary and secondary vulvodynia, 0-10 numeric analogue scale (NAS) >=6, median 7.9, duration >=6 months, median 65.2 months) in an outpatient practice in Germany were treated with TLA in 3-12 sessions using procaine 1% as local anesthetic. Effectiveness was analyzed with Wilcoxon signed rank tests and Wilcoxon rank sum tests.

Outcome(s): Therapeutic success as a reduction of pain to <=4 NAS lasting for >=6 months after end of therapy.

Result(s): TLA successfully reduced vulvodynia in 36 of 45 patients (80 %, responders). The NAS reduction was from 7.9 to 2.4 (P < .001). Even patients denominated as non-responders experienced a significant reduction in NAS (P = .03). In responders, long-term success was observed for 6.8-125 months (median 24.1 months). No adverse events occurred.

Clinical Translation: A promising new treatment for a hard-to-treat chronic female pain disorder.

Strengths and Limitations: Limitation: Monocentric, non-controlled observational design; Strength: the high number of patients treated.

Conclusion(s): The high success rate of TLA in this investigation offers new perspectives on the etiology of vulvodynia as a complex pain syndrome affecting several nerves of the pelvic floor, and also provides early insight into the effectiveness of TLA in women with vulvodynia.

Calabro R.S., Billeri L., Porcari B., Pignolo L., Naro A.
Embase
Brain Sciences. 12(3) (no pagination), 2022. Article Number: 396. Date of Publication: March 2022.
[Article]
AN: 2016148695
Chronic pelvic pain syndrome (CPPS) affects about 4-16% of adult women, and about one-third of them require medical assistance due to severe symptoms. Repetitive transcranial magnetic stimulation (rTMS) over the supplementary motor area (SMA) has been shown to manage pain in refractory CPPS. Focal muscle vibration (FMV) has also been reported to relieve pelvic pain. The objective of this study was to assess the feasibility and effect of rTMS coupled with FMV to reduce pain in seven adult women with refractory CPPS. This pilot, open-labeled, prospective trial examined treatment by 5 Hz rTMS over SMA and 150 Hz FMV over the perineum, suprapubic, and sacrococcygeal areas, with one daily session for five consecutive days for three weeks. We assessed tolerance and subjective pain changes (as per visual analog scale, VAS) until one month post-treatment, with a primary endpoint at day 7. No patients experienced serious adverse effects or a significant increase in pain. Six out of seven patients experienced a VAS improvement of at least 10% at T7; three of these individuals experienced a VAS improvement of more than 30%. Overall, we found a significant VAS reduction of 15 points (95%CI 8.4-21.6) at T7 (t = 6.3, p = 0.001; ES = 2.3 (1.1-3.9)). Three of the women who demonstrated a significant VAS reduction at T7 retained such VAS improvement at T30. VAS decreased by six points (95%CI 1.3-10.7) at T30 (t = 3.1, p = 0.02; ES = 1.5 (0.2-2.6)). This coupled approach seems promising for pain management in adult women with refractory CPPS and paves the way for future randomized controlled trials.
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Prevention of puerperal sepsis in northwest Ethiopia: Knowledge and practice of postnatal women; A multicenter cross-sectional study.
Bishaw K.A., Worku S., Tilahun M.
Embase
SAGE Open Medicine. 10 (no pagination), 2022. Date of Publication: March 2022.
[Article]
AN: 2015453593
Objectives: Puerperal sepsis is a life-threatening condition that can lead to death and long-term morbidities of postnatal women, such as chronic pelvic pain, pelvic inflammatory disease, and secondary infertility. Therefore, the study aimed to assess the knowledge and practice of postnatal women at Debre Markos town health facilities toward the prevention of puerperal sepsis and its associated factors.
Method(s): A multicenter cross-sectional study was conducted from 1 to 30 July 2020. In all, 404 sampled postnatal women took part in the study. A systematic random sampling technique was employed to select each study participant. Data were entered into Epi data 4.6 and analyzed by statistical package for social sciences 25. Multivariate logistic regression was carried out for variables with a p value less than 0.25 in bivariate logistic regression to determine significant associations between the outcome and independent variables. The statistical significance was determined using a 95% confidence interval with a p value of less than 0.05.
Result(s): The study reported that 44.6% and 40.8% of postnatal women had adequate knowledge, and good practice toward the prevention of puerperal sepsis, respectively. Factors associated with knowledge were urban residence [adjusted odds ratio = 5.84, 95% confidence interval = (3.54-9.46)], primiparity [adjusted odds ratio = 1.85, 95% confidence interval = (1.19-2.89)], and attending formal education [adjusted odds ratio = 2.41, 95% confidence interval = (1.11-5.22)] of study participants. Attending formal education [adjusted odds ratio = 2.46, 95% confidence interval = (1.13-5.37)] and having adequate knowledge [adjusted odds ratio = 2.34, 95% confidence interval = (1.49-3.67)] were factors associated with the prevention practice of postnatal women toward puerperal sepsis.
Conclusion(s): Less than half of postnatal women had adequate knowledge and good practice to prevent puerperal sepsis. As a result, obstetric caregivers and other concerned bodies should consider strategies to increase the awareness level of women about puerperal sepsis. Interventions to improve the community's educational level should also be considered.
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Publisher
SAGE Publications Ltd
Prevalence of dysmenorrhea among reproductive age group in Saudi Women.
Bakhsh H., Algenaimi E., Aldhuwayhi R., AboWadaan M.

Embase
BMC Women's Health. 22(1) (no pagination), 2022. Article Number: 78. Date of Publication: December 2022.
[Article]
AN: 2015359435

Background: The condition of recurrent, crampy, lower abdominal pain during menses is defined as dysmenorrhea. The study aims to assess the factors affecting the prevalence of primary and secondary dysmenorrhea among Saudi women from the reproductive age group.

Method(s): A cross-sectional survey-based study recruited 1199 participants through a systematic random sampling technique. The study was carried out among the reproductive age group in Saudi women (total number of 1199) who are more than 18-year-old and less than 45-year-old in Riyadh, King Dom of Saudi Arabia, using an electronic questionnaire.

Result(s): The observed dysmenorrhea in the study; 1107 (92.3%) women had non-pathological dysmenorrhea (primary) while 92 (7.7%) women had pathological dysmenorrhea (secondary) respectively.

Conclusion(s): In the present study, the prevalence of dysmenorrhea was high among the recruited Saudi women. The study suggests the inclusion of health education programs for students at the school and university level to deal with problems associated with dysmenorrhea that limit their interference with the student's life.

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Publisher
BioMed Central Ltd
Year of Publication
2022

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Embase

[Review]
AN: 2015109216

Objective: Sacral anterior root stimulation (SARS) was developed 40 years ago to restore urinary and bowel functions to individuals with spinal cord injury. Mostly used to restore lower urinary tract function, SARS implantation is coupled with sacral deafferentation to counteract the problems of chronic detrusor sphincter dyssynergia and detrusor overactivity. In this article, we systematically review 40 years of SARS implantation and assess the medical added value of this approach in accordance with the PRISMA guidelines. We identified 4 axes of investigation: 1) impact on visceral functions, 2) implantation safety and device reliability, 3) individuals’ quality of life, and 4) additional information about the procedure.

Method(s): A systematic review was performed. Three databases were consulted: PubMed, EBSCOhost, and Pascal. A total of 219 abstracts were screened and 38 articles were retained for analysis (1147 implantations).

Result(s): The SARS technique showed good clinical results (85.9% of individuals used their implant for micturition and 67.9% to ease bowel movements) and improved individual quality of life. Conversely, several sources of complications were reported after implantation (e.g., surgical complications and failure).

Conclusion(s): Despite promising results, a decline in implantations was observed. This decline can be linked to the complication rate, as well as to the development of new therapeutics (e.g., botulinum toxin) and directions for research (spinal cord stimulation) that may have an impact on people. Nevertheless, the lack of alternatives in the short-term suggests that the SARS implant is still relevant for the restoration of visceral functions after spinal cord injury.

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Botulinum Toxin for Neurogenic and Non-neurogenic Bladder Pain.
Roberts L.H., Gilleran J.P.
Purpose of Review: The use of botulinum toxin in managing urinary incontinence has been well established. Given the expanding indications for this agent for several neuromuscular disorders, its role in managing the symptoms associated with interstitial cystitis/bladder pain syndrome (IC/BPS) and chronic pelvic pain syndrome (CPPS) is evolving. In this review article, we examine the current literature on outcomes after botulinum toxin injection in patients with these conditions, as well as recent developments in mechanism of delivery. Recent Findings: The change in pain scores after injection in IC/BPS patients is inconsistent, as it has been used in combination with and without other interventions, such as hydrodistension. Pooled studies favor the use of botulinum toxin, but the findings are not significant to justify its use as a first-line treatment for IC/BPS. The initial hope that botulinum toxin would improve CPPS by addressing hypertonic pelvic floor dysfunction has been tempered by several studies showing no significant reduction in pain scores after injection compared to placebo. Summary: Several studies have shown there to be a therapeutic benefit for pain management in IC/BPS, particularly in those without Hunner's lesions. Meta-analysis suggests that higher dose may further improve pain scores, but side effects of urinary retention may limit its applicability. This effect does not appear to be dependent on how the toxin is injected (trigone vs non-trigone). Future use of intravesical liposomes to deliver botulinum toxin shows promise in administration of the agent in a non-invasive manner.

Background and Aim: Amitriptyline improves symptoms in functional abdominal pain disorders (FAPD) in adults with variable results in pediatric studies. The study aims to evaluate the efficacy of amitriptyline in pediatric FAPD.

Method(s): In this open-label trial, children (<= 18 years) diagnosed as FAPD based on ROME IV criteria were randomized to amitriptyline or placebo for 12 weeks. Post-treatment improvement of pain and quality of life (QOL) from the baseline were compared between the two groups.

Result(s): The mean age of 149 children (amitriptyline 75, placebo 74) was 11.3 +/- 3.5 years (79 boys). There was a significant difference in pain improvement in terms of reduction in scores for...
intensity (3.4 vs 0.9), frequency (3.6 vs 0.6), duration (3.5 vs 0.9), and QOL (2.3 vs 0.9) between amitriptyline and placebo group (P < 0.001 in all). Responders (> 50% reduction) in pain was seen in 76% in amitriptyline compared with 14.9% in the placebo group (P < 0.001). On multivariate analysis, the use of amitriptyline was the only factor predictive of response (odds ratio 24.1, 95% confidence interval: 9.1-64.6, P < 0.001). Minor adverse events were comparable between the groups (25.3% vs 13.5%, respectively, P = 0.07). Eighty-nine percent of children (24/27) who had extended treatment duration (6.8 +/- 1.8 months) had pain improvement. After discontinuation of amitriptyline, 70% had sustained response over a mean follow up of 15.84 +/- 5.6 months.

Conclusion(s): A 3-month trial of amitriptyline gives sustained relief of pain in two-thirds of children with FAPD. The safety profile of the drug and its efficacy necessitate more frequent use in the clinical settings.

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Publisher John Wiley and Sons Inc
Year of Publication 2022

250.

Efficacy of percutaneous and transcutaneous posterior tibial nerve stimulation on idiopathic overactive bladder and interstitial cystitis/painful bladder syndrome: A systematic review and meta-analysis.
Embase
Neurourology and Urodynamics. 41(2) (pp 539-551), 2022. Date of Publication: February 2022. [Review] AN: 2014727606
Objectives: Percutaneous and transcutaneous posterior tibial nerve stimulation (PTNS and TTNS) showed a promising effect on overactive bladder (OAB) and interstitial cystitis/painful bladder syndrome. We aimed to give a systematic review and meta-analysis on the efficacy and safety of these therapeutic methods as well.
Method(s): We searched studies available on PubMed, Embase, Cochrane, Scopus, Web of Science, and ProQuest on March 31, 2021, to find both published and unpublished studies. The retrieved articles were screened by two independent researchers and then the selected studies were critically appraised by Cochrane risk-of-bias tool for randomized trials, and Joanna Briggs Institute's checklist for quasi-experimental studies. Finally, the results of studies were synthesized using Review Manager (RevMan) 5.4 statistical software when the data were homogenous. The
meta-analysis was performed by calculating the effect size (mean difference) and their 95% confidence intervals (CIs).

Result(s): Of the total 3194 publications, 68 studies were included in our qualitative evaluation and 9 studies (11 trials) in the quantitative stage. When TTNS or PTNS were compared to sham, placebo, no treatment, or conservative management, a decrease in frequency of urination was observed in both TTNS (mean difference [MD]: -3.18, 95% CI: -4.42 to -1.94, and p < 0.00001), and PTNS (MD: -2.84, 95% CI: -4.22 to -1.45, and p < 0.00001), and overall TTNS or PTNS (MD: -2.95, 95% CI: -4.01 to -1.88, and p < 0.00001). Significant improvements in mean voiding volume (MVV) and decreasing nocturia were also observed.

Conclusion(s): Nerve stimulations either PTNS or TTNS appear to be effective interventions in treating refractory idiopathic OAB in terms of daily voiding frequency, MVV, urgency episodes, and nighttime voiding frequency. However, our result did not show any improvement in terms of urinary incontinence, postvoid residual volume or urge incontinence, and maximum cystometric capacity which emphasized the efficacy of these modalities on dry-OAB rather than wet-OAB.

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Status Embase

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Publisher John Wiley and Sons Inc
Year of Publication 2022

Diagnostic Dilemma of Retroperitoneal Schwannomas Encountered in a Specialized Gynecology Hospital.
Li C., Guo L., Hua K.
Embase
[Article]
AN: 2012322264
Background: This study analyzed the potential diagnosis and therapeutic challenges of retroperitoneal schwannoma (RSts) in a specialized gynecology hospital. Methods and materials: A retrospective review was performed in our hospital from 2000 to 2018. A literature search of RSts was conducted using PubMed database.
Result(s): 45 patients were identified (22 from our hospital and 23 from the literature review). The majority of patients presented asymptomatic (22/45). Among them, 25 cases were misdiagnosed as adnexal cysts, 13 uterine fibroids, 1 ovarian malignancy and 6 pelvic masses. Intraoperative exploration revealed that the masses were located in the retroperitoneal space. The median diameter was 6.2 cm (range 3.0-9.8 cm) in our hospital compared with 9.3 cm (6-15 cm) in literature review. Complete resection was performed in 37 patients and subtotal resection in 8 patients. The pathological results confirmed the diagnosis of benign schwannoma and no recurrence was found in the follow-up data.

Conclusion(s): The preoperative diagnosis of RSs is difficult to make because of its nonspecific characteristics. In a specialized gynecology hospital, it is more important to differentiate the benign and malignant of mass before surgery. Surgical complete resection of tumor is recommended and recurrence is unusual after complete resection.

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Status Embase
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Publisher Taylor and Francis Ltd.
Year of Publication 2022

Effectiveness of pelvic floor exercises in the treatment of chronic low back pain - Systematic review.

Efficacite des exercices du plancher pelvien dans le traitement de la lombalgie chronique non specifique - revue systematique <Efficacite des exercices du plancher pelvien dans le traitement de la lombalgie chronique non specifique - revue systematique.>
Messerli M., Michoud J., Martinez E.Q., Balthazard P., Bertuit J.
Embase
Kinesitherapie. 22(242) (pp 3-10), 2022. Date of Publication: February 2022.

Introduction: Stabilization exercises used in low back pain rehabilitation involve activation of the core muscles including the pelvic floor. The objective is to evaluate the benefits on pain and functional disability of pelvic floor work in patients with chronic non-specific low back pain.

Method(s): Review conducted according to PRISMA recommendations. The search was conducted in 3 databases. Articles evaluating a pelvic floor work program associated with conventional treatment in adult patients with chronic non-specific low back pain were selected. Pain and disability were assessed.

Result(s): 5 articles were selected. Studies showed an improvement in outcomes for all groups after the intervention. However, 3 studies show better results for experimental groups involving pelvic floor work (pain - visual analog scale: -3.86 vs 3.11; incapacity-Oswestry disability index: -30 vs -26).

Conclusion(s): The results being clinically of average relevance, the benefit of conventional treatment involving the pelvic floor appears moderate.

Level of Evidence: 2.
Cannabidiol for the Management of Endometriosis and Chronic Pelvic Pain.
Embase
[Article]
AN: 2016662679
Objective: To review the available literature on the effect of cannabis-based products on the female reproductive system and establish whether there is any evidence that they benefit or harm patients with endometriosis and, therefore, whether there is sufficient evidence to recommend them.
Data Sources: An electronic-based search was performed in PubMed, Embase, and the Cochrane Database. Reference lists of articles retrieved were reviewed, and a gray literature search was also performed. Methods of Study Selection: The original database search yielded 264 articles from PubMed, Embase, and the Cochrane Database, of which 41 were included. One hundred sixty-one studies relating to gynecologic malignancy, conditions unrelated to endometriosis, or therapies unrelated to cannabis-based products were excluded. Twelve articles were included from a gray literature search and review of references. Tabulation, Integration, and Results: Most available evidence is from laboratory studies aiming to simulate the effects of cannabis-based products on preclinical endometriosis models. Some show evidence of benefit with cannabis-based products. However, results are conflicting, and the impact in humans cannot necessarily be extrapolated from these data. Few studies exist looking at the effect of cannabis or its derived products in women with endometriosis; the majority are in the form of surveys and are affected by bias. National guidance was also reviewed: at present, this dictates that cannabis-based products can only be prescribed for conditions in which there is clear published evidence of benefit and only when all other treatment options have been exhausted.
Conclusion(s): Current treatment options for endometriosis often affect fertility and/or have undesirable side effects that impede long-term management. Cannabis-based products have been suggested as a novel therapeutic option that may circumvent these issues. However, there is a paucity of well-designed, robust studies and randomized controlled trials looking at their use in the treatment of endometriosis. In addition, cannabis use has a potential for harm in the long term, with a possible association with "cannabis use disorder," psychosis, and mood disturbances. At present, national guidance cannot recommend cannabis-based products to patients in the UK owing to lack of clear evidence of benefit. More comprehensive research into the impact of endocannabinoids in the context of endometriosis is required before their use can be recommended or prescribed.
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Internet-based Treatment for Vulvodynia (EMBLA) - A Randomized Controlled Study.
Hess Engstrom A., Bohm-Starke N., Kullinger M., Hesselman S., Hogberg U., Buhrman M., Skalkidou A.
Embase
[Article]
AN: 2016140496

Background: Internet-based ACT (Acceptance and commitment therapy) treatment may improve accessibility and reduce stigma related to seeking health care, but there are a lack of studies investigating internet-based treatment using ACT principles for women with vulvodynia.

Aim(s): The aim of this study was to investigate the effects of an internet-based treatment of pain during intercourse for women with provoked vulvodynia compared with no intervention during the waiting period before clinical treatment.

Method(s): A multicenter randomized controlled trial was conducted during 2016 to 2020, in which 99 participants were included. Participants were randomized to either a 6 week guided internet-based treatment using ACT principles or usual care. Data were collected at baseline, 6 weeks after baseline, and approximately 10 months after baseline.

Outcome(s): Pain-related (pain during intercourse, tampon test, impact of pain on sexual function) and pain behavior-related outcomes (attempts at intercourse, sexual activities besides intercourse, willingness to perform the tampon test, chronic pain acceptance questionnaire) were used as outcomes.

Result(s): Treatment was efficacious in what concerns pain during intercourse and pain acceptance. Less pain during intercourse among women in the intervention group was observed at both post-treatment (primary endpoint, P = .01, Cohen's d = 1.4, 95% CI = 0.33, 2.4), and follow-up (P = .04). Absolute mean difference between groups for pain during intercourse at post-treatment was -2.84, (95% CI = -4.91, -0.78), and -1.58 at follow-up, (95% CI = -3.17, 0.02), where the intervention group rated less pain than controls. No differences between groups over time were found for tampon test measures or impact of pain on sexual function. There was a significant difference between groups at all timepoints indicating fewer attempts at intercourse among participants in the intervention group. At post-treatment, women who underwent internet-based treatment reported higher pain acceptance and a rise in activity engagement compared with the control group. Clinical Implications: There is an indication that internet-based treatment could be incorporated into clinical practice as a complement to clinical treatment.
Limitations: Study strengths included using several forms of recruitment and an intervention built by different professions with long experience of treating patients with vulvodynia. High dropout rate was a limitation of this study.

Conclusion(s): Internet-based treatment may have an impact on pain during intercourse and positive effects on pain acceptance. However, conclusions must be drawn with caution due to the small sample size. Engstrom AH, Bohm-Starke N, Kullinger M, et al. Internet-based Treatment for Vulvodynia (EMBLA) - A Randomized Controlled Study. J Sex Med 2022;19:319-330.

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Status Embase

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Recurrence Rate and Morbidity after Ultrasound-guided Transvaginal Aspiration of Ultrasound Benign-appearing Adnexal Cystic Masses with and without Sclerotherapy: A Systematic Review and Meta-analysis.


Embase

Journal of Minimally Invasive Gynecology. 29(2) (pp 204-212), 2022. Date of Publication: February 2022.

[Review] AN: 2015371000

Objective: To determine the pooled recurrence rate of benign adnexal masses/cysts (namely simple cyst, endometrioma, hydrosalpinx, peritoneal cyst) after transvaginal ultrasound-guided aspiration, with or without sclerotherapy.

Data Sources: Search of studies published in PubMed and Web of Science databases between January 1990 and December 2020. Methods of Study Selection: A systematic search strategy was done using Medical Subject Heading terms. Only randomized trials and prospective studies published in English language were included. Tabulation, Integration, and Results: A total of 395 articles were screened. After applying inclusion and exclusion criteria, 20 studies were included in this review comprising data from 1386 patients with a mean follow-up of 11.4 months (range 0.5-26.5 months). The overall pooled rate of recurrence of adnexal masses was 27%, (95% confidence interval [CI], 18%-39%). Recurrence rate was significantly higher after only aspiration than after sclerotherapy (53%; 95% CI, 46%-60% vs 14%; 95% CI, 8%-22%; p <.001). However,
a high heterogeneity across the studies was found. A total of 10 major complications were recorded in the different publications.

Conclusion(s): In a selected population, aspiration with sclerotherapy had a lower recurrence rate than aspiration without sclerotherapy. However, these results should be interpreted with caution given the heterogeneity of the studies and the paucity of randomized controlled trials. Regarding the adoption of this procedure in routine clinical practice, we believe that aspiration should be considered an experimental procedure as there are few studies addressing long-term recurrence rate, and data comparing this technique with surgical cystectomy are lacking.

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Year of Publication 2022

256.

"This is hard to cope with": the lived experience and coping strategies adopted amongst Australian women with pelvic girdle pain in pregnancy.

Ceprnja D., Chipchase L., Liamputtong P., Gupta A.

Embase

BMC Pregnancy and Childbirth. 22(1) (no pagination), 2022. Article Number: 96. Date of Publication: December 2022.

[Article]

AN: 2014922579

Background: Women with pregnancy-related pelvic girdle pain (PPGP) report diminished ability to perform physical activities and experience higher rates of mood disorders, such as anxiety and depression, than pregnant women without PPGP. Despite these physical and psychological impacts, little is known about the lived experiences of PPGP amongst Australian women and the ways in which they cope. Situated within biographical disruption and social support theories, this study sought to gain a conceptual understanding of the experience and impact of PPGP on daily life, and how women cope with this condition during pregnancy.

Method(s): A qualitative research design, situated within a phenomenological framework, using individual, semi-structured interviews consisting of open-ended questions was used with a flexible and responsive approach. Purposive sampling of pregnant women attending a single hospital included 20 participants between 14 and 38 weeks gestation, classified with PPGP as per recommended guidelines, with a mean (SD) age of 31.37 (4.16) years. Thematic analysis was
performed where interview data was transcribed, coded, grouped into meaningful categories and then constructed into broad themes.

Result(s): Three themes were identified: 1. a transformed biography; 2. coping strategies; and 3. what women want. The pain experienced created a dramatic change in women's lives, making the pregnancy difficult to endure. Women utilised social support, such as family, to help them cope with pain, and a self-care approach to maintain a positive mindset and reduce stress. Although a few women received support from healthcare professionals, many reported a lack of information on PPGP and limited societal recognition of the condition. Women wanted early education, personalised information and prompt referral to help them cope with PPGP.

Conclusion(s): Findings from this study highlighted the complexity of living with PPGP as women attempted to deal with the unexpected impact on daily life by seeking support from partners and families, while also struggling with societal expectations. Although women with PPGP used a number of coping strategies, they sought greater support from healthcare professionals to effectively manage PPGP. These findings have important implications for the provision of health care to women living with PPGP. Trial registration: Australian New Zealand Clinical Trials Registry: ACTRN12618001423202.

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257.

Pain in chronic prostatitis and the role of ion channels: a brief overview.
Cyril A.C., Jan R.K., Radhakrishnan R.
Embase
[Article]
AN: 2011592914
Background: Prostatitis is the third most common urologic condition affecting more than half the male population at some point in their lives. There are different categories of prostatitis, of which approximately 90% of cases can be classified under the National Institute of Health (NIH) type III category (chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS)) with no causative agents identified. CP/CPPS is associated with several symptoms, of which the most prominent being chronic pain. Despite its high incidence, pain management in patients with CP/CPPS has been poor, possibly due to the lack of understanding of aetiological factors and mechanisms underlying pain development.

Method(s): An extensive literature search of published articles on the molecular mechanisms of pain in CP/CPPS was conducted using PubMed and Google Scholar search engines (https://pubmed.ncbi.nlm.nih.gov and https://scholar.google.com). The terms used for the search were: prostatitis, pain mechanism in CP/CPPS, prostatitis pain models, acid-sensing ion channels (ASICs), transient receptor potential vanilloid type 1 (TRPVs), purinergic channels (P2X) in
prostatitis pain mechanism and inflammatory mediators in CP/CPPS. The papers were identified based on the title and abstract, and after excluding the articles that did not emphasize the pain mechanism in CP/CPPS. Ninety-five articles (36 review and 59 original research papers) met our criteria and were included in the review.

Result(s): A number of inflammatory mediator molecules and pain channels, including ASICs, transient receptor potential vanilloid channels (TRPVs) and P2Xs have been investigated for their role in prostatitis pain pathology using various animal models.

Conclusion(s): This review summarizes the pain mechanisms in CP/CPPS focusing on the inflammatory mediators, neurotransmitters, pain-transducing ion channels and small animal models developed for studying prostatitis.

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258.

A longitudinal case-control analysis of pain symptoms, fear of childbirth, and psychological well-being during pregnancy and postpartum among individuals with vulvodynia.

OBJECTIVE: Little research has examined changes in chronic vulvar pain (vulvodynia) symptoms with pregnancy and childbirth, nor fear as it relates to pregnancy/delivery amongst individuals with vulvodynia. The purpose of this study was to examine change in pain symptoms from pregnancy to postpartum amongst women with vulvodynia, as well as pain anxiety, fear of childbirth, and anxiety and depressive symptoms. DESIGN: Prospective Case-Control Study. SETTING: Online survey. PARTICIPANTS: Fifty-Seven pregnant individuals with a diagnosis of vulvodynia, and 41 pregnant control participants who reported being free of vulvar pain. Participants were recruited from the community and from hospital-based clinics for this study. MEASUREMENTS AND FINDINGS: Online surveys were administered to women diagnosed with vulvodynia and pain-free control participants during pregnancy and at three and six months postpartum. The survey contained both investigator-developed items and validated questionnaires, including the Pain Anxiety Symptoms Scale (PASS-20), the Wijma Delivery Expectancy/Experience Questionnaire (W-DEQ) to assess fear of childbirth, the Generalized Anxiety Disorder-7 (GAD-7) measure to assess symptoms of anxiety, and the Patient Health Questionnaire (PHQ-9) to assess symptoms of depression. Linear mixed models with random intercepts for longitudinal analyses indicated statistical improvements for most of the vulvar pain outcomes in the postpartum period amongst women with vulvodynia, including reduced pain intensity at three (p = 0.005) and six months (p = 0.013) postpartum for those women who delivered vaginally. The mean change in pain intensity corresponded though to only a minimal
clinical change. Compared to controls, women with vulvodynia reported higher levels of fear of childbirth on the W-DEQ (p = 0.024). In both groups, increases in general anxiety on the GAD-7 were found from pregnancy to three (p = 0.005) and six months (p = 0.033) postpartum. Mode of birth moderated the findings for pain-related anxiety as measured by the PASS-20: only individuals who delivered via caesarean section reported increases in pain anxiety between pregnancy and six months postpartum (p < 0.001). KEY CONCLUSION(S): Pregnant women with vulvodynia experienced postpartum improvements in vulvar pain symptoms. Mode of birth may play a role in symptom trajectory. IMPLICATIONS FOR PRACTICE: Individuals with vulvodynia often have concerns about how pregnancy and childbirth will impact their symptoms. The current findings can be used to help such individuals make reproductive decisions knowing there may be improvements in vulvar pain and increases in anxiety that can occur postpartum. The statistical versus clinical significance of the pain intensity results also highlight the importance of asking each individual what changes in pain symptoms they experience and the meaning of such changes for that person.

Andrade M.A., Soares L.C., Oliveira M.A.P.

Revista brasileira de ginecologia e obstetricia : revista da Federacao Brasileira das Sociedades de Ginecologia e Obstetricia. 44(9) (pp 891-898), 2022. Date of Publication: 01 Sep 2022.

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Pelvic Malunion: A Systematic Review, Dichotomy of Definitions and Treatment.


[Review]
AN: 638863759

Background and Objectives: Pelvic nonunion and malunion have been documented as rare complications in pelvic fractures and literature describing these topics is severely limited. Articles dedicated solely to pelvic malunion are nearly nonexistent. We conducted a literature search with the goal of providing a summary of the definition, causes, treatment strategies, and outcomes of pelvic malunion correction.

Material(s) and Method(s): An initial review of the literature was performed using the PubMed, ScienceDirect, and Cochrane Database of Systematic Reviews databases. Search terms used were "malunion" AND "pelvic" OR "pelvis". Duplicate articles, non-English language articles without translations available and non-human subject studies were excluded.
Result(s): Eleven original publications were found describing experiences with pelvic malunion. Seven of the articles were exclusively dedicated to the topic of pelvic fracture malunion, and only two reported on a series of patients treated for malunion with variably staged procedures. Most reports define pelvic pain as the main indication for surgical correction, along with gait disturbance, standing or sitting imbalance, and urinary or sexual dysfunction. Radiographically, vertical displacement of one to two centimeters and rotation of the hemipelvis of fifteen degrees or more have been described in defining malunion. No treatment algorithms exist, and each patient is treated with a unique work-up and operative plan due to the complexity of the problem. Only one series reported a patient satisfaction rate of 75% following malunion treatment.

Conclusion(s): Pelvic malunion is a rare complication of pelvic ring injury and is seldom discussed in the literature. We found two small case series reporting exclusively on malunion treatment and complications. While some of the combination studies made the distinction in the diagnosis of malunion and nonunion, they rarely differentiated the treatment outcomes between the two categories. This paper describes pelvic malunion and highlights the need for more research into surgical outcomes of treatment specifically regarding functionality, patient satisfaction, and recurrence of preoperative symptoms.

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Erratum: Correction to: Tadalafil monotherapy in management of chronic prostatitis/chronic pelvic pain syndrome: a randomized double-blind placebo controlled clinical trial (World journal of urology (2022) 40 10 (2505-2511)).

Tawfik A.M., Radwan M.H., Abdulmonem M., Abo-Elenen M., Elgamal S.A., Aboufarha M.O.

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World journal of urology. 40(10) (pp 2513-2514), 2022. Date of Publication: 01 Oct 2022. [Erratum]

AN: 638780451

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An initial proof of concept: A replicated single-case study of a CBT group treatment with partner involvement for vulvodynia. 
Engman L., Ter Kuile M.M., Linton S.J., Ekholm E., Tuijnman-Raasveld C.C., Flink I.K. 
Embase 
Cognitive behaviour therapy. 51(6) (pp 503-519), 2022. Date of Publication: 01 Nov 2022. [Article] 
AN: 638731135 
Vulvodynia is common and has an immense impact on affected women and their partners. Psychological factors have been found to contribute to pain maintenance and exacerbation, and treatments addressing psychological factors have yielded positive results. This study employed a replicated single-case experimental design to examine a cognitive behavioral therapy (CBT) group treatment with partner involvement in vulvodynia. Repeated measures of pain intensity related to pain-inflicting behaviors were collected weekly throughout baseline and treatment phases. Associated outcomes were measured pre-, post- and at two follow-up assessments. Participants were 18-45-year-old women, in a stable sexual relationship with a man, experiencing vulvodynia. Five women completed the treatment consisting of 10 group sessions and 3 couple sessions. Data were analyzed through visual inspection and supplementary nonparametric calculations. The study showed promising results of the CBT treatment in alleviating pain intensity in connection to specific pain-inflicting behavior since three out of five participants showed improvements. For the participants who improved, sexual function, pain catastrophizing, avoidance, and endurance behavior changed during treatment and were maintained at follow-ups. These results warrant further study of the CBT treatment, in larger, and controlled formats. 
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Publisher 
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2022

Tadalafil monotherapy in management of chronic prostatitis/chronic pelvic pain syndrome: a randomized double-blind placebo controlled clinical trial. 
Tawfik A.M., Radwan M.H., Abdulmonem M., Abo-Elenen M., Elgamal S.A., Aboufarha M.O. 
Embase 
World journal of urology. 40(10) (pp 2505-2511), 2022. Date of Publication: 01 Oct 2022. [Article]
AN: 638433922
PURPOSE: In this placebo-controlled trial, we aimed to evaluate the clinical results of using PDE-5 inhibitor, tadalafil 5 mg OD, for management of CP/CPPS.
PATIENTS AND METHODS: 140 patients <= 45 years old with moderate/severe CP/CPPS associated with ED (IIEF-5 < 22) were randomly divided and received either tadalafil 5 mg OD (tadalafil-group) or placebo (control-group) for 6 weeks. Post-treatment CPSI scores were compared to baseline and to placebo. Clinically significant responders (>=25% reduction from baseline score) were calculated. Tadalafil-induced changes in IIE-5 were evaluated in correlation to that of CPSI scores.
RESULT(S): By the 6th week, 59 and 56 patients were available in both groups respectively. Compared to baseline, tadalafil-group patients showed significant improvement in total, pain, urinary and Qol domains of CPSI (19.1 +/- 5.26, 10.42 +/- 3.55, 4.2 +/- 1.72 and 4.47 +/- 1.64 vs. 24.21 +/- 5.05, 12.14 +/- 3.57, 6.08 +/- 1.53 and 6.22 +/- 1.76), p<0.5. When compared to placebo, all 6th week CPSI domains scores, except for pain, were significantly better in tadalafil-group (p<0.05). Post-treatment pain score didn't significantly differ between both groups (10.42 +/- 3.55, vs. 11.71 +/- 3.9, p>0.05). Clinically significant responders were 30 patients (50.8%) in tadalafil-group vs. 3 patients (5.4%) in control. Tadalafil-induced changes in IIEF-5 score had weak but significant correlation to Qol domain (r=-0.28, p<0.05).
CONCLUSION(S): Tadalafil 5 mg OD can significantly improve all CPSI domains as compared to baseline. Post-treatment CPSI scores, except for pain, were better than placebo. About 50.8% of patients can develop >=25% reduction in their total CPSI scores after treatment. Apart from Qol domain, these changes are not significantly correlated to tadalafil-induced IIEF-5 scores changes. Copyright © 2022. The Author(s).

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265.

Pain Characteristics in Patients with Inflammatory Bowel Disease: A Monocentric Cross-Sectional Study.
Hardy P.-Y., Fikri J., Libbrecht D., Louis E., Joris J.
Embase
Journal of Crohn's & colitis. 16(9) (pp 1363-1371), 2022. Date of Publication: 08 Sep 2022.
[Article]
AN: 637686272
BACKGROUND AND AIMS: The abdominal pain common in inflammatory bowel disease [IBD] patients is traditionally associated with inflammation but may persist during clinical remission. Central sensitization [CS] has not previously been explored in these patients. This study aimed to determine the epidemiology of pain in IBD patients and to specify pain characteristics with particular attention to CS.
METHOD(S): This cross-sectional study included 200 patients; 67% had Crohn's disease [CD]. Pain was assessed using the McGill questionnaire, using the Douleur Neuropathique 4 [DN4] questionnaire and by clinical examination. Its impacts on quality of life, depression and anxiety were also assessed.
RESULT(S): Three-quarters of IBD patients complained of pain, including intermittent pain attacks, 62% reported abdominal pain and 17.5% had CS. The prevalence of pain [83.6% vs 59.1%; p < 0.001] and abdominal pain [68.7% vs 48.5%; p = 0.006] was higher in CD patients than in ulcerative colitis [UC] patients. Multivariate analysis confirmed that age [p = 0.02], sex [female] [p = 0.004] and CD [p = 0.005] were independent risk factors for pain. Pain intensity was greater in the case of CS (6 [5-3] vs 3 [1.5-5], p < 0.003) which significantly impaired quality of life [p < 0.003] compared with pain without CS.

CONCLUSION(S): The prevalence of pain was high in IBD patients [=75%] and higher in CD patients. Significant impacts on quality of life were confirmed. More than 25% of patients with abdominal pain described CS as responsible for more severe pain and worsened quality of life.

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2022

266.

Psychosocial and Sensory Factors Contribute to Self-Reported Pain and Quality of Life in Young Adults with Irritable Bowel Syndrome.

Chen J., Barandouzi Z.A., Lee J., Xu W., Feng B., Starkweather A., Cong X.

Embase

[Article]

AN: 637117434

AIMS: Psychosocial and sensory factors, including anxiety, depression, and pressure pain threshold have been used to cluster chronic symptoms in irritable bowel syndrome (IBS). This study examined the contribution of psychosocial sensory factors on pain interference and quality of life (QOL) in this population. DESIGN: We performed a cross-sectional analysis of baseline data from a randomized controlled trial. SETTINGS: Two gastrointestinal clinics, general communities, and two large campuses of a public university in the Northeastern United States. PARTICIPANTS/SUBJECTS: Eighty young adults with IBS aged 21 +/- 2.57 years (76.25% female).

METHOD(S): Demographic and psychosocial factors including anxiety, depression, fatigue, cognition or general concerns, sleep disturbance, self-efficacy, coping, and food intake were measured as independent variables. Quantitative sensory testing was conducted to measure mechanical, thermal, and pressure pain thresholds. Self-reported pain measured by the brief pain
inventory (BPI) and IBS-QOL were assessed as the outcome variables. Regression analysis and mediation analysis were conducted to determine the associated factors of IBS pain and QOL. 

RESULT(S): Age, sex, and psychosocial factors including coping, self-efficacy, alcohol intake, mechanical pain sensitivity, and cold pain threshold were significantly associated with pain interference (all p < 0.05). Coping, and self-efficacy were significantly associated with IBS-QOL (all p < 0.05). In the mediation analysis, coping catastrophizing and self-efficacy were indirectly associated with IBS-QOL mediated by fatigue.

CONCLUSION(S): Psychosocial factors including coping and self-efficacy, and quantitative sensory testing factors significantly correlate with self-reported pain and QOL among young adults with IBS. This preliminary research calls for further interventional studies that target personalized psychosocial and quantitative sensory factors to improve pain management and quality of life in IBS patients.

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267.

Analgesia in patients with adhesion-related chronic abdominal and pelvic pain after surgery: a systematic review.
van den Beukel B.A.W., de Ree R., van Goor H., van der Wal S.E.I., Ten Broek R.P.G.
Embase
[Review]
AN: 634883003

BACKGROUND AND OBJECTIVE: Adhesions are the most common cause of chronic abdominal pain after surgery. Surgical adhesiolysis can relieve symptoms in selected patients, but many require other treatments. The aim of this study is to evaluate analgesic treatments other than abdominal surgery in chronic pain related to adhesions. DATABASE AND DATA TREATMENT: A search was conducted in PubMed, Embase, and Central. Studies with patients suffering from chronic postoperative pain related to adhesions and undergoing all types' analgesic treatment were included. The primary outcome was the number of patients who improved in pain at long-term follow-up (at least 1 year). Secondary outcomes included improvement in pain at 3 months follow-up, quality of life, and physical functioning.
RESULT(S): Searches identified 3022 citations. Four studies were included, one trial, one cohort study, and two case reports. The primary outcome was not reported. In a small trial (n=18) pregabalin tended to have a benefit over placebo improving pain at 3 months. In the cohort study, 17 patients with chronic pelvic pain underwent a trial of sacral nerve stimulation. Eight patients
who responded positively received an implanted device for continuous modulation, reporting sustainable improvement during follow-up (range: 6-36 months). One case report described improved pain at 6 months with trans-abdominis plane stimulation. The second report described improvement of physical function with manual therapy at long-term follow-up.

CONCLUSION(S): Low level of evidence is available regarding analgesic treatments of chronic abdominal and pelvic pain related to adhesions. The benefit of pregabalin is doubtful; nerve modulation is promising in a selected group. Highlights: Adhesions are a frequent cause of chronic abdominal and pelvic pain after surgery. Many patients are not good candidates for surgery (Adhesiolysis) or have relapses of pain. There is an important knowledge gap regarding non-surgical analgesic treatment.

Analgesia in adhesion-related chronic abdominal pain after surgery.

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Recall bias in pain scores evaluating abdominal wall and groin pain surgery.
Embase Hernia. (no pagination), 2022. Date of Publication: 2022.
[Article] AN: 2019659592
Purpose: To determine whether levels of pre-operative pain as recalled by a patient in the post-operative phase are possibly overestimated or underestimated compared to prospectively scored pain levels. If so, a subsequent misclassification may induce recall bias that may lead to an erroneous effect outcome.
Method(s): Data of seven retrospective cohort studies on surgery for chronic abdominal wall and groin pain using three different pain scores were systematically analyzed. First, it was assessed whether retrospectively acquired pre-operative pain levels, as scored by the patient in the post-operative phase, differed from prospectively obtained pain scores. Second, it was determined if errors associated with retrospectively obtained pain scores potentially lead to a misclassification of treatment outcome. Third, a meta-analysis established whether recall misclassifications, if present, affected overall study conclusions.
Result(s): Pain data of 313 patients undergoing remedial surgery were evaluated. The overall prevalence of misclassification due to a recall error was 13.7%. Patients not benefitting from surgery (‘failures’) judged their pre-operative pain level as more severe than it actually was. In contrast, patients who were pain free after remedial surgery (‘successes’) underestimated pre-
operative pain scores. Recall misclassifications were significantly more present in failures than in successful patients (odds ratio 2.4 [95% CI 1.2-4.8]).

Conclusion(s): One in seven patients undergoing remedial groin surgery is misclassified on the basis of retrospectively obtained pre-operative pain scores (success instead of failure, or vice versa). Misclassifications are relatively more present in failures after surgery. Therefore, the effect size of a therapy erroneously depends on its success rate.

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269.

Does Improvement towards a Normal Cervical Sagittal Configuration Aid in the Management of Lumbosacral Radiculopathy: A Randomized Controlled Trial.
Moustafa I.M., Diab A.A.M., Harrison D.E.


[Article]
AN: 2019526757

A randomized controlled study with a six-month follow-up was conducted to investigate the effects of sagittal head posture correction on 3D spinal posture parameters, back and leg pain, disability, and S1 nerve root function in patients with chronic discogenic lumbosacral radiculopathy (CDLR). Participants included 80 (35 female) patients between 40 and 55 years experiencing CDLR with a definite hypolordotic cervical spine and forward head posture (FHP) and were randomly assigned a comparative treatment control group and a study group. Both groups received TENS therapy and hot packs, additionally, the study group received the Denneroll cervical traction orthotic. Interventions were applied at a frequency of 3 x per week for 10 weeks and groups were followed for an additional 6-months. Radiographic measures included cervical lordosis (CL) from C2-C7 and FHP; postural measurements included: lumbar lordosis, thoracic kyphosis, trunk inclination, lateral deviation, trunk imbalance, surface rotation, and pelvic inclination. Leg and back pain scores, Oswestry Disability Index (ODI), and H-reflex latency and amplitude were measured. Statistically significant differences between the groups at 10 weeks were found: for all postural measures, CL (p = 0.001), AHT (p = 0.002), H-reflex amplitude (p =
0.007) and latency (p = 0.001). No significant difference for back pain (p = 0.2), leg pain (p = 0.1) and ODI (p = 0.6) at 10 weeks were identified. Only the study group's improvements were maintained at the 6-month follow up while the control groups values regressed back to baseline. At the 6-month follow-up, it was identified in the study group that improved cervical lordosis and reduction of FHP were found to have a positive impact on 3D posture parameters, leg and back pain scores, ODI, and H-reflex latency and amplitude.

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Silodosin Improves Pain and Urinary Frequency in Bladder Pain Syndrome/Interstitial Cystitis Patients.
Abreu-Mendes P., Araujo-Silva B., Charrua A., Cruz F., Pinto R.
Embase
[Article]
AN: 2019526736

Purpose: Bladder Pain Syndrome/Interstitial Cystitis (BPS/IC) is a bladder-related chronic inflammatory disease. Data indicate that stress enhances the excitability of bladder nociceptors through the stimulation of alpha1A-adrenoceptors. Stress is known to play a crucial role in BPS/IC patients. We aimed to assess the efficacy and safety of daily silodosin in refractory BPS/IC female patients and its correlation with stress coping.

Material(s) and Method(s): An open-label trial was conducted with 20 refractory BPS/IC patients. Evaluations occurred at baseline and the 8th and 12th weeks. Primary endpoint was bladder pain evaluated by visual analogue scale (VAS). Secondary endpoints included daily frequency, nocturia and maximum voided volume obtained from a 3-day bladder diary, the O'Leary-Sant Symptom Score, and two questions accessing stress coping. Patients initiated daily doses of 8 mg silodosin, which could be titrated to 16 mg. Median values with percentiles 25 and 75 (25; 75) were used. Wilcoxon signed-rank test was used for comparisons. A minimally important difference of 3 points for pain was established to define clinically relevant improvement.

Result(s): Median age was 56 years. Median pain score decreased from 8.00 (6.00; 8.00) at baseline to 4.00 (2.00; 5.50) (p < 0.001), meaning that the primary endpoint was reached. Total urinary frequency decreased from 14.00 (13.00; 21.00) to 9.00 (7.50; 11.00) (p < 0.05), and all the other secondary endpoints also showed a statistically significant improvement. Eleven patients improved by >=3 pain points in VAS, meaning that 65% of patients that ended the study protocol achieved clinical significant improvement or, in the full analysis set, that 55% of the 20
initial patients improved significantly. Fourteen (82%) decreased by >=2 micturitions/day. Overall, the cohort's stress coping was low. Conclusion(s): Silodosin can be an effective and well-tolerated treatment for refractory BPS/IC female patients. Copyright © 2022 by the authors. Status In-Process Author NameID Abreu-Mendes, Pedro; ORCID: https://orcid.org/0000-0002-4304-7023 Institution (Abreu-Mendes, Cruz, Pinto) Urology Department, Centro Hospitalar e Universitario de Sao Joao, Porto 4200-319, Portugal (Abreu-Mendes, Araujo-Silva, Cruz, Pinto) Faculty of Medicine, University of Porto, Porto 4200-319, Portugal (Abreu-Mendes, Charrua, Cruz, Pinto) Translational Neurourology Group, I3 Instituto de Investigacao e Inovacao em Saude, University of Porto, Porto 4200-319, Portugal (Charrua) Biomedicine Department, Faculty of Medicine, University of Porto, Porto 4200-319, Portugal Publisher MDPI Year of Publication 2022

Novel pharmacological therapies for the treatment of endometriosis. Buggio L., Dridi D., Barbara G., Merli C.E.M., Cetera G.E., Vercellini P. Embase Expert Review of Clinical Pharmacology. 15(9) (pp 1039-1052), 2022. Date of Publication: 2022. [Review] AN: 2018846363 Introduction: Endometriosis is a chronic, estrogen-dependent, inflammatory disease associated with pelvic pain, infertility, impaired sexual function, and psychological suffering. Therefore, tailored patient management appears of primary importance to address specific issues and identify the appropriate treatment for each woman. Over the years, abundant research has been carried out with the objective to find new therapeutic approaches for this multifaceted disease. Areas covered: This narrative review aims to present the latest advances in the pharmacological management of endometriosis. In particular, the potential role of GnRH antagonists, selective progesterone receptor modulators (SPRMs), and selective estrogen receptors modulators (SERMs) will be discussed. We performed a literature search in PubMed and Embase, and selected the best quality evidence, giving preference to the most recent and definitive original articles and reviews. Expert opinion: Medical therapy represents the cornerstone of endometriosis management, although few advances have been made in the last decade. Most studies have focused on the evaluation of the efficacy and safety of GnRH antagonists (plus add-back therapy in cases of prolonged treatment), which should be used as second-line treatment options in selected cases (i.e. non-responders to first-line treatments). Further studies are needed to identify the ideal treatment for women with endometriosis. Copyright © 2022 Informa UK Limited, trading as Taylor & Francis Group. PMID 36000243 [https://www.ncbi.nlm.nih.gov/pubmed/?term=36000243] Status In-Process Author NameID
A Systematic Review and Meta-analysis of Randomized Controlled Trials of Stabilizing Exercises for Lumbopelvic Region Impact in Postpartum Women With Low Back and Pelvic Pain.

Moheboleslam Z., Mohammad Rahimi N., Aminzadeh R.

Embase
Biological research for nursing. 24(3) (pp 338-349), 2022. Date of Publication: 01 Jul 2022.

[Article]
AN: 637633781

Background
Countless women experience lumbopelvic pain (LBPP) after pregnancy. Physical activity is revealed as a beneficial procedure to alleviate LBPP, yet it appears that individual investigations report mixed conclusions about its effectiveness.

Objective(s): This systematic review and meta-analysis examined the impact of stabilizing exercises on pain intensity, disability, and quality of life (QoL) in postpartum women. Data sources: A systematic search was conducted in PubMed, MEDLINE, Google Scholar, Scopus, and reference lists of included studies up to September, 2021. Study selection: Eleven studies comprising 623 participants were included and analyzed using a random-effects model.

Result(s): Data displayed that stabilizing exercises significantly reduced pain (standard mean difference; SMD: -0.76, 95% confidence interval (CI): -1.26 to -0.27, p = .002), and disability (SMD: -1.19, 95% CI: -1.7 to -0.68, p < .001). However, our study found no significant change in QoL following stabilizing exercises (MD: 4.42, 95% CI: -5.73, 14.57, p = .39).

Conclusion(s): Our systematic review and meta-analysis demonstrated that stabilizing interventions had some benefits in postpartum women. While there is some evidence to display the efficacy of stabilizing exercises for relieving LBPP, additional longer-term and high-quality studies are required to confirm the current findings.

PMID
35343270 [https://www.ncbi.nlm.nih.gov/pubmed/?term=35343270]

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Publisher
NLM (Medline)
Year of Publication
2022
Clinical relevance of massage therapy and abdominal hypopressive gymnastics on chronic nonspecific low back pain: a randomized controlled trial.
Bellido-Fernandez L., Jimenez-Rejano J.-J., Chillon-Martinez R., Lorenzo-Munoz A., Pinero-Pinto E., Rebollo-Salas M.
Embase
Disability and rehabilitation. 44(16) (pp 4233-4240), 2022. Date of Publication: 01 Aug 2022.

PURPOSE: To determine the clinical relevance of the effects that Massage-Therapy (MT) and Abdominal-Hypopressive-Gymnastics (AHG) and the combination of both procedures have on the disability, pain intensity, quality of life, and lumbar mobility of patients with chronic nonspecific low back pain (CNSLBP).

METHOD(S): A randomized controlled-trial with parallel-groups, concealed allocation, assessor blinding, and intention-to-treat analysis was carried out. The sample included 60 adults with CNSLBP. The participants received MT (n=20), AHG (n=20), or MT+AHG (n=20). Each group received 8 interventions.

RESULT(S): The ODI change scores were significantly higher (p<0.05) in the MT+AHG group than in the other two groups. Significant differences were found in the results of NRS, Schober's test, and SF-12 PCS (p<0.05) in each group. There were significant differences (p<0.05) between the values of SF-12 MCS in AHG and MT+AHG groups.

CONCLUSION(S): Massage Therapy and Abdominal Hypopressive Gymnastics reduce pain levels, increase the mobility of the lumbar spine, and improve disability and quality of life (PCS) in patients with CNSLBP in the short term. Likewise, AHG and MT+AHG improve quality of life (MCS). The combination of both therapies provides more benefits in terms of lumbar disability in patients with CNSLBP in the short term. This improvement is clinically relevant. TRIAL REGISTRATION: ClinicalTrials.gov (NCT02721914). IMPLICATIONS FOR REHABILITATION: Massage Therapy (MT) and Abdominal Hypopressive Gymnastics (AHG), reduce pain, improve mobility and quality of life, and reduce disability in the short term. These results are clinically relevant. The combination of manual and active therapy (MT+AHG) seems to be more effective and produces clinically relevant changes.

PMID 33587856 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33587856]

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Publisher
NLM (Medline)
Year of Publication
2022
Embase
European Urology Focus. (no pagination), 2022. Date of Publication: 2022.
[Review]
AN: 2019631606
Context: Despite the high prevalence of a myofascial pain component in chronic pelvic pain (CPP) syndromes, awareness and management of this component are lacking among health care providers.
Objective(s): To summarize the current state of the art for the management of myofascial pain in chronic primary pelvic pain syndromes (CPPPS) according to scientific research and input from experts from the European Association of Urology (EAU) guidelines panel on CPP.
Evidence Acquisition: A narrative review was undertaken using three sources: (1) information in the EAU guidelines on CPP; (2) information retrieved from the literature on research published in the past 3 yr on myofascial pelvic pain; and (3) expert opinion from panel members.
Evidence Synthesis: Studies confirm a high prevalence of a myofascial pain component in CPPPS. Examination of the pelvic floor muscles should follow published recommendations to standardize findings and disseminate the procedure. Treatment of pelvic floor muscle dysfunction and pain in the context of CPP was found to contribute to CPP control and is feasible via different physiotherapy techniques. A multidisciplinary approach is the most effective.
Conclusion(s): Despite its high prevalence, the myofascial component of CPP has been underevaluated and undertreated to date. Myofascial pain must be assessed in all patients with CPPPS. Treatment of the myofascial pain component is relevant for global treatment success. Further studies are imperative to reinforce and better define the role of each physiotherapy technique in CPPPS.
Patient Summary: Pain and inflammation of the body’s muscle and soft tissues (myofascial pain) frequently occurs in pelvic pain syndromes. Its presence must be evaluated to optimize management for each patient. If diagnosed, myofascial pain should be treated.
Copyright © 2022 European Association of Urology
PMID 35945131 [https://www.ncbi.nlm.nih.gov/pubmed/?term=35945131]
275.

Anxiety and Anticipated Pain Levels of Women With Self-Reported Penetration-Related Genito-Pelvic Pain are Elevated in Response to Pain-related Images.
Kelly K.J.M., Fisher B.L., Rosen N.O., Hamilton L.D.
Embase
[Article]
AN: 2019051292

Background: Genito-pelvic pain (GPP) affects a sizable minority of women and results of existing treatments can be variable. A method of general pain treatment that has not yet been extended to penetration-related GPP is Explicit Motor Imagery (EMI), which uses pain-related images to help individuals with pain alter their responses to pain, resulting in reduced pain, less pain-related anxiety, and improved function.

Aim(s): As a first step toward determining if EMI is a feasible method for treating penetration-related GPP, this study examined whether images that potentially signal genital pain are sufficient to induce an anxiety or anticipated pain response in women.

Method(s): Participants were 113 women (62 with genital pain, 51 pain-free) recruited to complete an online study. Participants viewed randomized images of women engaging in various activities that potentially cause pain for people with penetration-related GPP (sitting, walking, running, lifting, inserting a tampon, implied penetrative sex, actual penetrative sex, implied gynecological exam, actual gynecological exam). Participants then rated each image on how much anxiety they experienced viewing the picture (viewing anxiety), and how much anxiety (anticipated anxiety) and pain (anticipated pain) they expected to experience doing the activity in the picture.

Outcome(s): Outcomes were the self-reported viewing anxiety, anticipated anxiety, and anticipated pain of women with and without self-reported penetration-related GPP in response to the pain-related images.

Result(s): Women who experienced self-reported penetration-related GPP reported significantly higher levels of viewing anxiety, anticipated anxiety, and anticipated pain in almost all categories of images, compared to women who were free of pain. The key exception was that women with and without self-reported penetration-related GPP reported similar levels of viewing anxiety when looking at images of implied and actual penetrative sex.

Clinical Translation: These results support that pelvic and genital imagery serve as a sufficient stimulus to generate anxiety and anticipated pain in our study sample. EMI, which targets desensitization of heightened anxiety warrants further research as a potential novel treatment option. Strengths & Limitations: This study was the first to assess responses to a wide array of pain-eliciting images in women with and without self-reported penetration-related GPP. A key limitation was that the pain sample was self-reported and not clinically diagnosed.

Conclusion(s): Images of pain-related stimuli were sufficient to induce anxiety and anticipated pain in women with self-reported penetration-related GPP. This first step suggests that EMI may be a useful treatment option for women with penetration-related GPP. Kelly KJM, Fisher BL, Rosen NO, et al. Anxiety and Anticipated Pain Levels of Women With Self-Reported Penetration-Related Genito-Pelvic Pain are Elevated in Response to Pain-related Images. J Sex Med 2022;XX:XXX-XXX.

Copyright © 2022 International Society for Sexual Medicine
PMID 35780013 [https://www.ncbi.nlm.nih.gov/pubmed/?term=35780013]
Intrarectal diazepam following pelvic reconstructive surgery: a double-blind, randomized placebo-controlled trial.
Aldrich E.R., Tam T.Y., Saylor L.M., Crisp C.C., Yeung J., Pauls R.N.

Background: Patients undergoing vaginal hysterectomy with native tissue pelvic reconstruction typically have low pain levels overall in the postoperative period. Notwithstanding, pain control immediately after surgery may be more challenging and a barrier to same-day discharge. Intrarectal diazepam has been used for acute and chronic pelvic pain and has a pharmacokinetic profile ideal for intermittent use. However, its use has not been investigated after the surgical intervention.

Objective(s): This study aimed to evaluate the effect of diazepam rectal suppositories on early postoperative pain after hysterectomy and vaginal reconstruction for pelvic organ prolapse.

Study Design: This was a double-blind, randomized, placebo-controlled trial comparing postoperative pain scores after vaginal hysterectomy with native tissue prolapse repairs. Patients were randomized to receive either an intrarectal 10-mg diazepam suppository or an identical placebo. Moreover, the participants completed the questionnaires at baseline, the morning of postoperative day 1, and 2 weeks after the operation. Surveys included visual analog scales for pain, a validated Surgical Satisfaction Questionnaire, and queries regarding medication side effects and postoperative recovery. The primary outcome was pain scores based on a visual analog scale approximately 3 hours after surgery. The secondary outcomes included total morphine equivalents after surgery, patient satisfaction with pain control, same-day discharge outcome, and overall satisfaction. The chi-square, Fisher exact, and Mann-Whitney tests were used. Based on a 10-mm difference in postoperative vaginal pain using the visual analog scale, sample size was calculated to be 55 patients in each arm to achieve 80% power with an alpha of 0.05.

Result(s): From February 2020 to August 2021, 130 participants were randomized. Of those participants, 7 withdrew, and 123 were analyzed: 60 in the diazepam group and 63 in the placebo group. The median age was 65 years (interquartile range, 27-80), the median body mass index was 27.9 kg/m2 (interquartile range, 18.70-45.90), and 119 of 123 participants (96.7%) were White. There was no difference in the baseline characteristics, prolapse stage, or types of procedures performed between groups. Most participants had concurrent uterosacral ligament suspension with anterior and posterior repairs. Of note, 50 of 123 participants (41%) had midurethral slings. Moreover, 61 of 123 participants (50%) were discharged on the day of surgery. There was no difference in the primary outcome of vaginal pain 3.5 to 6.0 hours postoperatively (25 vs 21 mm; P=.285). In addition, the amount of rescue narcotics used in the...
immediate postoperative period (19.0 vs 17.0 MME; P=.202) did not differ between groups. At 2-weeks postoperatively, patients in the placebo group reported higher satisfaction with pain control in the hospital (31 vs 43 mm; P=.006) and pain control at home (31 vs 42 mm; P=.022). No difference was noted between same-day discharges and those who were admitted overnight.

Conclusion(s): The placement of a 10-mg diazepam rectal suppository immediately after pelvic reconstructive surgery did not improve pain or narcotic usage in the early postoperative period. Although the placebo group reported slightly higher satisfaction with pain control 2 weeks after surgery, overall pain levels were low. Therefore, we do not believe that the addition of diazepam to the postoperative regimen is warranted.

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Non-Hunner's Interstitial Cystitis Is Different from Hunner's Interstitial Cystitis and May Be Curable by Uterosacral Ligament Repair.
Goeschen K., Gold D.M., Liedl B., Yassouridis A., Petros P.
Embase
Urologia Internationalis. 106(7) (pp 649-657), 2022. Date of Publication: 01 Jul 2022.
[Review]
AN: 2018326176

Background: The posterior fornix syndrome (PFS) was first described in 1993 as a predictably occurring group of symptoms: Chronic pelvic pain (CPP), urge, frequency, nocturia, emptying difficulties/urinary retention, caused by uterosacral ligament (USL) laxity, and cured by repair thereof.

Summary: Our hypothesis was that non-Hunner's interstitial cystitis (IC) and PFS are substantially equivalent conditions. The primary objective was to determine if there was a causal relationship between IC and pelvic organ prolapse (POP). The secondary objective was to assess whether other pelvic symptoms were present in patients with POP-related IC and if so, which ones? How often did they occur? A retrospective study was performed in 198 women who presented with CPP, uterine/apical prolapse (varying degrees), and PFS symptoms, all of whom had been treated by posterior USL sling repair. We compared their PFS symptoms with known definitions of IC, CPP, and bladder symptoms. To check our hypothesis for truth or falsity, we used a validated questionnaire, "simulated operations"(mechanically supporting USLs with a vaginal speculum test to test for reduction of urge and pain), transperineal ultrasound and urodynamics. Key Messages: 198 patients had CPP and 313 had urinary symptoms which conformed to the definition for non-Hunner's IC. The cure rate after USL sling repair was CPP 74%, urge incontinence 80%, frequency 79.6%, abnormal emptying 53%, nocturia 79%, obstructive defecation 80%. Our findings seem to support our hypothesis that non-Hunner's IC and PFS may be similar conditions; also, non-Hunner IC/BPS may be a separate or lesser
disease entity from "Hunner lesion disease". More rigorous scientific investigation, preferably by RCT, will be required.
control group at the termination of treatment, and 1, 4, and 12 weeks after treatment; 4, 12, and 24 weeks after treatment; and 1, 4, and 12 weeks after treatment, respectively.

Conclusion(s): Li-ESWT is a safe, non-invasive, and effective option for patients with CP/CPPS, whether combined with medications or not, should be recommended for widespread use in clinical practice.

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Status Article-in-Press

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Publisher Springer Nature

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279.

Acupuncture for female bladder pain syndrome: a randomized controlled trial.
Bresler L., Westbay L.C., Hekman L., Joyce C., Fitzgerald C.M.

Embase

The Canadian journal of urology. 29(3) (pp 11154-11161), 2022. Date of Publication: 01 Jun 2022.

[Article]

AN: 638224532

INTRODUCTION: Growing evidence supports acupuncture for several pain conditions including chronic prostatitis. This study aimed to determine the safety, tolerability, and effectiveness of acupuncture in reducing pain in women with interstitial cystitis/bladder pain syndrome (IC/BPS).

MATERIALS AND METHODS: This prospective randomized single-blinded study compared electro-acupuncture (EA) to minimal acupuncture (MA) after 6 weekly treatments and again after 6 weeks of no treatment. Pain was assessed using the Brief Pain Inventory-Short Form (worst pain, average pain, pain severity, pain interference) and the Pain Catastrophizing Scale (PCS). Physical exams evaluated pelvic floor muscle tenderness. Mixed-effects models were used to estimate adjusted means over follow up.

RESULT(S): Patients were randomized to EA (n = 11) or MA (n = 10). There were no adverse events. Both groups' worst pain improved at 6 weeks, -2.91 +/- 0.59 and -2.09 +/- 0.68 for EA and MA respectively with no difference between groups (p = 0.37). Results were similar at 12 weeks. The EA group had greater improvement in pain interference at 6 weeks, -3.28 +/- 0.51 versus -1.67 +/- 0.58 (p = 0.049). The between group difference was not maintained at 12 weeks (p = 0.13). Average pain and pain severity showed no difference between groups (p > 0.05). The PCS improved overall at 6 weeks, -6.2 +/- 2.5 (p = 0.03), with no difference between groups (p = 0.39). On physical exam, only the EA group showed a significant decrease in levator ani tenderness (p = 0.031) after treatment.
CONCLUSION(S): Both EA and MA showed improvement in worst pain scores, however EA showed greater improvement in pain interference and pelvic floor muscle tenderness in women with IC/BPS.

PMID 35691037 [https://www.ncbi.nlm.nih.gov/pubmed/?term=35691037]

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Publisher
NLM (Medline)
Year of Publication
2022
A Systematic Review of the Cost of Chronic Pelvic Pain in Women.
Huang G., Le A.-L., Goddard Y., James D., Thavorn K., Payne M., Chen I.
Embase
Journal of Obstetrics and Gynaecology Canada. 44(3) (pp 286-293.e3), 2022. Date of Publication: March 2022.
[Review]
AN: 2015506900
Objective: To systematically summarize the evidence on costs related to chronic pelvic pain (CPP) for women. Data sources: Electronic databases (MEDLINE, EMBASE, PubMed, and Cochrane Library) were searched for English and French articles published from 1990 to January 2021. Study selection: Of 1304 articles screened, 67 were screened in full-text form, and a total of 13 articles were included in the final analysis. Articles included involved cost studies that estimated hospital or health system costs for pelvic pain, dysmenorrhea, dyspareunia, endometriosis with pain, interstitial cystitis, or painful bladder syndrome. Data extraction and synthesis: A standardized form was created to extract study setting, design, and population; patient demographics; study duration; and reported costs of CPP components and amounts. Two independent reviewers completed the data extraction, and discrepancies were resolved through discussion with a third reviewer. Conclusion(s): Estimated health care costs ranged from US$1367 to US$7043 per woman per year. Prescription costs ranged from US$193 to US$2457 per woman per year. Indirect costs ranged from US$4216 to US$12,789 per woman per year. Combined costs ranged from US$1820 to US$20,898 per woman per year. The yearly costs of CPP varied according to country; yearly costs were estimated to be $2.8 billion, 191,680 to 246,488, and $16,970 to $20,898 per woman per year in the United States, Japan, and Australia, respectively. The literature suggests that CPP represents a considerable economic burden on women and health care systems internationally, with indirect costs contributing a significant portion of total costs.
Endometriosis decreases female sexual function and increases pain severity: a meta-analysis.
Shi C., Xu H., Zhang T., Gao Y.

Purpose: This study aimed to explore the effects of endometriosis on female sexual function.
Method(s): PubMed, Embase, and Web of Science databases were searched to analyze the Female Sexual Function Index (FSFI) or visual analog scale (VAS) scores between women with and without endometriosis. Data from publications were generated, and the sexual function of women with and without endometriosis was systematically evaluated.
Result(s): A total of six publications were included in the study. The FSFI total score and its six domains were significantly lower in women with endometriosis: FSFI total score (P < 0.001), desire (P = 0.045), arousal (P = 0.039), pain domains (P < 0.001), lubrication (P < 0.001), orgasm (P = 0.001), and satisfaction (P < 0.001). Women with endometriosis exhibited more severity in terms of VAS scores for dyspareunia (P = 0.008) and chronic pelvic pain (P < 0.001); however, no significant severity for dysmenorrhea was observed (P = 0.118). Subgroup analysis showed that the region was not a source of heterogeneity. Publication bias was not noted in all included studies, and most results of the sensitivity analysis for the included indexes were stable, which implied that our results were relatively reliable.
Conclusion(s): The present meta-analysis provided evidence that endometriosis decreased female sexual function and increased the pain severity of dyspareunia and chronic pelvic pain.
Gastric-type adenocarcinoma of the cervix in patients with Peutz-Jeghers syndrome: a systematic review of the literature with proposed screening guidelines.


Embase

[Review]

AN: 636902161

OBJECTIVES: To perform a systematic review of gastric-type adenocarcinoma of the cervix and lobular endocervical glandular hyperplasia (a possible precursor lesion) in Peutz-Jeghers syndrome, and to analyze data from the literature, along with our institutional experience, to determine recommendations for screening and detection.

METHOD(S): A comprehensive literature search and retrospective search of pathology records at our institution were conducted. Articles were screened by two independent reviewers. Case reports/series on lobular endocervical glandular hyperplasia/gastric-type adenocarcinoma of the cervix in Peutz-Jeghers syndrome were included. Demographic, clinical, and radiologic information was collected.

RESULT(S): A total of 1564 publications were reviewed; 38 met the inclusion criteria. Forty-nine were included in the analysis (43 from the literature, 6 from our institution). Forty-three reported on gastric-type adenocarcinoma alone, 4 on lobular endocervical glandular hyperplasia alone, and 2 on concurrent lobular endocervical glandular hyperplasia/gastric-type adenocarcinoma. Median age at diagnosis was 17 (range, 4-52) for patients with lobular endocervical glandular hyperplasia alone and 35 (range, 15-72) for those with gastric-type adenocarcinoma. The most common presenting symptoms were abdominal/pelvic pain and vaginal bleeding/discharge. Imaging was reported for 27 patients; 24 (89%) had abnormal cervical features. Pap smear prior to diagnosis was reported for 12 patients; 6 (50%) had normal cytology, 4 (33%) atypical glandular cells, and 2 (17%) atypical cells not otherwise specified. Patients with gastric-type adenocarcinoma (n=45) were treated with surgery alone (n=16), surgery/chemotherapy/radiation (n=11), surgery/chemotherapy (n=9), surgery/radiation (n=5), or radiation/chemotherapy (n=4). Twelve (27%) of 45 patients recurred; median progression-free survival was 10 months (range, 1-148). Twenty patients (44%) died; median overall survival was 26 months (range, 2-156). Thirteen patients (27%) were alive with no evidence of disease.

CONCLUSION(S): Gastric-type adenocarcinoma in Peutz-Jeghers syndrome is associated with poor outcomes and short progression-free and overall survival. Screening recommendations, including pathognomonic symptom review and physical examination, with a low threshold for imaging and biopsy, may detect precursor lesions and early-stage gastric-type adenocarcinoma, leading to better outcomes in this high-risk population. PROSPERO REGISTRATION NUMBER: CRD42019118151.

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34903560 [https://www.ncbi.nlm.nih.gov/pubmed/?term=34903560]
284.

Aromatase inhibitors in the treatment of endometriosis-associated pelvic pain: A systematic review. Uso de inhibidores de la aromatasa en el tratamiento del dolor pelvico asociado a endometriosis: revision sistematica <Uso de inhibidores de la aromatasa en el tratamiento del dolor pelvico asociado a endometriosis: revision sistematica.>

Lete I.

Embase

Clinica e Investigacion en Ginecologia y Obstetricia. 49(1) (no pagination), 2022. Article Number: 100706. Date of Publication: 01 Jan 2022.

[Review]

AN: 2014239775

Objective: To know the effect of the use of aromatase inhibitors (AI) in the treatment of endometriosis-associated pelvic pain (EAPP).

Material(s) and Method(s): Systematic review of the literature.

Result(s): 173 articles were identified of which 25 were valid for the review, of which 4 were randomized clinical trials, 3 were non-randomized clinical trials, 10 were prospective non-comparative studies and 8 were clinical case reports. In most of the studies and/or case reports (24 of 27) the use of AI was associated with an improvement in EAPP. Important biases were identified that may influence the efficacy analysis, primarily the combined use of AI with other drugs widely used in the treatment of endometriosis.

Conclusion(s): Despite the existence of numerous articles presenting and/or analysing the effect of AIs in the control of EEAP, the biases in the interpretation of their results, together with the side effect profile of this group of drugs, mean that their use has not become widespread, and they continue to be considered an experimental treatment for endometriosis. To date, there is insufficient evidence of sufficient quality to recommend the use of AI in the treatment of EEAP in routine clinical practice.

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Status

Embase
The role of MR venography with time-resolved imaging in diagnosis of pelvic congestion syndrome.

Attia N.M., Sayed M.A.D., Galal Mohamed H.E.D., AbdelAleem M.A.

Background: Pelvic congestion syndrome (PCS) represents a diagnostic challenge due to its variable clinical presentation, complex anatomy, and pathophysiology. Accurate delineation of the venous anatomy, detection of venous reflux or obstruction, its extent will enable interventional radiologists to successfully treat such patients and to avoid recurrence. Magnetic resonance imaging (MRI) allows a noninvasive examination of the anatomy and flow inside the pelvic veins in addition to its excellent soft-tissue contrast allowing evaluation of the pelvic organs. Our study is aiming to investigate the role and accuracy of MR venography with time-resolved imaging (TR-MRV) as a diagnostic tool for pretreatment planning of PCS.

Result(s): Our study included 25 female patients with mean age 48 +/- 12.34, who were referred to the radiology department in the period from April/2019 to April/2020 with clinical and ultrasound features suggesting PCS. TR-MRV was performed and interpreted in a blind fashion evaluating the vascular anatomy, venous dilatation, and reflux. The results were compared to conventional venography as a reference. The sensitivity, specificity, and accuracy of TR-MRV in the detection of ovarian vein reflux were 87%, 80%, and 84%, respectively, versus 75%, 53%, and 72% in internal iliac vein reflux and 92%, 69%, and 64% for pelvic venous plexus reflux. Demonstration of the venous anatomy was excellent in 68% of the patients and was sufficient in 32%. Ovarian vein dilatation was detected in 16 patients by venography and in 10 patients by TR-MRV. The weighted k-values (Cohen's Kappa coefficient statistics) indicated excellent agreement between the two observers for identifying all the refluxing veins by TRI in each patient (k = 0.78).

Conclusion(s): MRI with TR imaging has shown high diagnostic accuracy when compared to conventional venography in evaluating pelvic congestion syndrome before endovascular treatment and thus facilitating treatment planning.

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The interplay between endometriosis and fertility in rats: a systematic review.
Kanellopoulos D., Karagianni D., Pergialiotis V., Patsouras G., Patsouras K., Nikiteas N., Lazaris A.C., Iliopoulos D.
Embase
Journal of medicine and life. 15(6) (pp 742-746), 2022. Date of Publication: 01 Jun 2022.
[Review]
AN: 638669607

For the last decades, endometriosis has been a major gynecological problem and a significant cause of infertility for women worldwide. It is estimated that the disease affects about 10-15% of all women of reproductive age and 70% of women suffering from chronic pelvic pain. At the same time, the incidence is about 40-60% in women with dysmenorrhea and 20-30% in women with subfertility. Despite the high percentage of affected women, endometriosis is still characterized by insufficient knowledge of the pathogenic processes, leading to the development and continuity of the disease. For this reason, there is a significant need for insight and understanding of the pathogenesis of endometriosis. This systematic review aims to present the latest data on the use of rats in endometriosis research and to explore how fertility is affected in rats with endometriosis. The methodology included a review of the available publications retrieved by a search in various scientific databases, such as PubMed, Scopus, Medline, and Google Scholar. The initial search generated 30 titles, with 10 articles fulfilling the inclusion criteria. In conclusion, several surgical techniques have been proposed to induce endometriosis, mainly using rats as the appropriate animal model. Studies in rats showed that endometriosis causes infertility and that pregnancy rates are lower for rats with endometriosis than those without endometriosis. In addition, rats with endometriosis have significant abnormalities in the structure of their oocytes as well as in the development of their embryos (genetic abnormalities).
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Publisher
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Current advances in neuromodulation techniques in urology practices: A review of literature.
Erol B, Danacioglu YO, Peters KM
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Neuromodulation has become a valid therapeutic option for patients with various lower urinary tract disorders. In clinical practice, the most used and recommended neuromodulation techniques are sacral neuromodulation (SNM), pudendal neuromodulation (PN), and percutaneous tibial nerve stimulation (PTNS). There are many theories concerning the mechanism of action of neuromodulation. Although SNM, PN, and PTNS show their activities through different nerve roots, all provide central and peripheral nervous system modulations. SNM has been approved for the treatment of overactive bladder (OAB), nonobstructive urinary retention, and fecal incontinence, while PTNS has been approved for OAB treatment. However, they are also used off-label in other urinary and nonurinary pelvic floor disorders, such as neurogenic lower urinary system disorder, interstitial cystitis, chronic pelvic pain, and sexual dysfunction. Minor and nonsurgical reversible complications are usually seen after neuromodulation techniques. In addition, in the last few years, there have been various developments in neuromodulation technology. Some of the examples of these developments are rechargeable batteries with wireless charging, improvements in programing, less invasive single-stage implantation in outpatient settings, and lower-cost new devices. We performed a literature search using Medline (PubMed), Cochrane Library, EMBASE, and Google scholar databases in the English language from January 2010 to February 2021. We included reviews, meta-analyses, randomized controlled trials, and prospective and retrospective studies to evaluate the activities and reliability of SNM, PN, and PTNS and the developments in this area in the last decade based on the current literature.

Nonhormonal therapy for endometriosis: a randomized, placebo-controlled, pilot study of cabergoline versus norethindrone acetate.

DiVasta AD, Stamoulis C, Gallagher JS, Laufer MR, Anchan R, Hornstein MD

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


Nonhormonal therapy for endometriosis: a randomized, placebo-controlled, pilot study of cabergoline versus norethindrone acetate.

DiVasta AD, Stamoulis C, Gallagher JS, Laufer MR, Anchan R, Hornstein MD

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article]

UI: 34934987
OBJECTIVE: To estimate the efficacy and safety of a novel nonhormonal therapeutic agent, cabergoline, compared with that of the standard clinical therapy, norethindrone acetate (NETA), for the treatment of endometriosis-associated pain in young women with endometriosis.

DESIGN: Randomized, double-blind, placebo-controlled pilot study.

SETTING: Tertiary care center.

PATIENTS: Women (n = 9) with surgically confirmed endometriosis.

INTERVENTIONS: A random, double-blind assignment to either NETA (5 mg/day) + placebo twice weekly or cabergoline (0.5 mg) twice weekly + placebo daily for 6 months.

MAIN OUTCOME MEASURES: We collected the measures of pelvic pain and laboratory parameters every 3 months.

RESULTS: We observed a decrease in pain scores and increase in pain relief in women randomized to receive cabergoline, who appeared to show similar or more improvements than women treated with NETA. The serum measures of vascular endothelial growth factor receptor 1 declined over 6 months in those who received cabergoline. Cabergoline was well tolerated, and no serious adverse events occurred.

CONCLUSIONS: Safe, effective adjunct treatments are lacking for patients with endometriosis who do not respond to standard care. Because the growth of endometriosis requires angiogenesis, blood vessel growth is an attractive therapeutic target. This pilot study suggests that cabergoline, a vascular endothelial growth factor pathway inhibitor, is an effective therapeutic option for women with chronic pain due to endometriosis. Building upon this investigation, we will conduct larger, randomized trials of cabergoline, advancing research on the best treatments for endometriosis-particularly disease resistant to hormonal therapies.

CLINICAL TRIAL REGISTRATION NUMBER: clinicaltrials.gov; registration number NCT02542410.

Marlin N, Rivas C, Allotey J, Dodds J, Horne A, Ball E

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
JMIR Research Protocols. 10(4):e20986, 2021 Apr 05.

[Journal Article]
UI: 33818394

BACKGROUND: Endometriosis is a chronic inflammatory condition affecting 6%-10% of women of reproductive age and is defined by the presence of endometrial-like tissue outside the uterus (lesions), commonly affecting the pelvis and ovaries. It is associated with debilitating pelvic pain, infertility, and fatigue and often has devastating effects on the quality of life (QoL). Although it is as common as back pain, it is poorly understood, and treatment and diagnosis are often delayed, leading to unnecessary suffering. Endometriosis has no cure. Surgery is one of several management options. Quantifying the probability of successful surgery is important for guiding clinical decisions and treatment strategies. Factors predicting success through pain reduction after endometriosis surgery have not yet been adequately identified.

OBJECTIVE: This study aims to determine which women with confirmed endometriosis benefit from surgical improvement in pain and QoL and whether these women could be identified from clinical symptoms measured before laparoscopy.

METHODS: First, we will carry out a systematic search and review and, if appropriate, meta-analysis of observational cohort and case-control studies reporting one or more risk factors for endometriosis and postsurgical treatment success. We will search PubMed, Embase, and Cochrane databases from inception without language restrictions and supplement the reference lists by manual searches. Second, we will develop separate clinical prediction models for women with confirmed and suspected diagnoses of endometriosis. A total of three suitable databases have been identified for development and external validation (the MEDAL [ISRCTN13028601] and LUNA [ISRCTN41196151] studies, and the BSGE database), and access has been guaranteed. The models will be developed using a linear regression approach that links candidate factors to outcomes. Third, we will hold 2 stakeholder co-design workshops involving eight clinicians and eight women with endometriosis separately and then bring all 16 participants together. Participants will discuss the implementation, delivery, usefulness, and sustainability of the prediction models. Clinicians will also focus on the ease of use and access to clinical prediction tools.

RESULTS: This project was funded in March 2018 and approved by the Institutional Research Ethics Board in December 2019. At the time of writing, this study was in the data analysis phase, and the results are expected to be available in April 2021.

CONCLUSIONS: This study is the first to aim to predict who will benefit most from laparoscopic surgery through the reduction of pain or increased QoL. The models will provide clinicians with robustly developed and externally validated support tools, improving decision making in the diagnosis and treatment of women.

INTERNATIONAL REGISTERED REPORT IDENTIFIER (IRRID): DERR1-10.2196/20986.


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290.

Sigma-1 Receptor Changes Observed in Chronic Pelvic Pain Patients: A Pilot PET/MRI Study.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
U1: 35295458
Introduction: Chronic pelvic pain is a highly prevalent pain condition among women, but
identifying the exact cause of pelvic pain remains a significant diagnostic challenge. In this study,
we explored a new diagnostic approach with PET/MRI of the sigma-1 receptor, a chaperone
protein modulating ion channels for activating nociceptive processes.
Methods: Our approach is implemented by a simultaneous PET/MRI scan with a novel
radioligand [18F]FTC-146, which is highly specific to the sigma-1 receptor. We recruited 5 chronic
pelvic pain patients and 5 healthy volunteers and compared our PET/MRI findings between these
two groups.
Results: All five patients showed abnormally increased radioligand uptake on PET compared to
healthy controls at various organs, including the uterus, vagina, pelvic bowel, gluteus maximus
muscle, and liver. However, on MRI, only 2 patients showed abnormalities that could be
potentially associated with the pain symptoms. For a subset of patients, the association of pain
and the abnormally increased radioligand uptake was further validated by successful pain relief
outcomes following surgery or trigger point injections to the identified abnormalities. Conclusion:
In this preliminary study, sigma-1 receptor PET/MRI demonstrated potential for identifying abnormalities associated with chronic pelvic pain. Future studies will need to correlate samples with imaging findings to further validate the correlation between S1R distribution and pathologies of chronic pelvic pain. Trial Registration: The clinical trial registration date is June 2, 2018, and the registration number of the study is NCT03195270 (https://clinicaltrials.gov/ct2/show/NCT03556137).

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Contemporary Management of Chronic Prostatitis. [Review]
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[Journal Article. Review]
UI: 35004057

Chronic prostatitis (CP) is a common condition, yet remains a challenge to treat in clinical practice due to the heterogeneity of symptoms. The aim of this article is to undertake a narrative review using key research papers in this field in order to develop a treatment algorithm and research recommendations for the management of type II and type III prostatitis taking a broader look at interventions beyond those recommended in the European Association of Urology Guidelines. A search was performed using multiple databases and trial registries with no language restrictions.
Searches were completed on March 1, 2021, with a focus on randomized controlled trials (RCTs), meta-analyses, and systematic reviews. However, in areas with a dearth of such studies, we included case series and observational studies, thus allowing us to assess current levels of evidence and areas of potential research. We identified and reviewed 63 studies. The level of evidence and the quality of trials were assessed and reported. Research recommendations, where applicable, were also highlighted. CP/chronic pelvic pain syndrome (CPPS) is a heterogenous term referring to diverse symptomology that requires tailored treatments depending on the patients' complaints. After a review of the evidence available, we present a treatment algorithm that is based on the much-discussed UPOINT (urinary symptoms, psychosocial dysfunction, organ-specific findings, infection, neurologic/systemic, and tenderness of muscles) framework. Future studies should focus on multimodal therapy based on such frameworks and provide the future direction of this complex condition.
> 8, and high if d > 0.8) was used to measure degree of pain improvement, which was also considered clinically significant if pain reduction was >30%. Results: Thirteen women completed 9 treatments, and 10 women were successfully followed to 6 months. At baseline, the mean SF-MPQ score was 19.7 (standard deviation [SD] +/- 5.9). Compared with baseline, 60% improved; the mean SF-MPQ score decreased to 10.0 (SD +/-7.5, p = 0.004, d = 1.6) at 1 week after treatment, to 9.7 (SD +/-7.9, p = 0.005, d = 1.7) at 3 months, and 8.2 (SD +/-8.1, p = 0.002, d = 1.9) at 6 months. Conclusion: Transvaginal PBM provided significant and sustained pain relief to women with CPP up to 6 months. Further controlled studies are needed to confirm these findings, however, in this initial pilot, TV-PBM shows promise.

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Year of Publication
2021

Spondylodiscitis After Surgery for Pelvic Organ Prolapse: Description of a Rare Complication and Systematic Review of the Literature.
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[Systematic Review]
UI: 34778360
Background: Spondylodiscitis can be a rare complication of gynecological surgery, typically of procedures involving the sacrum and the sacrospinous ligament. This report presents a case of spondylodiscitis arising after a laparoscopic sacrocolpopexy with a mesh. We also review the literature finding 52 cases of spondylodiscitis following sacrocolpopexy and (or) rectopexy with or without a mesh.
Methods: We performed a comprehensive search from the electronic databases MEDLINE (Pubmed), Scopus, Web of Science, Embase, CINAHL, and Google Scholar from 1990 to February 2021 in order to identify case reports or case series reporting on spondylodiscitis after rectopexy or sacrocolpopexy.
Results: We identified 52 total postoperative spondylodiscitis. We examined the mean age of patients, the surgical history, the time from initial surgery to spondylodiscitis, the presenting symptoms, the diagnostic tools, the medical and surgical treatment, the type of mesh used, the surgical access, and the possible causes of spondylodiscitis.
Conclusions: Diagnosis of spondylodiscitis may be challenging. From our review emerges that recurrent pelvic pain and lumbosciatalgia may be signals of lumbar spondylodiscitis. Magnetic resonance is the gold standard examination for spondylodiscitis. Surgical practice needs to be

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improved further in order to establish the best procedure to minimize the incidence of this complication. Awareness of symptoms, timely diagnosis, and treatment are fundamental to prevent irreversible complications.

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294.

A physiatrist's understanding and application of the current literature on chronic pelvic pain: a narrative review. [Review]
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[Journal Article. Review]
UI: 34476302
Chronic pelvic pain (CPP) is a highly prevalent condition which is underdiagnosed and poorly understood. The purpose of this review is to outline the various aspects of the nature of CPP, including its etiologies, clinical presentation, and nonoperative treatment options. For data collection, a PubMed search was conducted using indexing terms such as chronic pelvic pain and pelvic pain. Literature reviews and studies focusing on etiologies, clinical presentation, and/or the
diagnosis of CPP were compiled for review by a team of 3 physiatrists. Studies investigating conservative treatments, medications, and interventional procedures for CPP and related conditions with comparable etiologies were also included. Of the 502 articles retrieved, 116 were deemed suitable by the team for this study. Although CPP is a complex, multifaceted condition, a particular susceptibility to nociceptive stimuli was demonstrated as an underlying theme in its evolution. There are many treatment options currently used; however, more robust evidence, such as randomized controlled trials, are needed before creating comprehensive guidelines for treating CPP.

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A Systematic Review of Therapeutic Approaches Used in Experimental Models of Interstitial Cystitis/Bladder Pain Syndrome. [Review]
Kuret T, Peskar D, Erman A, Veranic P
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Biomedicines. 9(8), 2021 Jul 22.
[Journal Article. Review]
UI: 34440069
Interstitial cystitis/bladder pain syndrome (IC/BPS) is a multifactorial, chronic bladder disorder with limited therapeutic options currently available. The present review provides an extensive
overview of therapeutic approaches used in in vitro, ex vivo, and in vivo experimental models of IC/BPS. Publications were identified by electronic search of three online databases. Data were extracted for study design, type of treatment, main findings, and outcome, as well as for methodological quality and the reporting of measures to avoid bias. A total of 100 full-text articles were included. The majority of identified articles evaluated therapeutic agents currently recommended to treat IC/BPS by the American Urological Association guidelines (21%) and therapeutic agents currently approved to treat other diseases (11%). More recently published articles assessed therapeutic approaches using stem cells (11%) and plant-derived agents (10%), while novel potential drug targets identified were proteinase-activated (6%) and purinergic (4%) receptors, transient receptor potential channels (3%), microRNAs (2%), and activation of the cannabinoid system (7%). Our results show that the reported methodological quality of animal studies could be substantially improved, and measures to avoid bias should be more consistently reported in order to increase the value of preclinical research in IC/BPS for potential translation to a clinical setting.

Efficacy and Safety of Drug Combinations for Chronic Pelvic Pain: Protocol for a Systematic Review.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 33999006
BACKGROUND: Chronic pelvic pain with various etiologies and mechanisms affects men and women and is a major challenge. Monotherapy is often unsuccessful for chronic pelvic pain, and combinations of different classes of medications are frequently prescribed, with the expectation of improved outcomes. Although a number of combination trials for chronic pelvic pain have been reported, we are not aware of any systematic reviews of the available evidence on combination drug therapy for chronic pelvic pain.
OBJECTIVE: We have developed a protocol for a systematic review to evaluate available evidence of the efficacy and safety of drug combinations for chronic pelvic pain.

METHODS: This systematic review will involve a detailed search of randomized controlled trials investigating drug combinations to treat chronic pelvic pain in adults. The databases searched will include the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, and EMBASE from their inception until the date the searches are run to identify relevant studies. The primary outcome will be pain relief measured using validated scoring tools. Secondary outcomes, where reported, will include the following: adverse events, serious adverse events, sexual function, quality of life, and depression and anxiety. Methodological quality of each included study will be assessed using the Cochrane Risk of Bias Tool.

RESULTS: The systematic review defined by this protocol is expected to synthesize available good quality evidence on combination drug therapy in chronic pelvic pain, which may help guide future research and treatment choices for patients and their health care providers.

CONCLUSIONS: This review will provide a clearer understanding of the efficacy and safety of combination pharmacological therapy for chronic pelvic pain.

TRIAL REGISTRATION: PROSPERO International Prospective Register of Systematic Reviews CRD42020192231; https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=192231.

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Year of Publication

BACKGROUND: pain is one of the main symptoms of endometriosis and it has a deleterious effect on a patients' personal and social life. To date, the clinical management of pain includes prolonged medication use and, in some cases, surgery, both of which are disruptive events for patients. Hence, there is an urgency for the development of a sufficient non-invasive medical treatment. Inflammation is one of the causative factors of pain in endometriosis. It is well established that inflammatory mediators promote angiogenesis and interact with the sensory neurons inducing the pain signal; the threshold of pain varies and it depends on the state and location of the disease. The inhibition of inflammatory mediators' synthesis might offer a novel and effective treatment of the pain that is caused by inflammation in endometriosis.

OBJECTIVES: patients with endometriosis experience chronic pelvic pain, which is moderate to severe in terms of intensity. The objective of this systematic review is to highlight the inflammatory mediators that contribute to the induction of pain in endometriosis and present their biological mechanism of action. In addition, the authors aim to identify new targets for the development of novel treatments for chronic pelvic pain in patients with endometriosis.

DATA SOURCES: three databases (PubMed, Scopus, and Europe PMC) were searched in order to retrieve articles with the keywords 'inflammation, pain, and endometriosis' between the review period of 1 January 2016 to 31 December 2020. This review has been registered with PROSPERO (registry number: CRD42020171018). Eligibility Criteria: only original articles that presented the regulation of inflammatory mediators and related biological molecules in endometriosis and their contribution in the stimulation of pain signal were included.

DATA EXTRACTION: two authors independently extracted data from articles, using predefined criteria.

RESULTS: the database search yielded 1871 articles, which were narrowed down to 56 relevant articles of interest according to the eligibility criteria.

CONCLUSIONS: inflammatory factors that promote angiogenesis and neuroangiogenesis are promising targets for the treatment of inflammatory pain in endometriosis. Specifically, CXC chemokine family, chemokine fractalkine, and PGE2 have an active role in the induction of pain. Additionally, IL-1beta appears to be the primary interleukin (IL), which stimulates the majority of the inflammatory factors that contribute to neuroangiogenesis along with IL-6. Finally, the role of Ninj1 and BDNF proteins needs further investigation.
A clinical protocol for the effect of acupuncture combined with qianliean suppository on inflammatory factors in patients with chronic prostatitis.

Lei Y, Du HH

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[Clinical Trial Protocol. Journal Article]

INTRODUCTION: Chronic prostatitis (CP) is a common genitourinary disorder in adult men. It has a high incidence, a complex disease, and a lingering course, which seriously affects the quality of life of patients. For the treatment of CP, the currently available treatment methods are limited and patients are not satisfied with the treatment results. Therefore, more effective treatment options need to be further explored.

METHODS: The study is a single-blind, parallel-group, randomized controlled clinical trial consisting of a 4-to-6-week treatment period and a 6-month follow-up period. Included participants will be randomized into three groups and given a treatment regimen of acupuncture, qianliean suppository, respectively. Patients in each group will be treated for 1 month as a course of treatment. The clinical efficacy and changes in inflammatory factor levels in each group will be assessed at the end of treatment.

DISCUSSION: The trial aims to promote a more effective, standardized, and efficacious treatment protocol for CP in the clinical setting.
Levonorgestrel-releasing intrauterine device (LNG-IUD) for symptomatic endometriosis following surgery. [Review]

Gibbons T, Georgiou EX, Cheong YC, Wise MR
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

BACKGROUND: Endometriosis is a condition characterised by the presence of ectopic deposits of endometrial-like tissue outside the uterus, usually in the pelvis. The impact of laparoscopic treatment on overall pain is uncertain and a significant proportion of women will require further surgery. Therefore, adjuvant medical therapies following surgery, such as the levonorgestrel-releasing intrauterine device (LNG-IUD), have been considered to reduce recurrence of symptoms.

OBJECTIVES: To determine the effectiveness and safety of post-operative LNG-IUD in women with symptomatic endometriosis.

SEARCH METHODS: We searched the following databases from inception to January 2021: The Specialised Register of the Cochrane Gynaecology and Fertility Group, CENTRAL (which now includes records from two trial registries), MEDLINE, Embase, PsycINFO, LILACS and Epistemonikos. We handsearched citation lists of relevant publications, review articles, abstracts of scientific meetings and included studies. We contacted experts in the field for information about any additional studies.

SELECTION CRITERIA: We included randomised controlled trials (RCTs) comparing women undergoing surgical treatment of endometriosis with uterine preservation who were assigned to LNG-IUD insertion, versus control conditions including expectant management, post-operative insertion of placebo (inert intrauterine device), or other medical treatment such as gonadotrophin-releasing hormone agonist (GnRH-a) drugs.

DATA COLLECTION AND ANALYSIS: Two review authors independently selected studies for inclusion, and extracted data to allow for an intention-to-treat analysis. For dichotomous data, we calculated the risk ratio (RR) and 95% confidence interval (CI) using the Mantel-Haenszel fixed-effect method. For continuous data, we calculated the mean difference (MD) and 95% CI using the inverse variance fixed-effect method.

MAIN RESULTS: Four RCTs were included, with a total of 157 women. Two studies are ongoing. The GRADE certainty of evidence was very low to low. The certainty of evidence was graded down primarily for serious risk of bias and imprecision. LNG-IUD versus expectant management Overall pain: No studies reported on the primary outcome of overall pain. Dysmenorrhea: We are uncertain whether LNG-IUD improves dysmenorrhea at 12 months. Data on this outcome were reported on by two RCTs; meta-analysis was not possible (RCT 1: delta of median visual analogue scale (VAS) 81 versus 50, P = 0.006, n = 55; RCT 2: fall in VAS by 50 (35 to 65) versus 30 (25 to 40), P = 0.021, n = 40; low-certainty evidence). Quality of life: We are uncertain whether LNG-IUD improves quality of life at 12 months. One trial demonstrated a change in total quality of life score with postoperative LNG-IUD from baseline (mean 61.2 (standard deviation (SD) 14.8) to 12 months (mean 70.3 (SD 16.2) compared to expectant management (baseline 55.1 (SD 17.0) to 57.0 (SD 33.2) at 12 months) (n = 55, P = 0.014, very low-certainty evidence). Patient satisfaction: Two studies found higher rates of satisfaction with LNG-IUD compared to expectant management; however, combining the studies in meta-analysis was not possible (n = 95, very low-certainty evidence). One study found 75% (15/20) of those given post-operative LNG-IUD were "satisfied" or "very satisfied", compared to 50% (10/20) of those in the expectant management group (RR 1.5, 95% CI 0.90-2.49, 1 RCT, n=40, very low-certainty evidence). The
second study found that fewer were "very satisfied" in the expectant management group when compared to LNG, but there were no data to include in a meta-analysis. Adverse events: One study found a significantly higher proportion of women reporting melasma (n = 55, P = 0.015, very low-certainty evidence) and bloating (n = 55, P = 0.021, very low-certainty evidence) following post-operative LNG-IUD. There were no differences in other reported adverse events, such as weight gain, acne, and headaches. LNG-IUD versus GnRH-a Overall pain: No studies reported on the primary outcome of overall pain. Chronic pelvic pain: We are uncertain whether LNG-IUD improves chronic pelvic pain at 12 months when compared to GnRH-a (VAS pain scale) (MD - 2.0, 95% CI -20.2 to 16.2, 1 RCT, n = 40, very low-certainty evidence). Dysmenorrhoea: We are uncertain whether LNG-IUD improves dysmenorrhoea at six months when compared to GnRH-a (measured as a reduction in VAS pain score) (MD 1.70, 95%.CI -0.14 to 3.54, 1 RCT, n = 18, very low-certainty evidence). Adverse events: One study suggested that vasomotor symptoms were the most common adverse events reported with patients receiving GnRH-a, and irregular bleeding in those receiving LNG-IUD (n = 40, very low-certainty evidence) AUTHORS’ CONCLUSIONS: Post-operative LNG-IUD is widely used to reduce endometriosis-related pain and to improve operative outcomes. This review demonstrates that there is no high-quality evidence to support this practice. This review highlights the need for further studies with large sample sizes to assess the effectiveness of post-operative adjuvant hormonal IUD on the core endometriosis outcomes (overall pain, most troublesome symptom, and quality of life). Copyright © 2021 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.
symptomatology, therefore the management of the condition is a formidable challenge for clinicians. The aetiology of CPP is heterogeneous and in many cases, no clear diagnosis can be reached. It is in this scenario that the label of chronic pelvic pain syndrome (CPPS) can be applied. We defined women with CPPS as having a minimum duration of pain of at least 6 months, including with a diagnosis of pelvic congestion syndrome, but excluding pain caused by a condition such as endometriosis. Many surgical interventions have been tried in isolation or in conjunction with non-surgical interventions in the management with variable results. Surgical interventions are invasive and carry operative risks. Surgical interventions must be evaluated for their effectiveness prior to their prevalent use in the management of women with CPPS.

OBJECTIVES: To review the effectiveness and safety of surgical interventions in the management of women with CPPS.

SEARCH METHODS: We searched the Cochrane Gynaecology and Fertility Group (CGF) Specialised Register of Controlled Trials, CENTRAL, MEDLINE, Embase and PsycINFO, on 23 April 2021 for any randomised controlled trials (RCT) for surgical interventions in women with CPPS. We also searched the citation lists of relevant publications, two trial registries, relevant journals, abstracts, conference proceedings and several key grey literature sources.

SELECTION CRITERIA: RCTs with women who had CPPS. The review authors were prepared to consider studies of any surgical intervention used for the management of CPPS. Outcome measures were pain rating scales, adverse events, psychological outcomes, quality of life (QoL) measures and requirement for analgesia.

DATA COLLECTION AND ANALYSIS: Two review authors independently evaluated studies for inclusion and extracted data using the forms designed according to Cochrane guidelines. For each included trial, we collected information regarding the method of randomisation, allocation concealment, blinding, data reporting and analyses. We reported pooled results as mean difference (MDs) or odds ratios (OR) and 95% confidence interval (CI) by the Mantel-Haenszel method. If similar outcomes were reported on different scales, we calculated the standardised mean difference (SMD). We applied GRADE criteria to judge the overall certainty of the evidence.

MAIN RESULTS: Four studies met our inclusion criteria involving 216 women with CPP and no identifiable cause. Adhesiolysis compared to no surgery or diagnostic laparoscopy We are uncertain of the effect of adhesiolysis on pelvic pain scores postoperatively at three months (MD -7.3, 95% CI -29.9 to 15.3; 1 study, 43 participants; low-certainty evidence), six months (MD -14.3, 95% CI -35.9 to 7.3; 1 study, 43 participants; low-certainty evidence) and 12 months postsurgery (MD 0.00, 95% CI -4.60; 1 study, 43 participants; very low-certainty evidence). Adhesiolysis may improve both the emotional wellbeing (MD 24.90, 95% CI 7.92 to 41.88; 1 study, 43 participants; low-certainty evidence) and social support (MD 23.90, 95% CI -1.77 to 49.57; 1 study, 43 participants; low-certainty evidence) components of the Endometriosis Health Profile-30, and both the emotional component (MD 32.30, 95% CI 13.16 to 51.44; 1 study, 43 participants; low-certainty evidence) and the physical component of the 12-item Short Form (MD 22.90, 95% CI 10.97 to 34.83; 1 study, 43 participants; low-certainty evidence) when compared to diagnostic laparoscopy. We are uncertain of the safety of adhesiolysis compared to comparator groups due to low-certainty evidence and lack of structured adverse event reporting. No studies reported on psychological outcomes or requirements for analgesia. Laparoscopic uterosacral ligament ablation or resection compared to diagnostic laparoscopy/other treatment We are uncertain of the effect of laparoscopic uterosacral ligament/nerve ablation (LUNA) or resection compared to other treatments postoperatively at three months (OR 1.26, 95% CI 0.40 to 3.93; 1 study, 51 participants; low-certainty evidence) and six months (MD -2.10, 95% CI -4.38 to 0.18; 1 study, 74 participants; very low-certainty evidence). At 12 months post-surgery, we are uncertain of the effect of LUNA on the rate of successful treatment compared to diagnostic laparoscopy. One study of 56 participants found no difference in the effect of LUNA on non-cyclical pain (P = 0.854) or dyspareunia (P = 0.41); however, there was a difference favouring LUNA on dysmenorrhoea (P = 0.045) and dyschezia (P = 0.05). We are also uncertain of the effect of LUNA compared to vaginal uterosacral ligament resection on pelvic pain at 12 months (MD 2.00, 95% CI 0.47 to 3.53; 1 study, 74 participants; very low-certainty evidence). We are uncertain of the safety of LUNA or resection compared to comparator groups due to the lack of structured adverse event reporting. Women undergoing LUNA may require more analgesia postoperatively than those
undergoing other treatments (P < 0.001; 1 study, 74 participants). No studies reported psychological outcomes or QoL.

AUTHORS’ CONCLUSIONS: We are uncertain about the benefit of adhesiolysis or LUNA in management of pain in women with CPPS based on the current literature. There may be a QoL benefit to adhesiolysis in improving both emotional wellbeing and social support, as measured by the validated QoL tools. It was not possible to synthesis evidence on adverse events as these were only reported narratively in some studies, in which none were observed. With the inadequate objective assessment of adverse events, especially long-term adverse events, associated with adhesiolysis or LUNA for CPPS, there is currently little to support these interventions for CPPS.

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Nifedipine for primary dysmenorrhoea. [Review]
Earl RA, Grivell RM
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Cochrane Database of Systematic Reviews. 12:CD012912, 2021 Dec 18.
[Journal Article. Review]
UI: 34921554

BACKGROUND: Dysmenorrhoea (period pain) is a common condition with a substantial impact on the well-being and productivity of women. Primary dysmenorrhoea is defined as recurrent, cramping pelvic pain that occurs with periods, in the presence of a normal uterus, ovaries and fallopian tubes. It is thought to be caused by uterine contractions (cramps) associated with a high level of production of local chemicals such as prostaglandins. The muscle of the uterus (the myometrium) responds to these high levels of prostaglandins by contracting forcefully, causing
low oxygen levels and consequently pain. Nifedipine is a calcium channel blocker in widespread clinical use for preterm labour due to its ability to inhibit uterine contractions in that setting. This review addresses whether this effect of nifedipine also helps with relief of the uterine contractions during menstruation

OBJECTIVES: To assess the effectiveness and safety of nifedipine for primary dysmenorrhoea.

SEARCH METHODS: We searched for all published and unpublished randomised controlled trials (RCTs) of nifedipine for dysmenorrhoea, without language restriction and in consultation with the Cochrane Gynaecology and Fertility Group (CGF) Information Specialist. The following databases were searched to 25 November 2021: the Cochrane Gynaecology and Fertility Group (CGF) Specialised Register of Controlled Trials, CENTRAL, MEDLINE, Embase, PsycINFO, and CINAHL. Also searched were the international trial registers: ClinicalTrials.gov, and the World Health Organization (WHO) International Clinical Trials Registry Platform (ICTRP) search portal, the Web of Science, OpenGrey, LILACS database, PubMed and Google Scholar. We checked the reference lists of relevant articles.

SELECTION CRITERIA: We included RCTs comparing nifedipine with placebo for the treatment of primary dysmenorrhoea.

DATA COLLECTION AND ANALYSIS: The primary outcomes to be assessed were pain, and health-related quality of life. Secondary outcomes were adverse effects, satisfaction, and need for additional medication. The two review authors independently assessed the included trials. There were insufficient data to allow meaningful meta-analysis.

MAIN RESULTS: The evidence assessed was of very low quality overall. We examined three small RCTs, with a total of 106 participants. Data for analysis could be extracted from only two of these trials (with a total of 66 participants); two trials were published in the 1980s, and the third in 1993. Nifedipine may be effective for "any pain relief" compared to placebo in women with primary dysmenorrhoea (odds ratio (OR) 9.04, 95% confidence interval (CI) 2.61 to 31.31; 2 studies, 66 participants; very low-quality evidence). The evidence suggests that if the rate of pain relief using placebo is 40%, the rate using nifedipine would be between 64% and 95%. For the outcome of "good" or "excellent" pain relief, nifedipine may be more effective than placebo; the confidence interval was very wide (OR 43.78, 95% CI 5.34 to 259.01; 2 studies, 66 participants; very low-quality evidence). We are uncertain if the use of nifedipine was associated with less requirement for additional analgesia use than placebo (OR 0.54, 95% CI 0.07 to 4.20, 1 study, 42 participants; very low-quality evidence). Participants indicated that they would choose to use nifedipine over their previous analgesic if the option was available. There were similar levels of adverse effects and menstruation-related symptoms in the placebo and intervention groups (OR 0.94, 95% CI 0.08 to 10.90; 1 study, 24 participants; very low-quality evidence); if the chance of adverse effects with placebo is 80%, the rate using nifedipine would be between 24% and 98%. There were no results regarding formal assessment of health-related quality of life.

AUTHORS' CONCLUSIONS: The evidence is insufficient to confirm whether nifedipine is a possible medical treatment for primary dysmenorrhoea. The trials included in this review had very low numbers and were of low quality. Notably, there was a large imbalance in numbers randomised between placebo and treatment groups in one of the two trials with data available for analysis. While there was no evidence of a difference noted in adverse effects between groups, more data from larger participant numbers are needed for this outcome. Larger, more well-conducted trials are required to elucidate the potential role of nifedipine in the treatment of this common condition, as it could be a useful addition to the therapeutic options available if shown to be well tolerated and effective. The safety of nifedipine in women of reproductive age is well established from trials of its use in preterm labour, and clinicians are accustomed to off-label use for this indication. The drug is inexpensive and readily available. Other options for relief of primary dysmenorrhoea are not suitable for all women; NSAIDs and the oral contraceptive pill (OCP) are contraindicated for some women, and the OCP is not suitable for women who are trying to conceive. In addition, the trials examined suggest there may be a participant preference for nifedipine.

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Interventions for the management of abdominal pain in Crohn's disease and inflammatory bowel disease. [Review]
Sinopoulou V, Gordon M, Akobeng AK, Gasparetto M, Sammaan M, Vasiliou J, Dovey TM
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Cochrane Database of Systematic Reviews. 11:CD013531, 2021 11 29.
[Journal Article. Research Support, Non-U.S. Gov't. Review]
UI: 34844288

BACKGROUND: Crohn's disease is a remitting and relapsing disorder that can affect the whole gastrointestinal tract. Active disease symptoms include abdominal pain, fatigue, weight loss, and diarrhoea. There is no known cure; however, the disease can be managed, and therefore places a huge financial burden on healthcare systems. Abdominal pain is a common and debilitating symptom of Crohn's and other inflammatory bowel diseases (IBDs), and is multifaceted. Abdominal pain in Crohn's disease could be a symptom of disease relapse or related to medication adverse effects, surgical complications and strictures or adhesions secondary to IBD. In the absence of these factors, around 20 to 50% of people with Crohn's in remission still experience pain.

OBJECTIVES: To assess the efficacy and safety of interventions for managing abdominal pain in people with Crohn's disease and IBD (where data on ulcerative colitis and Crohn's disease could not be separated).

SEARCH METHODS: We searched CENTRAL, MEDLINE, three other databases, and clinical trials registries on 29 April 2021. We also searched the references of trials and systematic reviews for any additional trials.

SELECTION CRITERIA: All published, unpublished, and ongoing randomised trials that compared interventions for the management of abdominal pain in the setting of Crohn's disease and IBD, with other active interventions or standard therapy, placebo, or no therapy were included. We excluded studies that did not report on any abdominal pain outcomes.

DATA COLLECTION AND ANALYSIS: Five review authors independently conducted data extraction and 'Risk of bias' assessment of the included studies. We analysed data using Review Manager 5. We expressed dichotomous and continuous outcomes as risk ratios and mean differences with 95% confidence intervals. We assessed the certainty of the evidence using GRADE methodology.

MAIN RESULTS: We included 14 studies (743 randomised participants). Five studies evaluated participants with Crohn's disease; seven studies evaluated participants with IBD where the data on ulcerative colitis and Crohn's disease could not be separated; and two studies provided separate results for Crohn's disease participants. Studies considered a range of disease activity states. Two studies provided intervention success definitions, whilst the remaining studies
measured pain as a continuous outcome on a rating scale. All studies except one measured pain intensity, whilst three studies measured pain frequency. Withdrawals due to adverse events were directly or indirectly reported in 10 studies. No conclusions could be drawn about the efficacy of the majority of the interventions on pain intensity, pain frequency, and treatment success, except for the comparison of transcranial direct current stimulation to sham stimulation. The certainty of the evidence was very low in all but one comparison because of imprecision due to sparse data and risk of bias assessed as unclear or high risk. Two studies compared a low FODMAP diet (n=37) to a sham diet (n=45) in IBD patients. The evidence on pain intensity was of very low certainty (MD -12.00, 95% CI -14.55 to 90.55). One study reported pain intensity separately for CD participants in the low FODMAP group [n=14, mean(SD)=24 (82.3)] and the sham group [n=12, mean(SD)=32 (69.3)]. The same study also reported pain frequency for IBD participants in the low FODMAP group [n=27, mean(SD)=36 (26)] and sham group [n=25, mean(SD)=36(25)] and CD participants in the low FODMAP group [n=14, mean(SD)=36 (138.4)] and sham group [n=12, mean(SD)=48 (128.2)]. Treatment success was not reported. One study compared a low FODMAP diet (n=25) to high FODMAP/normal diet (n=25) in IBD patients. The data reported on pain intensity was unclear. Treatment success and pain frequency were not reported. One study compared medicine-separated moxibustion combined with acupuncture (n=51) versus wheat bran-separated moxibustion combined with shallow acupuncture (n=51) in CD patients. The data reported on pain intensity and frequency were unclear. Treatment success was not reported. One study compared mindfulness with CBT (n=33) versus no treatment (n=33) in IBD patients. The evidence is very uncertain about the effect of this treatment on pain intensity and frequency (MD -37.00, 95% CI -87.29 to 13.29). Treatment success was not reported. One study compared soft non-manipulative osteopathic treatment (n=16) with no treatment besides doctor advice (n=14) in CD patients. The evidence is very uncertain about the effect of this treatment on pain intensity (MD 0.01, 95% CI -1.61 to 1.83). Treatment success and pain frequency were not reported. One study compared stress management (n=15) to self-directed stress management(n=15) and to standard treatment (n=15) in CD patients. The evidence is very uncertain about the effect of these treatments on pain intensity (MD -30.50, 95% CI -58.45 to -2.55 and MD -34.30, 95% CI -61.99 to -6.61). Treatment success and pain frequency were not reported. One study compared enteric-release glyceryl trinitrate (n=34) with placebo (n=36) in CD patients. The data reported on pain intensity was unclear. Treatment success and pain frequency were not reported. One study compared 100 mg orlistinab three times per day (n=8) with 25 mg orlistinab three times per day (n=6) in CD patients. Pain intensity was measured as a 30% reduction in weekly average abdominal pain intensity score for the 100mg group (n=5) and the 25mg group (n=6). The evidence is very uncertain about the effect of this treatment on pain intensity (RR 0.66, 95% CI 0.38 to 1.15). Treatment success and pain frequency were not reported. One study compared relaxation training (n=28) to a waitlist (n=28) in IBD patients. The evidence is very uncertain about the effect of this treatment on pain intensity (MD -0.72, 95% CI -1.85 to 0.41). Treatment success and pain frequency were not reported. One study compared web-based education (n=30) with a book-based education (n=30) in IBD patients. The evidence is very uncertain about the effect of this treatment on pain intensity (MD -0.13, 95% CI -1.25 to 0.99). Treatment success and pain frequency were not reported. One study compared yoga (n=50) with no treatment (n=50) in IBD patients. The data reported on treatment success were unclear. Pain frequency and intensity were not reported. One study compared transcranial direct current stimulation (n = 10) to sham stimulation (n = 10) in IBD patients. There may be an improvement in pain intensity when transcranial direct current is compared to sham stimulation (MD -1.65, 95% CI -3.29 to -0.01, low-certainty evidence). Treatment success and pain frequency were not reported. One study compared a kefir diet (Lactobacillus bacteria) to no intervention in IBD patients and provided separate data for their CD participants. The evidence is very uncertain about the effect of this treatment on pain intensity in IBD (MD 0.62, 95% CI 0.17 to 1.07) and CD (MD -1.10, 95% CI -1.67 to -0.53). Treatment success and pain frequency were not reported. Reporting of our secondary outcomes was inconsistent. The most adverse events were reported in the enteric-release glyceryl trinitrate and orlistinab studies. In the enteric-release glyceryl trinitrate study, the adverse events were higher in the intervention arm. In the orlistinab study, more adverse events were observed in the higher dose arm of the intervention. In the studies on non-drug interventions, adverse events tended to be very low or zero. However, no clear judgements
regarding adverse events can be drawn for any interventions due to the low number of events. Anxiety and depression were measured and reported at the end of intervention in only one study; therefore, no meaningful conclusions can be drawn for this outcome.

AUTHORS' CONCLUSIONS: We found low certainty evidence that transcranial direct current stimulation may improve pain intensity compared to sham stimulation. We could not reach any conclusions on the efficacy of any other interventions on pain intensity, pain frequency, and treatment success. The certainty of the evidence was very low due to the low numbers of studies and participants in each comparison and clinical heterogeneity amongst the studies. While no serious or total adverse events were elicited explicitly with any of the treatments studied, the reported events were very low. The certainty of the evidence for all comparisons was very low, so no conclusions can be drawn.

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Mirzaeef, Ahmadi A

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[Journal Article. Review]

UI: 34933385

OBJECTIVE: Endometriosis is a hormone-dependent chronic inflammatory disease with symptoms such as pelvic pain, which affect the physical, emotional, and social health of women in reproductive age. The current overview article aims to explore the effect of complementary medicine on the treatment or in mitigating the risk of endometriosis.
METHODS: This is an overview article done in Iran. Two separate researchers systematically searched 3 databases (Medline, Scopus, and Cochrane Central Register Trials) until September 2020. The methodological quality of each study was assessed using the assessment of multiple systematic reviews (AMSTAR) tool.

RESULTS: The results of two reviews suggested that physical activity, tobacco smoking, diet, coffee and caffeine intake had no effect on mitigating the risk of endometriosis or improving its treatment, but acupuncture successfully reduced pain and related marker (serum CA-125) levels.

CONCLUSION: As endometriosis is an annoying disease with many complications and is hard to diagnose and treat, related studies in complementary medicine can help patients with endometriosis. Based on the relevant literature review, among the complementary medicine available for the treatment or to mitigate the risk of endometriosis, only acupuncture seems to alleviate the pain of endometriosis.
Physiotherapy and combined cognitive-behavioural therapy for patients with chronic pelvic pain syndrome: results of a non-randomised controlled feasibility trial.


OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Controlled Clinical Trial. Journal Article. Research Support, Non-U.S. Gov't]

UI: 34907064

OBJECTIVE: To explore feasibility in terms of delivering and evaluating a combination of physiotherapy and psychotherapy for patients with chronic pelvic pain syndrome (CPPS).

DESIGN: Prospective non-randomised controlled pilot study.

SETTING: Tertiary care facility with a specialised interdisciplinary outpatient clinic for patients with CPPS.

PARTICIPANTS: A total of 311 patients was approached; 60 participated. 36 patients were included in the intervention group (mean age +/-SD 48.6 years +/-14.8; 52.8% female) and 24 in the control group (mean age +/-SD 50.6 years +/-14.5; 58.3% female). Fourteen participants were lost to follow-up.

INTERVENTIONS: Participants were non-randomly allocated to the intervention group with two consecutive treatment modules (physiotherapy and cognitive behavioural therapy) with a duration of 9 weeks each or to the control group (treatment as usual).

MAIN OUTCOME MEASURES: Feasibility was operationalised in terms of delivering and evaluating the therapeutic combination. Regarding eligibility as the first aspect of feasibility, willingness to participate, dropout and satisfaction were assessed; for the second aspect, standardised self-report questionnaires measuring health-related quality of life, depression severity and pain were applied.

RESULTS: Although eligibility and willingness-to-participate rates were low, satisfaction of the participants in the intervention group was high and dropout rates were low. Results indicated a small and non-significant intervention effect in health-related quality of life and significant effects regarding depression severity and pain.

CONCLUSIONS: The combination of physiotherapy and psychotherapy for patients with CPPS seems to be feasible and potentially promising with regard to effect. However, a subsequent fully powered randomised controlled trial is needed.

TRIAL REGISTRATION NUMBER: German Clinical Trials Register (DRKS00009976) and ISRCTN (ISRCTN43221600).

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The role of alpha lipoic acid in female and male infertility: a systematic review.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid
MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Systematic Review]
UI: 33345661
OBJECTIVE: Infertility is an increasingly frequent health condition, which may depend on female or male factors. Oxidative stress (OS), resulting from a disrupted balance between reactive oxygen species (ROS) and protective antioxidants, affects the reproductive lifespan of men and women. In this review, we examine if alpha lipoic acid (ALA), among the oral supplements currently in use, has an evidence-based beneficial role in the context of female and male infertility.
METHODS: We performed a search from English literature using PubMed database with the following keywords: 'female infertility', 'male infertility', 'semen', 'sperm', 'sub-fertile man', 'alpha-lipoic acid', 'alpha lipoic acid', 'lipoid acid', 'endometriosis', 'chronic pelvic pain', 'follicular fluid' and 'oocytes'. We included clinical trials, multicentric studies and reviews. The total number of references found after automatically and manually excluding duplicates was 180. After primary and secondary screening, 28 articles were selected.
RESULTS: The available literature demonstrates the positive effects of ALA in multiple processes from oocyte maturation (0.87 +/- 0.9% of oocyte in MII vs 0.81 +/- 3.9%; p < .05) to fertilization, embryo development (57.7% vs 75.7% grade 1 embryo; p < .05) and reproductive outcomes. Its regular administration both in sub-fertile women and men shows to reduce pelvic pain in endometriosis (p < .05), regularize menstrual flow and metabolic disorders (p < .01) and improve sperm quality (p < .001).
CONCLUSIONS: ALA represents a promising new molecule in the field of couple infertility. More clinical studies are needed in order to enhance its use in clinical practice.
Version ID
1
Status
MEDLINE
Systematic Review: Psychosocial Correlates of Pain in Pediatric Inflammatory Bowel Disease. Murphy LK, de la Vega R, Kohut SA, Kawamura JS, Levy RL, Palermo TM
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Inflammatory Bowel Diseases. 27(5):697-710, 2021 04 15.
[Journal Article. Systematic Review]
UI: 32458966

BACKGROUND: Pain is a common symptom in pediatric inflammatory bowel disease (IBD) and is associated with poor health outcomes, yet additional knowledge about the psychosocial correlates of pain is needed to optimize clinical care. The purpose of this study is to systematically review the psychosocial factors associated with pain and pain impact in youth diagnosed with IBD within a developmentally informed framework.

METHODS: Manual and electronic searches yielded 2641 references. Two authors conducted screening (98% agreement), and data extraction was performed in duplicate. Average study quality was rated using the National Institutes of Health Quality Assessment Tool.

RESULTS: Ten studies (N = 763 patients; N = 563 Crohn disease, N = 200 ulcerative/indeterminate colitis) met the inclusion criteria. Findings showed consistent evidence that higher levels of child depression symptoms and child pain catastrophizing were associated with significantly greater pain and pain impact (magnitude of association ranged from small to large across studies). Greater pain and pain impact were also associated with higher levels of child anxiety symptoms, child pain threat, child pain worry, and parent pain catastrophizing. Within the included studies, female sex and disease severity were both significantly associated with pain and pain impact. Study quality was moderate on average.

CONCLUSIONS: There is evidence that child psychosocial factors are associated with pain and pain impact in pediatric IBD; more studies are needed to examine parent- and family-level psychosocial factors. Youth with IBD should be routinely screened for pain severity, pain impact, and psychosocial risk factors such as anxiety/depression.
Critical Connections Among Embedding of Childhood Adversity and Adult Chronic Gastrointestinal and Genitourinary Disorders: A Review of the Literature. [Review]

Bryan R, Beitz JM

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article. Review]

UI: 35030096

BACKGROUND: A gap in the literature exists demonstrating associations between adverse child experiences (ACEs) as potential a priori contributing factors and gastrointestinal (GI)/genitourinary (GU) disorders.

PURPOSE: A narrative review of the literature was conducted to explore critical connections between ACEs and GI/GU disorders with a working hypothesis of a dose-responsive relationship existing among them.

METHODS: A literature search was conducted using MEDLINE, Cumulative Index of Nursing and Allied Health Literature, PubMed, and Web of Science using search terms adverse childhood experiences, childhood adversity, obesity, gastrointestinal disorders, and genitourinary disorders, and secondary searches of obesity and specific GI/GU disorders (eg, irritable bowel syndrome, pelvic pain). Duplicates and articles with inappropriate focus were discarded after review.

RESULTS: A total of 58 articles were included. Research identified showed that ACEs do play a role in adult GI and GU morbidities in a dose-response manner, and selected factors such as socioeconomic status, race, gender identity, and physiologic state (eg, obesity) confer higher risk.
Research also suggested that genetic/epigenetic mechanisms are at play in disease occurrence, and the impact of ACEs may be mitigated with positive life experiences. CONCLUSION: Research on the relationship between ACEs and GI/GU disorders is heterogeneous, notably due to wide variations in how types of ACEs are defined and screening methods used. Despite this limitation, associations are demonstrated. Awareness of a possible correlation between ACEs and risk of GI/GU disorders has the potential to improve patient care, especially through trauma-informed strategies.

The Efficacy and Safety of Extracorporeal Shockwave Therapy versus Acupuncture in the Management of Chronic Prostatitis/Chronic Pelvic Pain Syndrome: Evidence Based on a Network Meta-analysis.


OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

[Journal Article. Meta-Analysis. Research Support, Non-U.S. Gov't]

The aim of this study was to evaluate the efficacy and safety of extracorporeal shockwave therapy (ESWT) and acupuncture therapy for patients with chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS). We searched electronic databases including PubMed, Cochrane Library, Embase and web of science from its inception to June 1, 2021. The randomized controlled trials (RCTs) that compared ESWT and acupuncture in the management of CP/CPPS were identified. A network meta-analysis was conducted with the software of STATA 14.0. Nine RCTs with 525 patients were enrolled in our analysis. The results revealed that both ESWT and acupuncture were significantly better than the sham procedure in the outcomes of total score of NIH-CPSI, pain subscore, urinary symptoms subscore, QoL subscore, IPSS score, the IIEF score and response rates (p < .05). Both ESWT and acupuncture were well-tolerated and had no obviously increased adverse events. Compared with acupuncture, ESWT was associated with better short term (<4w) and mid-term (8-12 w) efficacy of total score, pain subscore, urinary symptoms subscore, and QoL subscore of NIH-CPSI, IPSS score, IIEF score, and response rate. However, ESWT did not present better long-term (>24 w) outcomes than acupuncture in total score, pain subscore, urinary symptoms subscore, and QoL subscore of NIH-CPSI. Both ESWT and acupuncture were effective and well-tolerated in the management of CP/CPPS. ESWT seemed to have better short (<4 w) and mid-term (8-12 w) efficacy but similar long-term (>24 w) efficacy than acupuncture.


OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Multicenter Study. Randomized Controlled Trial]
UI: 34857076

BACKGROUND: Incisional hernias with apertures measuring less than 7 cm can generally be treated adequately with the laparoscopic intraperitoneal onlay-mesh (IPOM) technique. The wearing of an abdominal binder after surgery is often recommended in order to promote wound healing and prevent recurrent herniation. We carried out a multicenter, randomized pilot trial to evaluate the utility of abdominal binders.

METHODS: The trial was conducted from May 2019 to December 2020. Persons with a laparoscopic IPOM procedure for treatment of an incisional hernia were included in the trial and randomized preoperatively (1:1). The patients in the abdominal binder group wore an abdominal binder during the day for 14 days after surgery, while those in the control group wore no binder. The primary endpoint was pain at rest on postoperative days 1, 2, and 14, as measured on a visual analog scale. The secondary endpoints were overall subjective well-being, the rates of wound infection, recurrence, and complications, mobility, and the rate and size of postoperative seromas (on postoperative days 1, 2, and 14).

RESULTS: Forty patients were included. Three were excluded because of conversion to an open surgical technique. The biometric and perioperative data of the abdominal binder group (n = 18) and the control group (n = 19) did not differ to any statistically significant extent. The patients in the binder group had significantly less postoperative pain (F [dfn, dfd]) 4.44, 95% confidence
interval [1; 35]; p = 0.042). The patients in the binder group also had better overall subjective well-being and a higher rate of postoperative seroma formation, but these differences did not reach statistical significance. There was less limitation of mobility than in the control group; however, this difference also did not attain statistical significance.

CONCLUSION: An abdominal binder may reduce pain after incisional hernia repair with the IPOM technique. The postoperative use of analgesic medication was not measured.
groups. The mean difference between the LiST and sham group in the change of the NIH-CPSI pain-domain score (Q1-4) from baseline to 12 weeks after final treatment which was 3.3 (95% CI, 1.8, 4.7). Perineal LiST was easy and safe to perform without anesthesia or any side-effects. CONCLUSIONS: LiST seems to be a safe and effective treatment option for CP/CPPS, considerably improving pain and quality of life. Lack of any side-effects, and the potential for repetition make LiST a promising treatment choice for CP/CPPS patients.

311.

Selective oestrogen receptor modulators (SERMs) for endometriosis.
van Hoesel MH, Chen YL, Zheng A, Wan Q, Mourad SM
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Cochrane Database of Systematic Reviews. 5:CD011169, 2021 May 11.
[Journal Article. Systematic Review]
UI: 33973648
BACKGROUND: Endometriosis is defined as the presence of endometrial tissue outside the uterine cavity. This chronic and recurring condition occurs in women of reproductive age. It is a common cause of pain or infertility and can cause non-specific symptoms such as lower back pain, dyspareunia (pain during or after intercourse), and dysmenorrhoea (menstrual pain). Endometriosis is an oestrogen-dependent disease. Medical treatment aims to relieve symptoms and shrink lesions by suppressing the normal menstrual cycle. In this review, we consider medication specifically aiming to modulate oestrogen receptors as an alternative method of treatment.
OBJECTIVES: To evaluate the effectiveness and safety of selective oestrogen receptor modulators (SERMs) in the management of endometriosis.
SEARCH METHODS: We searched for trials in the following databases (from their inception to 28 May 2020): Cochrane Gynaecology and Fertility Group Specialised Register, Cochrane Central Register of Studies (CRS Online), MEDLINE, Embase, CINAHL, PsycINFO, and registers of ongoing trials. In addition, we searched all reference lists of included trials, and we contacted experts in the field, in an attempt to locate trials.

SELECTION CRITERIA: We included randomised controlled trials (RCTs) comparing selective oestrogen receptor modulators (SERMs) with placebo, no treatment, other medical treatment, or surgery for endometriosis.

DATA COLLECTION AND ANALYSIS: We used standard methodological procedures recommended by Cochrane. Two review authors independently selected trials for inclusion, assessed risk of bias, and extracted data using data extraction forms. We used risk ratios (RRs) with 95% confidence intervals (CIs) for reporting dichotomous data. Primary review outcomes were relief of pelvic pain and adverse events. Secondary outcomes included quality of life, recurrence rate, and economic and fertility outcomes.

MAIN RESULTS: We included only one RCT, which included 93 women, comparing the SERM raloxifene with placebo in biopsy-proven endometriosis. All women first underwent complete surgical excision of all lesions. Evidence was of very low quality: the main limitation was imprecision - with very sparse data from only one small study, which included only women after surgical treatment. Relief of pelvic pain The included study did not specifically measure the primary outcome of pain relief. Study authors reported that time to return of pelvic pain (defined as two months of pain equal to or more severe than pain at study entry) was more rapid in the raloxifene group (P = 0.03). Adverse events The included study reported adverse events such as pelvic pain, ovarian cyst, headache, migraine, and depression. We are uncertain whether raloxifene improves the incidence of pelvic pain (RR 1.25, 95% CI 0.63 to 2.45), ovarian cysts (RR 1.57, 95% CI 0.55 to 4.43), headache (RR 1.09, 95% CI 0.49 to 2.43), migraine (RR 0.73, 95% CI 0.28 to 1.95), depression (RR 1.96, 95% CI 0.63 to 6.06), or other adverse events (RR 0.08, 95% CI 0.00 to 1.30) (all: 1 study, n = 93; very low-quality evidence). Quality of life The study described a statistically significant difference in mental health quality of life (QoL) by 12 months, in favour of placebo treatment (mean difference 11.1, 95% CI 0.01 to 21.19). Other QoL data did not differ between groups but were not reported in detail. Recurrence rate, fertility, and economic outcomes We are uncertain whether raloxifene improves the recurrence rate of endometriosis, proven by biopsy, when compared to placebo (RR 1.20, 95% CI 0.66 to 2.21; 1 study, n = 93; very low-quality evidence). This suggests that if 28% of women taking placebo have biopsy-proven recurrence of endometriosis, between 19% and 62% of those taking raloxifene will do so. These outcomes are prone to bias, as not all women had an actual second laparoscopy. Recurrence based on symptoms (non-menstrual pain, dysmenorrhoea, or dyspareunia) was described; in these cases, symptoms improved after use of raloxifene as well as after use of placebo. The included study did not report data on economic outcomes. No comparative data were available on pregnancy, as the study included only women who agreed to postpone pregnancy until after the study endpoint; the few pregnancies that did occur were uneventful but were regarded as an adverse event. AUTHORS’ CONCLUSIONS: Based on a single, small RCT and incomplete data, we are uncertain of the effects of SERMs on pain relief in surgically treated patients with endometriosis. The included study was stopped prematurely because of higher pain scores among women who took SERMs when compared to scores among those receiving placebo. Further research is needed to fully evaluate the role of SERMs in endometriosis.

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BACKGROUND: Endometriosis is a chronic inflammatory condition that occurs during the reproductive years. It is characterised by endometrium-like tissue developing outside the uterine cavity. This endometriotic tissue development is dependent on oestrogen produced primarily by the ovaries and partially by the endometriotic tissue itself, therefore traditional management has focused on ovarian suppression. In this review we considered the role of modulation of the immune system as an alternative approach. This is an update of a Cochrane Review previously published in 2012.

OBJECTIVES: To determine the effectiveness and safety of pentoxifylline in the management of endometriosis. SEARCH METHODS: We searched the Cochrane Gynaecology and Fertility (CGF) Group Trials Register, CENTRAL, MEDLINE, Embase, PsycINFO, and AMED on 16 December 2020, together with reference checking and contact with study authors and experts in the field to identify additional studies.

SELECTION CRITERIA: We included randomised controlled trials (RCTs) comparing pentoxifylline with placebo or no treatment, other medical treatment, or surgery in women with endometriosis. The primary outcomes were live birth rate and overall pain (as measured by a visual analogue scale (VAS) of pain, other validated scales, or dichotomous outcomes) per woman randomised. Secondary outcomes included clinical pregnancy rate, miscarriage rate, rate of recurrence, and adverse events resulting from the pentoxifylline intervention.

DATA COLLECTION AND ANALYSIS: Two review authors independently assessed studies against the inclusion criteria, extracted data, and assessed risk of bias, consulting a third review author where required. We contacted study authors as needed. We analysed dichotomous outcomes using Mantel-Haenszel risk ratios (RRs), 95% confidence intervals (CIs), and a fixed-effect model. For small numbers of events, we used a Peto odds ratio (OR) with 95% CI instead. We analysed continuous outcomes using the mean difference (MD) between groups presented
with 95% CIs. We used the I² statistic to evaluate heterogeneity amongst studies. We employed the GRADE approach to assess the quality of the evidence.

MAIN RESULTS: We included five parallel-design RCTs involving a total of 415 women. We included one additional RCT in this update. Three studies did not specify details relating to allocation concealment, and two studies were not blinded. There were also considerable loss to follow-up, with four studies not conducting intention-to-treat analysis. We judged the quality of the evidence as very low. Pentoxifylline versus placebo No trials reported on our primary outcomes of live birth rate and overall pain. We are uncertain as to whether pentoxifylline treatment affects clinical pregnancy rate when compared to placebo (RR 1.38, 95% CI 0.91 to 2.10; 3 RCTs, n = 285; I² = 0%; very low-quality evidence). The evidence suggests that if the clinical pregnancy rate with placebo is estimated to be 20%, then the rate with pentoxifylline is estimated as between 18% and 43%. We are also uncertain as to whether pentoxifylline affects the recurrence rate of endometriosis (RR 0.84, 95% CI 0.30 to 2.36; 1 RCT, n = 121; very low-quality evidence) or miscarriage rate (Peto OR 1.99, 95% CI 0.20 to 19.37; 2 RCTs, n = 164; I² = 0%; very low-quality evidence). No trials reported on the effect of pentoxifylline on improvement of endometriosis-related symptoms other than pain or adverse events. Pentoxifylline versus no treatment No trials reported on live birth rate. We are uncertain as to whether pentoxifylline treatment affects overall pain when compared to no treatment at one month (MD -0.36, 95% CI -2.12 to 1.40; 1 RCT, n = 34; very low-quality evidence), two months (MD -1.25, 95% CI -2.67 to 0.17; 1 RCT, n = 34; very low-quality evidence), or three months (MD -1.60, 95% CI -3.32 to 0.12; 1 RCT, n = 34; very low-quality evidence). No trials reported on adverse events caused by pentoxifylline or any of our other secondary outcomes. Pentoxifylline versus other medical therapies One study (n = 83) compared pentoxifylline to the combined oral contraceptive pill after laparoscopic surgery to treat endometriosis, but could not be included in the meta-analysis as it was unclear if the data were presented as +/- standard deviation and what the duration of treatment was. No trials reported on adverse events caused by pentoxifylline or any of our other secondary outcomes. Pentoxifylline versus conservative surgical treatment No study reported on this comparison.

AUTHORS' CONCLUSIONS: No studies reported on our primary outcome of live birth rate. Due to the very limited evidence, we are uncertain of the effects of pentoxifylline on clinical pregnancy rate, miscarriage rate, or overall pain. There is currently insufficient evidence to support the use of pentoxifylline in the management of women with endometriosis with respect to subfertility and pain relief outcomes.
The review examines the use of protective (endorphinergic and serotonergic) mechanisms of the brain in obstetrics and gynecology. To review the current state of the problem an analysis of the eLIBRARU, PubMed, Embase, MEDLINE, Cochrane databases was carried out, and works for 2015-2020 were selected. It has been shown that the method of non-invasive non-drug effects on the human body - transcranial electrical stimulation (TES) - activates and accelerates reparative processes, normalizes psychophysiological status, has anti-inflammatory and immuno-stimulating effects, has an onco-protective effect, stabilizes the autonomic nervous system, provides drug-free disturbance homeostasis in general. This makes it possible to successfully use TES in obstetrics and gynecology in such pathological conditions as the threat of pregnancy termination at different times, nausea and vomiting of pregnant women, preecclampsia, pathological prelaminar period, menstrual dysfunction, climacteric syndrome, leiomyoma and endometriosis of the uterus, endometrial hyperplastic processes, chronic inflammatory diseases of the pelvic organs with pain syndrome, surgery and obstetrics care. TES is characterized by high efficiency, safety, ease of use, availability and economic profitability. TES reduces the number of prescribed drugs and shortens the recovery time. This method is used both as monotherapy and as a component of a complex action including medication and non-medication. The results of the TES studies presented in the review complement each other and demonstrate the importance of modern alternative methods of treatment, and the authors of these studies are unanimous in their opinion on the fruitfulness of the use of transcranial electrical stimulation as a type of non-drug therapy in various fields of obstetrics and gynecology.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article. Review]

UI: 34493054

OBJECTIVE: General practitioners, surgeons, neurologists, urologists and gynecologists all encounter patients suffering from neurogenic pelvic pain. Correct management demands knowledge from all above mentioned specialties. The primary goal is to help patients suffering from chronic or acute pelvic pain coupled with functional disorders like dysuria, urgency, dyspareunia, mobility disorders or hypoesthesia. Neurogenic defects are not the most common etiology for either of listed symptoms. However, after exclusion of the more common ones and failure to respond to basic therapeutic methods such as physiotherapy or analgotherapy doctors tend to mark the illness as idiopathic and incurable. The goal of this review is to show the most common nosological units and a robust diagnostic algorithm to describe the type and level of the damage.

METHODS: Review of literature using databases Pubmed, Science direct, Medline and sources of the international school of neuropelveology.

CONCLUSION: Over a lifetime, one in seven women will suffer from chronic pelvic pain. Outside of the cases where a clear postoperative etiology is established, the time to make a correct diagnosis is often long for the unspecific and varied symptomatology. Neuropelveological diagnostic algorithm is demonstrably efficient in shortening the time to diagnosis and more importantly to the treatment.
Pang LL, Mei J, Fan LX, Zhao TT, Li RN, Wen Y
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Meta-Analysis. Research Support, Non-U.S. Gov't. Systematic Review]
UI: 34485218
Objective: High-intensity focused ultrasound (HIFU) is an innovative non-invasive technology used for adenomyosis. Gonadotropin-releasing hormone agonist (GnRH-a) is a hormone commonly used for adenomyosis. We investigated and assessed the efficacy of HIFU combined with GnRH-a for adenomyosis.
Methods: For this systematic review and meta-analysis, we searched Pubmed, Cochrane Library, Web of Science, Embase, CNKI, WanFang, and VIP databases for relevant articles published in Chinese or English that compared HIFU combined with GnRH-a vs. HIFU alone in patients with adenomyosis. The last literature search was completed on January 31, 2021. Two reviewers independently assessed study eligibility and assessed risk of bias. Another two reviewers extracted the data. The RevMan5.3 software was used for the data analysis. Changes in volume of the uterine and adenomyotic lesion were defined as the primary outcomes. The secondary outcomes were visual analog scale (VAS) scores for dysmenorrhea, menstrual volume scores, serum CA125 levels, and recurrence rate. This study is registered with PROSPERO (CRD42021234301). Results: Three hundred and ninety potentially relevant articles were screened. Nine studies with data for 766 patients were finally included. Compared with the HIFU alone group, the HIFU combined with GnRH-a group had a higher rate of uterine volume reduction (MD 7.51, 95% CI 5.84-9.17, p < 0.00001), smaller adenomyotic lesion volume (MD 4.11, 95% CI 2.93-5.30, p < 0.00001), lower VAS score for dysmenorrhea (MD 1.27, 95% CI 0.54-2.01, p = 0.0007) and menstrual volume score (MD 0.88, 95% CI 0.73-1.04, p < 0.00001), and lower CA125 level (SMD 0.31, 95% CI 0.05-0.56, p = 0.02) after the procedure. The recurrence rate in the HIFU combined with GnRH-a group was lower than that in the HIFU alone group (RR 0.28, 95% CI 0.10-0.82, p = 0.02). Conclusions: Compared with HIFU treatment alone, HIFU combined with GnRH-a for the treatment of adenomyosis has greater efficacy in decreasing the volumes of the uterine and adenomyotic lesions and alleviating symptoms. However, since the number of the included studies was too small and most of them were written in Chinese, this conclusion needs to be referenced with caution. And the long-term evidence of its efficacy is still insufficient. Systematic Review Registration: https://www.crd.york.ac.uk/prospero/ identifier [CRD42021234].
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Effect of Home Exercise Training in Patients with Nonspecific Low-Back Pain: A Systematic Review and Meta-Analysis. [Review]
Quentin C, Bagheri R, Ugbolue UC, Coudeyre E, Pelissier C, Descatha A, Menini T, Bouillon-Minois JB, Dutheil F
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
UI: 34444189
BACKGROUND: Exercise therapy is recommended to treat non-specific low back pain (LBP). Home-based exercises are promising way to mitigate the lack of availability of exercise centers. In this paper, we conducted a systemic review and meta-analysis on the effects of home-based exercise on pain and functional limitation in LBP.
METHOD: PubMed, Cochrane, Embase and ScienceDirect were searched until April 20th, 2021. In order to be selected, studies needed to report the pain and functional limitation of patients before and after home-based exercise or after exercise both in a center and at-home. Random-effect meta-analyses and meta-regressions were conducted.
RESULTS: We included 33 studies and 9588 patients. We found that pain intensity decreased in the exclusive home exercise group (Effect size = -0.89, 95% CI -0.99 to -0.80) and in the group which conducted exercise both at-home and at another setting (-0.73, -0.86 to -0.59). Similarly, functional limitation also decreased in both groups (-0.75, -0.91 to -0.60, and -0.70, -0.92 to -0.48, respectively). Relaxation and postural exercise seemed to be ineffective in decreasing pain intensity, whereas trunk, pelvic or leg stretching decreased pain intensity. Yoga improved functional limitation. Supervised training was the most effective method to improve pain intensity. Insufficient data precluded robust conclusions around the duration and frequency of the sessions and program.
CONCLUSION: Home-based exercise training improved pain intensity and functional limitation parameters in LBP.
Version ID
1
Status
MEDLINE
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Institution
Post-hemorrhoidectomy pain: can surgeons reduce it? A systematic review and network meta-analysis of randomized trials. [Review]

Balciscueta Z, Balciscueta I, Uribe N

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


UI: 34417639

PURPOSE: Hemorrhoidectomy remains the gold standard treatment for grade III-IV hemorrhoids. However, despite strong recommendations for the suitability of outpatient surgery, post-operative pain has been a limitation to the widespread inclusion of this condition in day surgery programs. The aims of the study were to analyze and compare the post-operative pain of conventional open hemorrhoidectomy, considered the reference technique, against other surgical procedures such as closed hemorrhoidectomy, open hemorrhoidectomy using bipolar or ultrasonic sealant, hemorrhoidopexy, or HAL-RAR, when performed exclusively as outpatients.

METHODS: A systematic review and meta-analysis was conducted according to PRISMA methodology. All prospective and randomized studies of patients operated on for hemorrhoids in day surgery and specifying the value of post-operative pain, using a validated scale, were included. Conventional meta-analyses and a random-effects network meta-analysis were carried out.

RESULTS: Twenty-nine studies were included (3309 patients). None of the procedures described severe pain in the post-operative period. Hemorrhoidopexy was the least painful. Conventional open hemorrhoidectomy was the most painful on the first and seventh post-operative days. Pain was reduced after closed hemorrhoidectomy technique and when bipolar or harmonic scalpel was
used. Furthermore, transfixive ligation of the hemorrhoidal pedicle was associated with increased post-operative pain.

CONCLUSION: Hemorrhoidal surgery is feasible in day surgery units and post-operative pain can be adequately managed in an outpatient setting. Hemorrhoidopexy was the least painful; however, data should be carefully evaluated by the high rate of long-term recurrence described in literature. Closed hemorrhoidectomy, performed with bipolar or ultrasonic sealing, avoiding transfixive ligation of the hemorrhoidal pedicle, may improve post-operative pain control.

TRIAL REGISTRATION: CRD42020185160.

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318.

Gabapentin not effective for chronic pelvic pain in women.

Anonymous

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article. Multicenter Study. Randomized Controlled Trial]

UI: 34193515


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Version ID 1

Status MEDLINE

Year of Publication 2021
Risk factors for ovarian endometrioma recurrence following surgical excision: a systematic review and meta-analysis. [Review]
Jiang D, Zhang X, Shi J, Tao D, Nie X
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
UI: 34148122
PURPOSE: Exploring potential risk factors for OMA recurrence, thereby contributing to the individual management of the disease and improving the patients' prognosis.
METHODS: Data sources PubMed, Embase, the Cochrane Library, CNKI, and Wanfang data were searched systematically before October 2020. We computed the pooled odd ratios or the standard mean difference with their corresponding 95% confidence interval to investigate the impact of involved risk factors on endometrioma recurrence.
RESULTS: The pooled findings of this meta-analysis demonstrated that endometrioma relapse was closely related to age at surgery [SMD (95% CI): -0.28 (-0.38 to -0.17), P < 0.00001], CA125 level [SMD (95% CI): 0.51 (0.14-0.88), P = 0.007], cyst size [SMD (95% CI): 0.35 (0.08-0.62), P = 0.01], dysmenorrhea [OR (95% CI): 1.47 (1.07-2.02), P = 0.02], endometriosis-related surgery history [OR (95% CI): 2.60 (1.84-3.67), P < 0.00001], pre-operative medication [OR (95% CI): 2.13 (1.41-3.22), P = 0.0003], rASRM score [SMD (95% CI): 0.33 (0.20-0.46), P < 0.00001]. Furthermore, post-operative pregnancy was indicated a protective factor for preventing the OMA recurrence after surgery [OR (95% CI): 0.22 (0.09-0.56), P = 0.001]
CONCLUSION: Age at surgery, CA125 level, cyst size, dysmenorrhea, endometriosis-related surgery history, pre-operative medication, rASRM score were risk factors for endometrioma relapse. In addition, post-operative pregnancy was a protective factor for preventing recurrence after surgery. However, the effect of bilateral involvement, combination with adenomyosis, or post-operative medication on endometrioma relapse need further investigations.
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Image-guided thermal ablation in the management of symptomatic adenomyosis: a systematic review and meta-analysis.
Liu L, Wang T, Lei B
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
UI: 34139945
OBJECTIVE: To evaluate the clinical effects of image-guided thermal ablation for the treatment of symptomatic adenomyosis (AD).
DATA SOURCES: We searched PubMed, Web of Science, Cochrane Library, EMBASE, ClinicalTrials.gov and Google Scholar for literature from January 2000 to September 2020.
METHODS OF STUDY SELECTION: We included all studies reporting clinical outcomes of image-guided thermal ablation for AD, involving high-intensity focused ultrasound (HIFU), percutaneous microwave ablation (PMWA) and radiofrequency ablation (RFA). Two independent researchers performed study selection according to the screening criteria.
RESULTS: A total of 38 studies representing 15,908 women were included. Compared with those at baseline, the visual analog scale scores, the symptom severity scores and the menorrhagia severity scores decreased significantly after these thermal ablation therapies. The mean ablation time was 92.18 min, 24.15 min and 31.93 min during HIFU, PMWA and RFA, respectively. The non-perfused volume ratio of AD was 68.3% for HIFU, 82.5% for PMWA and 79.2% for RFA. The reduction rates of uterine volume were 33.6% (HIFU), 46.8% (PMWA) and 44.0% (RFA). The reduction rates of AD volume were 45.1% (HIFU), 74.9% (PMWA) and 61.3% (RFA). The relief rates of dysmenorrhea were 84.2% (HIFU), 89.7% (PMWA) and 89.2% (RFA). The incidence of minor adverse events was 39.0% (HIFU), 51.3% (PMWA) and 3.6% (RFA). The re-intervention rates were 4.0% (HIFU) and 28.7% (RFA). The recurrence rate was 10.2% after HIFU. The pregnancy rates were 16.7% (HIFU), 4.93% (PMWA) and 35.8% (RFA).
CONCLUSION: Image-guided HIFU, PMWA and RFA may be effective and safe minimally invasive therapies for symptomatic AD.
Version ID
1
Status
MEDLINE
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Year of Publication
2021
How prevalent are symptoms and risk factors of pelvic inflammatory disease in a sexually conservative population.


OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 34049572

BACKGROUND: Pelvic inflammatory disease (PID) is the inflammation of the adnexa of the uterus, that mainly manifests in a subclinical/chronic context and goes largely underreported. However, it poses a major threat to women's health, as it is responsible for infertility and ectopic pregnancies, as well as chronic pelvic pain. Previous studies in Jordan have not reported PID, attributed mainly to the social structure of the country which largely represents a sexually conservative population. Our study aims to report the clinical symptoms that point towards PID and investigate the major risk determinants for the Jordanian population, in a cross-sectional study, using our scoring system based only on clinical data and examination.

METHODS: One hundred sixty-eight consecutive adult women that came in the Outpatient Clinics of Gynaecological Department of the Jordan University Hospital were interviewed and their medical history and symptoms were registered and analysed. A Score for PID symptoms, we developed, was given to each woman. Results and correlations were then statistically tested.

RESULTS: Our study population consisted of relatively young women (37.7 +/- 11) that had their first child at an average age of 24.1 (+/- 4.8) and a mean parity of 3.1 (+/- 2.2). Fifty-eight women (34.5%) reported having undergone at least one CS, while the mean PID Symptom Score was 3.3 (+/- 2.3). The women in our study exhibited 8 symptoms of PID, namely dysmenorrhea and vaginal discharge; being the commonest (45.2% and 44.6% respectively), in addition to chronic pelvic pain, pelvic heaviness, menorrhagia, dyspareunia, urinary symptoms, and smelly urine. They also reported history of 3 conditions that can be attributed to PID, that is infertility, preterm labour, and miscarriages.

CONCLUSIONS: Our PID Scoring System seems to identify the risk factors of PID and predict well the PID likelihood. This score predicts that women with higher parity, who used contraceptives and underwent any invasive medical procedure are expected to score higher in the PID Symptom Score. Our data also suggest that PID should not be ruled out in the Jordanian population when symptoms are compatible to this diagnosis.

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1
Status
MEDLINE
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Al-Kuran, Oqba, Al-Mehaisen, Lama, Alduraidi, Hamza, Al-Husban, Naser, Attarakih, Balqees, Sultan, Anas, Othman, Zeina, AlSharat, Sanal, AlHilali, Shoug, Alkouz, Nadia, Alibrahim, Noura, AlMusallam, Wafaa
Institution
As a sexually conservative country, Jordan is thought to have a low prevalence of pelvic inflammatory disease. The prevalence of STD pathogens is very low, however many patients present symptoms of PID, so we randomly interviewed 168 healthy participants and investigated symptoms related to PID. Surprisingly the percentage of participants who had symptoms of PID was high, reaching up to 64% for some symptoms. We then created a PID symptom score; where every symptom gets one mark (1-11), and tested it for association against independent factors. As a result, it can be predicted that a woman with higher parity, who used contraceptives, and underwent E & C, D & C, HSG, or Hysteroscopy is expected to score higher in the PID Symptom Score. This result draws the attention to PID incidence in similar conservative communities, and therefore further research is needed to confirm the prevalence of PID and identify the causative factors.

Language: English
Year of Publication
2021
323.

An Optimal Uterine Closure Technique for Better Scar Healing and Avoiding Isthmocele in Cesarean Section: A Randomized Controlled Study.
Kalem Z, Kaya AE, Bakirarar B, Basbug A, Kalem MN
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Randomized Controlled Trial]
UI: 31070072
Objective: The aim of this study is to compare the effects of two different uterine closure techniques, used during cesarean section (CS) operations on isthmocele formation. Material and Methods: This prospective, randomized, controlled study was performed on 138 patients in a university hospital between the dates December 2016 and August 2017. Uterine closures were performed using the double-layer, far-far-near-near (FFNN) unlocked technique, in the study group (n = 70) and using a single-layer continuous locked (SLL) technique in the control group (n = 68). The presence of isthmocele, residual myometrial thickness (RMT), postmenstrual spotting, dysmenorrhea, chronic pelvic pain and uterus position were evaluated in postoperative sixth month. Results: Isthmocele formation was less frequent and RMT was greater in the study group when compared to the control group (p < 0.001 and p < 0.001, respectively). Duration of operation, amount of blood loss and additional hemostatic suture requirement were not significantly different between the two groups (p = 0.221, p = 0.520 and p = 0.930, respectively). Postmenstrual spotting was less common in FFNN group, while the rates of chronic pelvic pain and dysmenorrhea were not significantly different between the groups (p = 0.002, p = 0.205 and p = 0.490, respectively). Conclusion: The findings of the present study demonstrate that uterine closure using the FFNN technique is beneficial in terms of providing protection from isthmocele formation and ensuring sufficient RMT. This method has the potential to become the optimal uterine closure technique, but the findings of the present study should be supported by large-scale studies in the future.
Cryotherapy alleviates symptoms in chronic prostatitis/chronic pelvic pain syndrome: The first results.
Peng X, Gao H, Wang J
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present Andrologia. 53(2):e13920, 2021 Mar.
[Journal Article. Randomized Controlled Trial]
UI: 33368570
Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) is an intractable disease. This study aimed to assess the efficacy of cryotherapy in the therapy of CP/CPPS. One hundred and seventy-two patients with CP/CPPS were randomised to receive cryotherapy or sham cryotherapy. The follow-up assessments were done at weeks 4, 12 and 24 using Visual Analogue Scale (VAS), International Prostate Symptom Score (IPSS) and National Institutes of Health-developed Chronic Prostatitis Symptom Index. The per-protocol analysis was performed. Eighty-two patients in the cryotherapy group and 76 patients in the sham group completed the treatment. The most obvious improvement (67%) of the VAS was observed in the cryotherapy group after 4 weeks, and although the improvement slightly weakened by 24 weeks (62.6%), a significant improvement from the treatment remained apparent. IPSS improved by 75% after 4 weeks and remained stable after 24 weeks. The response rates were 78.0%, 73.2% and 70.1% at weeks 4, 12 and 24 in the cryotherapy group, which were higher than 17.1%, 13.2% and 10.5% in the sham group (each p < .001). These results indicated that cryotherapy could alleviate voiding symptoms, ameliorate pain and improve the quality of life in people with CP/CPPS. It holds promise as a novel strategy to treat CP/CPPS.
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Version ID 1
Status MEDLINE
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Year of Publication 2021
Superior hypogastric plexus block as an effective treatment method for endometriosis-related chronic pelvic pain: an open-label pilot clinical trial.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Clinical Trial. Journal Article]
UI: 33243036
We aimed to investigate the effect of superior hypogastric plexus (SHP) block on pain relief and quality of life of patients with refractory endometriosis. Sixteen patients with refractory endometriosis underwent SHP block. The outcome measures included visual analogue scale (VAS) for chronic pelvic pain, VAS for dysmenorrhoea, and VAS for dyspareunia. The short-form endometriosis health profile (EHP-5) was used to measure quality of life. All the outcome measures were evaluated at weeks 0, 1, 4, 12 and 24. The mean baseline VAS scores significantly improved after the SHP block (p < .001 for all). The mean overall EHP-5 score also significantly improved from 54.3 +/- 18.2 to 24.6 +/- 13.3 (p < .001). The positive effects of SHP were not diminished over time. No serious adverse effect was noticed in any of the patients. Preliminary results suggest that SHP block could be used as an effective method in pain control and improvement of quality of life in refractory endometriosis. IMPACT STATEMENT
What is already known on this subject? Safety and efficacy of SHP block in the treatment of CPP has been revealed in earlier investigations. However, the efficacy of SHP block for pain management in patients with refractory endometriosis has not been investigated in earlier investigations. What do the results of this study add? SHP block is an effective method for pain control and improvement of quality of life in patients with refractory endometriosis. The positive effects of this treatment did not diminish over 24-weeks follow-up of the study. No serious adverse effect was noticed in any of the patients. What are the implications of these findings for clinical practice and/or further research? Preliminary results suggest that SHP block could be used safely and effectively for controlling pain and improvement of quality of life in patients with refractory endometriosis.
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Comparison of synthetic mesh erosion and chronic pain rates after surgery for pelvic organ prolapse and stress urinary incontinence: a systematic review. [Review]
MacCraith E, Cunnane EM, Joyce M, Forde JC, O’Brien FJ, Davis NF
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Review. Systematic Review]
UI: 33237357
BACKGROUND: The aim of this study is to systematically compare rates of erosion and chronic pain after mesh insertion for pelvic organ prolapse (POP) and stress urinary incontinence (SUI) surgery.
METHODS: A systematic electronic search was performed on studies that evaluated the incidence of erosion and chronic pain after mesh insertion for POP or SUI. The primary outcome measurement was to compare mesh erosion rates for POP and SUI surgery. Secondary outcome measurements were incidence of de novo pain and a comparison of patient demographics for both surgeries.
RESULTS: Twenty-six studies on 292,606 patients (n = 9077 for POP surgery and n = 283,529 for SUI surgery) met the inclusion criteria. Median follow-up was 26.38 +/- 22.17 months for POP surgery and 39.33 +/- 27.68 months for SUI surgery. Overall, the POP group were older (p < 0.0001) and had a lower BMI (p < 0.0001). Mesh erosion rates were significantly greater in the POP group compared to the SUI group (4% versus 1.9%) (OR 2.13; 95% CI 1.91-2.37; p < 0.0001). The duration from surgery to onset of mesh erosion was 306.84 +/- 183.98 days. There was no difference in erosion rates between abdominal and transvaginal mesh for POP. There was no difference in erosion rates between the transobturator and retropubic approach for SUI. The incidence of chronic pain was significantly greater in the POP group compared to the SUI group (6.7% versus 0.6%) (OR 11.02; 95% CI 8.15-14.9; p < 0.0001). The duration from surgery to onset of chronic pain was 325.88 +/- 226.31 days.
CONCLUSIONS: The risk of mesh erosion and chronic pain is significantly higher after surgery for POP compared to SUI. These significant complications occur within the first year after surgery.
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1
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MEDLINE
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Institution
The effectiveness of Hedyotis diffusa Willd extract in a mouse model of experimental autoimmune prostatitis.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 33236398

Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) is a frustrating and often debilitating disease. Current studies have shown that Traditional Chinese Medicine (TCM) can improve patients' quality of life and alleviate CP/CPPS symptoms. In this study, the efficacy of Hedyotis diffusa Willd aqueous extraction in experimental autoimmune prostatitis (EAP) mice models was revealed. The C57BL/6 mice were randomly assigned to three groups. Except for the control group, all other groups were subcutaneously injected with 0.2 ml emulsion of T2 peptide, on day 0 and day 14, for inducing EAP models. After the EAP modelling, oral saline was given to the model group, while the H. diffusa group was treated with aqueous extract of H. diffusa Willd. Micurition habits and withdrawal response frequencies were measured. Haematoxylin and eosin staining and immunohistochemistry were used to investigate inflammatory cell infiltration and TNF-alpha in the prostate tissue respectively. TNF-alpha levels in the serum were evaluated by ELISA. The H. diffusa Willd aqueous extraction considerably reduced the urine spots number and increased the pain threshold in H. diffusa group. The levels of TNF-alpha in H. diffusa group were considerably reduced.
Responsiveness and thresholds for clinically meaningful changes in worst pain numerical rating scale for dysmenorrhea and nonmenstrual pelvic pain in women with moderate to severe endometriosis.

OBJECTIVE: To evaluate the utility, responsiveness, and thresholds for clinically meaningful change of a numerical rating scale for worst pain associated with dysmenorrhea (NRS-DYS) and nonmenstrual pelvic pain (NRS-NMPP) in women with moderate to severe endometriosis-associated pain.

DESIGN: Analysis of data from two phase III randomized clinical trials (EM-I [NCT01620528] and EM-II [NCT01931670]).

SETTING: Not applicable.

PATIENT(S): Premenopausal women ages 18-49 years with moderate to severe endometriosis-associated pain.

INTERVENTION(S): Participants in both trials were randomized 3:2:2 to receive placebo, elagolix 150 mg once daily, or elagolix 200 mg twice daily for 6 months.

MAIN OUTCOME MEASURE(S): NRS-DYS and NRS-NMPP.

RESULT(S): EM-I enrolled 871 women and EM-II enrolled 815 women. For patients with a global impression of improvement at month 3, the least-squares mean change between baseline and month 3 was -3.6 (EM-I and EM-II) for NRS-DYS and -1.9 (EM-I) and -2.0 (EM-II) for NRS-NMPP.
Standard errors of measurement were 2.99 (EM-I) and 2.86 (EM-II) for NRS-DYS and 1.74 (EM-I) and 1.71 (EM-II) for NRS-NMPP. Baseline half standard deviations were 0.78 (EM-I) and 0.85 (EM-II) for NRS-DYS and 0.92 (EM-I) and 0.96 (EM-II) for NRS-NMPP. Based on these results, clinically meaningful changes were defined as a reduction of 4 points for NRS-DYS and 2 points for NRS-NMPP.

CONCLUSION(S): This study demonstrated the utility and responsiveness of separate numerical rating scales to assess worst pain for dysmenorrhea and NMPP in women with moderate to severe endometriosis-associated pain and identified initial thresholds for clinically meaningful change.

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RESULTS: At 1 month, the numeric pain rating scale (NPRS) dropped from 9.5 at baseline to 3.5 (p = 0.003). Seventy-six percent of patients showed a global impression of change (PGIC) of > 50% at 1 month, and optimal treatment response (PGIC >= 90%) was found in 41% of patients. LIMITATIONS: The drawback of our study was that it was not randomized or blinded. The peripheral nerve evaluation lead (PNE) used could only be implanted for 1 month because of infection risk and is also prone to dislocations and technical failures. CONCLUSION: Pudendal nerve liberation by the ENTRAMI technique combined with short-term pudendal neuromodulation seems feasible and promising in treating patients with chronic perineal pain. Clinical trial number: NCT03880786. Copyright © 2020. The International Urogynecological Association.
up and baseline level both in LE + oral contraceptives group (Mean +/- SD, 1.5 +/- 1.4) and in oral contraceptives alone group (Mean +/- SD, 2.9 +/- 1.2). The intensity of chronic pelvic pain and deep dyspareunia was significantly decreased at both 1-month after treatment and 6-month follow-up.

CONCLUSIONS: This treatment for endometriosis is a promising new modality that warrants further investigation.

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1
Status
MEDLINE
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Year of Publication
2021

A randomized comparison of training programs using a pelvic model designed to enhance pelvic floor examination in patients presenting with chronic pelvic pain.

Giroux M, Funk S, Karreman E, Kamencic H, Bhargava R

INTRODUCTION: Pelvic floor myalgia is a common cause and contributor to chronic pelvic pain [Neurourol Urodyn 4:984-1008 (2017)]. The purpose of this study was to compare in-person versus video-based teaching methods of a comprehensive assessment of the pelvic floor musculature on a pelvic model.

METHODS: A randomized controlled trial of 46 participants was conducted. The participants were randomized into two groups. Both groups were taught by the same pelvic floor physiotherapist using two different teaching methods on a pelvic model. Group 1 watched an instructional video, whereas group 2 had in-person training. Both groups underwent pre- and post-training assessments consisting of a written examination and an Objective Structured Clinical Examination (OSCE). Primary outcome measure was the change in participants' pre- and post-training assessment scores. Secondary outcome measures were perceived changes in both participants' comfort level in performing pelvic floor examination and applicability of the training program to clinical practice.

RESULTS: There was no statistically significant difference between the teaching methods in the degree of improvement of the participants' mean written assessment scores (p = 0.58), OSCE scores (p = 0.15), and perceived comfort level (p = 0.19). Participants' mean pre- and post-assessment scores improved significantly (p < 0.001). Participants reported the training program to be applicable towards their clinical practice.

CONCLUSIONS: This study demonstrates that learners' assessment of pelvic floor musculature can be enhanced using varied teaching methods on a pelvic model.

Version ID
1

Status
Efficacy and safety of acupoint catgut embedding in treating postoperative pain of mixed hemorrhoids: A randomized controlled trial protocol.
Pei X., Song S., Li H., Lu D.
[Article]
AN: 2022124642
Background:Pain is a common complication after mixed hemorrhoids, which seriously affects the recovery of patients and prolongs the length of hospital stay. Acupoint catgut embedding has advantages in improving a variety of acute and chronic pain diseases, but there is still a lack of rigorous randomized controlled studies to verify its efficacy and safety in the treatment of postoperative pain of mixed hemorrhoids. Therefore, the purpose of this randomized controlled trial is to evaluate the clinical efficacy of acupoint catgut embedding in the treatment of postoperative pain of mixed hemorrhoids.
Method(s):This is a prospective randomized controlled trial to study the efficacy and safety of acupoint catgut embedding in the treatment of postoperative pain of mixed hemorrhoids. Approved by the clinical research ethics committee of our hospital, the patients were randomly divided into observation group and control group according to 1:1. The observation group received acupoint catgut embedding before the operation, while the control group received no special treatment. The efficacy and safety indexes were concerned after the operation, and the observation indexes included: resting state and visual analogue scale (VAS) score during defecation, postoperative hospitalization time, total amount of analgesic use, adverse reactions, etc. Finally, we carried on the data statistical analysis through the SPSS version 19.0.
Discussion(s):This study will evaluate the efficacy and safety of acupoint catgut embedding in the treatment of postoperative pain of mixed hemorrhoids, and the results of this study will provide a new idea for the selection of postoperative analgesia for mixed hemorrhoids resection.Trial registration:OSF Registration number: DOI 10.17605/OSF.IO/T2ZGY.
Copyright © 2021 Authors. All rights reserved.
Naldemedine is effective in the treatment of opioid-induced constipation in patients with chronic non-cancer pain who had a poor response to laxatives. Hale M.E., Wild J.E., Yamada T., Yokota T., Tack J., Andresen V., Drewes A.M.

Embase
Therapeutic Advances in Gastroenterology. 14 (no pagination), 2021. Date of Publication: 2021. [Article]
AN: 2013338231

Background: Two studies demonstrated the efficacy and safety of naldemedine in adult patients with chronic non-cancer pain and opioid-induced constipation (OIC). However, no studies have compared the efficacy of peripherally acting micro-opioid receptor antagonists in patients with adequate and inadequate responses to prior OIC therapy with laxatives. This post hoc analysis of integrated data from the two previous studies compared the efficacy of naldemedine in patients who were unsuccessfully treated with laxatives [poor laxative responders (PLRs)] with those who either did not receive laxatives >30 days prior to screening or those who only received rescue laxative at or after screening (non-PLRs).

Method(s): Patients with OIC were randomized to once-daily treatment with naldemedine 0.2 mg or placebo. The primary efficacy endpoint was the proportion of responders [3 spontaneous bowel movements (SBMs)/week and an increase from baseline of 1 SBM/week for 9 weeks of the 12-week treatment period and 3 weeks of the final 4 weeks of the 12-week treatment period]. Additional endpoints included change in SBM frequency, change in frequency of SBMs without straining, proportion of complete SBM (CSBM) responders, change in CSBM frequency, and time to first SBM. Treatment-emergent adverse events (TEAEs) were assessed.

Result(s): The analysis included 538 (317 PLRs, 221 non-PLRs) and 537 (311 PLRs, 226 non-PLRs) patients in the naldemedine and placebo arms, respectively. There were significantly more responders in the naldemedine PLR (46.4%; p < 0.0001) and non-PLR (54.3%; p = 0.0009) subgroups versus the placebo groups (30.2% and 38.9%, respectively). In both the PLR and non-PLR subgroups, naldemedine treatment was superior to placebo on all additional endpoints. Overall incidence of TEAEs in the PLR subgroups treated with naldemedine or placebo was similar.

Conclusion(s): This integrated analysis further supports the efficacy and tolerability of naldemedine in the treatment of OIC and demonstrates a consistent effect in both PLR and non-PLR subgroups. [ClinicalTrials.gov identifier: NCT01965158 and NCT01983940]
334.

Immunomodulation-A Molecular Solution to Treating Patients with Severe Bladder Pain Syndrome?

Wullt B., Butler D.S.C., Ambite I., Kinsolving J., Krintel C., Svanborg C.

Embase


[Article]

AN: 2013929049

Background: Patients with bladder pain syndrome experience debilitating pain and extreme frequency of urination. Numerous therapeutic approaches have been tested, but as the molecular basis of disease has remained unclear, specific therapies are not available.

Objective(s): Recently, a systematic gene deletion strategy identified interleukin-1 (IL-1) hyperactivation as a cause of severe cystitis in a murine model. Treatment with an IL-1 receptor antagonist (IL-1RA) restored health in genetically susceptible mice, linking IL-1-dependent inflammation to pain and pathology in the bladder mucosa. The study objective was to investigate whether IL-1RA treatment might be beneficial in patients with bladder pain syndrome. Design, setting, and participants: Patients diagnosed with bladder pain syndrome were invited to participate and subjected to daily IL-1RA injections for 1 wk, followed by a treatment break. Patients with other urological disorders accompanied by pain were included as controls. Outcome measurements and statistical analysis: When symptoms returned, treatment was resumed and responding patients were maintained on treatment long term, with individualized dosing regimens. Symptom scores were recorded and molecular effects were quantified by neuropeptide and gene expression analysis. DNA samples were subjected to exome genotyping. Results and limitations: IL-1RA treatment reduced bladder pain and the frequency of urination in 13/17 patients (p < 0.001). Substance P levels in urine were lowered, and responders returned to a more normal lifestyle. Neuroinflammatory-dependent and IL-1-dependent gene networks were inhibited, as well as regulators of innate immunity. Genotyping revealed disease-associated IL1R1, NLRP3, and IL1RN DNA sequence variants in the responders. Controls did not benefit from IL-1RA treatment, except for one patient with cystitis cystica.

Conclusion(s): In this clinical study, IL-1RA treatment is proposed to reduce chronic bladder pain, immediately and in the long term. Despite the limited number of study patients, the potent acute effect and lasting symptom relief indicate that this therapeutic approach may be worth exploring in controlled clinical trials.
Patient Summary: Treatment with an interleukin-1 (IL-1) receptor antagonist is proposed for treating bladder pain syndrome, as it can result in symptom relief and increase quality of life. Reduced neuroinflammation and IL-1 signaling provided molecular evidence of the treatment effects. Take Home Message: Interleukin-1 (IL-1) receptor antagonist immunotherapy is proposed as a new approach to treating bladder pain syndrome, a debilitating disorder. Treated patients experienced symptom relief and increased quality of life. Reduced neuroinflammation and IL-1 signaling provided molecular evidence of the treatment effects.

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335.


Purpose: There is no definite treatment method for chronic pelvic pain syndrome (CPPS). The purpose of this study was to compare and assess the effectiveness and safety of low-intensity extracorporeal shockwave therapy (Li-ESWT) versus placebo treatment in CPPS IIIb patients.

Material(s) and Method(s): Thirty participants with CPPS IIIb were included and randomized in this prospective, double-blind, placebo-controlled study. Li-ESWT was performed at the perineum without anesthesia once per week for 8 weeks. CPPS-related symptoms were evaluated using the National Institutes of Health-chronic prostatitis symptom index (NIH-CPSI). Pain and erectile function were appraised using the Visual Analogue Scale (VAS) and International Index of Erectile Function- Erectile Function (IIEF-EF), respectively. The Global Efficacy Assessment Question (GEAQ) was also assessed. The parameters were evaluated immediately after the last Li-ESWT treatment and 4 weeks after Li-EWST treatment.

Result(s): Fifteen subjects each in the Li-ESWT and placebo groups completed this study. Amelioration of NIH-CPSI total, pain, and quality of life score in the Li-ESWT group was found compared to the placebo group (p=0.002, 0.02, 0.001, respectively). Improvement of the VAS score was observed in the Li-ESWT group (p=0.002). The differences in the GEAQ "Yes" responses were also significant in the Li-ESWT group. No patients experienced side effects related to ESWT during therapeutic period or follow-up duration.

Conclusion(s): Results indicated that Li-ESWT improved the NIH-CPSI score, pain, and the quality of life in CPPS IIIb patients. Li-ESWT could be an effective alternative treatment modality for CPPS IIIb.

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Efficacy and Safety of N-Acetylcysteine for the Management of Chronic Pain in Adults: A Systematic Review and Meta-Analysis.
Mohiuddin M., Pivetta B., Gilron I., Khan J.S.

Objective: To assess the efficacy and safety of N-acetylcysteine in the treatment of chronic pain.

Method(s): A systematic search was carried out until April 2020 for clinical studies of N-acetylcysteine in the management of any persistent or recurrent chronic pain condition for adults >= 18 years old. Risk of bias was assessed using the validated risk of bias tools. When appropriate, a meta-analysis using a random-effects model was performed, with a fixed-effect model for sensitivity analysis.

Result(s): Nine studies (n = 863) were included (five randomized controlled trials [RCTs], two open-label non-comparative studies and two comparative studies), that evaluated patients with sickle cell disease (3), complex regional pain syndrome (1), pelvic pain/endometriosis (2), rheumatoid arthritis (1), diabetic neuropathy (1), and chronic neuropathic pain (1). In the pooled analysis of three RCTs, N-acetylcysteine did not reduce pain intensities (SMD -0.21, 95% confidence interval [CI]: -0.33 to 0.75, random-effects), improve functional outcomes (SMD 0.21, 95% CI: -0.33 to 0.75) or quality of life (SMD 0.60, 95% CI: -4.44 to 5.64); however, sensitivity analysis with a fixed effect model demonstrated an effect for pain intensities and function. Due to adverse events being inconsistently reported, no conclusion could be made regarding safety of N-acetylcysteine in chronic pain.

Conclusion(s): While there is some evidence to indicate N-acetylcysteine may provide analgesic efficacy for certain pain conditions, there is insufficient evidence to provide definitive evidence on NAC in chronic pain management. Larger-size RCTs spanning a variety of chronic pain conditions are needed to determine N-acetylcysteine's role, if any, in pain medicine.

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PMID 33560443 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33560443]
337.

The Effectiveness of Dorsal Root Ganglion Neurostimulation for the Treatment of Chronic Pelvic Pain and Chronic Neuropathic Pain of the Lower Extremity: A Comprehensive Review of the Published Data.
Nagpal A., Clements N., Duszynski B., Boies B.
Embase
Pain Medicine (United States). 22(1) (pp 49-59), 2021. Date of Publication: 01 Jan 2021. [Review]
AN: 2021803078
Objective: To evaluate the effectiveness of dorsal root ganglion neurostimulation for the treatment of refractory, focal pain in the pelvis and lower extremities.
Design(s): Systematic review. Outcome Measures: The primary outcome was >=50% pain relief. Secondary outcomes were physical function, mood, quality of life, opioid usage, and complications.
Result(s): One pragmatic randomized controlled trial, four prospective cohort studies, and eight case series met the inclusion criteria. A worst-case scenario analysis from the randomized controlled trial reported >=50% pain relief in 74% of patients with dorsal root ganglion neurostimulation vs. 51% of patients who experienced at least 50% relief with spinal cord stimulation at 3 months. Cohort data success rates ranged from 43% to 83% at <=6 months and 27% to 100% at >6 months. Significant improvements were also reported in the secondary outcomes assessed, including mood, quality of life, opioid usage, and health care utilization, though a lack of available quantitative data limits further statistical analysis. Complication rates vary, though the only randomized controlled trial reported a higher rate of adverse events than that seen with traditional neurostimulation.
Conclusion(s): In accordance with the Grades of Recommendation, Assessment, Development, and Evaluation system, low-quality evidence supports dorsal root ganglion neurostimulation as a more effective treatment than traditional neurostimulation for pain and dysfunction associated with complex regional pain syndrome or causalgia. Very low-quality evidence supports dorsal root ganglion neurostimulation for the treatment of chronic pelvic pain, chronic neuropathic groin pain, phantom limb pain, chronic neuropathic pain of the trunk and/or limbs, and diabetic neuropathy.
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PMID 33260203 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33260203]
Status In-Process
A Cross-sectional Research Conducted at a Tertiary Care Centre Examined the Clinical Characteristics of Individuals with Pelvic Inflammatory Disease.

Kumari V., Singh A.
Embase
[Article]
AN: 2015738072
Aim: To study clinical profile of patients with pelvic inflammatory disease Methods: The prospective cross-sectional study which was carried in the Department of Obstetrics and Gynecology, RIMS, Ranchi, Jharkhand, India. 200 patients in reproductive age group having PID were selected randomly.
Result(s): Most common group presenting with PID were between 25 to 29 years of age (35%) followed by 22 to 24 years of age (25%). It was less common in age less than 20 years (1%) and more than 40 years of age (4%). Maximum women with PID were having parity of 2 to 5 (64%). It was less common in nullipara (5%). PID was commonest in illiterate women (54%) and less common in women who were graduate (2%). PID was more common in women having low socioeconomic status. Maximum number of women presenting with PID did not used contraceptive. (60%). 15% used barrier method but were irregular and 12% used IUCD. Most of the women presented with discharge per vaginum (75%) followed by pain lower abdomen (85%) and back ache (41%). 75% women had discharge per vaginum on speculum examination. 91% had cervical motion tenderness and only 5% presented with adenexal mass.
Conclusion(s): Incidence of PID is increasing especially in developing countries due to lack of awareness and unsafe sexual practices. It is seen to be more in younger age group with morbidity like tubal factor infertility, ectopic pregnancy and chronic pelvic pain.
Peng J., Wang R., Ding Z., Song X.

Embase

[Review]
AN: 2019748610

Background:Endometriosis (EMs) affects about 10% of women of childbearing age. It is defined as functional endometrial tissue appearing in other parts of the uterine cavity, manifested by varying degrees of pelvic pain and pelvic mass, etc. Therefore, to improve the therapeutic effect of endometriosis, we must constantly explore new ways to treat the disease. The purpose of this study is to evaluate the effectiveness and safety of the combined use of laparoscopy and traditional Chinese medicine in the treatment of patients with EMs.

Method(s):A systematic literature search will be conducted at China National Knowledge Infrastructure, WanFang databases, VIP, SinoMed, PubMed, Embase, Web of Science, and the Cochrane library. The search period limit is from the time the date of database establishment to June 21, 2021. To ensure the comprehensiveness of the search, relevant references and conference literature are also included. The risk of bias in the final included studies will be evaluated based on the guidelines of the Cochrane Handbook for Systematic Reviews of Interventions. The RevMan software will be employed to perform data synthesis and statistical analysis.

Result(s):The effectiveness and safety of laparoscopic surgery combined with traditional Chinese medicine decoction in the treatment of patients with EMs will be systematically evaluated.

Conclusion(s):The results of this study will provide strong evidence for judging whether laparoscopy combined with traditional Chinese medicine decoction is an effective strategy for the treatment of patients with EMs.

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A systematic review on the prevalence of endometriosis in women.
Moradi Y., Shams-Beyranvand M., Khateri S., Gharahjeh S., Tehrani S., Varse F., Tiyuri A., Najmi Z.

Embase
Background & objectives: Endometriosis is one of the causes of female infertility, but the prevalence of endometriosis is not exactly known. We conducted a systematic review and meta-analysis to provide an estimate of the prevalence of endometriosis in women considering the stage of disease, diagnostic method, geographical distribution, clinical symptoms and sample size.

Method(s): MEDLINE, Web of Science, Google Scholar, Scopus and Cumulative Index of Nursing and Allied Health were searched to identify peer-reviewed studies published from January 1990 to December 2018 reporting the prevalence of endometriosis. Relevant additional articles were identified from the lists of the retrieved articles. Studies with cross-sectional design were included in the meta-analysis.

Result(s): The overall prevalence of endometriosis was 18 per cent [95% confidence interval (CI): 16-20] and the prevalence of endometriosis by stage ranged from two per cent (95% CI: 1-4) for stage 4 to 20 per cent (95% CI: 11-28) for stage 1. The prevalence levels of endometriosis in women with infertility, chronic pelvic pain and asymptomatic were 31 (95% CI: 15-48), 42 (95% CI: 25-58) and 23 per cent (95% CI: 19-26), respectively. Interpretation & conclusions: The results of this study showed that the prevalence of endometriosis in developing countries was high. Future studies are needed to explore other factors affecting the prevalence of endometriosis worldwide, which may help develop future prevention programmes.

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Status Embase

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341.

Risk of Autoimmune Diseases in Patients With Interstitial Cystitis/Bladder Pain Syndrome: A Nationwide Population-Based Study in Taiwan.
Yueh H.-Z., Yang M.-H., Huang J.-Y., Wei J.C.-C.
Embase
[Article]
AN: 636139121
Objective: The association between autoimmune diseases (ADs) and interstitial cystitis/bladder pain syndrome (IC/BPS) has long been investigated. However, the lack of comprehensive descriptions of patients in the literature has made comparison and evaluation impossible. We aim to investigate the risk of systemic ADs in patients with IC/BPS in Taiwan using a population-based administrative database.
Method(s): This study evaluated 1,095 patients newly diagnosed with IC/BPS between 2000 and 2013, using data from Taiwan's National Health Insurance Research Database. These patients were randomly matched by demographic characteristics with a comparison cohort of individuals without IC/BPS at a ratio of 1:20. Cox proportional hazards regression analysis was used to analyze the risk of ADs, adjusting for age, sex, urbanization, length of hospital stay, and comorbidities adjustment. Sensitivity analysis by propensity score was used to adjust for confounding factors.
Result(s): The adjusted Hazard Ratio (aHR) of ADs for IC/BPS patients was 1.409 (95% CI 1.152-1.725). The subgroup analysis indicated that female or 45-60 years of age had a greater risk of ADs. Furthermore, the subgroup analysis of primary outcomes indicated that IC/BPS had greater incidence with Hashimoto's thyroiditis (aHR = 2.767, 95% CI 1.039-7.368), ankylosing spondylitis (aHR = 2.429, 95% CI 1.264-4.67), rheumatoid arthritis (aHR = 1.516, 95% CI 1.001-2.296), and Sjogren's syndrome (aHR = 1.962, 95% CI 1.37-2.809).
Conclusion(s): IC/BPS was associated with the development of ADs in our study population, especially Hashimoto's thyroiditis, ankylosing spondylitis, rheumatoid arthritis, and Sjogren's syndrome. Clinicians are recommended to be alert to the increased likelihood of developing ADs, particularly for middle-aged women.
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Clinical Pilot Study of Rectal Suppository Containing Combined Extract of Cissus quadrangularis Linn. and Acmella paniculata (Wall ex. DC.) R. K. Jansen in Acute Hemorrhoids.
Background. Cissus quadrangularis Linn. (CQ) is a medicinal plant with good evidence for the treatment of hemorrhoids, listed in the Thai National List of Herbal Products in the oral dosage form. Acmella paniculata (Wall ex. DC.) R. K. Jansen. (AP) is a medicinal plant with a local anesthetic effect. Objective. To investigate the potential of rectal suppositories containing CQ and AP extracts to alleviate symptoms of hemorrhoids compared with the commercialized rectal suppository containing hydrocortisone and cinchocaine. Materials and Methods. Hemorrhoid outpatients (n = 105) with different severity grades (I, II, or III) from eight hospitals in northern Thailand were included in this study. Hemorrhoid severity was graded by proctoscopy associated with either anal pain or bleeding related to hemorrhoids or both. The patients were randomly allocated to two groups: CQ-AP group (n = 52) or the commercialized rectal suppository group (n = 53). One suppository was rectally administered twice daily in the morning and at bedtime for seven days. Evaluations were performed by physicians on days 1, 4, and 8 of the study. The primary endpoints were bleeding and prolapse size, while the secondary endpoint was anal pain. Results. Baseline demographics, lifestyle, constipation, number of prolapses, grade of hemorrhoid severity, and duration of experiencing hemorrhoids were comparable in both groups of patients. The effects of CQ-AP and the commercialized rectal suppository on bleeding, prolapse size, and anal pain were comparable. The patients in both groups were satisfied with both products at comparable levels and stated a preference for further use in the case of hemorrhoids recurrence. In terms of safety, the patients in the commercialized rectal suppository group experienced a higher incidence of adverse events, including anal pain and bleeding. Conclusion. Rectal suppositories containing a combined extract of CQ and AP show potential in alleviating hemorrhoidal symptoms with a good safety profile.

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Sacral neuromodulation (SNM) is an established third-line treatment for idiopathic lower urinary tract dysfunctions (LUTD) in patients who failed conservative therapies, such as behavioral and pharmacological strategies (1). Most studies on SNM focused on the role of this minimally invasive treatment in patients presenting idiopathic overactive bladder (iOAB), chronic non-obstructive urinary retention and chronic pelvic pain. However, there is increasing evidence supporting the use of SNM for patients with adult neurogenic lower urinary tract dysfunction (ANLUTD). According to the International Continence Society (ICS), neurogenic overactive bladder (nOAB) is characterized by 'urgency, with or without urgency urinary incontinence, usually with increased daytime frequency and nocturia in the setting of a clinically relevant neurologic disorder with at least partially preserved sensation (2). Neurogenic OAB is a common presentation of several neurologic diseases, including CNS lesions (stroke, Parkinson's disease, tumors, etc.) and spinal cord lesions. Studies on SNM for patients with neurological diseases tend to follow the same criteria used for patients with idiopathic LUTD (3).
During their lifespan, many women are exposed to pain in the pelvis in relation to menstruation and pregnancy. Such pelvic pain is often considered normal and inherently linked to being a woman, which in turn leads to insufficiently offered treatment for treatable aspects related to their pain experience. Nonetheless, severe dysmenorrhea (pain during menstruation) as seen in endometriosis and pregnancy-related pelvic girdle pain, have a high impact on daily activities, school attendance and work ability. In the context of any type of chronic pain, accumulating evidence shows that an unhealthy lifestyle is associated with pain development and pain severity. Furthermore, unhealthy lifestyle habits are a suggested perpetuating factor of chronic pain. This is of specific relevance during lifespan, since a low physical activity level, poor sleep, or periods of (di)stress are all common in challenging periods of women's lives (e.g., during menstruation, during pregnancy, in the postpartum period). This state-of-the-art paper aims to review the role of lifestyle factors on pain in the pelvis, and the added value of a lifestyle intervention on pain in women with pelvic pain. Based on the current evidence, the benefits of physical activity and exercise for women with pain in the pelvis are supported to some extent. The available evidence on lifestyle factors such as sleep, (di)stress, diet, and tobacco/alcohol use is, however, inconclusive. Very few studies are available, and the studies which are available are of general low quality. Since the role of lifestyle on the development and maintenance of pain in the pelvis, and the value of lifestyle interventions for women with pain in the pelvis are currently poorly studied, a research agenda is presented. There are a number of rationales to study the effect of promoting a healthy lifestyle (early) in a woman's life with regard to the prevention and management of pain in the pelvis. Indeed, lifestyle interventions might have, amongst others, anti-inflammatory, stress-reducing and/or sleep-improving effects, which might positively affect the experience of pain. Research to disentangle the relationship between lifestyle factors, such as physical activity level, sleep, diet, smoking, and psychological distress, and the experience of pain in the pelvis is, therefore, needed. Studies which address the development of management strategies for adapting lifestyles that are specifically tailored to women with pain in the pelvis, and as such take hormonal status, life events and context, into account, are required. Towards clinicians, we suggest making use of the window of opportunity to prevent a potential transition from localized or periodic pain in the pelvis (e.g., dysmenorrhea or pain during pregnancy and after delivery) towards persistent chronic pain, by promoting a healthy lifestyle and applying appropriate pain management.

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Publisher
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Editorial Comment: Intravesical injections of platelet-rich plasma is effective and safe in treatment of interstitial cystitis refractory to conventional treatment—A prospective clinical trial.
Jhang J.-F., Lin T.-Y., Kuo H.-C.
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[Article]
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Brazilian Society of Urology
Year of Publication
2021

Attrition of methylnaltrexone treatment-emergent adverse events in patients with chronic noncancer pain and opioid-induced constipation: A post hoc pooled analysis of two clinical trials.
Mehta N., Slatkin N.E., Israel R.J., Stambler N.
Embase
[Article]
AN: 636128543
Background: Opioids prescribed for the management of chronic noncancer pain are associated with nausea, vomiting, and constipation. Methylnaltrexone, a peripherally acting -opioid receptor antagonist, has demonstrated robust efficacy and was well-tolerated in treating opioid-induced constipation without affecting central analgesia. Our objective was to assess changes in the frequency of adverse events after the first or second dose of methylnaltrexone or placebo.
Method(s): This post hoc analysis pooled data from two randomized, placebo-controlled clinical trials assessing methylnaltrexone for opioid-induced constipation in the outpatient setting. Patients received subcutaneous methylnaltrexone (12 mg once daily or 12 mg once every other day), oral methylnaltrexone (150, 300, or 450 mg daily), or placebo. Adverse events, opioid withdrawal symptoms, pain intensity, and rescue-free bowel movements (RFBMs) within 4 hours of the first dose (i.e., RFBM responders) were assessed. Associations between adverse event frequencies and RFBM response were also evaluated.
Result(s): The analysis included 1263 adult patients with chronic noncancer pain. Treatment-emergent adverse event rates declined from treatment day 1 to 2 (methylnaltrexone: 16.2%-5.3%; placebo: 6.6%-5.4%). Among methylnaltrexone-treated patients, significantly greater proportions of RFBM responders versus nonresponders reported gastrointestinal adverse events on day 1. No associations between RFBM response and the frequency of adverse events were observed in the placebo group. No meaningful changes in opioid withdrawal symptoms or pain intensity were observed.
Conclusion(s): Early-onset adverse events following methylnaltrexone treatment, particularly gastrointestinal adverse events, are at least partially due to laxation. Methylnaltrexone treatment effectively relieves opioid-induced constipation without affecting the central analgesic effects of opioids.
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PMID
To Investigate the Risk of Herpes Zoster in Women With Endometriosis: A Taiwan National Population-Based Cohort Study.
Embase
[Article] AN: 636031368

Background: The objective of this study is to investigate the occurrence of herpes zoster (HZ) in patients with endometriosis.

Method(s): This retrospective population-based cohort study was conducted using the Taiwan National Health Insurance Research Database. Between 2000 and 2012, women aged >=20 years with newly diagnosed endometriosis were enrolled into the endometriosis group. Each patient with endometriosis was randomly matched to 4 controls according to age and index year. All the patients were traced from the index date to HZ diagnosis, loss to follow-up, death, or the end of December 2013.

Result(s): In total, 19,147 patients with newly diagnosed endometriosis and 76,588 participants without endometriosis were enrolled. The incidence of HZ was higher in endometriosis persons (5.36 per 1,000 person-years) than in matched controls (4.43 per 1,000 person-years) (p < 0.001). After adjustment for age and comorbidities, patients with endometriosis age <= 49 years (adjusted hazard ratio [aHR] = 1.17) (p < 0.001) and 50-64 years (aHR = 1.27) (p < 0.05) showed significantly higher risk of HZ than the corresponding controls. Among women without any comorbidities, patients with endometriosis were 1.22 times (p < 0.001) more likely to have HZ than those without endometriosis.

Conclusion(s): Taiwanese women with endometriosis may have a higher rate of HZ occurrence. Endometriosis seems to be a high burden for affected women. Therefore, we suggest that clinicians should be aware of HZ among women with endometriosis, although there may be ethnic differences.

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Interventions for the management of abdominal pain in ulcerative colitis.
Sinopoulou V., Gordon M., Dovey T.M., Akobeng A.K.
Embase
[Review]
AN: 635549012
Background: Ulcerative colitis (UC) is a chronic inflammation of the colon characterised by periods of relapse and remission. It starts in the rectum and can extend throughout the colon. UC and Crohn's disease (CD) are the most common inflammatory bowel diseases (IBDs). However, UC tends to be more common than CD. It has no known cure but can be managed with medication and surgery. However, studies have shown that abdominal pain persists in up to one-third of people with UC in remission. Abdominal pain could be a symptom of relapse of the disease due to adverse effects of medication, surgical complications and strictures or adhesions secondary to UC.
Objective(s): To assess the efficacy and safety of interventions for managing abdominal pain in people with ulcerative colitis.
Search Method(s): We searched CENTRAL, MEDLINE and five other databases and clinical trials registries on 28 April 2021. We contacted authors of relevant studies and ongoing or unpublished trials that may be relevant to the review. We also searched references of trials and systematic reviews for any additional trials.
Selection Criteria: All published, unpublished and ongoing randomised trials that compared interventions for the management of abdominal pain with other active interventions or standard therapy, placebo or no therapy were included. People with both active and inactive disease were included. We excluded studies that did not report on any abdominal pain outcomes.
Data Collection and Analysis: Two review authors independently conducted data extraction and ‘Risk of bias’ assessments. We analysed data using Review Manager 5. We expressed dichotomous and continuous outcomes as risk ratios (RRs) and mean differences (MDs), respectively, with 95% confidence intervals. We assessed the certainty of the evidence using the GRADE methodology.

Main Result(s): We included five studies (360 randomised participants). Studies considered mainly participants in an inactive state of the disease. No conclusions could be drawn about the efficacy of any of the interventions on pain frequency, pain intensity, and treatment success. The certainty of the evidence was very low for all comparisons because of imprecision due to sparse data, and risk of bias. One study compared a low FODMAPs diet (n=13) to a sham diet (n=13). The evidence is very uncertain about the effect of this treatment on pain frequency (MD -4.00, 95% CI -20.61 to 12.61) and intensity (MD -9.00, 95% CI -20.07 to 2.07). Treatment success was not reported. One study compared relaxation training (n=20) to wait-list (n=20). The evidence is very uncertain about the effect of this treatment on pain frequency at end of intervention (MD 2.60, 95% CI 1.14 to 4.06) and 6-month follow-up (MD 3.30, 95% CI 1.64 to 4.96). Similarly, the evidence is very uncertain about the effect of this treatment on pain intensity at end of intervention (MD -1.70, 95% CI -2.92 to -0.48) and 6-month follow-up (MD -2.30, 95% CI -3.70 to -0.90). Treatment success was not reported. One study compared yoga (n=30) to no intervention (n=30). The study defined treatment success as the presence or absence of pain; however, the data they provided was unclear. Pain frequency and intensity were not reported. One study compared a kefir diet (Lactobacillus bacteria, n=15) to no intervention (n=15). The evidence is very uncertain about the effect of this treatment on pain intensity (MD -0.17, 95% CI -0.91 to 0.57). Pain frequency and treatment success were not reported. One study compared a stellate ganglion block treatment (n=90) to sulfasalazine treatment (n=30). The study defined treatment success as "stomachache"; however, the data they provided was unclear. Pain frequency and intensity were not reported. Two studies reported withdrawals due to adverse events. One study compared relaxation training (n=20) to wait-list (n=20). The evidence is very uncertain about the effect of this treatment on pain frequency at end of intervention (MD 2.60, 95% CI 1.14 to 4.06) and 6-month follow-up (MD 3.30, 95% CI 1.64 to 4.96). Similarly, the evidence is very uncertain about the effect of this treatment on pain intensity at end of intervention (MD -1.70, 95% CI -2.92 to -0.48) and 6-month follow-up (MD -2.30, 95% CI -3.70 to -0.90). Treatment success was not reported. One study compared yoga (n=30) to no intervention (n=30). The study defined treatment success as the presence or absence of pain; however, the data they provided was unclear. Pain frequency and intensity were not reported. Two studies reported withdrawals due to adverse events as zero. Two studies did not report this outcome. We cannot draw any conclusions about the effects of any of the interventions on withdrawals due to adverse events because of the very limited evidence. The reporting of secondary outcomes was inconsistent. Adverse events tended to be very low or zero. However, we can make no clear judgements about adverse events for any of the interventions, due to the low number of events. Anxiety was measured and reported at end of intervention in only one study (yoga versus no intervention), and depression was not measured in any of the studies. We can therefore draw no meaningful conclusions about these outcomes. Authors’ conclusions: We found very low-certainty evidence on the efficacy and safety of interventions for the management of abdominal pain in ulcerative colitis. Pervasive issues with very serious imprecision from small samples size and high risk of bias have led to very low-certainty outcomes, precluding conclusions. While few adverse events and no serious adverse events were reported, the certainty of these findings was again very low for all comparisons, so no conclusions can be drawn. There is a need for further research. We have identified eight ongoing studies in this review, so an update will be warranted. It is key that future research addresses the issues leading to reduced certainty of outcomes, specifically sample size and reporting that leads to high risk of bias. It is also important that if researchers are considering pain as a critical outcome, they should report clearly if participants were pain-free at baseline; in that case, data would be best presented as separate subgroups throughout their research.

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349.

Wu X., Cheng K., Xu C., Liu S., Sun Q., Yang Z., Dai X., Li N.
Embase
[Review]
AN: 2016342549
Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) is a genitourinary disease commonly seen in males, with symptoms involving pelvic pain, urinary system disease, and sexual dysfunction, which seriously affects physical and mental health, and it also influences the quality of life of patients. At present, the disease's aetiology and pathogenesis are unclear, and there is also no effective treatment for it. Acupuncture and moxibustion have been a way to CP/CPPS, showing good curative effect with advantages of safety and affordability. However, the relevant research in this field is less discussed. By adopting databases, such as CNKI, VIP, Wanfang, PubMed, and Medline, this review article used keywords including chronic prostatitis, chronic pelvic pain syndrome, and electric acupuncture, manual acupuncture, moxibustion, and animal experiments, rats, mice, and mechanism research and reviewing research papers published from 1998 to 2021. Then, it further summarized and evaluated the mechanism research and gave a brief comment about modeling methods, acupoints selection, and stimulus parameters that have been used in the selected research papers. Equally important, this review article proposes a reference for the in-depth study of the mechanism of acupuncture and moxibustion on CP/CPPS and provides a theoretical basis to better treat the disease in the clinic.
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Publisher Hindawi Limited
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[Article]
AN: 2016084944
Background: Chronic musculoskeletal pain (CMP) management is a major global public health goal owing to increased social and economic burdens. However, the risk of CMP in smokers compared with nonsmokers remains uncertain.
Objective(s): This study aims to determine the magnitude and importance of the relationship between cigarette smoking and risk of CMP.
Study Design: A meta-analysis of the CMP risk of cigarette smokers.
Method(s): We systematically searched PubMed, Embase, and Cochrane library databases from inception to August 2020. Data extraction and quality assessment were performed by 2 independent reviewers using a standardized extraction checklist. Data were pooled using a random-effects model.
Result(s): In this meta-analysis of 32 studies involving 296,109 participants, current smoking was associated with increased CMP risk (OR: 1.23, 95% CI: 1.09-1.40), whereas ever and past smoking did not show such an association (OR: 1.14, 95% CI: 0.95-1.37; OR: 1.06, 95% CI: 0.83-1.35, respectively). Stratified analyses showed that there was a marked significance in almost all strata of current smokers compared with non-smokers, except for mean age (>= 50 years), location of pain (neck pain, sacral pain, and knee pain), smoking frequency (occasionally), study design (cross-sectional), mean follow-up (< 10 years), and adjustment for confounding factors (>= 6). Interestingly, there was statistically negative association between cigarette smoking and knee pain risk in current smokers, ever smokers, and past smokers.
Limitation(s): The major limitation of this meta-analysis relates to the heterogeneities across included studies.
Conclusion(s): Cigarette smoking was associated with increased risk of CMP. In view of the high prevalence of smoking in many countries and the increasing number of CMP patients worldwide, reducing tobacco use should be an important public health strategy to prevent and control the global epidemic of CMP. Future research should attempt to establish whether this association is causal and clarify its mechanisms.
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351.

Post-inflammatory Abdominal Pain in Patients with Inflammatory Bowel Disease during Remission: A Comprehensive Review.
Patients with inflammatory bowel disease often experience ongoing pain even after achieving mucosal healing (i.e., post-inflammatory pain). Factors related to the brain-gut axis, such as peripheral and central sensitization, altered sympatho-vagal balance, hypothalamic-pituitary-adrenal axis activation, and psychosocial factors, play a significant role in the development of post-inflammatory pain. A comprehensive study investigating the interaction between multiple predisposing factors, including clinical psycho-physiological phenotypes, molecular mechanisms, and multi-omics data, is still needed to fully understand the complex mechanism of post-inflammatory pain. Furthermore, current treatment options are limited and new treatments consistent with the underlying pathophysiology are needed to improve clinical outcomes.

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Daneau C., Houle M., Pasquier M., Ruchat S.-M., Descarreaux M.

Embase
[Review]
AN: 2015912734

Objectives: The objectives of this scoping review were (1) to document and quantify the potential associations between lumbopelvic pain characteristics and pregnancy-related hormones, and (2) to identify research approaches and assessment tools used to investigate lumbopelvic pain characteristics and pregnancy-related hormones.

Method(s): The literature search was conducted in 6 databases (MEDLINE, Academic Search Complete, Cumulative Index to Nursing and Allied Health Literature, SportDiscus, PsycINFO, and Cochrane) from inception up to March 2020 and completed using search terms relevant to pregnant women, pregnancy-related hormones, and lumbopelvic pain. The risk of bias was assessed using the characteristics recommended by Guyatt et al. for observational studies.

Result(s): The search yielded 1015 publications from which 9 met the inclusion criteria. Relaxin was the most studied pregnancy-related hormone. An association between relaxin levels and
lumbopelvic pain presence or severity was found in 4 studies, while 5 studies did not report an
association between them. One study reported an association between relaxin and lumbopelvic
pain presence or severity while 2 studies reported no association and were considered as having
a low risk of bias. One study reported measures of estrogen and progesterone levels. It showed
that progesterone levels were found to be significantly higher in pregnant women with
lumbopelvic pain compared to those without, while estrogen concentrations were similar in both
groups.

Conclusion(s): The literature showed conflicting evidence regarding the association between
pregnancy-related hormones and lumbopelvic pain characteristics in pregnant women. The
assessment tools used to investigate lumbopelvic pain characteristics and pregnancy-related
hormones are heterogeneous across studies. Based on limited and conflicting evidence, and due
to the heterogeneity of assessment tools and overall poor quality of the literature, the association
between pregnancy-related hormones and lumbopelvic pain characteristics is unclear.

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Status
Embase
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Publisher
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Year of Publication
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353.

Effects of a New Mattress and Pillow and Standard Treatment for Nightly Pelvic Girdle Pain in
Pregnant Women: A Randomised Controlled Study.
Feldthusen C., Olsen M.F., Ejnell H., Eiden H.
Embase
[Article]
AN: 2015845671
Objective: To evaluate the efficacy of a memory-foam mattress and pillow plus standard
treatment for nightly pelvic girdle pain (PGP) during pregnancy.
Method(s): In this randomised controlled study conducted at a tertiary-care hospital, 66 pregnant
women who had nightly PGP were enrolled to receive standard treatment with the mattress and
pillow (intervention group, n = 34) or solely standard treatment (control group, n = 32). The
primary outcome was change in nightly posterior PGP on a visual analogue scale, VAS from
baseline to 4 weeks. Secondary outcomes include nightly anterior PGP, the evening PGP score,
estimated sleep duration, number of nightly wake-ups, daytime sleepiness (Epworth sleepiness
scale), function (Pelvic Girdle Questionnaire), health-related quality of life, and pain
catastrophizing.
Result(s): Forty-four women (67%) completed the treatment. The difference in nightly posterior
pain intensity was significantly different in favour of the intervention group (VAS, 16.5 mm (95%
CI 1.4:31.6) p = 0.028). Sleep duration increased within both groups (intervention group: 26 min,
p = 0.022; control group: 14 min, p = 0.014) and the difference between groups was significant (p
= 0.046). In addition, the intervention group indicated a decreased evening PGP intensity (p =
0.008) and fewer nightly wake-ups (p = 0.049). The control group showed a deterioration in
function (Pelvic Girdle Questionnaire) (p = 0.018) and an increase in daytime sleepiness (Epworth sleepiness scale) (p = 0.021) from baseline to 4 weeks.

Conclusion(s): In conclusion, significantly lower nightly posterior PGP intensity was noted after the use of a mattress and pillow as an adjunct to standard treatment. Nightly PGP can have adverse effects on various aspects of the health and quality of life of pregnant women, and although the results of this study should be interpreted with caution considering the high drop-out rate and the inadequate statistical power, the findings indicate the potential for the use of such interventions to improve PGP in pregnant women.

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Publisher
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Year of Publication
2021

354.

Predicting pelvic congestion syndrome: Concomitant pelvic pain diagnoses do not affect venography or embolization outcomes.
MacHer J., Brahmbhatt A., Shetty A., Chughtai K., Baran T., Baah N.O., Dogra V.
Embase
[Article]
AN: 2015802496

Objectives: Pelvic congestion syndrome (PCS) is a challenging diagnosis to make secondary to nonspecific presenting symptoms and imaging findings. This retrospective review aims to discern predictive factors which can guide the decision to perform catheter-based venography and prognosticate outcomes.

Material(s) and Method(s): A retrospective analysis of patients who underwent catheter venography for PCS between January 2014 and December 2019 was performed. Multiple factors, including patient demographics, clinical history, pre-procedural imaging, venographic findings, and treatment outcomes 180 days post-procedure, were included in the analysis. Venographic findings were used to separate patients into two groups (positive or negative), with these factors compared across groups. Regression analysis controlled for the confounding effects of age and body mass index (BMI). Treated subjects were separated based on outcome (partial, no response, complete response, or technical failure), and comparisons were performed.

Result(s): Eighty patients were included in the initial analysis. Two patients were excluded due to prior embolization or portal hypertension. Seventy-eight patients were included in the final analysis. Sixty-two patients had positive findings, and 16 had no venographic findings to suggest
PCS. A history of prior pregnancy was a significant predictor of positive venographic results (odds ratio = 5.99, P = 0.007). BMI was significantly lower in those with positive venographic results (P = 0.047). Presence of concomitant diagnoses did not affect venographic findings or treatment outcomes. No factors predicted treatment outcomes. Five of the treated patients had subsequent successful pregnancies.

Conclusion(s): A lower BMI supports the decision to perform venography for suspected PCS. In addition, patients who carried concomitant potentially confounding diagnoses for chronic pelvic pain were found to have similar rates of venographic findings suggesting PCS, as well as similar treatment outcomes.

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355.

Efficacy of dienogest vs combined oral contraceptive on pain associated with endometriosis: Randomized clinical trial.
El Taha L., Abu Musa A., Khalifeh D., Khalil A., Abbasi S., Nassif J.


Objective: To compare the efficacy of dienogest with the combined oral contraceptive pill (COC) Yasmin for the control of endometriosis-associated pelvic pain. Study design: Seventy women with endometriosis-associated chronic pelvic pain, dysmenorrhea or both for >6 months were randomized to either dienogest (Visanne) 2 mg/day or monophasic COC (Yasmin, 0.03 mg ethinyl estradiol and 3 mg drospirenone) for 24 weeks. The primary efficacy variable was change in non-cyclic pelvic pain and dysmenorrhea from baseline to end of treatment, assessed using a visual analogue scale (VAS). The secondary efficacy variable was change in the Biberoglu and Behrman (B&B) scale scores for chronic pelvic pain, dysmenorrhea and dyspareunia. Health-related quality of life (HRQoL) was evaluated using the Endometriosis Health Profile-30 (EHP-30) questionnaire at baseline and 24 weeks. Safety variables included incidence of side-effects, bleeding pattern and treatment tolerability.

Result(s): Both treatments improved the mean VAS score for endometriosis-associated pelvic pain significantly: mean difference 6.0 [95% confidence interval (CI) 4.9-7.1; p < 0.0001] in the dienogest group and 4.54 (95% CI 3.1-5.9; p < 0.0001) in the COC group; the difference between them was not significant (p = 0.111). Similarly, both dienogest and COC improved HRQoL in various core and modular segments of the EHP-30 questionnaire with comparable requirements.
for supplemental pain medication \(p = 0.782\) and \(0.258\) at 12 and 24 weeks, respectively), and redistribution of the B&B severity profile for chronic pelvic pain \(p = 0.052\) and \(0.526\) at 12 and 24 weeks, respectively), dysmenorrhea \(p = 0.521\) and 1 at 12 and 24 weeks, respectively) and dyspareunia \(p = 0.376\) and 0.835, respectively). Nevertheless, dienogest was associated with fewer side-effects, and hence had a better safety and tolerability profile than COC.

Conclusion(s): Dienogest (2 mg/day) is comparable to the COC Yasmin for the relief of endometriosis-associated pelvic pain and improvement in HRQoL. Clinical Trial Registration: Clinicaltrials.gov under number NCT04256200; date of registration 15/1/2020 (registered retrospectively).

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2021

Pelvic floor physical therapy in the treatment of chronic anal fissure (PAF-study): Study protocol for a randomized controlled trial.
van Reijn-Baggen D.A., Elzevier H.W., Pelger R.C.M., Han-Geurts I.J.M.

Embase
Contemporary Clinical Trials Communications. 24 (no pagination), 2021. Article Number: 100874.
Date of Publication: December 2021.
[Article]
AN: 2015642989

Background: Chronic anal fissure (CAF) is a common cause of severe anorectal pain with a high incidence rate. Currently, a wide range of treatment options are available with recurrence rates varying between 7 and 42%. Pelvic floor physical therapy (PFPT) is a treatment option for increased pelvic floor muscle tone and dyssynergia which often accompanies CAF. However, literature on this subject is scarce. The Pelvic Floor Anal Fissure (PAF)-study aims to determine the efficacy and effectiveness of PFPT on improvement on pelvic floor muscle tone and function, pain, healing of the fissure, quality of life and complaint reduction in patients with CAF.

Method(s): The PAF-study is a single-centre, two armed, randomized controlled trial. Patients with CAF and pelvic floor dysfunction are eligible for inclusion. Exclusion criteria include abscess, fistula, Crohn's disease, ulcerative colitis, anorectal malignancy, prior rectal radiation, and pregnancy. A total of 140 patients will be randomized for either PFPT or postponed treatment of PFPT. The primary outcome is tone at rest during electromyographic registration of the pelvic
Efficacy of immunomodulators and antioxidants in the correction of impaired immune status parameters in patients with adenomyosis. The aim of the study was to study the effectiveness of the use of immunomodulators and antioxidants in the correction of impaired immune status parameters in patients with adenomyosis. 70 patients were examined, including 57 women (the main group), who were diagnosed with adenomyosis according to the results of a comprehensive clinical, ultrasound and hysteroscopic examination. The control group consisted of 23 gynecologically healthy women. After verification of the diagnosis, all patients with hypertension received standard treatment (SL) (clinical recommendations of the Ministry of Health of the Russian Federation from 2016). Among the female patients, 19 women received only SL (1st subgroup). 38 exhaust gases examined, in addition to SL, received various combinations of antioxidant, immunomodulator, and membrane protector and were divided into two subgroups. The second subgroup included 20 patients in addition to the SL receiving sodium ribonucleate; Hypoxene and phospholipids. The third subgroup included 18 patients who additionally received Inosine + Nicotinamide + Riboflavin + Succinic acid; Meglumine acridone acetate, and glycyrrhizic acid + phospholipids. The analysis of the cytokine status and the compliment system was performed at the time of admission and by the 15th day of observation. Detected changes of the cytokine status, complement system activation, increased oxygen-dependent activity of neutrophils in the peripheral blood (increased production of active oxygen forms as a result of respiratory burst) confirm the presence of immune inflammation on the systemic level. Insufficient clinical-laboratory efficacy of ST in the correction of immune changes has justified the use of drugs with immunomodulating, antioxidant, and membrane protective properties in the pharmacological therapy of adenomyosis, which have been successfully used in the treatment of other diseases with similar disorders. Optimal combinations of immunomodulators and antioxidants in the correction of the immune status of
patients with adenomyosis were revealed. The study performed demonstrates the efficacy of correcting immune status parameters in patients with adenomyosis when the standard treatment is combined with antioxidant and immunomodulating agents.

Predictors of positive video capsule endoscopy findings for chronic unexplained abdominal pain: Single-center retrospective study and meta-analysis.
Kim W., Lee B., Yoo A., Kim S., Joo M., Park J.-J.

Video capsule endoscopy (VCE) is an effective diagnostic modality for detecting small bowel lesions. However, the value of VCE for patients with chronic recurrent abdominal pain (CAP) of unknown etiology remains obscure. We retrospectively analyzed factors that could predict enteropathy based on the medical records of 65 patients with unexplained chronic recurrent abdominal pain (CAP) who were assessed using VCE between 2001 and 2021. We also conducted a systematic review and meta-analysis of the literature to validate our results. The positive findings of 27 (41.5%) of the 65 patients were mostly ulcerative lesions including stricture (n = 14, 60.9%) and erosion (n = 8, 29.7%). Multivariate analysis identified elevated ESR (OR, 1.06, 95% CI, 1.02-1.1, p = 0.004) as a significant risk factor for enteropathy predicted by VCE. Three eligible studies in the meta-analysis included 523 patients with CAP. Elevated C-reactive protein (CRP) (OR, 14.09; 95% CI, 2.81-70.60; p = 0.001) and erythrocyte sedimentation rate (ESR) (OR, 14.45; 95% CI, 0.92-227.33; p = 0.06) indicated VCE-positive findings in patients with unexplained abdominal pain. Elevated levels of the inflammatory markers ESR and CRP can thus predict positive VCE findings in patients with CAP.

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Prolonged cyclical and continuous regimens of dydrogesterone are effective for reducing chronic pelvic pain in women with endometriosis: results of the ORCHIDEA study.


Embase
Fertility and Sterility. 116(6) (pp 1568-1577), 2021. Date of Publication: December 2021.

Objective: To compare the effectiveness of two different treatment regimens of dydrogesterone in the management of endometriosis-related chronic pelvic pain.

Design(s): Observational, prospective cohort study over six months.

Setting(s): Twenty gynecology clinics in the Russian Federation. Patient(s): Three hundred fifty women from 18 to 45 years of age with endometriosis and chronic pelvic pain with or without dysmenorrhea. Intervention(s): Dydrogesterone 10 mg 2 or 3 times daily, either between the 5th and 25th days of the menstrual cycle (prolonged cyclical treatment regimen) or continuously (continuous treatment regimen). For all patients, the data cutoff was at six months of treatment.

Main Outcome Measure(s): Intensity of chronic pelvic pain on the 11-point numerical rating scale (after 6 months). Result(s): A marked reduction in chronic pelvic pain was observed with both the prolonged cyclical and continuous treatment regimens (mean +/- standard deviation change from baseline -3.3 +/- 2.2 and -3.0 +/- 2.2, respectively), with no significant difference between the two groups. With both regimens, patients experienced significant improvements in the intensity of chronic pelvic pain, number of days in which analgesics were required, severity of dysmenorrhea, sexual well-being, and health-related quality-of-life parameters. A favorable safety profile of dydrogesterone was confirmed, and no serious adverse drug reactions were reported during the study. Conclusion(s): Prolonged cyclical and continuous treatment regimens of dydrogesterone therapy both demonstrated a pronounced and similar reduction in the severity of chronic pelvic pain and dysmenorrhea and led to marked improvements in all study parameters related to quality of life and sexual well-being. Registration Number: NCT03690765.

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Status Embase

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The main role of diaphragm muscle as a mechanism of hypopressive abdominal gymnastics to improve non-specific chronic low back pain: A randomized controlled trial.


Embase

[Article]
AN: 2014286494

Background: Chronic low back pain (LBP) has been stated as one of the main health concerns in the XXI century due to its high incidence.

Objective(s): The objective of this study was to determine the effects of an 8-week program of hypopressive abdominal gymnastics (HAG) on inspiratory muscle strength, diaphragm thickness, disability and pain in patients suffering from non-specific chronic LBP.

Method(s): A total of 40 patients with chronic LBP were randomly divided into two groups. The experimental group carried out an 8-week supervised program of HAG (two sessions/week), whereas the control group did not receive any treatment. Outcomes were measured before and after the intervention, comprising diaphragm thickness during relaxed respiratory activity, maximal inspiratory pressure (PImax), pain intensity (NRS), pressure pain threshold and responses to four questionnaires: Physical Activity Questionnaire (PAQ), Roland-Morris Disability Questionnaire (RMQ), Central Sensitization Inventory (CSI) and Tampa Scale of Kinesiophobia-11 Items (TSK-11).

Result(s): Statistically significant differences (p < 0.05) were observed for greater thickness of the left and right hemi-diaphragms at inspiration, as well as higher PImax and decreased NRS, CSI and RMQ scores in the intervention group. After treatment, the increases in the thickness of the left and right hemi-diaphragms at inspiration and PImax, as well as the decrease in the NRS and RMQ scores, were only predicted by the proposed intervention (R² = 0.118-0.552).

Conclusion(s): An 8-week HAG intervention seemed to show beneficial effects and predicted an increase in diaphragm thickness and strength during inspiration, as well as a reduction in pain intensity, central sensitization and disability, in patients suffering from chronic non-specific LBP with respect to non-intervention.

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Status
Embase
Institution
Laparoscopic treatment of deep endometriosis with a diode laser: our experience.

Purpose: To evaluate whether laparoscopic treatment with a diode laser is feasible, safe, and effective in symptomatic patients affected by deep endometriosis (DE).

Method(s): This retrospective study was performed using medical record data. The surgical reports, chronic pain scores, and quality of life (QoL) data were evaluated for 50 patients who had undergone laparoscopic surgery between November 2017 and March 2019 at two university hospitals (Monserrato (CA) and Foggia, Italy). Indications for surgery were chronic pelvic pain and/or infertility in patients who wished to conceive spontaneously. Endometriosis lesions/nodules were excised using a diode laser (Leonardo, Biolitec DUAL 45) that can combine 980 and 1470 nm wavelengths transmitted through a 1000 microm conical optical fibre.

Result(s): The median patient age was 32 years (range 21-44), with a body mass index (BMI) mean of 21.7 +/- 2.9 kg/m2. The mean operation time was 147 min (range 106-190). No intraoperative or early complications (< 30 days) were reported. All patients left the hospital, on average, within 3 days (range 2-9 days) after surgery. A significant improvement in pain was observed at the 3-, 6-, and 12-month follow-up (p < 0.01) in all patients. Moreover, patients reported a significant QoL improvement at the 12-month follow-up.

Conclusion(s): The diode laser confirmed its feasibility and safety for treating endometriosis. During the shaving surgical procedure, the diode laser system ensures a safe and effective laparoscopic dissection of deep endometriotic lesions. Further comprehensive randomized trials are necessary to confirm these preliminary data in terms of efficacy, recurrence rates, and pregnancy outcomes.

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PMID 34448038 [https://www.ncbi.nlm.nih.gov/pubmed/?term=34448038]
Comorbidities in a Nationwide, Heterogenous Population of Veterans with Interstitial Cystitis/Bladder Pain Syndrome.


Embase
Urology. 156 (pp 37-43), 2021. Date of Publication: October 2021.

Objective: To examine the prevalence of comorbid conditions in a nationwide population of men and women with IC/BPS utilizing a more heterogeneous sample than most studies to date.

Method(s): Using the Veterans Affairs Informatics and Computing Infrastructure, we identified random samples of male and female patients with and without an ICD-9/ICD-10 diagnosis of IC/BPS. Presence of comorbidities (NUAS [chronic fatigue syndrome, fibromyalgia, irritable bowel syndrome, migraines], back pain, diabetes, and smoking) and psychosocial factors (alcohol abuse, post-traumatic stress disorder, sexual trauma, and history of depression) were determined using ICD-9 and ICD-10 codes. Associations between these variables and IC/BPS status were evaluated while adjusting for the potential confounding impact of race/ethnicity, age, and gender.

Result(s): Data was analyzed from 872 IC/BPS patients (355 [41%] men, 517 [59%] women) and 558 non-IC/BPS patients (291 [52%] men, 267 [48%] women). IC/BPS patients were more likely than non-IC/BPS patients to have a greater number of comorbidities (2.72+/-1.77 vs 1.73+/-1.30, P < 0.001), experience one or more NUAS (chronic fatigue syndrome, fibromyalgia, irritable bowel syndrome, migraines) (45% [388/872] vs. 18% [101/558]; P < 0.001) and had a higher prevalence of at least one psychosocial factor (61% [529/872] v. 46% [256/558]; P < 0.001). Differences in the frequencies of comorbidities between patients with and without IC/BPS were more pronounced in female patients.

Conclusion(s): These findings validate the findings of previous comorbidity studies of IC/BPS in a more diverse population.

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Status Embase

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Publisher Elsevier Inc.
Manual Acupuncture plus Usual Care Versus Usual Care Alone in the Treatment of Endometriosis-Related Chronic Pelvic Pain: A Randomized Controlled Feasibility Study.

Armour M., Cave A.E., Schabrun S.M., Steiner G.Z., Zhu X., Song J., Abbott J., Smith C.A.

Embase


[Article]

AN: 636225002

Objective: To determine the acceptability and feasibility of acupuncture for the treatment of endometriosis-related chronic pelvic pain.

Design(s): A prospective, randomized controlled feasibility study.

Setting(s): Outpatient setting in Sydney, Australia

Subjects: Participants who were aged 18-45 years, had a confirmed laparoscopic diagnosis of endometriosis in the past 5 years, and had regular menstrual periods and mean pelvic pain scores >=4/10.

Intervention(s): Sixteen acupuncture treatments delivered by registered acupuncturists using a standardized point protocol over 8 weeks, twice per week plus usual care compared with usual care alone. Outcome measures: Primary outcome measures were feasibility, safety, and acceptability of the acupuncture intervention. Secondary outcomes were changes in self-reported pelvic pain scores, changes in quality of life as measured by the Endometriosis Health Profile (EHP-30), changes in descending pain modulation, and changes in systemic inflammation (plasma interleukin [IL-6] concentrations).

Result(s): Twenty-nine participants were eligible to participate, with 19 participants completing the trial. There was unequal withdrawals between groups; the acupuncture group had a withdrawal rate of 14% compared with 53% in usual care. Adverse events were uncommon (6.7%) and generally mild. A 1.9 point decrease in median nonmenstrual pain scores and a 2.0 decrease in median menstrual pain scores between baseline and end of trial were observed in the acupuncture group only. Improvements in all domains of the EHP-30 were seen in the acupuncture group, with no changes seen in usual care. There was no difference between baseline and end of treatment in IL-6 concentrations for either group.

Conclusion(s): Acupuncture was an acceptable, well-tolerated treatment and it may reduce pelvic pain and improve quality of life; however, usual care was not an acceptable control group. Trial Registration: anzctr.org.au: ACTRN12617000053325. Prospectively registered January 11, 2017.

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PMID 34161143 [https://www.ncbi.nlm.nih.gov/pubmed/?term=34161143]
Surgical management of endometriosis-associated pain.
Koninckx P.R., Ussia A., Porpora M.G., Malzoni M., Adamyan L., Wattiez A.
Embase
Minerva Obstetrics and Gynecology. 73(6) (pp 558-605), 2021. Date of Publication: October 2021.
[Review]
AN: 2016508746
Endometriosis and pelvic pain are associated. However, only half of the subtle and typical, and not all cystic and deep lesions are painful. The mechanism of the pain is explained by cyclical trauma and repair, an inflammatory reaction, activation of nociceptors up to 2.7 cm distance, painful adhesions and neural infiltration. The relationship between the severity of lesions and pain is variable. Diagnosis of the many causes requires laparoscopy and expertise. Imaging cannot exclude endometriosis. Surgical removal is the treatment of choice. Medical therapy without a diagnosis risks missing pathology and chronicification of pain if not 100% effective. Indications and techniques of surgery are described as expert opinion since randomised controlled trials were not performed for ethical reasons, since not suited for multimorbidity while a control group is poorly accepted. Subtle endometriosis needs destruction since some cause pain or progress to more severe disease. Typical lesions need excision or vaporisation since depth can be misjudged by inspection. Painful cystic ovarian endometriosis needs adhesiolysis and either destruction of the lining or excision of the cyst wall, taking care to avoid ovarian damage. Cysts larger than 6 cm need a two-step technique or an ovariectomy. Excision of deep endometriosis is difficult and complication prone surgery involving bladder, ureter, and bowel surgery varying from excision and suturing, disc excision with a circular stapler and resection anastomosis. Completeness of excision, prevention of postoperative adhesions and recurrences of endometriosis, and the indication to explore large somatic nerves will be discussed.
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PMID 33978353 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33978353]
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Publisher
Edizioni Minerva Medica
Magnetic Resonance Imaging in endometriosis-associated pain.
Celli V., Ciulla S., Dolciami M., Satta S., Ercolani G., Porpora M.G., Catalano C., Manganaro L.
Embassy
Minerva Obstetrics and Gynecology. 73(6) (pp 553-571), 2021. Date of Publication: October 2021.
[Review]
AN: 2016508744
INTRODUCTION: Endometriosis affects 10%-15% of women in reproductive age and may cause no-cyclic chronic pelvic pain, dysmenorrhea, dyspareunia, urinary tract symptoms, and it is frequently associated with infertility. The peak of incidence is between 24 and 29 years old and the clinical diagnosis of endometriosis is generally delayed by 6-7 years. Laparoscopy with surgical biopsies is the "gold standard" for the diagnosis of endometriosis, with histological verification of endometrial ectopic glands and/or stroma. However, nowadays two different non-invasive modalities are routinely used for a presumptive diagnosis: Transvaginal Ultrasound (TVUS) and Magnetic Resonance Imaging (MRI). EVIDENCE ACQUISITION: A structured search using PubMed was performed starting from October 2020 and including all relevant original and review articles published since 2000. The search used the following key word combinations: "endometriosis MRI" AND "DIE and MRI" (45); "MRI endometriosis and pelvic pain" OR "endometriosis and MRI technical development" (296). Ultimately, 87 articles were deemed relevant and used as the literature basis of this review. EVIDENCE SYNTHESIS: TVUS represents the first imaging approach for endometriosis showing a good diagnostic performance, but it is highly operator dependent. MRI is a second level examination often used in complex cases indeterminate after TVUS and in preoperative planning. MRI is considered the best imaging technique for mapping endometriosis since it provides a more reliable map of deep infiltrating endometriosis than physical examination and transvaginal ultrasound. We have analyzed and described the main forms of endometriosis: adnexal endometriosis, adenomyosis, peritoneal implants and deep infiltrating endometriosis, showing their appearance in the two imaging modalities.
CONCLUSION(S): Endometriosis is one of the most common gynecologic disorders correlated to chronic pelvic pain whose treatment is still today complex and controversial. In this context, MRI has become an important additional noninvasive tool to investigate cases of chronic pelvic pain related to deep infiltrating endometriosis (DIE) with or without neural involvement.
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PMID 33904689 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33904689]
Status Embase
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Publisher Edizioni Minerva Medica
Year of Publication 2021
Rossi V., Tripodi F., Simonelli C., Galizia R., Nimbi F.M.
Embase
Minerva Obstetrics and Gynecology. 73(6) (pp 536-552), 2021. Date of Publication: October 2021.
[Review]
AN: 2016508743
INTRODUCTION: Endometriosis is a chronic gynecological disease that affects women's quality of life, sexuality, and relationship. Endometriosis-associated pain plays an essential role in well-being impairment. The present review aimed to analyze literature about endometriosis-associated pain and quality of life, sexual health, and quality of the relationship, assessing the role of the bio-psycho-social factors involved and the women's pain experience. EVIDENCE ACQUISITION: Bibliographic research of relevant articles published from 2015 to 2020 in PubMed, Google Scholar, Web of Science, Scopus, EBSCO, and Cochrane Library. EVIDENCE SYNTHESIS: Endometriosis is associated with impairing all women's quality of life domains, and pain appears to be the most influential variable. The pain mechanism is not simple and implies several biological, psychological, and social factors. Women's sexual health is also impaired, and patients report dyspareunia, sexual dysfunctions, dissatisfaction, and distress. Partners' sexual well-being is compromised as well. Endometriosis negatively influences relationship quality, and the illness burden affects both couple members.
CONCLUSION(S): A multidisciplinary team using a couple-centered and a biopsychosocial approach is crucial to provide appropriate treatment for endometriosis-associated pain. A better comprehension of all bio-psycho-social aspects implicated in women's well-being and pain experience needs more research.
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PMID 33904688 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33904688]

A deep insight into pelvic pain and endometriosis: a review of the literature from pathophysiology to clinical expressions.
Masciullo L., Viscardi M.F., Piacenti I., Scaramuzzino S., Cavalli A., Piccioni M.G., Porpora M.G.
Embase
Minerva Obstetrics and Gynecology. 73(6) (pp 511-522), 2021. Date of Publication: October 2021.
[Review]
AN: 2016508741
INTRODUCTION: Endometriosis is a chronic inflammatory disease that affects approximately 10% of women of reproductive age. Its clinical manifestations are highly heterogeneous, but pelvic pain is the most frequent, causing functional disability. Cyclic or acyclic chronic pelvic pain (CPP), dysmenorrhea and dyspareunia are frequent symptoms which often compromise all aspects of the women's quality of life (QoL). The pathophysiology of endometriosis-related pain is extremely complex and not always clear. The aim of this systematic review was to focus on recent updates on the clinical presentation, the pathophysiology and the most important mechanisms involved in the pathogenesis of pelvic pain in endometriosis.

EVIDENCE ACQUISITION: A literature search in the Cochrane library, PubMed, Scopus and web of Science databases has been performed, identifying articles from January 1995 to November 2020.

EVIDENCE SYNTHESIS: Several processes seem to be involved in the pathogenesis of pain, but many aspects are still unclear. Scientific evidence has shown that a correlation between pain severity and stage of endometriosis rarely occurs, whereas there is a significant correlation between pain and the presence of deep endometriosis. Onset and intensity of pain may be due to a complex process involving central sensitization and peripheral activation of nociceptive pathways as well as dysfunction of the immune system and of the hypothalamic-pituitary-adrenal (HPA) axis.

CONCLUSION(S): A deeper understanding of these different pathogenetic mechanisms may improve future treatments in women with painful endometriosis.

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PMID 33904687 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33904687]

AN: 2016121953
Background: Adenomyosis (AM) is a disease in which the endometrium (including glands and stroma) invades the myometrium and grows. The main clinical symptoms include menorrhagia, dysmenorrhea, chronic pelvic pain, metrorrhagia, and dyspareunia, which will seriously affect the physical and mental health of patients, and most of which occur in women of childbearing age.

Acupuncture, as a special external treatment of Traditional Chinese medicine, has shown good effects in the treatment of adenomyosis. At present, there is a lack of systematic review on acupuncture in the treatment of adenomyosis. We conduct this study to evaluate the efficacy and safety of acupuncture in the treatment of adenomyosis.

Methods: We will search Chinese and
English databases: Medline, Pubmed, EMBASE, Cochrane library, China National Knowledge Infrastructure (CNKI), Chinese Scientific and Journal Database, Wan Fang database (Wanfang), Chinese Biomedical Literature Database (CBM) to identify articles of randomized clinical trials of acupuncture for adenomyosis. All above electronic databases will be searched from inception to September 30, 2021. RevMan 5.3 software will be used to conduct this systematic review. No language and publication status restrictions will be applied.

Results
The study will prove the efficacy and safety of acupuncture for adenomyosis.

Conclusion
We plan to submit this systematic review to a peer-reviewed journal. Trial registration number CRD42021277136.

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PMID 34889257 [https://www.ncbi.nlm.nih.gov/pubmed/?term=34889257]

Status Embase
Institution (Wang, Zhai, Sun, Du, Zhang, Shi, Shu, Yan, Xia, Ma) School of Acupuncture-Tuina, Shandong University of Traditional Chinese Medicine, No. 4655, University Road, Shandong, Jinan 250355, China
Publisher Lippincott Williams and Wilkins
Year of Publication 2021

369.

Association of endometriosis with interstitial cystitis in chronic pelvic pain syndrome: Short narrative on prevalence, diagnostic limitations, and clinical implications.
Al-Shaiji T.F., Alshammaa D.H., Al-Mansouri M.M., Al-Terki A.E.
Embase
[Review]
AN: 2015852820
Introduction: Chronic pelvic pain (CPP) is a diagnostic and therapeutic challenge affecting women of all ages globally. The syndrome is not well understood, but the association of interstitial cystitis (IC) with endometriosis in causing CPP should not be overlooked in managing this cohort. Herein, we present a mini review of this association to evaluate the literature in determining the prevalence of endometriosis and IC concomitantly in patients with CPP, diagnostic limitations, and clinical implications.
Method(s): A Medline search of the key words "evil twins' syndrome," "interstitial cystitis," "bladder pain syndrome," and "endometriosis" was conducted for full-text articles published in English over the past 20 years. The search yielded 40 articles, of which 21 were selected. Cross-referencing bibliographies of each publication yielded an additional 25 references.
Result(s): Both endometriosis and IC share a similar array of symptoms that are often exacerbated during the perimenstrual period. Multiple authors have reported the frequent coexistence of these two conditions. Over 80% of patients with CPP were found to have both conditions. The prevalence of endometriosis and IC coexistence was greater than that of each condition separately.
Conclusion(s): It is crucial to look beyond the traditionally diagnosed endometriosis as the cause of CPP. This is true especially in patients whose previous treatment was ineffective. Simultaneous assessment for both conditions is essential to avoid the frequently delayed diagnosis and prevent unsuccessful medical and surgical therapies.
Copyright © 2021 Hamad Medical Corporation. All rights reserved.
Efficacy of acupuncture for chronic prostatitis/chronic pelvic pain syndrome: A randomized trial.
Sun Y., Liu Y., Liu B., Zhou K., Yue Z., Zhang W., Fu W., Yang J., Li N., He L., Zang Z., Su T.,

Embase
[Article]
AN: 2015380576

Background: Acupuncture has promising effects on chronic prostatitis/chronic pelvic pain
syndrome (CP/CPPS), but high-quality evidence is scarce.

Objective(s): To assess the long-term efficacy of acupuncture for CP/CPPS.

Design(s): Multicenter, randomized, sham-controlled trial. (Clinical Trials.gov: NCT03213938)

Setting: Ten tertiary hospitals in China.

Participant(s): Men with moderate to severe CP/CPPS, regardless of prior exposure to
acupuncture.

Intervention(s): Twenty sessions of acupuncture or sham acupuncture over 8 weeks, with 24-
week follow-up after treatment. Measurements: The primary outcome was the proportion of
responders, defined as participants who achieved a clinically important reduction of at least 6
points from baseline on the National Institutes of Health Chronic Prostatitis Symptom Index at
weeks 8 and 32. Ascertainment of sustained efficacy required the between-group difference to be
statistically significant at both time points.

Result(s): A total of 440 men (220 in each group) were recruited. At week 8, the proportions of
responders were 60.6% (95% CI, 53.7% to 67.1%) in the acupuncture group and 36.8% (CI,
30.4% to 43.7%) in the sham acupuncture group (adjusted difference, 21.6 percentage points [CI,
12.8 to 30.4 percentage points]; adjusted odds ratio, 2.6 [CI, 1.8 to 4.0]; P < 0.001). At week 32,
the proportions were 61.5% (CI, 54.5% to 68.1%) in the acupuncture group and 38.3% (CI, 31.7%
to 45.4%) in the sham acupuncture group (adjusted difference, 21.1 percentage points [CI, 12.2
to 30.1 percentage points]; adjusted odds ratio, 2.6 [CI, 1.7 to 3.9]; P < 0.001). Twenty (9.1%)
and 14 (6.4%) adverse events were reported in the acupuncture and sham acupuncture groups,
respectively. No serious adverse events were reported.

Limitation(s): Sham acupuncture might have had certain physiologic effects.

Conclusion(s): Compared with sham therapy, 20 sessions of acupuncture over 8 weeks resulted
in greater improvement in symptoms of moderate to severe CP/CPPS, with durable effects 24
weeks after treatment.

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PMID
34399062 [https://www.ncbi.nlm.nih.gov/pubmed/?term=34399062]
O'Hara R., Rowe H., Fisher J.
Embase
Human Reproduction. 36(3) (pp 647-655), 2021. Date of Publication: 01 Mar 2021.
[Review]
AN: 2015305801

STUDY QUESTION: What self-management factors are associated with quality of life among women with endometriosis? SUMMARY ANSWER: Greater self-efficacy was associated with improved physical and mental quality of life. WHAT IS KNOWN ALREADY: Women with endometriosis have an impaired quality of life compared to the general female population. However, most studies have investigated quality of life in a hospital or clinic setting rather than a community setting and the association between self-management factors and quality of life have not, to date, been investigated. STUDY DESIGN, SIZE, DURATION: A cross-sectional, population-based online survey was performed, which was advertised through women’s, community and endometriosis-specific groups. PARTICIPANTS/MATERIALS, SETTING, METHODS: A total of 620 women completed the survey for this study. Mental and physical quality of life was assessed using the standardized SF36v2 questionnaire. Self-management factors included self-efficacy, partners in health (active involvement in managing the condition) and performance of self-care activities. Treatment approaches included the use of hormonal treatment, pain medications and complementary therapies and whether the participant had a chronic disease management plan. Hierarchical regression analyses were used to examine whether self-management and treatment factors were associated with quality of life. MAIN RESULTS AND THE ROLE OF CHANCE: Both physical and mental quality of life were significantly lower among women with endometriosis compared to the mean scores of the general
Australian female population ($P < 0.001$). Physical quality of life was positively associated with income sufficiency ($P < 0.001$) and greater self-efficacy ($P < 0.001$), but negatively associated with age ($P < 0.001$), pain severity ($P < 0.001$), use of prescription medications ($P < 0.001$), having a chronic disease management plan ($P < 0.05$) and number of self-care activities ($P < 0.05$). Mental quality of life was positively associated with being older ($P < 0.001$), partnered ($P < 0.001$), having a university education ($P < 0.05$), increasing self-efficacy ($P < 0.001$) and higher partners in health scores ($P < 0.001$). LIMITATIONS, REASONS FOR CAUTION: Results are derived from a cross-sectional study and can only be interpreted as associations not as causal relationships. The sample was more educated, more likely to speak English and be born in Australia than the general Australian female population of the same age, which may influence the generalizability of these results. WIDER IMPLICATIONS OF THE FINDINGS: This study investigated a knowledge gap by investigating quality of life of women with endometriosis in a large community sample. Self-efficacy was significantly associated with both physical and mental quality of life. Supporting women with endometriosis to improve self-efficacy through a structured chronic disease management programme may lead to improvements in this aspect of wellbeing. STUDY FUNDING/COMPETING INTEREST(S): R.O. undertook this research as part of her PhD at Monash University, which was supported by an Australian Government Research Training Program Stipend. J.F. is the Finkel Professor of Global Public Health, which was supported by the Finkel Family Foundation. There are no conflicts of interest to declare. TRIAL REGISTRATION NUMBER: NA. Copyright © 2020 The Author(s) 2020. Published by Oxford University Press on behalf of European Society of Human Reproduction and Embryology. All rights reserved.

Effect of LI4 and LI11 electro- acupressure on pain intensity and disability in pregnant women with low-back and pelvic pain: A randomized controlled trial. Alirezaei P., Pakniat H., Alizadeh A., Ranjkesh F.

Introduction: Back and pelvic pain is one of the most common problems during pregnancy. Acupressure is one of the treatment strategies. Therefore, this study was performed with aim to determine the effect of electro-acupressure of LI4 and LI11 on the severity and disability of in pregnant women with low back and pelvic pain.

Method(s): This randomized clinical trial study was performed on 101 pregnant women with low back and pelvic pain referred to Booeinzahra health centers from April to November 2020. The subjects were divided into intervention and control groups using block random allocation. The intervention group participated in 12 sessions of electro-acupressure on Heogu and Quchi from 26 to 32 weeks of pregnancy. The control group received standard prenatal care. The Roland
Morris Disability Questionnaire and Visual Analogue of Pain were completed in both groups before, 2 and 4 weeks after the intervention. Data were analyzed using R software and mixed effects model tests and post hoc test. P< 0.05 was considered statistically significant.

Result(s): The results of the study showed that 4 weeks intervention significantly reduced pain intensity (6.42 +/- 0.83, 3.00 +/-1.04) and disability (14.62 +/- 1.29, 7.9+/-2.22) in the intervention group compared to the control group (P <0.001).

Conclusion(s): Electrical stimulation of Hugo and Kochi needles during pregnancy can improve the severity of pelvic and low back pain and disability; it is recommended as a non-pharmacological method for low-risk pregnant women.

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Selective Progesterone Receptor Modulators (SPRMs) and Androgen Receptor Modulators (SARMs) as Treatment for Benign Gynecologic Diseases.

Islam M.S., Chen L.W., Segars J.H.

Common benign gynecologic conditions such as uterine fibroids and endometriosis are linked to chronic pelvic pain, abnormal and heavy uterine bleeding, and infertility. Effective medical management of these diseases is an unmet need. The steroid hormones progesterone (P4), estrogen (E2), and testosterone play a major role in reproductive physiology and uterine pathologies. Notably, selective progesterone receptor modulators have shown considerable promise as treatment options for some hormone-dependent conditions. More limited data are available regarding the safety and efficacy of selective androgen receptor modulators. In this report we review current evidence for selective progesterone receptor modulators and selective androgen receptor modulators as treatment options for benign gynecologic conditions.
The impact of preoperative pelvic pain on outcomes after vaginal reconstructive surgery.  
Sappenfield E.C., Tulikangas P.K., Wang R.  
Embase  
[Conference Paper]  
AN: 2014620257

Background: Pelvic pain is a debilitating condition that is common among women with pelvic floor disorders. Limited information is known about the impact of preoperative pelvic pain on outcomes after vaginal reconstructive surgery.

Objective(s): This study aimed to compare the outcomes after vaginal reconstructive surgery between women with and without preoperative pelvic pain.

Study Design: Baseline and postoperative data were analyzed from the "Outcomes Following Vaginal Prolapse Repair and Midurethral Sling trial." The multicenter trial involved women with anterior prolapse without symptoms of stress incontinence randomized to receive either a midurethral sling or sham incisions during a vaginal reconstructive surgery. Participants completed the visual analog scale adapted for suprapubic pain and Pelvic Floor Distress Inventory at baseline, 3 months, and 12 months. Preoperative pelvic pain was defined as a response of "5" or greater on pain on the visual analog scale or answering "moderately" or "quite a bit" on the Pelvic Floor Distress Inventory question, "Do you usually experience pain in the lower abdomen or genital area?" Outcomes and complication rates were compared between women with and without pelvic pain.

Result(s): The "Outcomes Following Vaginal Prolapse Repair and Midurethral Sling trial" participants included 112 women with pelvic pain (58 had a midurethral sling and 54 had sham incisions) and 212 women without pelvic pain (105 had a midurethral sling and 107 had sham incisions). Women who had a midurethral sling and pelvic pain were younger than women without pelvic pain (60.3+/-12.1 vs 65.1+/-8.6; P=.004). Women who had sham incisions and pelvic pain were more likely of Hispanic ethnicity than women without pelvic pain (27.8% vs 9.4%; P=.002). Patient improvement based on the Patient Global Impression of Improvement scale did not differ between arms. Women with pelvic pain had greater improvement on the visual analog scale pain scores after a surgical procedure at 3 months (-3.1+/-2.9 vs -0.4+/-1.6; P<.001) and at 12 months (-3.4+/-3.0 vs -0.6+/-1.6; P<.001) than women without pain, although their pain scores remained higher than those without preoperative pelvic pain at all time points (P<.001 for all). Similar improvements were found on the Pelvic Floor Distress Inventory and Pelvic Floor Impact Questionnaire. The differences observed were not affected by whether women were in the midurethral sling or sham arm of the trial. Postoperative urinary tract infection and incomplete bladder emptying did not differ between the groups.

Conclusion(s): Women with preoperative pelvic pain experienced significant improvements in pain and pelvic floor symptoms with vaginal reconstructive surgery and had similar subjective improvement postoperatively compared with women without preoperative pelvic pain. Reassuringly, the performance of a midurethral sling did not have an impact on the results.

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The role of estrogen deprivation therapy in premenopausal women with primary unresectable intracardiac leiomyomatosis: a systematic review and meta-analysis. 
Liang J., Lei R., Xie M., Lin S., Xu J., Ling X., Xie Q.

Embase
Orphanet Journal of Rare Diseases. 16(1) (no pagination), 2021. Article Number: 453. Date of Publication: December 2021.
[Review]
AN: 2014066292

Background: Intracardiac leiomyomatosis (ICLM) is a rare life-threatening form of intravenous leiomyomatosis (IVLM). The incomplete resection and recurrence are associated with high morbidity and mortality. The objective of this study is to identify that whether estrogen deprivation therapies, including bilateral salpingo-oophorectomy (BSO)-based surgery and gonadotrophin releasing hormone agonists (GnRHa) administration, could bring benefits to patients with primary unresectable ICLM.

Method(s): PubMed/MEDLINE (Ovid) was searched (up to May 2021) for studies reporting individual patient data on demographics, clinicopathological features, treatment, and follow-up information. Exclusion criteria were patients who may have been included in two or more publications. This study was performed in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines.

Result(s): A total of 114 patients from 70 papers were included. Several reports showed that the tumor in the right atrium and inferior vena cava shrank dramatically after BSO-based surgery, or GnRHa administrated preoperatively in premenopausal women. The rate of complete resection was 64.04% in patients with ICLM, which was 85.25% in no/slight adhesion and no pulmonary nodules group, while 22.22% in firm/extensive adhesion and/or pulmonary nodules group (p < 0.0001). Meanwhile, the recurrence rates in patients with complete resection and incomplete resection were 4.29% and 37.84% respectively (p < 0.0001). Furthermore, complete resection with BSO had the lowest recurrence rate of 3.13%, incomplete resection with BSO had a progression rate of 45.45%, while incomplete resection with ovarian preservation had the highest progression rate of 75.00%.

Conclusion(s): The recurrence rate of ICLM was closely related to firm/extensive adhesion in IVC or above, and/or pulmonary nodules. BSO-based surgery might reduce the recurrence rate no matter ICLM could be completely resected or not. In addition, estrogen deprivation therapies could decrease tumor burden as a primary treatment, and further make a secondary complete resection feasible in premenopausal women with initially unresectable ICLM.

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Moxibustion with different doses for primary dysmenorrhea of cold congelation and blood stasis type: A randomized controlled trial.

Objective: To explore the clinical effect differences of moxibustion with different doses on primary dysmenorrhea with cold congelation and blood stasis type.

Method(s): A total of 60 patients of primary dysmenorrhea were randomized into an intensified dose group and a conventional dose group. All of the patients were treated with moxibustion. In the intensified dose group, the treatment was given three times daily (once every morning, afternoon and at bedtime successively) and during the trial, 1 case was dropped out and 29 cases were included in the statistical analysis finally. In the conventional dose group, the treatment was given once daily and 1 case was dropped out during trial and 29 cases were included in the statistical analysis. The score of visual analogue scale (VAS) at the worst painful time point, the score of dysmenorrhea symptoms and recurrence rate were observed and compared before and after treatment in the patients between the two groups. The clinical therapeutic effects were observed in the two groups too.

Result(s): VAS difference value (D-value) and dysmenorrhea symptoms D-value before and after treatment in the intensified dose group were higher than those in the conventional dose group respectively (both P < 0.05). The recurrence rate was 14.29% in the intensified dose group, lower than 42.31% in the conventional dose group, with the statistical significance (P < 0.05). The total clinical effective rate was 96.55% in the intensified dose group, higher than 89.66% in the conventional dose group, with the statistical significance (P < 0.05).

Conclusion(s): Compared with the conventional dose moxibustion, moxibustion with intensified dose achieves satisfactory therapeutic effect on primary dysmenorrhea of cold congelation and blood stasis type. This therapy is low in recurrent rate and convenient in manipulation, thus it deserves to be promoted in clinical application.

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Effect and Safety of Kangfuyan Capsules () for Relieving Chronic Pelvic Pain: A Multicenter, Randomized, Controlled, Double-Blind, Parallel-Group Clinical Trial.
Liu Z.-H., Jin Z., Zhao H., Lu Y., Zhen H., Zou T.

Embase

Objective: To evaluate the effect and safety of Kangfuyan Capsules () for treating pelvic inflammatory disease (PID) in patients with chronic pelvic pain (CPP) in a multicenter, randomized, controlled, double-blind, parallel-group clinical trial.

Method(s): Totally, 240 PID patients with CPP were randomized into 2 groups using a computer generated random number at a 1:1 ratio from 10 hospitals in China between September 2014 and November 2015. Patients received either oral Kangfuyan Capsules or Gongyanping Capsules (), the regimen for both groups comprised 4 capsules (3 times daily) for 12 weeks, with follow-up visit 4 weeks after treatment. The visual analogue scale (VAS) scores, clinical responses, remarkable cure rates for each symptom, and quality of life scores were assessed at baseline, and after 1, 2, and 3 months. Adverse events were also recorded.

Result(s): The VAS scores were significantly lower (P<0.05), whereas the clinical responses, remarkable cure rates for lower abdominal pain, uterine tenderness, adnexal mass, and adnexal tenderness, and Health-related quality of life (EQ-5D) scores were higher in the Kangfuyan group than in the control group at 3 months (P<0.05). Common treatment-related adverse events included high hepatic enzyme levels, reduced hemoglobin levels, and elevated platelet counts, although all the adverse events were either mild or moderate in severity.

Conclusion(s): Compared with Gongyanping therapy, Kangfuyan therapy yielded markedly better analgesia effects for CPP caused by PID, with obvious long-term efficacy and good safety.

(Registration No. ChiCTR190022732)

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Myofascial Pain in Hysterectomy Patients.
Abu-Alnadi N., Frame B., Moore K.J., Carey E.T.
Embase
[Article]
AN: 2013487592
Study Objective: To assess the prevalence of myofascial pain in women undergoing uncomplicated, minimally invasive hysterectomy for chronic pelvic pain, to identify clinical and demographic factors associated with preoperative myofascial pain, and examine the association between myofascial pain and postoperative pain in hysterectomy patients.
Design(s): A retrospective cohort study.
Setting(s): A tertiary care teaching hospital.
Patient(s): A total of 353 adult women who underwent uncomplicated, minimally invasive hysterectomy between January 2014 and 2016.
Intervention(s): All women underwent a preoperative pelvic floor examination. Myofascial pain was diagnosed as tenderness and reproduction of pain symptoms in at least 2 of 6 pelvic floor muscles. Demographics, comorbidities, and intraoperative characteristics were compared between women with and without preoperative myofascial pain.
Measurements and Main Results: Of the 353 women who underwent hysterectomy, the prevalence of myofascial pain was 42.7% (86.0% in patients with chronic pelvic pain [CPP] compared with 13.7% without CPP). Women with myofascial pain were more likely younger, Caucasian, sexually active, and with comorbid pain conditions. Patients with myofascial pain used a greater number of adjuvant pain medications before surgery including opiates (29.5%) but were only half as likely to use muscle relaxants (12.1%) for preoperative pain control. Contrastingly, in women without myofascial pain before surgery, controlled substances such as opiates (8%, p <.01) and benzodiazepines (3%, p <.01) were used at a three-fold lower frequency. Postoperative pain score was higher in patients with myofascial pain, with 37% reporting a visual analog scale score greater than 5 at the routine postoperative visit compared with only 1% of patients without myofascial pain.
Conclusion(s): Myofascial pelvic pain must be considered in the evaluation of CPP, especially in surgical candidates. Women with myofascial pelvic use a greater amount of pain medication preoperatively and have higher pain scores postoperatively. Identification of these high-risk patients before surgery may improve pre and postoperative pain management with a multimodal therapy approach.
Copyright © 2021 AAGL
PMID 34147694 [https://www.ncbi.nlm.nih.gov/pubmed/?term=34147694]
Status Embase
Institution (Abu-Alnadi, Carey) Department of Obstetrics and Gynecology, University of North Carolina at Chapel Hill (Frame) University of North Carolina School of Medicine at Chapel Hill, Chapel Hill, NC, United States (Moore) Program in Health Disparities Research, Department of Family Medicine & Community Health, University of Minnesota Medical School, Minneapolis, MN, United States
Publisher Elsevier B.V.
Treatment of dyspareunia with botulinum neurotoxin type a: Clinical improvement and influence of patients' characteristics.

Embase
Article Number: 8783. Date of Publication: 02 Aug 2021.

The treatment of chronic pelvic pain (CPP) with botulinum neurotoxin type A (BoNT/A) has increased lately, but more studies assessing its effect are needed. This study aimed to evaluate the evolution of patients after BoNT/A infiltration and identify potential responders to treatment.

Twenty-four women with CPP associated with dyspareunia were treated with 90 units of BoNT/A injected into their pelvic floor muscle (PFM). Clinical status and PFM activity were monitored in a previous visit (PV) and 12 and 24 weeks after the infiltration (W12, W24) by validated clinical questionnaires and surface electromyography (sEMG). The influence of patients' characteristics on the reduction in pain at W12 and W24 was also assessed. After treatment, pain scores and the impact of symptoms on quality of life dropped significantly, sexual function improved and sEMG signal amplitude decreased on both sides of the PFM with no adverse events. Headaches and bilateral pelvic pain were risk factors for a smaller pain improvement at W24, while lower back pain was a protective factor. Apart from reporting a significant clinical improvement of patients with CPP associated with dyspareunia after BoNT/A infiltration, this study shows that clinical characteristics should be analyzed in detail to identify potential responders to treatment.

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Non-pharmacological treatments for chronic orchialgia: A systemic review.
Khalafalla K., Arafa M., Elbardisi H., Majzoub A.
Embase
[Review]
AN: 2013354933
Objective: To review the outcomes of various therapeutic modalities that can be offered to patients with chronic orchialgia (CO) after failed conservative treatment.
Method(s): A literature search was conducted using the PubMed and MEDLINE databases searching for articles exploring different CO treatment modalities. A Preferred Reporting Items for Systematic Reviews and Meta-Analyses approach was used to report the results of the literature search.
Result(s): A total of 34 studies were included for qualitative analysis. Most of the studies explored microsurgical spermatic cord denervation (MSCD; n = 19). Eight studies involved devices and interventions directed at blocking nerve sensations (pulsed radiofrequency stimulation, n = 5; transcutaneous electrical nerve stimulation, n = 1; cryoablation, n = 1; and mechanical vibratory stimulation, n = 1). Five studies reported on vasectomy reversal as a modality to relieve post-vasectomy pain syndrome (PVPS), while two studies explored the outcomes of orchidectomy on pain relief in patients with CO.
Conclusion(s): Several treatment methods are available in the urologist's armamentarium for the treatment of CO. MSCD appears to be an appealing treatment modality with encouraging outcomes. Neuropathic pain can be managed with a number of relatively non-invasive modalities. Vasectomy reversal is a sound treatment approach for patients with PVPS and ultimately orchidectomy is a terminal approach that can be discussed with patients suffering from intractable pain.
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381.

Functional abdominal pain disorders and patient- and parent-reported outcomes in children with inflammatory bowel disease in remission.
Embase
Background: Chronic abdominal pain occurs frequently in pediatric patients with inflammatory bowel disease (IBD) in remission.

Aim(s): To assess the prevalence and factors associated with Functional Abdominal Pain Disorders among IBD children in remission (IBD-FAPD).

Method(s): Patients with IBD for > 1 year, in clinical remission for >= 3 months were recruited from a National IBD network. IBD-FAPDs were assessed using the Rome III questionnaire criteria. Patient- or parent-reported outcomes were assessed.

Result(s): Among 102 included patients, 57 (56%) were boys, mean age (DS) was 15.0 (+/- 2.0) years and 75 (74%) had Crohn's disease. Twenty-two patients (22%) had at least one Functional Gastrointestinal Disorder among which 17 had at least one IBD-FAPD. Past severity of disease or treatments received and level of remission were not significantly associated with IBD-FAPD. Patients with IBD-FAPD reported more fatigue (peds-FACIT-F: 35.9 +/- 9.8 vs. 43.0 +/- 6.9, p = 0.01) and a lower HR-QoL (IMPACT III: 76.5 +/- 9.6 vs. 81.6 +/- 9.2, p = 0.04) than patients without FAPD, and their parents had higher levels of State and Trait anxiety than the other parents.

Conclusion(s): Prevalence of IBD-FAPD was 17%. IBD-FAPD was not associated with past severity of disease, but with fatigue and lower HR-QoL.
Manipulative therapy of sacral torsion versus myofascial release in patients clinically diagnosed posterior pelvic pain: a consort compliant randomized controlled trial.


BACKGROUND CONTEXT: Chronic low back pain represents a health care problem with substantial costs. It is generally accepted that approximately 10% to 25% of patients with persistent chronic low back pain may have pain arising from the sacroiliac joints. PURPOSE: This study aimed to analyze the effects of manipulative therapy of sacral torsion versus myofascial release on disability, pain intensity, and mobility in patients with chronic low back pain and sacroiliac joints. STUDY DESIGN/SETTING: A prospective, single-blinded randomized clinical trial. PATIENT SAMPLE: Sixty-four patients (mean +/- SD age: 51 +/- 9; 60% female) with chronic low back pain and sacroiliac joints comprised the patient sample. No participant withdrew because of adverse effects. OUTCOME MEASURES: Self-reported disability (primary), pain intensity, scale of kinesiophobia, quality of life, isometric endurance of trunk flexor muscles, and lumbar mobility in flexion were assessed at baseline, post-treatment, and one month follow-up. METHOD(S): Participants were randomly assigned to a sacral torsion manipulation group or myofascial release group, receiving a total of 12 sessions (once weekly).

RESULT(S): ANCOVA did not show a statistically significant difference between groups for disability (95% CI -2.40-1.90, p=.177). Effect sizes were large in both groups at both follow-up periods. Similar results were achieved for all secondary outcomes (p < 0.05). The linear model longitudinal analyses showed significant improvements in both groups over time for all outcomes with the exception of fear of movement (manipulative: Minimum within-groups change score 1.91, p=0.001; myofascial: 1.66, p=0.001).

CONCLUSION(S): Manipulative and myofascial release therapy in patients with clinically diagnosed sacroiliac joints syndrome resulted in a similar short-term benefit on patient reported disability. Both groups experienced similar decrease in the intensity of pain over time, although no clinically meaningful effects were demonstrated in either group.

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PMID 33991702 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33991702]
Evaluation of clinical practice guidelines (CPG) on the management of female chronic pelvic pain (CPP) using the AGREE II instrument.

Ghai V., Subramanian V., Jan H., Loganathan J., Doumouchtsis S.K.


Introduction and hypothesis: Variations in guidelines may result in differences in treatments and potentially poorer health-related outcomes. We aimed to systematically review and evaluate the quality of national and international guidelines and create an inventory of CPG recommendations on CPP.

Method(s): We searched EMBASE and MEDLINE databases from inception till August 2020 as well as websites of professional organizations and societies. We selected national and international CPGs reporting on the diagnosis and management of female CPP. We included six CPGs. Five researchers independently assessed the quality of included guidelines using the AGREE II tool and extracted recommendations.

Result(s): Two hundred thirty-two recommendations were recorded and grouped into six categories: diagnosis, medical treatment, surgical management, behavioural interventions, complementary/alternative therapies and education/research. Thirty-nine (17.11%) recommendations were comparable including: a comprehensive pain history, a multi-disciplinary approach, attributing muscular dysfunction as a cause of CPP and an assessment of quality of life. Two guidelines acknowledged sexual dysfunction associated with CPP and recommended treatment with pelvic floor exercises and behavioural interventions. All guidelines recommended surgical management; however, there was no consensus regarding adhesiolysis, bilateral salpingo-oophorectomy during hysterectomy, neurectomy and laparoscopic uterosacral nerve ablation. Half of recommendations (106, 46.49%) were unreferenced or made in absence of good-quality evidence or supported by expert opinion. Based on the AGREE II assessment, two guidelines were graded as high quality and recommended without modifications (EAU and RCOG). Guidelines performed poorly in the "Applicability", "Editorial Independence" and "Stakeholder Involvement" domains.

Conclusion(s): Majority of guidelines were of moderate quality with significant variation in recommendations and quality of guideline development.

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PMID 34148114 [https://www.ncbi.nlm.nih.gov/pubmed/?term=34148114]
Botulinum toxin A (Botox) injection into muscles of pelvic floor as a treatment for persistent pelvic pain secondary to pelvic floor muscular spasm: A pilot study.
Mooney S.S., Readman E., Hiscock R.J., Francis A., Fraser E., Ellett L.
Embase
Date of Publication: October 2021.
[Article]
AN: 2012741956
Background: Persistent pelvic pain (PPP) remains an important cause of morbidity. Pelvic floor muscle spasm is an important contributor to PPP.
Aim(s): The study's primary aim was to assess if botulinum toxin (BoNT) injection to pelvic floor muscles altered pain scores or quality of life (QoL) at six, 12 and 26 weeks. Secondary aims included investigating the impact of BoNT on opiate usage, examining the role of pain catastrophising, and assessing for complications.
Material(s) and Method(s): A single-centre prospective cohort study enrolled 21 patients with PPP who had failed physiotherapy techniques. Each participant underwent BoNT injection to muscles of the pelvic floor and pudendal nerve block. Questionnaires and digital vaginal examinations were conducted at baseline, six, 12 and 26 weeks. Pain score quantification used visual analogue scales (VAS) and numerical rating scales (NRS). Other outcome assessments included The World Health Organization Quality of Life instrument (WHOQoL-BREF), Pain Catastrophising Scale (PCS), and modified Australian Pelvic Floor Questionnaire (APFQ). ACTRN12620000067976.
Result(s): Following BoNT injection, median VAS scores decreased for all domains at six and 12 weeks, with VAS for dyspareunia significant at six weeks (P = 0.026). Scores returned to baseline by 26 weeks. Opiate usage was significantly less following BoNT injection, with a percentage reduction of 23.8% (95% CI -48.3 to 0.7, P = 0.06). Sexual function improved significantly (P < 0.01), and at six months, four previously aparoecic participants reported successful penetrative vaginal intercourse. Health-related QoL and PCS demonstrated sustained improvement (P = 0.02-0.05). NRS for muscle tenderness decreased for all assessed muscle groups (P < 0.001).
Conclusion(s): BoNT requires further assessment as a treatment modality for select women with PPP.
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385.

A Phase II, Nonrandomized Open Trial Assessing Pain Efficacy with Radium-223 in Symptomatic Metastatic Castration-resistant Prostate Cancer.


Embase
[Article]
AN: 2012599240

Background: Prostate Cancer Working Group 3 and FDA guidelines recommend a standardized approach to pain assessment in preapproval trials. No prior trial has examined pain palliation of Radium-223 using standard dosing and contemporary PRO pain-assessment tools.

Method(s): In this multicenter phase II trial, patients with Brief Pain Inventory (BPI) >=3 were eligible for Radium-223 per its label. Primary endpoint was a 30% decrease in BPI Worst Pain from baseline to Week 8, sustained at Week 12 without escalation of medication on the World Health Organization (WHO) analgesic ladder. Secondary endpoints included changes in Brief Fatigue Inventory (BFI) Worst fatigue and BPI pain interference. If six of 27 subjects (22%) met the primary endpoint, the trial would expand by another 36 subjects.

Result(s): Twenty-nine subjects were accrued. Nine of 29 (31%) subjects met the primary endpoint, with 21 (72%) evaluable for the primary endpoint. Among responders: median worst pain declined 62% (range 36-100) at Week 8 and 63% (range 38-100) at Week 12; median reduction of pain interference with general activity and sleep at Week 12 was 62% (range 18-100) and 53% (range 8-100) respectively; median reduction in worst fatigue of 45% (range 10-85) at Week 12.

Conclusion(s): In the first prospective trial using standard Ra-223 doses, contemporary pain endpoints and PRO collection tools, Ra-223 palliated pain, reduced fatigue, and improved pain interference. The pain response rate easily exceeded the requirements for expansion to the second phase, but the trial was closed due to slow accrual.

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Status Embase
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Neuromodulation for chronic pain.

Knotkova H., Hamani C., Sivanesan E., Le Beuffe M.F.E., Moon J.Y., Cohen S.P., Huntoon M.A. 
Embase
The Lancet. 397(10289) (pp 2111-2124), 2021. Date of Publication: 29 May 2021. 
[Review] 
AN: 2012212365 
Neuromodulation is an expanding area of pain medicine that incorporates an array of non-invasive, minimally invasive, and surgical electrical therapies. In this Series paper, we focus on spinal cord stimulation (SCS) therapies discussed within the framework of other invasive, minimally invasive, and non-invasive neuromodulation therapies. These therapies include deep brain and motor cortex stimulation, peripheral nerve stimulation, and the non-invasive treatments of repetitive transcranial magnetic stimulation, transcranial direct current stimulation, and transcutaneous electrical nerve stimulation. SCS methods with electrical variables that differ from traditional SCS have been approved. Although methods devoid of paraesthesias (eg, high frequency) should theoretically allow for placebo-controlled trials, few have been done. There is low-to-moderate quality evidence that SCS is superior to reoperation or conventional medical management for failed back surgery syndrome, and conflicting evidence as to the superiority of traditional SCS over sham stimulation or between different SCS modalities. Peripheral nerve stimulation technologies have also undergone rapid development and become less invasive, including many that are placed percutaneously. There is low-to-moderate quality evidence that peripheral nerve stimulation is effective for neuropathic pain in an extremity, low quality evidence that it is effective for back pain with or without leg pain, and conflicting evidence that it can prevent migraines. In the USA and many areas in Europe, deep brain and motor cortex stimulation are not approved for chronic pain, but are used off-label for refractory cases. Overall, there is mixed evidence supporting brain stimulation, with most sham-controlled trials yielding negative findings. Regarding non-invasive modalities, there is moderate quality evidence that repetitive transcranial magnetic stimulation does not provide meaningful benefit for chronic pain in general, but conflicting evidence regarding pain relief for neuropathic pain and headaches. For transcranial direct current stimulation, there is low-quality evidence supporting its benefit for chronic pain, but conflicting evidence regarding a small treatment effect for neuropathic pain and headaches. For transcutaneous electrical nerve stimulation, there is low-quality evidence that it is
superior to sham or no treatment for neuropathic pain, but conflicting evidence for non-neuropathic pain. Future research should focus on better evaluating the short-term and long-term effectiveness of all neuromodulation modalities and whether they decrease health-care use, and on refining selection criteria and treatment variables.

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Status Embase

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Dienogest vs GnRH agonists as postoperative therapy after laparoscopic eradication of deep infiltrating endometriosis with bowel and parametrial surgery: a randomized controlled trial.

Ceccaroni M., Clarizia R., Liverani S., Donati A., Ceccarello M., Manzone M., Roviglione G., Ferrero S.

Embase


[Article]

AN: 2011613449

Background: The recurrence of deep infiltrating endometriosis (DIE) after its surgical excision is a big problem; postoperative treatment is crucial.

Objective(s): To compare two postoperative treatments: Dienogest and GnRH agonists.

Design(s): Prospective Randomized Controlled Trial (RCT).

Patient(s): 146 women submitted to laparoscopic eradication of DIE with bowel and parametrial surgery.

Intervention(s): Patients were randomized into two groups. Group A (n = 81) received Triptorelin or Leuprolelin 3.75 mg every 4 weeks for 6 months. Group B (n = 65) received Dienogest 2 mg/day for at least 6 months. A first interview made after six months valued compliance to therapy, treatment tolerability, pain improvement, and side effects. A second interview at 30 +/- 6

Page 393
months valued pain relapse, imaging relapse, and pregnancy rate. Main outcomes: The primary outcome was to demonstrate the non-inferiority of Dienogest about the reduction in pain recurrence. Secondary outcomes were differences in terms of treatment tolerability, side effects, imaging relapse rate, and pregnancy rate.

Result(s): Both Dienogest and GnRH agonists were associated with a highly significant reduction of pain at 6 and 30 months, without any significant difference (p < .001). About treatment tolerability, a more satisfactory profile was reported with Dienogest (p = .026). No difference in terms of clinical relapse, imaging relapse, and live births was found.

Conclusion(s): Dienogest has proven to be as effective as GnRH agonists in preventing recurrence of DIE and associated pelvic pain after surgery. Also, it is better tolerated by patients.

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PMID 34036845 [https://www.ncbi.nlm.nih.gov/pubmed/?term=34036845]


[Article]

Background: Chronic pelvic pain (CPP) is a common condition which significantly impacts the quality of life and wellbeing of many women. Laparoscopy with histopathology is recommended for investigation of pelvic pain and identification of endometriosis with concurrent removal. Nevertheless, the association between endometriosis and pelvic pain is challenging, with endometriosis identified in only 30-50% of women with pain.

Aim(s): To explore the predictors for undergoing surgery, for identifying endometriosis and endometriosis severity in a cohort of women with CPP.

Material(s) and Method(s): This study forms part of the Persistent Pelvic Pain project, a prospective observational cohort study (ANZCTR:ACTRN12616000150448). Women referred to a public gynaecology clinic with pain were randomised to one of two gynaecology units for routine
care and followed for 36 months with 6-monthly surveys assessing demographics, medical history, quality of life, and pain symptoms measured on a Likert scale. Operative notes were reviewed and endometriosis staged.

Result(s): Of 471 women recruited, 102 women underwent laparoscopy or laparotomy, of whom 52 had endometriosis (n = 37 stage I-II; n = 15 Stage III-IV). Gynaecology unit, pelvic pain intensity and lower parity were all predictors of surgery (odds ratio (OR) 0.342; 95% CI 0.209-0.561; OR 1.303; 95% CI: 1.079-1.573; OR 0.767; 95% CI: 0.620-0.949, respectively). There were no predictors identified for endometriosis diagnosis and the only predictor of severity was increasing age (OR 1.155; 95% CI: 1.047-1.310).

Conclusion(s): Gynaecology unit and pain intensity were key predictors of undergoing laparoscopy; however, pain severity did not predict endometriosis diagnosis or staging. These findings indicate the need to review current frameworks guiding practice toward surgery for pelvic pain.

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2021

389.

A Randomized Controlled Trial of a Modified Cystoscopy Technique using the Peak-End Rule in order to Improve Pain and Anxiety.
Embase
[Article]
AN: 2011542016
Objective: To determine if a modified cystoscopy technique utilizing the peak-end rule cognitive bias decreases pain and anxiety during flexible cystoscopy in patients who undergo cystoscopy.
Method(s): A total of 85 participants undergoing their first diagnostic cystoscopy were enrolled in a blinded single-center, prospective, randomized controlled trial. Patients with lower urinary tract abnormalities, prior radiation and chronic pelvic pain were excluded. Participants were randomized to a standard cystoscopy (arm A) or a modified cystoscopy (arm B) where a two-minute period at the end of the procedure was completed during which the cystoscope was left in the bladder without being manipulated. Following the cystoscopy, participants completed a standard pain and anxiety questionnaire. Differences in mean pain and anxiety score between arms were evaluated using a Mann-Whitney test with a two-sided alpha of 0.05.
Result(s): Eighty-five patients were randomized and underwent flexible cystoscopy. Three participants were ineligible, one required secondary procedures, and two did not complete the questionnaires. Among the 82 eligible patients, 45 were randomized to standard cystoscopy (arm A) and 37 to the modified cystoscopy (arm B) with mean pain scores of 23.20 and 11.97, respectively (P = .039). Mean anxiety scores were 2.09 and 0.88 for arm A and B, respectively (P = .013).
Conclusion(s): This study demonstrated a clinically meaningful decrease in pain and anxiety for patients undergoing flexible cystoscopy when employing the modified cystoscopy technique versus the standard practice. This free and straightforward method to improve patient comfort and decrease stress during first time flexible cystoscopy should be considered by clinicians.
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Dorsal Root Ganglion Stimulation for the Treatment of Non-Complex Regional Pain Syndrome Related Chronic Pain Syndromes: A Systematic Review.
Stelter B., Karri J., Marathe A., Abd-Elsayed A.
Embase
Neuromodulation. 24(4) (pp 622-633), 2021. Date of Publication: June 2021.
[Review]
AN: 2010265062
Background: While the majority of indications and approvals for dorsal root ganglion stimulation (DRGS) are for the refractory management of complex regional pain syndrome (CRPS), emerging evidence has suggested that DRGS may be favorably used for a plethora of other
chronic pain phenomena. Consequently, we aimed to characterize the use and efficacy of DRGS for these non-CRPS-related chronic pain syndromes.

Material(s) and Method(s): A systematic review of clinical studies demonstrating the use of DRGS for non-CRPS-related chronic pain syndromes. The literature search was performed using PubMed, Cochrane Library, and CINAHL plus across August and September 2020.

Result(s): A total of 28 reports comprising 354 total patients were included in the analysis. Of the chronic pain syndromes presented, axial low back pain, chronic pelvic and groin pain, other peripheral neuropathies, and studies with multiple concomitant pain syndromes, a majority demonstrated >50% mean pain reduction at the time of last follow-up following DRGS. Physical function, quality of life (QOL), and lesser pain medication usage also were repeatedly reported to be significantly improved.

Conclusion(s): DRGS continues to lack supportive evidence from well designed, high level studies and recommendations from consensus committee experts. However, we present repeated and consistent evidence from lower level studies showing success with the use of DRGS for various non-CRPS chronic pain syndromes in reducing pain along with increasing function and QOL from one week to three years. Due to such low-level, high bias evidence, we strongly encourage the continuation of high-level studies in order to provide a stronger foundation for the use of DRGS in non-CRPS chronic pain patients. However, it may be reasonable and appropriate to evaluate patients for DRGS candidacy on a case-by-case basis particularly if they manifest focal pain syndromes refractory to noninterventional measures and may not be ideal candidates for other forms of neuromodulation.

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Effect of integrated neuromuscular inhibition technique compared with positional release technique in the management of piriformis syndrome.


AN: 635700910

CONTEXT: Studies have indicated that the muscle energy technique (MET) and the positional release technique (PRT) are effective in the management of piriformis syndrome (PS); however, evidence is scarce regarding the combination of these techniques in the form of an integrated neuromuscular inhibition technique (INIT) in the management of individuals with PS. Although a previous trial investigated the effect of INIT for PS, that study did not integrate Ruddy's reciprocal
antagonist facilitation (RRAF) method into the INIT protocol, nor did the authors diagnose PS according to established criteria.

OBJECTIVE(S): To examine the effects of INIT with integrated RRAF compared with PRT in the management of patients diagnosed with PS.

METHOD(S): This study was designed as a single blind randomized clinical trial in which participants diagnosed with PS were randomly allocated into INIT and PRT groups. Each group attended two treatment sessions per week for 8 weeks. Patients in the INIT group received a protocol in which the patient's tender point or trigger point was palpated in the belly of the piriformis approximately halfway between the inferior lateral angle of the sacrum and the greater trochanter, at which point the therapist applied an intermittent or sustained pressure and maintained the pressure for 20-60 seconds (depending on the participant's response to pain reduction). For INIT patients, that protocol was also followed by RRAF, a method in which a patient introduces a series of tiny/miniature contractions or efforts (20 times per 10 seconds) against a therapist's resistance. Patients in the PRT group were treated by palpating the same trigger point described in the INIT group, followed by application of light pressure at the location of the trigger point, which was maintained the pressure for 2 minutes or until the pain subsided (determined by asking the participant to report a pain score using a visual analog scale at 30 second intervals). For both groups, three repetitions of the INIT or PRT treatment were performed over 10 minutes at each clinical visit. Additionally, each group also received stretching exercises immediately after the INIT or PRT treatment session. Each participant was assessed at baseline, immediately posttreatment, and at 4 months posttreatment for pain, sciatica, functional mobility, quality of life, hip abduction, and internal rotation. A repeated measures analysis of variance (ANOVA) of within-between group interactions was used to analyze the treatment effect.

RESULT(S): Forty eight participants (age range, 25-47 years; mean age +/- standard deviation, 32.81 +/- 3.27 years) were randomized into the INIT and PRT groups, with 24 participants in each group. No significant between-group differences (p>0.05) were observed in the baseline demographic and clinical variables of the participants. A repeated-measures ANOVA indicated that there was a significant time effect for all outcomes, with a significant interaction between time and intervention (p<0.001). The Bonferroni post hoc analyses of time and intervention effects indicated that the INIT group improved significantly compared with the PRT group in all outcomes (p<0.05) immediately posttreatment and at the 4 months follow up period.

CONCLUSION(S): INIT was more effective than PRT in the management of individuals with PS. It should be noted the significant improvement achieved in both the groups may have also been contributed to by the stretching exercises that were used as adjunct therapies by both groups.

Copyright © 2021 Musa S. Danazumi et al., published by De Gruyter, Berlin/Boston.
The short-term efficacy of electrical pudendal nerve stimulation versus intravesical instillation for the urethral pain syndrome: a randomized clinical trial.


Embase


PURPOSE: Urethral pain syndrome is a chronic condition characterized by disturbing feeling or server pain sensed at the urethra without specific treatment. This double-center, two-arm controlled trial aimed to explore the efficacy of electrical pudendal nerve stimulation (EPNS) versus intravesical instillation (II) of heparin and alkalinized lidocaine for urethral pain syndrome (UPS).

METHOD(S): Eighty eligible patients took three sessions of EPNS, or 1 session of II per week, for 6 consecutive weeks. The primary end point was the change of pelvic pain and urgency/frequency symptom (PUF) score from baseline to week 6. Secondary outcome measures included changes of visual analogue scale (VAS) score and three sub-score extracted from PUF score.

RESULT(S): The enrolled participants were all included in the intention-to-treat analyses, and baseline characteristics between the two groups were well balanced. The post-treatment PUF score decreased by 10.0 (7.00, 16.50) in the EPNS group, and by 7.0 (3.00, 10.00) in the II group. At the closure of treatment, the medians of changes in symptom score, bother score, pain-related score and VAS score were 6.50 (4.25, 10.00), 4.00 (2.00, 6.00), 6.00 (5.00, 8.00), 4.50 (2.25, 6.00), respectively, in the EPNS group, and 4.00 (2.00, 7.00), 3.00 (1.00, 3.00), 3.00 (2.00, 6.00), 2.00 (1.00, 4.00), respectively, in the II group. All the between-group differences were statistically significant.

CONCLUSION(S): Compared with the II, the EPNS results in superior pain control and better relief of lower urinary tract symptoms, and deserves further attention. TRIAL REGISTRATION: ClinicalTrials.gov (NCT03671993).

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PMID 33934208
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Publisher NLM (Medline)
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Pressing acupuncture therapy combined with auricular pressure beans for the treatment of chronic prostatitis / chronic pelvic pain syndrome.
Zhang X.-J., Dai L.-Q., Chen J.-H., Dai J.
Embase
Zhonghua nan ke xue = National journal of andrology. 27(4) (pp 347-350), 2021. Date of Publication: 01 Apr 2021.
[Article]
AN: 636910597
Objective: To explore the application value of the pressing acupuncture therapy (PAT) combined with auricular pressure beans in the treatment of chronic prostatitis / chronic pelvic pain syndrome (CP/CPPS).
METHOD(S): We selected 50 cases of CP/CPPS confirmed in our Department of Andrology from January to December 2019 and randomly divided them into an observation (n = 25) and a control group (n = 25), the former treated by PAT combined with auricular pressure beans in addition to medication, and the latter with auricular pressure beans in combination with drug therapy, both for 14 successive days. We compared the scores on NIH-CPSI and General Comfort Questionnaire (GCQ) between the two groups of patients before and after treatment.
RESULT(S): After treatment, the patients in the observation group, compared with the controls, showed a significantly higher total effectiveness rate (92% vs 68%, P < 0.05) and GCQ score ([95.00 +/- 9.39] vs [80.16 +/- 9.96], P < 0.05), and a lower pain symptom score ([6.92 +/- 2.34] vs [10.08 +/- 2.22], P < 0.05), urination symptom score ([3.16 +/- 1.46] vs [4.80 +/- 1.19], P < 0.05), quality of life score ([4.68 +/- 1.35] vs [6.80 +/- 1.71], P < 0.05) and total NIH-CPSI score ([14.76 +/- 3.31] vs [23.68 +/- 3.05], P < 0.05).
CONCLUSION(S): The pressing acupuncture therapy, with the advantage of dynamic needle retention with good compliance, can relieve the clinical symptoms of CP/CPPS and improve the life comfort of the patients, and is therefore worthy of further clinical research and application.
PMID 34914219 [https://www.ncbi.nlm.nih.gov/pubmed/?term=34914219]
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Publisher
NLM (Medline)
Year of Publication
2021

Efficacy of internet-based treatment for genito-pelvic pain/penetration disorder: Results of a randomized controlled trial.
Zarski A.-C., Berking M., Ebert D.D.
Embase
Journal of consulting and clinical psychology. 89(11) (pp 909-924), 2021. Date of Publication: 01 Nov 2021.
[Article]
AN: 636822139
OBJECTIVE: The aim of this study was to evaluate the efficacy of an internet-based treatment for Genito-Pelvic Pain/Penetration Disorder (GPPPD) which adversely affects women's sexuality and is associated with reduced well-being and mental health comorbidities.

METHOD(S): Two-hundred women with GPPPD (no penetrative intercourse >=6 months) were randomly allocated to the intervention group (IG) or a waitlist control group (WCG). The intervention included eight modules and one booster session and was delivered through an eHealth platform. Participants were supported by an eCoach regarding treatment adherence. The primary outcome was intercourse penetration behavior. Online assessments were scheduled at baseline (T1), after Session 8/12 weeks (T2), and 6 months (T3) after randomization. Intention-to-treat analyses were reported.

RESULT(S): Significantly more participants (31.00%, n = 31/100) in the IG were able to have sexual intercourse at T2 compared to those in the WCG, 13.00%, n = 13/100; chi2(1) = 9.44, p < .01. At T3, still more participants in the IG had sexual intercourse (29%) compared to those in the WCG (20%) but the groups no longer differed significantly, chi2(1) = 2.19, p = .19. Genital pain, painful and noncoital penetration behavior, and negative penetration-related cognitions significantly improved with medium to large effects at T2 (d = 0.66-1.25) and small to large effects at T3 (d = 0.23-1.32), whereas fear of sexuality, overall sexual functioning, trait anxiety, and well-being improved with small to medium effects (T2: d = 0.20-0.49, T3: d = 0.23-0.46) in the IG compared to the WCG. On average, participants completed 79% of the intervention.

CONCLUSION(S): Internet-based treatment has been shown to be effective for GPPPD symptoms and could therefore be a promising treatment modality. (PsycInfo Database Record (c) 2021 APA, all rights reserved).

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Publisher NLM (Medline)
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395.
Bohn J.A., Bullard K.A., Rodriguez M.I., Ecker A.M.
Embase
Obstetrics and gynecology. 138(4) (pp 557-564), 2021. Date of Publication: 01 Oct 2021. [Article]
AN: 636343628
OBJECTIVE: To evaluate the cost effectiveness of sequential medical and surgical therapy for the treatment of endometriosis-related dysmenorrhea.
METHOD(S): A cost-effectiveness model was created to compare three stepwise medical and surgical treatment strategies compared with immediate surgical management for dysmenorrhea using a health care payor perspective. A theoretical study cohort was derived from the estimated number of reproductive age (18-45) women in the United States with endometriosis-related dysmenorrhea. The treatment strategies modeled were: strategy 1) nonsteroidal antiinflammatory drugs (NSAIDs) followed by surgery; strategy 2) NSAIDs, then short-acting reversible contraceptives or long-acting reversible contraceptives (LARCs) followed by surgery; strategy 3)
NSAIDs, then a short-acting reversible contraceptive or LARC, then a LARC or gonadotropin-releasing hormone modulator followed by surgery; strategy 4) proceeding directly to surgery. Probabilities, utilities, and costs were derived from the literature. Outcomes included cost, quality-adjusted life years (QALYs), and incremental cost-effectiveness ratios. Univariate, bivariate, and multivariate sensitivity analyses were performed.

RESULT(S): In this theoretical cohort of 4,817,894 women with endometriosis-related dysmenorrhea, all medical and surgical treatment strategies were cost effective at a standard willingness-to-pay threshold of $100,000 per QALY gained when compared with surgery alone. Strategy 2 was associated with the lowest cost per QALY gained ($1,155). Requiring a trial of a third medication before surgery would cost an additional $257 million, compared with proceeding to surgery after failing two medical treatments. The probability of improvement with surgery would need to exceed 83% for this to be the preferred first-line approach.

CONCLUSION(S): All sequential medical and surgical management strategies for endometriosis-related dysmenorrhea were cost effective when compared with surgery alone. A trial of hormonal management after NSAIDs, before proceeding to surgery, may provide cost savings. Delaying surgical management in an individual with pain refractory to more than three medications may decrease quality of life and increase cost.

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396.

Anti-inflammatory iron chelator, DIBI, reduces leukocyte-endothelial adhesion and clinical symptoms of LPS-induced interstitial cystitis in mice.

Hagn G., Holbein B., Zhou J., Lehmann C.
Embase Clinical hemorheology and microcirculation. 79(3) (pp 395-406), 2021. Date of Publication: 2021. [Article] AN: 635607109

BACKGROUND: Interstitial cystitis (IC) is a prevalent and debilitating chronic inflammatory disease of the urinary bladder. Currently there are no fully effective therapeutic agents available, in part due to the still obscure pathogenesis of IC. Lipopolysaccharide (LPS) also known as endotoxin from Gram negative bacteria elicits IC in mice and has formed the basis of model systems for investigation. Excess free iron plays an important role in inflammation through generation of reactive oxygen species (ROS). The novel iron chelator DIBI has been shown to sequester excess free iron and dampen excess inflammatory responses to systemic LPS administration and also to Gram negative bacterial infections.

OBJECTIVE(S): The overall objective of this study was to evaluate the effects of DIBI on LPS induced IC in mice. Leukocyte activation, endothelial adhesion and functional capillary density were assessed by intravital microscopy of the bladder microcirculation following a single
intravesical LPS administration with or without intravesical DIBI treatment. Clinical IC symptoms were also assessed through behavioral and pain threshold force measurements. METHOD(S): Four groups of female BALB/c mice (n = 5-6/group) were randomized in this study: control group, IC group without therapy, IC group with DIBI therapy and control group with DIBI therapy. The groups were examined using intravital microscopy (IVM) of the bladder for leukocyte-endothelial interactions (adherent leukocytes, temporarily interacting leukocytes) and functional capillary density (FCD). A modified behavioral score by Boucher et al. and Von-Frey-Aesthesiometry were used to evaluate key behavioral indices related to pain and visceral pain perception. RESULT(S): LPS introduced intravesically induced an early (<=2h) inflammation of the bladder evidenced by leukocyte activation and adhesion to bladder capillary walls. Intravesical DIBI therapy of mice 30min following LPS administration and assessed after 1.5h treatment showed a significant decrease in the number of adherent leukocytes compared to IC animals without DIBI treatment. DIBI treated mice showed a significantly lowered increase in behavioral distress scores compared to IC mice without therapy. Untreated IC mice exhibited a significantly decreased threshold force value for evoked pain response and DIBI treatment improved the threshold pain response. A significant inverse correlation was found for the two pain and suffering evaluation methods results. CONCLUSION(S): DIBI reduced inflammatory endothelial leukocyte adhesion and key indices related to pain and suffering over those observed in untreated IC mice. Our findings suggest a potential therapeutic role for DIBI for IC treatment. PMID 34250933 [https://www.ncbi.nlm.nih.gov/pubmed/?term=34250933] Institution (Hagn, Zhou, Lehmann) Department of Anesthesia, Pain Management and Perioperative Medicine, Dalhousie University, NS, Halifax, Canada (Hagn, Lehmann) Department of Pharmacology, Dalhousie University, NS, Halifax, Canada (Holbein, Lehmann) Department of Microbiology & Immunology, Dalhousie University, NS, Halifax, Canada (Holbein) Chelation Partners Inc., Labs at Innovacorp, Life Sciences Research Institute, NS, Halifax, Canada Publisher NLM (Medline) Year of Publication 2021
assigned in a 2:1 ratio to receive SRE or placebo for 12 weeks. The primary efficacy endpoint was the change in total score on the National Institutes of Health-Chronic Prostatitis Symptom Index (NIH-CPSI). Secondary efficacy endpoints included improvements within each domain of NIH-CPSI, clinical response rate, and International Index of Erectile Function 5 items (IIEF-5).

RESULT(S): In total, 226 patients were enrolled and randomized between January 2017 and June 2018. Of these 221 patients were included in the intent-to-treat analysis: 148 in the SRE group and 73 patients in the placebo group. Compared to the placebo, SRE led to statistically significant improvements in the NIH-CPSI total score and sub-scores. The significant improvements of NIH-CPSI scores were established after 2 weeks from the first dose, and continued to the end of the treatment. Furthermore, a significantly higher rate of patients achieved a clinical response in the SRE group compared with that in the placebo group (73.0% vs 32.9%, P<0.0001). Only minor adverse events were observed across the entire study population.

CONCLUSION(S): SRE was effective, safe, and clinically superior to placebo for the treatment of CP/CPPS. ChiCTR-IPR-16010196, December 21, 2016 retrospectively registered.

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398.

Assessment of levator hiatal area using 3D/4D transperineal ultrasound in women with deep infiltrating endometriosis and superficial dyspareunia treated with pelvic floor muscle physiotherapy: randomized controlled trial.
OBJECTIVES: Deep infiltrating endometriosis (DIE) is associated with chronic pelvic pain, dyspareunia and pelvic floor muscle hypertonia. The primary aim of this study was to evaluate the effect of pelvic floor physiotherapy (PFP) on the area of levator ani hiatus during Valsalva maneuver, assessed using transperineal ultrasound, in women with DIE suffering from superficial dyspareunia.

METHOD(S): This was a randomized controlled trial of 34 nulliparous women diagnosed with DIE and associated superficial dyspareunia. After an initial clinical examination, all patients underwent three-dimensional/four-dimensional (3D/4D) transperineal ultrasound to measure the levator hialtal area (LHA) at rest, on maximum pelvic floor muscle contraction and on maximum Valsalva maneuver, and were asked to rate their pain symptoms using a numerical rating scale (NRS). Eligible women were assigned randomly (1:1 ratio) to no intervention (control group, 17 women) or treatment with five individual sessions of PFP (study group, 17 women). Four months after the first examination, all women underwent a second evaluation of pain symptoms and LHA on transperineal ultrasound. The primary outcome measure was the percentage change in LHA on maximum Valsalva maneuver between the baseline and follow-up examinations. The percentage changes in pain symptoms between the two examinations, including superficial and deep dyspareunia, dysmenorrhea, chronic pelvic pain, dysuria and dyschezia, were also evaluated.

RESULT(S): Thirty women, comprising 17 in the study group and 13 in the control group, completed the study and were included in the analysis. The percentage change in LHA on maximum Valsalva maneuver between the two examinations was higher in the study group than in the control group (20.0+/−24.8% vs -0.5+/−3.3%; P=0.02), indicating better pelvic floor muscle relaxation. After PFP treatment, the NRS score for superficial dyspareunia remained almost unchanged in the control group (median change in NRS (DELTA-NRS), 0 (interquartile range (IQR), 0-0)) while a marked reduction was observed in the study group (median DELTA-NRS, -3 (IQR, -4 to -2); P<0.01). Moreover, there was a significant difference between the PFP and control groups with regards to the change in chronic pelvic pain (median DELTA-NRS, 0 (IQR, -2 to 0) vs 0 (IQR, 0-1); P=0.01).

CONCLUSION(S): In women with DIE, PFP seems to result in increased LHA on Valsalva maneuver, as observed by 3D/4D transperineal ultrasound, leading to improved superficial dyspareunia, chronic pelvic pain and pelvic floor muscle relaxation. © 2020 International Society of Ultrasound in Obstetrics and Gynecology.
Individual Differences in the Relationship Between Pain Fear, Avoidance, and Pain Severity in a Chronic Abdominal Pain Sample and the Moderating Effect of Child Age.  
Cushing C.C., Kichline T., Friesen C., Schurman J.V.  
Embase  
[Article]  
AN: 633725533  
BACKGROUND/PURPOSE: Most studies examining the components of the fear-avoidance model have examined processes at the group level. The current study used ecological momentary assessments to: (a) investigate the group and intraindividual relationships between pain fear, avoidance, and pain severity, (b) identify any heterogeneity between these relationships, and (c) explore the role of moderators to explain such heterogeneity.  
METHOD(S): Seventy-one pediatric patients with chronic abdominal pain (M = 13.34 years, standard deviation = 2.67 years) reported pain fear, avoidance, and pain severity four times per day over 14 days.  
RESULT(S): Results indicated significant individual differences in the relationship between pain fear and pain avoidance predicting pain severity. Child age helped explain the heterogeneity in the relationships between pain avoidance and pain severity such that older children had a stronger and more positive relationship between these variables. The random effect between pain fear and pain severity also indicated a moderator trend of child age such that older children were likely to have a stronger and more positive relationship.  
CONCLUSION(S): The present study extends the fear-avoidance model by highlighting the importance of identifying potential individual differences when examining pain fear, avoidance, and pain severity. Furthermore, the current study suggests that child development should be considered in the model. However, future randomized control designs are necessary to explore the causal relationships between pain fear and avoidance on pain severity and potential developmental differences.  
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Effectiveness of Botulinum Toxin for Treatment of Symptomatic Pelvic Floor Myofascial Pain in Women: A Systematic Review and Meta-analysis.
Meister M.R., Brubaker A., Sutcliffe S., Lowder J.L.
Embase
Female pelvic medicine & reconstructive surgery. 27(1) (pp e152-e160), 2021. Date of Publication: 01 Jan 2021.
[Article]
AN: 631539922
OBJECTIVES: The aims of the study were to systematically review the literature and to synthesize the evidence for the effectiveness of botulinum toxin injection to the pelvic floor muscles for treating pelvic floor myofascial pain in female patients.
METHOD(S): This systematic literature search was performed in February 2018 and updated in September 2019. Articles were screened based on predefined criteria: (1) adult population, (2) female patients, (3) treatment of pelvic pain by transvaginal botulinum toxin injection into the pelvic floor, (4) published in English or English translation available, (5) study design including randomized controlled trials, cohort studies, and case series with more than 10 participants, and (6) quantitative report of pain scores. Nine studies were included in the primary analysis, and an unpublished study was included in a sensitivity analysis. A random effects model with robust variance estimation was used to estimate the pooled mean difference in patient-reported pain scores after botulinum toxin injection.
RESULT(S): A statistically significant reduction in patient-reported pain scores was noted at 6 weeks after botulinum toxin injection (mean difference, 20.3; 95% confidence interval, 11.7-28.9) and continued past 12 weeks (mean difference, 19.4; 95% confidence interval, 14.6-24.2). Significant improvement was noted in secondary outcomes including dyspareunia, dyschezia, and quality of life.
CONCLUSION(S): This systematic review and meta-analysis support the conduct of future, large-scale randomized controlled trials to determine the efficacy and optimize administration of botulinum toxin injections for treatment of pelvic floor myofascial pain and associated symptoms in women.
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Clinical study of dienogest in the treatment of refractory endometriosis-associated pain.
Objective: To evaluate the efficacy and safety of dienogest (DNG) in the treatment of refractory endometriosis-associated pain (REAP).

Method(s): In this study, REAP was defined according to the following criteria: (1) the pain duration was $\geq 12$ months and visual analogue scale (VAS)$\geq 60$ mm; (2) the previous treatments with over two medicines like oral contraceptives and levonorgestrel-releasing intrauterine system failed to achieve satisfactory relief of pain, with VAS reduction less than 50%; with gonadotropin-releasing hormone agonist or mifepristone, the pain could be controlled temporarily, but it recurred after discontinuation of medicines; (3) the pain could not be relieved by surgery or even repeated surgeries. In the present study, 48 patients with REAP were treated with DNG 2 mg/day orally and the clinical outcomes were retrospectively analyzed. The VAS scores, levels of CA125, estradiol, FSH, LH and changes in the size of endometriotic lesions before and after treatment were compared respectively. The side effects were also analyzed.

Result(s): The average duration of DNG treatment was $(20.1 \pm 12.8)$ months. After 3 months of medication, the VAS score was significantly reduced from $(77.9 \pm 15.8)$ mm to $(20.8 \pm 10.7)$ mm ($P<0.01$), and CA125 level was significantly reduced from $(95 \pm 139)$ kU/L to $(38 \pm 45)$ kU/L ($P<0.05$). The effects were maintained with continuation of DNG treatment. Endometriotic lesions tended to shrink, after 12 months of DNG treatment, the size of ovarian endometriomas was reduced significantly from $(3.1 \pm -1.0)$ cm to $(1.9 \pm -1.2)$ cm ($P<0.05$). The mean level of estradiol was maintained at $124.82-221.04$ pmol/L and levels of FSH and LH did not change significantly during the treatment. The major side effect was irregular bleeding (75%, 36/48).

Conclusion(s): DNG could effectively relieve REAP and is a well-tolerated therapy. It may supply an alternative option for patients with REAP.
requiring long-acting reversible contraception and suffering from adenomyosis or endometriosis. One hundred women with adenomyosis or endometriosis and asking for contraception with Etonogestrel implants were enrolled in this study and were followed-up for 24 months. Patients were interviewed on pelvic pain by visual analog scale (VAS) pain score, menstrual flow by the number of sanitary napkins, menstrual bleeding pattern, weight gain, breast pain, and any other treatment side effects. Seventy-four patients who were treated with Etonogestrel implants completed the 24-month follow-up in which we found a significant decrease in pelvic pain VAS scores comparing baseline scores to 6, 12, and 24 months (baseline: 6.39 +/- 2.35 to 24-month: 0.17 +/- 0.69, P < 0.05). The menstrual volume decreased significantly compared with that at baseline ((40.69 +/- 30.92) %, P < 0.05). However, vaginal bleeding, amenorrhea, weight gain, and acne occurred after treatment in some patients. Etonogestrel implants were effective in reducing pelvic pain and menstrual flow of adenomyosis or endometriosis.

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Approaching ovarian endometrioma with medical therapy.
Vignali M., Solima E., Barbera V., Becherini C., Belloni G.M.

Embase

[Review]
AN: 2011981415

Endometriosis is a chronic inflammatory gynecological disorder associated with pelvic pain symptoms and infertility. Ovarian cysts (endometriomas) are the most common localization of endometriosis in the pelvis. Considering non-invasive methods, transvaginal ultrasound has high sensitivity and specificity for endometrioma diagnosis. Laparoscopic removal of endometrioma is related to a damage to the ovarian reserve and should be limited to patients with suspicious cysts or unresponsive to medical treatment. The main goal of medical therapy of symptomatic endometrioma is the control of pain symptoms, while no benefits have been demonstrated in terms of improving fertility rates of women seeking pregnancy. The aim of medical treatment is the inhibition of ovulation, stop of menstruation and achievement of a stable hypo-hormonal milieu. Estroprogestins and progestins are indicated by guidelines as first line medications for symptomatic patients. Several hormonal treatments have been proposed for the treatment of symptomatic endometriomas. In particular, dienogest, a relatively new progestin, has shown promising results. Medical treatment should be conceived as a long-term treatment. Safety, tolerability, a low percentage of side effects and an easy route of administration are essential for patient acceptance and adherence to therapy.

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[Review]

AN: 2012851446

Endometriosis is a chronic inflammatory disease affecting 10% of women in reproductive age and manifested as infertility and pelvic pain, which may be severe and incapacitating. This review aims to address the latest evidence on the association of endometriosis with chronic stress, anxiety and depression, and to find out whether the effective treatment of endometriosis has the additional benefit of attenuating these psychological comorbidities. Studies have found that women with endometriosis, especially those with painful symptoms, have higher levels of stress and a decreased quality of life compared to healthy women. Importantly, depression and anxiety are more prevalent in women with endometriosis, and the presence of psychiatric disorders correlates more to the severity of the endometriosis-related pain than to other disease characteristics. Considering therapeutic implications, controlled clinical trials found that medical and surgical treatments of endometriosis also ameliorated perceived stress, anxiety and depressive symptoms. In conclusion, current evidence indicates that women with endometriosis have an increased prevalence of psychological disorders which correlate more with pain itself than with endometriosis per se. In addition, the effective treatment of endometriosis may reduce the psychological burden of the disease.

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Role of medical treatment of endometriosis.
Martone S., Tro a L., Marcolongo P., Luisi S.
Embase
Minerva Obstetrics and Gynecology. 73(3) (pp 304-316), 2021. Date of Publication: June 2021.
[Review]
AN: 2012851441
Endometriosis is a chronic benign disease that affects women of reproductive age. Medical therapy is often the first line of management for women with endometriosis in order to ameliorate symptoms or to prevent post-surgical disease recurrence. Currently, there are several medical options for the management of patients with endometriosis and long-Term treatments should balance clinical efficacy (controlling pain symptoms and preventing recurrence of disease after surgery) with an acceptable safety-profile. Non-steroidal anti-inflammatory drugs (NSAIDs) are widely used in the treatment of chronic inflammatory conditions, being efficacious in relieving primary dysmenorrhea. Combined oral contraceptives and progestins, available for multiple routes of administration, are commonly administered as first-line hormonal therapies. Several studies demonstrated that they succeed in improving pain symptoms in the majority of patients; moreover, they are well tolerated and not expensive. Gonadotropin-releasing hormone-Agonists are prescribed when first line therapies are ineffective, not tolerated or contraindicated. Even if these drugs are efficacious in treating women not responding to COCs or progestins, they are not orally available and have a less favorable tolerability profile (needing an appropriate add-back therapy). Because few data are available on long-Term efficacy and safety of aromatase inhibitors they should be reserved only for women with symptoms who are refractory to other treatments only in a research environment. Almost all of the currently available treatment options for endometriosis suppress ovarian function and are not curative. For this reason, research into new drugs is unsurprisingly demanding. Amongst the drugs currently under investigation, gonadotropin-releasing hormone antagonists have shown most promise, currently in late-stage clinical development. There is a number of potential future therapies currently tested only in vitro, in animal models of endometriosis or in early clinical studies with a small sample size. Further studies are necessary to conclude whether these treatments would be of value for the treatment of endometriosis.

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406.

Circulating sex steroids and bladder pain sensitivity in dysmenorrhea.
Embase
Molecular Pain. 17 (no pagination), 2021. Date of Publication: 2021.
[Article]
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Although elevated estradiol levels facilitate chronic pelvic pain in animal models, it remains to be determined whether sex steroid levels are altered in a cross-section of women with chronic pelvic pain (CPP) and those at-risk for developing CPP. We sought to determine if sex steroid levels are increased in women with menstrual pain and whether those changes were more extreme in two groups of women with worsened pelvic pain profiles: a) dysmenorrhea plus evidence of bladder pain sensitivity and b) bladder pain syndrome. Serum samples were collected during the mid-luteal phase to measure estradiol, progesterone, testosterone, and sex hormone-binding globulin. We also compared quantitative sensory testing profiles to evaluate how sex steroid differences influence proposed pain sensitivity mechanisms. Women with combined dysmenorrhea and bladder sensitivity had higher estradiol concentrations than controls (487 [IQR 390 - 641] vs 404 [336 - 467] pmol/L, p = 0.042). Bladder pain syndrome participants had greater sex hormone-binding globulin than controls (83 [71 - 108] vs 55 [42 - 76 nmol/L; p = 0.027]). Levels of pain sensitivity and mood were different across the groups, but the only significant relationship to sex steroids was that sex hormone-binding globulin was correlated to somatic symptoms (r = 0.26, p = 0.03). These findings show women potentially at-risk for CPP and women with diagnosed CPP exhibit altered circulating levels of sex steroids. Because these hormonal differences appear to be independent of mood or pain sensitivity, the role of sex steroids in the emergence of CPP may be via sensitization of visceral afferents.

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PMID 34689649 [https://www.ncbi.nlm.nih.gov/pubmed/?term=34689649]
Background: Two phase 3 clinical trials showed that use of a monthly vaginal ring containing 25 mg dapivirine was well tolerated and reduced HIV-1 incidence in women by approximately 30% compared with placebo. We aimed to evaluate use and safety of the dapivirine vaginal ring (DVR) in open-label settings with high background rates of HIV-1 infection, an important step for future implementation.

Method(s): We did a phase 3B open-label extension trial of the DVR (MTN-025/HIV Open-label Prevention Extension [HOPE]). Women who were HIV-1-negative and had participated in the MTN-020/ASPIRE phase 3 trial were offered 12 months of access to the DVR at 14 clinical research centres in Malawi, South Africa, Uganda, and Zimbabwe. At each visit (monthly for 3 months, then once every 3 months), women chose whether or not to accept the offer of the ring. Used, returned rings were tested for residual amounts of dapivirine as a surrogate marker for adherence. HIV-1 serological testing was done at each visit. Dapivirine amounts in returned rings and HIV-1 incidence were compared with data from the ASPIRE trial, and safety was assessed.

Finding(s): Between July 16, 2016, and Oct 10, 2018, of 1756 women assessed for eligibility, 1456 were enrolled and participated in the study. Median age was 31 years (IQR 27-37). At baseline, 1342 (92.2%) women chose to take the DVR; ring acceptance was more than 79% at each visit up until 12 months and 936 (73.2%) of 1279 chose to take the ring at all visits. 12,530 (89.3%) of 14,034 returned rings had residual dapivirine amounts consistent with some use
during the previous month (>0.9 mg released) and the mean dapivirine amount released was greater than in the ASPIRE trial (by 0.21 mg; \( p<0.0001 \)). HIV-1 incidence was 2.7 per 100 person-years (95% CI 1.9-3.8, 35 infections), compared with an expected incidence of 4.4 per 100 person-years (3.2-5.8) among a population matched on age, site, and presence of a sexually transmitted infection from the placebo group of ASPIRE. No serious adverse events or grade 3 or higher adverse events observed were assessed as related to the DVR.

Interpretation(s): High uptake and persistent use in this open-label extension study support the DVR as an HIV-1 prevention option for women. With an increasing number of HIV-1 prophylaxis choices on the horizon, these results suggest that the DVR will be an acceptable and practical option for women in Africa.

Funding(s): The Microbicide Trials Network and the National Institute of Allergy and Infectious Diseases, The Eunice Kennedy Shriver National Institute of Child Health and Human Development, and the National Institute of Mental Health, all components of the US National Institutes of Health.

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The use of botulinum toxin a as an adjunctive therapy in the management of chronic musculoskeletal pain: A systematic review with meta-analysis.

Battista S., Buzzatti L., Gandolfi M., Finocchi C., Maistrello L.F., Viceconti A., Giardulli B., Testa M.


Several studies have investigated the effect of botulinum toxin A (BoNT-A) for managing chronic musculoskeletal pain, bringing contrasting results to the forefront. Thus far, however, there has been no synthesis of evidence on the effect of BoNT-A as an adjunctive treatment within a multimodal approach. Hence, Medline via PubMed, EMBASE, and the Cochrane Library-CENTRAL were searched until November 2020 for randomised controlled trials (RCTs) that investigated the use of BoNT-A as an adjunctive therapy for chronic musculoskeletal pain. The risk of bias (RoB) and the overall quality of the studies were assessed through RoB 2.0 and the GRADE approach, respectively. Meta-analysis was conducted to analyse the pooled results of the six included RCTs. Four were at a low RoB, while two were at a high RoB. The meta-analysis showed that BoNT-A as an adjunctive therapy did not significantly decrease pain compared to the sole use of traditional treatment (SDM -0.89; 95% CI -1.91; 0.12; p = 0.08). Caution should be used when interpreting such results, since the studies displayed very high heterogeneity (I² = 94%, p < 0.001). The overall certainty of the evidence was very low. The data retrieved from this systematic review do not support the use of BoNT-A as an adjunctive therapy in treating chronic musculoskeletal pain.

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PMID 34564644 [https://www.ncbi.nlm.nih.gov/pubmed/?term=34564644] Status Embase Institution (Battista, Maistrello, Viceconti, Giardulli, Testa) Department of Neurosciences, Rehabilitation, Ophthalmology, Genetics, Maternal and Child Health, University of Genova, Genova 16132, Italy (Buzzatti) Department of Physiotherapy, Human Physiology and Anatomy, Experimental Anatomy Research Group, Vrije Universiteit Brussel (VUB), Brussels 1090, Belgium (Buzzatti) School of Allied Health, Anglia Ruskin University (ARU), Cambridge CB1 1PT, United Kingdom (Gandolfi) Department of Neurosciences, Biomedicine and Movement Sciences, University of Verona, Verona 37134, Italy (Gandolfi) UOC Neurorehabilitation, AOUI Verona, Verona 37134, Italy
409.

Human umbilical cord mesenchymal stem cell therapy mitigates interstitial cystitis by inhibiting mast cells.
Xu Y., Yang F., Xie J., Li W., Liu B., Chen J., Ding H., Cai J.
Embase
Medical Science Monitor. 27 (no pagination), 2021. Article Number: 930001. Date of Publication: 2021.
[Article]
AN: 2011564020
Background: Interstitial cystitis (IC) is a recurrent and chronic inflammatory disease that compromises patients' quality of life. Effective treatments for IC are limited. This study aimed to evaluate the therapeutic potency of human umbilical cord-derived mesenchymal stem cells (UC-MSCs) in an IC-induced rat model and investigate the potential molecular mechanism in a mast cell model (rat basophilic leukemia cells, RBL-2H3) in treating IC in a coculture system.
Material/Methods: The rat model of IC was induced by cyclophosphamide (CYP). Rats were randomly divided into 3 groups: sham, IC+PBS, and IC+MSC. In the coculture system, RBL-2H3 cells were sensitized overnight to Compound 48/80 (C48/80), cocultured with UC-MSCs for 3 days, and collected for subsequent experiments. RBL-2H3 cells were randomly divided into 3 groups: sham, C48, and UC-MSCs (C48+MSC).
Result(s): The UC-MSCs marked by thymidine analog 5-ethynyl-2-deoxyuridine (EdU) were transplanted in the treatment group, and were densely distributed in the bladder. Accordingly, the conscious cystometry was measured and the bladder tissues were harvested. Compared with the sham group, the treated IC rats exhibited shorter bladder voiding intervals (307+/−35 vs 217+/−37 s; P<0.01), more integral epithelia, and less collagen fiber aggregation, infiltration and degranulation of mast cells, and inflammatory cytokines in the bladder tissue. In the coculture system, compared with the C48 group, the UC-MSC-treated RBL-2H3 cells had suppressed degranulation.
Conclusion(s): UC-MSCs treatment showed a promising therapeutic effect on treating IC in vivo and in vitro. UC-MSCs inhibit mast cell degranulation in IC and could be a potential therapeutic target to ameliorate inflammation in IC.
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PMID 34354037 [https://www.ncbi.nlm.nih.gov/pubmed/?term=34354037]
Status Embase
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Publisher International Scientific Information, Inc.
Year of Publication 2021
Supported online self-management versus care as usual for symptoms of fatigue, pain and urgency/incontinence in adults with inflammatory bowel disease (IBD-BOOST): study protocol for a randomised controlled trial.

Embase Trials. 22(1) (no pagination), 2021. Article Number: 516. Date of Publication: December 2021.

Background: Despite being in clinical remission, many people with inflammatory bowel disease (IBD) live with fatigue, chronic abdominal pain and bowel urgency or incontinence that limit their quality of life. We aim to test the effectiveness of an online self-management programme (BOOST), developed using cognitive behavioural principles and a theoretically informed logic model, and delivered with facilitator support. Primary research question: In people with IBD who report symptoms of fatigue, pain or urgency and express a desire for intervention, does a facilitator-supported tailored (to patient needs) online self-management programme for fatigue, pain and faecal urgency/incontinence improve IBD-related quality of life (measured using the UK-IBDQ) and global rating of symptom relief (0-10 scale) compared with care as usual? Methods: A pragmatic two-arm, parallel group randomised controlled trial (RCT), of a 12-session facilitator-supported online cognitive behavioural self-management programme versus care as usual to manage symptoms of fatigue, pain and faecal urgency/incontinence in IBD. Patients will be recruited through a previous large-scale survey of unselected people with inflammatory bowel disease. The UK Inflammatory Bowel Disease Questionnaire and global rating of symptom relief at 6 months are the co-primary outcomes, with multiple secondary outcomes measured also at 6 and 12 months post randomisation to assess maintenance. The RCT has an embedded pilot study, health economics evaluation and process evaluation. We will randomise 680 patients, 340 in each group. Demographic characteristics and outcome measures will be presented for both study groups at baseline. The UK-IBDQ and global rating of symptom relief at 6 and 12 months post randomisation will be compared between the study groups. Discussion(s): The BOOST online self-management programme for people with IBD-related symptoms of fatigue, pain and urgency has been designed to be easily scalable and implemented. If it is shown to improve patients’ quality of life, this trial will enable clinicians and patients to make informed management decisions. This is the first trial, to our knowledge, focused on multiple symptoms prioritised by both people with IBD and health professionals. Trial registration: ISRCTN71618461. Registered on 9 September 2019.
Preservation of the ovarian reserve and hemostasis during laparoscopic ovarian cystectomy by a hemostatic agent versus suturing for patients with ovarian endometriosis: study protocol for randomized controlled, non-inferiority trial (PRAHA-2 trial).


Embase
Trials. 22(1) (no pagination), 2021. Article Number: 473. Date of Publication: December 2021.

AN: 2013236887

Background: Endometriosis (EMS) can be implanted everywhere, especially in pelvic organs. EMS can be asymptomatic, but it can result in pelvic pain and infertility by inducing local inflammation and pelvic adhesion. The prevalence of EMS is about 10% in reproductive-age women and higher in women with pelvic pain or infertility. For young patients with ovarian EMS, laparoscopic ovarian cystectomy is effective in relieving pelvic pain and preventing local recurrence. However, there is a concern that the ovarian reserve would decrease after the operation because of the removal of a part of the normal ovarian tissue and thermal damage during hemostasis, which depends on the types of hemostasis such as bipolar electrocoagulation, suturing, and the use of a hemostatic agent. In this study, we aim to evaluate the protective effect...
for the ovarian reserve and hemostasis between a hemostatic agent and suturing during laparoscopic ovarian cystectomy for patients with ovarian EMS.

Method(s): This study is a randomized controlled, non-inferiority trial, where a total of 90 patients with ovarian EMS will be randomly assigned to the experimental (hemostatic agent) and control (suturing) groups. In the control group, a barbed suture will be applied for hemostasis, whereas a hemostatic agent will be applied in the experimental group. If two methods are insufficient, bipolar electrocoagulation will be applied for complete hemostasis. As the primary endpoint, the reduction rate of serum anti-Mullerian hormone (AMH) levels reflecting the ovarian reserve will be compared between the two groups 12 weeks after surgery. As secondary endpoints, we will compare the reduction rate of AMH level 48 weeks after surgery, the time required to complete hemostasis, the success rate of hemostasis within 10 min, and adverse events associated with operation.

Discussion(s): We expect that the protective effect for the ovarian reserve and hemostasis may be comparable between the two methods, suggesting that a hemostatic agent may be preferred considering that it is easy to use during laparoscopic ovarian cystectomy. Trial registration: ClinicalTrials.govNCT04643106. Registered on 22 November 2020.

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Localized Provoked Vulvodynia—An Ignored Vulvar Pain Syndrome.

Paavonen J., Eschenbach D.A.

Localized provoked vulvodynia (LPV) causes dyspareunia among reproductive aged women. We review the pathogenesis of LPV and suggest that LPV is an inflammatory pain syndrome of the vestibular mucosa triggered by microbial antigens in a susceptible host. Tissue inflammation and hyperinnervation are characteristic findings which explain symptoms and clinical signs. Education
of health care providers of LPV is important since this condition is common, often unrecognized, and patients often become frustrated users of health care. Research is needed on the antigen triggers of the syndrome. Randomized clinical trials are needed to evaluate treatment modalities. © Copyright © 2021 Paavonen and Eschenbach.

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413.

Pelvic Congestion Syndrome.
Basile A., Failla G., Gozzo C.

Embase Seminars in Ultrasound, CT and MRI. 42(1) (pp 3-12), 2021. Date of Publication: February 2021. [Article]
AN: 2007593697

Pelvic congestion syndrome (PCS) is often an underdiagnosed cause of chronic pelvic pain in female patients with radiology detection of gonadal vein dilatation and parauterine varices. It may occur either alone or in combination with vulvar varicosities and/or lower extremity venous insufficiency. Although transcatheter venography represent the gold standard for PCS diagnosis, it is performed after inconclusive noninvasive imaging such as Doppler Ultrasound, CT scan, and MRI. Once diagnosis has been confirmed, management of PCS include medical, surgical, and endovascular therapy. Medical and surgical treatments have been shown to be less effective than transcatheter pelvic vein embolization. This latter has been proven to be a safe, effective, and durable therapy for the treatment of PCS. Numerous studies have shown their results in PCS endovascular treatment, but neither of them has been subjected to an adequate randomized controlled trial. A well-designed randomized controlled trial is urgently needed to assess transcatheter embolization clinical success.

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Publisher W.B. Saunders

Year of Publication 2021
Low-intensity shockwave therapy for the management of chronic prostatitis/chronic pelvic pain syndrome: a systematic review and meta-analysis.

Mykoniatis I., Pyrgidis N., Sokolakis I., Sountoulides P., Hatzichristodoulou G., Apostolidis A., Hatzichristou D.

BJU International. 128(2) (pp 144-152), 2021. Date of Publication: August 2021.

Objectives: To perform a systematic review and meta-analysis aiming to improve the level of evidence and determine the efficacy and safety of low-intensity shockwave therapy (LiST) in patients with chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS).

Method(s): We searched PubMed, Cochrane Library and Scopus databases from inception to November 2020 for randomised controlled trials (RCTs) exploring the role of LiST for the management of CP/CPPS. We performed a random-effects meta-analysis of RCTs comparing LiST vs sham therapy on CP/CPPS symptoms at different time-points after treatment. Weighted mean differences (WMDs) with the corresponding confidence intervals (CIs) were estimated. Furthermore, we assessed the strength of evidence with the Grading of Recommendations Assessment, Development and Evaluation (GRADE) system (International Prospective Register of Systematic Reviews [PROSPERO]: CRD42020208813).

Result(s): We included five sham RCTs and one non-sham RCT. In the meta-analysis of sham RCTs, both the National Institute of Health Chronic Prostatitis Symptom Index (NIH-CPSI) pain domain score and the numeric pain rating scale improved significantly after LiST vs sham therapy at the assessment directly after treatment protocol completion (WMD 3.2, 95% CI 0.88-5.52, I² = 90%; and WMD 1.43, 95% CI 0.85-2.01, I² = 32%, respectively), at 1 month (WMD 4.4, 95% CI 2.84-5.95, I² = 68%, and WMD 2.59, 95% CI 1.92-3.27, I² = 83%, respectively), and at 3 months after last treatment session (WMD 3.61, 95% CI 1.49-5.74, I² = 90%, and WMD 2.64, 95% CI 2.13-3.16, I² = 71%, respectively). Similarly, the NIH-CPSI total and quality-of-life domain scores improved significantly after LiST compared to sham therapy for the same time-points. Conversely, the long-term efficacy of LiST, as well as the effect of LiST on lower urinary tract symptoms and erectile function, was clinically insignificant.

Conclusion(s): LiST is an effective treatment modality for the improvement of pain and quality of life in patients with CP/CPPS. Therefore, it should be recommended as a part of individualised treatment strategies in such patients.

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Publisher

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Embase
Human Reproduction Update. 27(2) (pp 367-392), 2021. Date of Publication: 2021. [Review]
AN: 2013708221

BACKGROUND: Given the disadvantages and limitations of current endometriosis therapy, there is a progressive increase in studies focusing on plant-derived agents as a natural treatment option with the intention of achieving high efficiency, avoiding adverse effects and preserving the chance for successful pregnancy. The heterogeneity of these studies in terms of evaluated agents, applied approaches and outcomes illustrates the need for an up-to-date summary and critical view on this rapidly growing field in endometriosis research.

OBJECTIVE AND RATIONALE: This review provides a comprehensive overview of plant-derived agents and natural treatment strategies that are under preclinical or clinical investigation and critically evaluates their potential for future endometriosis therapy.

SEARCH METHOD(S): An English language PubMed literature search was performed using variations of the terms 'endometriosis', 'natural therapy', 'herb/herbal', 'plant', 'flavonoid', 'polyphenol', 'phytochemical', 'bioactive', 'Kampo' and 'Chinese medicine'. It included both animal and human studies. Moreover, the Clinicaltrials.gov database was searched with the term 'endometriosis' for clinical trials on plant-derived agents. No restriction was set for the publication date.

OUTCOME(S): Natural therapies can be assigned to three categories: (i) herbal extracts, (ii) specific plant-derived bioactive compounds and (iii) Chinese herbal medicine (CHM). Agents of the first category have been shown to exert anti-proliferative, anti-inflammatory, anti-angiogenic and anti-oxidant effects on endometrial cells and endometriotic lesions. However, the existing evidence supporting their use in endometriosis therapy is quite limited. The most studied specific plant-derived bioactive compounds are resveratrol, epigallocatechin-3-gallate, curcumin, puerarin, ginsenosides, xanthohumol, 4-hydroxybenzyl alcohol, quercetin, apigenin, carnosic acid, rosmarinic acid, wogonin, baicalein, parthenolide, andrographolide and cannabinoids, with solid evidence about their inhibitory activity in experimental endometriosis models. Their mechanisms of action include pleiotropic effects on known signalling effectors: oestrogen receptor-alpha, cyclooxygenase-2, interleukin-1 and -6, tumour necrosis factor-alpha, intercellular adhesion molecule-1, vascular endothelial growth factor, nuclear factor-kappa B, matrix metalloproteinases as well as reactive oxygen species (ROS) and apoptosis-related proteins. Numerous studies suggest that treatment with CHM is a good choice for endometriosis management. Even under clinical conditions, this approach has already been shown to decrease the size of endometriotic lesions, alleviate chronic pelvic pain and reduce postoperative recurrence rates.

WIDER IMPLICATION(S): The necessity to manage endometriosis as a chronic disease highlights the importance of identifying novel and affordable long-term safety therapeutics. For this purpose, natural plant-derived agents represent promising candidates. Many of these agents exhibit a pleiotropic action profile, which simultaneously inhibits fundamental processes in the pathogenesis of endometriosis, such as proliferation, inflammation, ROS formation and angiogenesis. Hence, their inclusion into multimodal treatment concepts may essentially contribute to increase the therapeutic efficiency and reduce the side effects of future endometriosis therapy.

Copyright © The Author(s) 2020.
OBJECTIVE: To validate the efficacy and safety of Ningmitai capsule (NMT) in the patients with chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS).

METHOD(S): We conducted a multicenter, randomized, double-blind, placebo-controlled trial in 120 men with CP/CPPS to evaluate the efficacy and safety of NMT. Participants were randomly assigned (1:1) to NMT or placebo treatment for 4 weeks at 3 centres. The patients were evaluated by the National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI) at baseline, the end of 2 and 4 weeks of treatment. The primary endpoints were the changes of the NIH-CPSI pain scores from baseline to the end of 2 and 4 weeks of the treatment. The secondary endpoints include the changes of the NIH-CPSI total scores, urinary symptoms scores and the quality of life (QoL) as well as the responder rate.

RESULT(S): After 2 and 4 weeks of treatment, the mean decreases of the NIH-CPSI pain scores, total scores and QoL in the NMT group were all significantly superior to those in the placebo group. The responder rate was significantly higher in the NMT group than that in the placebo group at both 2 and 4 weeks. No adverse events were reported during the treatment.

CONCLUSION(S): NMT could significantly improve the pain symptoms and QoL in the patients with CP/CPPS as early as in 2 weeks, and the efficacy enhanced at the end of the 4-week treatment. The safety of NMT was confirmed in this trial.

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Efficacy and Safety of Ningmitai Capsule in Patients With Chronic Prostatitis/Chronic Pelvic Pain Syndrome: A Multicenter, Randomized, Double-blind, Placebo-controlled Trial.


AN: 2010964709

Urology. 153 (pp 264-269), 2021. Date of Publication: July 2021.

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PMID: 33482135
A Systematic Review of Surgical interventions for the Treatment of Bladder Pain Syndrome/Interstitial Cystitis.
Osman N.I., Bratt D.G., Downey A.P., Esperto F., Inman R.D., Chapple C.R.

Embase
European Urology Focus. 7(4) (pp 877-885), 2021. Date of Publication: July 2021.
[Review]
AN: 2005098983
Context: Bladder pain syndrome/interstitial cystitis (BPS/IC) is a poorly understood chronic debilitating condition. Surgery is reserved for severe refractory cases; however, there is no consensus on patient selection or optimal approach.
Objective(s): To evaluate the evidence relating to the safety and efficacy of surgical interventions for treating BPS/IC.
Evidence Acquisition: PubMed and Scopus databases were searched for original studies, using keywords "cystectomy", "interstitial cystitis", and "bladder pain syndrome". Articles were reviewed and screened by three independent reviewers.
Evidence Synthesis: A total of 450 patients were identified from 20 eligible studies: mean age was 54.5 yr and 90.2% were female. The median duration of symptoms preoperatively was 60 mo (range 9-84), with a mean follow-up of 45.5 mo. A total of 448 patients underwent surgery: subtotal cystectomy with cystoplasty (48.6%), cystectomy and orthotopic neobladder (21.9%), cystectomy and ileal conduit (11.2%), and urinary diversion only (18.3%). Symptomatic improvement occurred in 77.2%, with higher rates in the total cystectomy and orthotopic neobladder group. Thirty-one patients (6.9%) required secondary total cystectomy and/or ileal conduit diversion; 48.4% subsequently improved. Seventeen studies reported 102 complications overall (26.5%). Overall mortality was 1.3%.
Conclusion(s): Overall surgical intervention is associated with a 23% risk of failure to improve symptoms. Higher rates of improvement were reported in patients with total cystectomy. Interpretation should be guarded given the small patient number, multiple centres, and variable outcome measurements. There is a need for prospective randomised studies to answer questions regarding patient selection and optimal surgical approach.
Patient Summary: In this review, we looked at the outcomes of surgery for treatment-refractory bladder pain syndrome/interstitial cystitis. We found overall symptom improvement in 77.2% of patients with a complication rate of 26.5%. However, there remains a need for further studies of higher quality to identify patients who will have symptom improvement and the best surgical option.
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Status Embase
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Mirzaei F., Younesian A., Goli S., Haghighi N.B.
Embase
Koomesh. 23(4) (pp 540-548), 2021. Date of Publication: July-August 2021.
[Article]
AN: 2013097556
Introduction: Primary dysmenorrhea is usually one of the most common complaints of women in childbearing age that affects their quality of life and their social activity. Various methods have been mentioned to control and treat dysmenorrhea. Therefore, the aim of this study was to compare the wheat germ extract intake and flexibility exercises on primary dysmenorrhea in non-athlete female students.
Material(s) and Method(s): This study is a randomized clinical trial in four groups including intervention groups (wheat germ, flexibility exercises, flexibility exercises with wheat germ) and control group with participating of 80 non-athlete female students from Shahrood University of Technology (shahrood, Iran). The training group participated in an 8-week flexibility-training program including abdominal, back, thigh and hamstring muscles stretching. They performed eight exercise four days a week for 8 weeks and each exercise included three repetitions lasting for 10 seconds. The wheat germ group consumed two 500 mg capsules of wheat germ daily from day 16 of the menstrual cycle until 5 days after the onset of menstruation for two consecutive months. The exercise group participated in both the flexibility exercise program and received a wheat germ supplement. While there was no intervention in the control group, they completed the menstrual disorders questionnaire only at the beginning and end of the work.
Result(s): Significant decrease was found in the mean systemic symptoms of primary dysmenorrhea in the wheat germ group from 16.10 to 8.55, in the exercise group from 14.20 to 7.55 and in the exercise group with wheat germ from 14.7 to 8.40. Pain intensity dysmenorrhea was decreased in the wheat germ group from 2.60 to 1.65, from 2.35 to 1.40 in the exercise group, and from 2.45 to 1.50 after in the combine group. The severity of primary systemic symptoms and VAS for pain decreased in all intervention groups as compared with before intervention condition except the control group (p <0.05).
Conclusion(s): The results of the present study indicate the positive and similar effects of the wheat germ extract, flexibility exercises and flexibility exercises with wheat germ extract on systemic symptoms and pain intensity of primary dysmenorrhea.
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The diagnostic and therapeutic efficacy of cystoscopy with hydrodistension and random biopsies in clinically suspected interstitial cystitis/bladder pain syndrome.

Chen Y., Ying Z., Xiao Y., Liu Y., Wu S.

Embase

[Article]

AN: 2014419124

Objective: We aimed to explore the diagnostic and therapeutic efficacy of cystoscopy with hydrodistension and random biopsies for clinically suspected interstitial cystitis/bladder pain syndrome (IC/BPS). Study design: We reviewed the data of fifty-five clinically suspected IC/BPS patients underwent cystoscopy with hydrodistension and random biopsies. Global Response Assessment was used to evaluate the efficacy. Disease severity was assessed by thorough history, physical examination, 3-day frequency volume chart, visual analog scale of pain, Interstitial Cystitis Symptom Index (ICSI) and clinical phenotype system (UPOINT).

Result(s): According to the pathologic outcomes from random biopsies, three out of the 55 clinically suspected IC/BPS were diagnosed as bladder carcinoma. Among the 52 IC/BPS patients, thirty-six patients (69.2%) had initial chief complaints of urinary frequency and urgency. Under cystoscopy, twenty-nine patients and 23 patients were classified as Hunner ulcer type and diffuse global mucosal bleeding (grade III glomerulation). The median functional bladder capacity of the 52 IC/BPS patients was 100 ml. Hydrodistension was effective in 28 patients (53.8%) at postoperative 3 months, which decreased to 25% at post-hydrodistension 6 months and to 13.5% at 12 months. For the 28 hydrodistension-effective patients, the remission degrees of daytime frequency, nocturia, VAS bladder pain and ICSI score were 50.3%, 49.4%, 68.1% and 48%, which were significantly higher than the 16.9% (daytime frequency, P < 0.001), 20.5% (nocturia, P = 0.021), 7.4% (VAS pain score, P < 0.001) and 6.1% (ICSI, P < 0.001) in the hydrodistension-negative group. According to the UPOINT system, the hydrodistension-effective cases had significantly higher rates of symptom remission in U (P = 0.002), P (P = 0.026), O (P < 0.001), and T (P < 0.001) domains than the corresponding negative cases. In effective group, the O domain had the most remission rate (26 out of 28, 92.9%, P < 0.001), followed by the U domain (12 out of 28, 42.9%, P < 0.001) and T domain (12 out of 28, 42.9%, P < 0.001).

Conclusion(s): Histopathological analysis from random biopsies could distinguish bladder carcinoma from clinically suspected IC/BPS. Hydrodistension is more likely to be effective when chronic pelvic pain is obviously alleviated. The efficacy of hydrodistension could act in a certain period of time.

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Status
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2021
Diagnostic Utility of Serum and Urinary Metabolite Analysis in Patients with Interstitial Cystitis/Painful Bladder Syndrome.
Embase
[Article]
AN: 2013425117
Objective: To identify the potential biomarkers of interstitial cystitis/painful bladder syndrome (IC), a chronic syndrome of bladder-centric pain with unknown etiology that has an adverse impact on quality of life, we analyzed the urine and serum metabolomes of a cohort of IC patients and non-disease controls (NC).
Method(s): Home collection of serum and urine samples was obtained from 19 IC and 20 NC females in the Veterans Affairs (VA) Health Care System. IC was diagnosed independently by thorough review of medical records using established criteria. Biostatistics and bioinformatics analyses, including univariate analysis, unsupervised clustering, random forest analysis, and metabolite set enrichment analysis (MSEA), were then utilized to identify potential IC biomarkers. Result(s): Metabolomics profiling revealed distinct expression patterns between NC and IC. Random forest analysis of urine samples suggested discriminators specific to IC; these include phenylalanine, purine, 5-oxoproline, and 5-hydroxyindoleacetic acid. When these urinary metabolomics-based analytes were combined into a single model, the AUC was 0.92, suggesting strong potential clinical value as a diagnostic signature. Serum-based metabolomics did not provide potential IC discriminators.
Conclusion(s): Analysis of serum and urine revealed that women with IC have distinct metabolomes, highlighting key metabolic pathways that may provide insight into the pathophysiology of IC. The findings from this pilot study suggest that integrated analyses of urinary metabolites, purine, phenylalanine, 5-oxoproline, and 5-HIAA, can lead to promising IC biomarkers for pathophysiology of IC. Validation of these results using a larger dataset is currently underway.
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Publisher Elsevier Inc.
Year of Publication 2021
The effect of acetylsalicylic acid on pain and recurrence of endometriosis after surgery: A randomized controlled trial.
Moini A., Azizlou Z., Hosseini R., Hosseini L.
Embase
[Article]
AN: 2013902829
Background: Reactive oxygen species (ROS) might increase growth and adhesion of endometrial cells in the peritoneal cavity, and lead to endometriosis. In this study the we evaluate the effect of an antioxidant, acetylsalicylic acid (aspirin), to determine whether aspirin administration to patients with endometriosis would affect pelvic pain and disease recurrence.
Material(s) and Method(s): This randomized controlled trial was conducted from March 2018 to March 2020 on women, 19 to 40 years of age, who were diagnosed with endometriosis after undergoing laparoscopic surgery. Study participants were randomly assigned to one of two groups, Oral contraceptive pills (OCP) and placebo or OCP and aspirin, which were administered daily for 6 months. Pelvic pain, dysmenorrhea, mass size, and menstrual bleeding were evaluated at 3 and 6 months.
Result(s): There were 38 patients in the aspirin group and 49 participants in the placebo group. The mean dysmenorrhea Visual analog scale (VAS) score after 3 months was 2.24 in the aspirin group and 3.61 in the placebo group. After 6 months, the dysmenorrhea VAS scores were 0.68 (aspirin group) and 2.69 (placebo group) (p = 0.005 and p = 0.00, respectively). Dyspareunia and pelvic pain showed significant reductions (p = 0.00). Six patients in the control group and four patients in the aspirin group experienced lesion recurrence (p = 0.45).
Conclusion(s): The results suggest that aspirin, as an antioxidant, could effectively reduce pain in women with endometriosis. However, additional studies that enroll larger numbers of participants and long-term follow up will enable better evaluation of recurrence.
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Publisher
SAGE Publications Inc.
Year of Publication
2021
An integrated approach to the treatment of pelvic pain associated with adenomyosis. KOMPIEKSHY PODEXODE K IECHIEHI BOIEBOGO SIHDEPOMA PPI ADEIEHOMIOZIE <KOMPIEKSHY PODEXODE K IECHIEHI BOIEBOGO SIHDEPOMA PPI ADEIEHOMIOZIE.>

Tatarchuk T.F., Kalugina L.V., Danylova A.O., Pavlova K.S.

Embase

[Article]
AN: 2014203285

Dysmenorrhoea and intermenstrual pelvic pain are the most common symptoms of clinical manifestations of adenomyosis, which significantly impair the quality of women's life. Adequate and long-term pain correction and alternative therapeutic approaches became extremely important for patients with adenomyosis during the COVID-19 pandemic. Research objective: to examine the clinical efficacy of nitric oxide donor (L-arginine) in the complex treatment of pelvic pain syndrome associated with adenomyosis. Materials and methods. The study included 63 women diagnosed with adenomyosis. Patients were divided into 2 groups by simple randomization: I (D) group (n = 31) received dydrogesterone 30 mg from 5 to 25 days of the menstrual cycle, II (D+T) group (n = 32) in addition to dydrogesterone received a nitric oxide donor L-arginine (Tivortin) according to the scheme. Pelvic pain was assessed before treatment with a Visual Analogue Scale and a McGill Pain Questionnaire, and an assessment of the overall pain impact on women's well-being was based on the SF-36 Health Status Survey. The effectiveness of pelvic pain therapy was assessed after the first and third months of treatment, as well as three months after the end of therapy with the above methods. Results. Researchers achieved a therapeutic effect in the treatment of chronic pelvic pain in both study groups, but in group II (D + T) after 3 months of treatment there was a significant reduction in pelvic pain, while patients of the standard therapy group have prolonged progestogen intake. There was a further improvement in the clinical condition in group I (D) after 6 months of follow-up, as well as no recurrence of pain in group II (D + T). Conclusions. The results of study demonstrate a significant effect of Tivortin as part of complex therapy on the rate of achievement and duration of therapeutic effect in the treatment of pelvic pain associated with adenomyosis.

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423.

Does Quantitative Sensory Testing Improve Prediction of Chronic Pain Trajectories? A Longitudinal Study of Youth with Functional Abdominal Pain Participating in a Randomized Controlled Trial of Cognitive Behavioral Treatment.

Objectives: Youth with functional abdominal pain (FAP) experience significant pain-related distress and functional impairment. Although quantitative sensory testing protocols have identified alterations in pain modulatory systems that distinguish youth with FAP from healthy controls, the extent to which evoked pain responses predict subsequent trajectories of pain symptoms and disability over and above established psychosocial risk factors is unclear.

Method(s): The present study included 183 adolescents with FAP who were enrolled in a randomized controlled trial comparing an 8-week, internet-delivered program of cognitive behavior therapy (n=90) or pain education (n=93). Participants completed a quantitative sensory testing protocol before the intervention and were followed for 12-month posttreatment.

Result(s): Whereas adolescents with FAP who exhibited stronger baseline conditioned pain modulation (CPM) reported decreases in pain-related interference over follow-up (b=-0.858, SE=0.396, P=0.032), those with weaker CPM exhibited high, relatively stable levels of pain-related interference over time (b=-0.642, SE=0.400, P=0.110). CPM status predicted changes in pain-related interference after controlling for the effects of treatment condition and psychosocial risk factors. Static measures of pain sensitivity (ie, pain threshold, pain tolerance) and temporal summation of second pain were not associated with changes in measures of abdominal pain, gastrointestinal symptom severity, or pain-related interference over follow-up.

Discussion(s): The present findings contribute to a growing literature on the predictive utility of quantitative sensory testing indices and suggest that CPM may complement existing psychosocial risk measures in determining individualized pain-related risk profiles.

Mechanically supporting uterosacral ligaments for the relief of provoked vulvodynia: A randomized pilot trial.
Schonfeld M., Petros P., Bornstein J.
Embase
[Article]
AN: 2007400596
Purpose: Provoked vulvodynia (PV) is the most common cause of vulvar pain and dyspareunia. Although its etiology is unknown, it has been associated with musculoskeletal dysfunction. The inability of the lax uterosacral ligaments (USLs) to support the adjoining T11/L2 and S2-4 nerve plexuses is considered to cause PV. This study aimed to determine whether providing mechanical support to the USLs would improve PV.

Patients and Methods: PV patients were randomly divided into two groups. The participants in each group underwent sham manipulation (inserting a wide swab in the vagina without applying pressure) and trial manipulation (supporting the posterior fornix with a wide swab sufficiently broad to mechanically support the USLs). This was a cross-over trial, and the participants alternated between the sham and trial manipulation. Using a 0-10 visual analog pain scale (VAS), PV-associated pain levels experienced by participants were recorded during each manipulation, and the results were compared with baseline levels.

Result(s): The pain level significantly reduced with USL support compared with the baseline value and the sham manipulation pain level (P = 0.003). Pain during sham manipulation was not significantly different from that recorded at baseline. The average reduction in pain with USL support was 18.4% +/- 2.2%. The manipulation order did not affect changes in the pain level during trial manipulation (P = 0.512).

Conclusion(s): Applying mechanical support to the posterior fornix temporarily alleviates provoked vulvar pain in some women.

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Publisher
Dove Medical Press Ltd
Year of Publication
2021

425.

Dydrogesterone in the treatment of endometriosis: evidence mapping and meta-analysis.
Peng C., Huang Y., Zhou Y.
Embase
[Article]
AN: 2007745133
Purpose: Endometriosis is a common, chronic gynecological disease that affects women's fertility potential. Dydrogesterone is an effective and safe drug that is under-utilized due to limited clinical research. The purpose of this evidence mapping is to identify, describe, and analyze the current available evidence regarding dydrogesterone for the treatment of endometriosis.

Material(s) and Method(s): We performed a search in electronic databases: Medline, The Cochrane Library, EMBASE, PubMed, CNKI, Wanfang, VIP, and CBM. We also hand-searched google for relevant studies. Our primary outcomes included changes in pain relief including pelvic pain, dysmenorrhea, and dyspareunia. Secondary outcomes included pregnancy rate, frequency of analgesic use, and other reported outcomes according to specific settings in the studies.
Result(s): Of 377 references screened, 19 studies were included in the data synthesis involving 1709 female participants. Nearly three-quarters were either randomized control trials or clinical control trials. Compared with gestrinone, dydrogesterone relieved dysmenorrhea, increased the pregnancy rate, and reduced the risk of certain adverse events. Compared with GnRH-a, dydrogesterone also lowered the risk of endometriosis recurrence and elevated transaminase levels. Whether there was any difference in efficacy between dydrogesterone and leuprolide acetate, letrozole or traditional Chinese medicine remains unclear due to insufficient data.

Conclusion(s): The amount and quality of evidence evaluating the effects of dydrogesterone for the treatment of endometriosis is generally very low. Limited evidence suggests that dydrogesterone may have some advantages over gestrinone, GnRH agonists, and other therapeutic interventions in treating endometriosis. However, this conclusion should be interpreted with caution.

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Status Embase

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Publisher Springer Science and Business Media Deutschland GmbH

Year of Publication 2021

426.

The Effect of Garlic Tablets on the Endometriosis-Related Pains: A Randomized Placebo-Controlled Clinical Trial.

Amirsalari S., Behboodi Moghadam Z., Taghizadeh Z., Jafar Abadi M.N., Sabaghzadeh Irani P., Goodarzi S., Ranjbar H.


[Article]

AN: 2013958896

Endometriosis is a common chronic inflammatory disease. Garlic contains components that have antiproliferative, anti-inflammatory, and antioxidative effects. The current study aimed to evaluate the effectiveness of garlic on endometriosis symptoms. This was a randomized placebo-controlled triple-blind clinical trial. A convenience sample of 60 women was randomly allocated into two groups. The intervention group received usual care supplemented with 400 mg garlic tablets, and the placebo group received identical placebo tablets. A four-part Visual Analogue Scale (VAS) was used to measure the severity of pains. The pains were measured on four occasions (before the intervention and on one-, two-, and three-month follow-ups). Data were analyzed using the t-test, chi-square, repeated measures ANOVA, and ANCOVA by SPSS 16. The overall severity of pain reduced from 6.51 +/- 0.86 to 1.83 +/- 1.25 in the intervention group (p < 0.05). It increased from 6.41 +/- 1.12 to 6.65 +/- 1.37 in the control group (p = 0.02). The repeated measures ANOVA showed that there is a significant difference in the change of pain scores between intervention and control groups (p < 0.001, np2 = 0.572). Garlic extract can
reduce pelvic and back pain, dysmenorrhea, and dyspareunia which are important symptoms of endometriosis.
318.12+/-149.47 and 374.84+/-125.67 respectively (p value =1.5) reflecting no statistically significant difference.

Conclusion(s): Postoperative analgesia and analgesic requirement do not differ significantly whether bupivacaine is infiltrated before incision or just before closure of wound.

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A systematic review and meta-analysis of the Endometriosis and Mental-Health Sequelae; The ELEMI Project.


Women's Health. 17 (no pagination), 2021. Date of Publication: 2021.

[Review]
AN: 2012322189

Background: It is important to evaluate sequelae for complex chronic health conditions such as endometriosis and mental health disorders. Endometriosis impacts 1 in 10 women. Mental health outcomes can be a primary determinant in many physical health conditions although this is an area not well researched particularly in women’s health. This has been problematic for endometriosis patients in particular, who report mental health issues as well as other key comorbidities such as chronic pelvic pain and infertility. This could be partly due to the complexities associated with comprehensively exploring overlaps between physical and mental health disorders in the presence of multiple comorbidities and their potential mechanistic relationship.

Method(s): In this evidence synthesis, a systematic methodology and mixed-methods approaches were used to synthesize both qualitative and quantitative data to examine the prevalence of the overlapping sequelae between endometriosis and psychiatric symptoms and disorders. As part of this, an evidence synthesis protocol was developed which included a systematic review protocol that was published on PROSPERO (CRD42020181495). The aim was to identify and evaluate mental health reported outcomes and prevalence of symptoms and psychiatric disorders associated with endometriosis.

Finding(s): A total of 34 papers were included in the systematic review and 15 were included in the meta-analysis. Anxiety and depression symptoms were the most commonly reported mental health outcomes while a pooled analysis also revealed high prevalence of chronic pelvic pain and dyspareunia.

Interpretation(s): It is evident that small-scale cross-sectional studies have been conducted in a variety of settings to determine mental health outcomes among endometriosis patients. Further research is required to comprehensively evaluate the mental health sequelae with endometriosis. Copyright © The Author(s) 2021.

PMID
Provoked vulvodynia: Type of lactobacilli retrieved.
Garza J., Gandhi K., Gutierrez P., Okoye O., Sanchez A., Ventolini G.
Embase
Journal of Reproductive Medicine. 66(3) (pp 118-122), 2021. Date of Publication: June 2021. [Article]
AN: 2014593646
OBJECTIVE: Provoked vulvodynia is a chronic gynecologic condition affecting around 8-13% of the female population in the world. There are no evidence-based management recommendations for provoked vulvodynia, and only few randomized controlled trials have been performed. The objective of our study was to determine and compare Lactobacillus species collected from vaginal swabs of provoked vulvodynia and control patients. STUDY DESIGN: Saline wet mount vaginal swabs were obtained from 40 patients: 20 patients clinically diagnosed with provoked vulvodynia and a control group of 20 patients. Lactobacilli were assessed through Gram classification and colony morphology methods, and vaginal Lactobacillus species were identified by a real-time polymerase chain reaction analysis.
RESULT(S): Modified permutational multivariate analysis of variance using Bray-Curtis dissimilarity demonstrated a significant difference in Lactobacillus species composition between patients with provoked vulvodynia and controls (*p=0.008).
CONCLUSION(S): Lactobacillus gasseri was significantly less predominant in patients with provoked vulvodynia. Lactobacillus iners was a more frequently By investigatimicrobiota of discovered an ivaginal microbithe defense of dominant species in patients with provoked vulvodynia. The colony morphology of the vaginal swab sample from the provoked vulvodynia group was dissimilar to that of the control group.

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Publisher
Journal of Reproductive Medicine, Inc.
Year of Publication
2021

430.

Zhang Y., Ma H., Nan T., Li Y., Zheng W., Zhou Z., Gong X.
Embase
[Review]
AN: 635161562

Background: Oral Chinese patent medicine (OCPM) combined with western medicine (WM) are believed to be effective for the therapy of chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) with sexual dysfunction (SD). These western medicines mainly involve antibiotics, phosphodiesterase type-5 inhibitor (PDE-5i), alpha-blockers. But there is no randomized controlled trial (RCT) that directly compares the efficacy of different OCPM. Hence, we operated a network meta-analysis (NMA) to contrast the efficacy of different OCPM for CP/CPPS with SD. Method(s): Relevant studies were searched in PubMed, Cochrane Library, Web of Science, Embase, China National Knowledge Infrastructure (CNKI), Chinese Scientific Journal Database (VIP), and Wanfang database. All of the RCTs concentrated on the use of OCPM to cure CP/CPPS with SD from the inception of the databases to November 2020. We appraised the risk of bias under the Cochrane Handbook and CONSORT statement. The data were statistically analyzed via STATA 13.0 and WinBUGS 1.4.3 instrument.
Result(s): Altogether, 30 pieces of literature with 2,996 participants containing 11 oral Chinese patent medicine and 11 interventions were included in the NMA. In terms of The National Institutes of Health chronic prostatitis symptom index (NIH-CPSI), Qianlie Shutong Capsules (QLSTC) + WM had the most possible of being the optimal treatment. In the light of the International Index of Erectile Function (IIEF-5), Congrong Yishen Granules (CRYSG) + WM had the most possible of being the optimal treatment. Shugan Yiyang Capsules (SGYYC) + WM performed the highest likelihood efficacy under cluster rank graph combined NIH -CPSI and IIEF-5. Liuwei Dihuang Pills/Yougui capsules (LWDHP/YGC) + WM had highly possible to be the optimal treatment not only for the clinical effective rate of CP/CPPS but also for the clinical effective rate of SD. Considering four outcomes, QLSTC, CRYSG, SGYYC, LWDHP/YGC, Qianlie Beixi Capsules (QLBXC) plus WM were the best therapy approach for CP/CPPS with SD, especially LWDHP/YGC + WM and QLBXC + WM.
Conclusion(s): Based on the NMA, QLSTC, CRYSG, SGYYC, LWDHP/YGC, QLBXC plus WM demonstrated the maximum probability of being the optimal therapies. Owing to the limitations of this research, these results should be confirmed by elaborate RCTs. Systematic Review Registration: [https://www.crd.york.ac.uk/prospero/], identifier [CRD42021224060].

Bacterial colonization of bladder urothelial cells in women with refractory Detrusor Overactivity: The effects of antibiotic therapy.
Ognenovska S., Chen Z., Mukerjee C., Moore K.H., Mansfield K.J.

Pathogens and Disease. 79(6) (no pagination), 2021. Article Number: ftab031. Date of Publication: 01 Aug 2021.

Bacterial infection may have a pathophysiological role in refractory Detrusor Overactivity (DO). The aim of this study was to observe any impact of antibiotic therapy upon bacterial colonization of urothelial cells, and to determine whether a relationship existed between colonization and symptom severity. Mid-stream urine samples were collected as part of a clinical trial of antibiotics in women with refractory DO. Wright stained urothelial cells were categorized according to the degree of bacterial colonization as; 'clear' (free of bacteria), or as associated with bacteria that were 'adjacent' to the cell or 'intracellular' at low or high density. The average percentages were compared with routine microbiology cultures, over the 26 week trial, and with patient clinical outcome measures of DO severity. In patients receiving placebo, 'high-density intracellular bacteria' significantly increased during urinary tract infection (P = 0.0008). In antibiotic patients, 'clear' cells were more prevalent. Amoxicillin & Clavulanic Acid significantly decreased bacterial colonization within urothelial cells, suggesting that these antibiotics possess the greatest intracellular efficacy. 'High-density intracellular bacteria' positively correlated with symptom severity, measured by leakage on pad test (P = 0.014), leaks per day (P = 0.004), and voids per day (P = 0.005). Thus, by decreasing high density intracellular bacteria, antibiotic treatment may improve the refractory DO condition.

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PMID 34143186 [https://www.ncbi.nlm.nih.gov/pubmed/?term=34143186]
Embase
Pain and Therapy. 10(2) (pp 985-1002), 2021. Date of Publication: December 2021.

Peripheral nerve stimulation (PNS) was the first application of neuromodulation. Widespread application of PNS was limited by technical concerns. Recent advances now allow the percutaneous placement of leads with ultrasound or fluoroscopic guidance, while the transcutaneous powering of these leads removes the need for leads to cross major joints. This systematic review was written to assess the current status of high-quality evidence supporting the use of PNS for pain conditions treated by interventional pain physicians. The available literature on PNS, limited to conditions treated by interventional pain physicians, was reviewed and the quality assessed. Literature from 1966 to June 2021 was reviewed. The outcome measures were pain relief and functional improvement. One hundred and two studies were identified. Five randomized controlled trials (RCT) and four observational studies, all case series, met the inclusion criteria. One RCT was of high quality and four were of moderate quality; all four case series were of moderate quality. Three of the RCTs and all four case series evaluated peripheral nerve neuropathic pain. Based upon these studies, there is level II evidence supporting the use of PNS to treat refractory peripheral nerve injury. One moderate-quality RCT evaluated tibial nerve stimulation for pelvic pain, providing level III evidence for this indication. One moderate-quality RCT evaluated surgically placed cylindrical leads for cluster headaches, providing level III evidence for this indication. The evidence suggests that approximately two-thirds of patients with peripheral neuropathic pain will have at least 50% sustained pain relief. Adverse events from PNS are generally minor. A major advantage of PNS over spinal cord stimulation is the absence of any risk of central cord injury. The study was limited by the paucity of literature for some indications. No studies dealt with joint-related osteoarthritic pain.

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Publisher
Oxford University Press
Year of Publication
2021
To what extent are we confident that tapentadol induces less constipation and other side effects than the other opioids in chronic pain patients? A confidence evaluation in network meta-analysis. Forget P., Vermeersch M.


Background: A confidence evaluation helps to make informed decisions about the results of meta-analyses. The goal of this work is to perform a confidence evaluation of results of a network meta-analysis (NMA) on the digestive side effects of tapentadol in patients with chronic pain.

Method(s): An updated search in PubMed/Medline and Web of Science search until March 2020 was done to perform pairwise meta-analyses with NMA using random-effect models and confidence in network meta-analysis (CiNeMA) for the confidence analysis.

Result(s): Twenty-five studies were included in the final analyses. Pairwise and indirect comparisons showed a reduced risk of constipation with tapentadol compared to oxycodone. The confidence evaluation did not raise any concerns in terms of confidence for the oxycodone versus tapentadol comparisons. The oxycodone-naloxone versus tapentadol comparisons showed some concerns, particularly in terms of imprecision and incoherence. Regarding the overall risk of any side effects, the confidence evaluation showed a major concern regarding imprecision, but not for the comparison between tapentadol and oxycodone. However, this comparison showed a major heterogeneity.

Discussion and conclusions: A confidence evaluation in meta-analysis on the effect of tapentadol compared to other opioids in chronic pain showed possible imprecision, heterogeneity and/or incoherence. However, with a high level of confidence, tapentadol was associated with a lower incidence of constipation than oxycodone. Confidence analyses can help to get more information from meta-analyses.
Clinical Efficacy of Conservative Treatment with Micronized Purified Flavonoid Fraction in Female Patients with Pelvic Congestion Syndrome.
Akhmetzianov R.V., Bredikhin R.A.
Embase
Pain and Therapy. 10(2) (pp 1567-1578), 2021. Date of Publication: December 2021.
[Article]
AN: 2013729504
Introduction: Pelvic congestion syndrome (PCS) may be effectively managed with conservative treatment in certain patients. Treatment with venoactive drugs is common, but supportive data are limited. This study evaluated the clinical efficacy of micronized purified flavonoid fraction (MPFF) in women with PCS.
Method(s): In a single-blind, placebo-controlled study, women with duplex ultrasound diagnosis of pelvic varicose veins (PVV) and PCS were randomized to MPFF 1000 mg once daily or placebo for 2 months. Clinical manifestations of PCS were evaluated at baseline and end of treatment (M2) using three assessment tools: disease-specific quality of life (QoL) Pelvic Varicose Vein Questionnaire (PVVQ), Pelvic Venous Clinical Severity Score (PVCSS), and the Visual Analog Scale (VAS) for the main symptoms of the disease.
Result(s): A total of 83 women were included, 42 received MPFF and 41 received placebo. In the MPFF group, the mean global PVVQ QoL index decreased significantly from 45.1 +/- 14.7 at baseline to 36.6 +/- 10.6 at M2 (mean change: 8.2 +/- 10.4); no significant change was observed in the control group (mean change: - 0.3 +/- 4.0). The between-group difference was statistically significant (P < 0.001). Compared with control, significant improvements were observed in all four QoL parameters (pain, physical, social, psychological, all P < 0.001). The mean PVCSS summary score decreased significantly by 3.4 +/- 3.4 in the MPFF group (P < 0.001) compared with a non-significant change of - 0.2 +/- 1.6 in the control group (between-group difference P < 0.001). In the MPFF group, improvements were statistically significant for 6 out of 10 clinical manifestations of PCS measured using the PVCSS, including pain (mean change from baseline: 0.5 +/- 0.7), heaviness (0.4 +/- 0.7), discomfort (0.6 +/- 0.7) and tenderness (0.3 +/- 0.5). No significant improvements were observed in the control group. When measured by VAS, between-group differences were statistically significant for the overall summary score (P < 0.001) and for 8 out of 10 PCS symptoms, including: pain (mean MPFF change from baseline: 2.0 +/- 2.2), heaviness (1.3 +/- 2.1), discomfort (1.5 +/- 2.0), tenderness (0.9 +/- 1.9), and edema (1.3 +/- 2.1).
Conclusion(s): In women with PCS, conservative treatment with MPFF was associated with improved QoL and reduced symptom severity. MPFF may be considered an effective and safe treatment option for PCS in routine clinical practice.
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Publisher
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Year of Publication
2021
Li-ESWT treatment reduces inflammation, oxidative stress, and pain via the PI3K/AKT/FOXO1 pathway in autoimmune prostatitis rat models.


Embase
Andrology. 9(5) (pp 1593-1602), 2021. Date of Publication: September 2021. [Article]
AN: 2013642510

Background: Due to limited data on the pathogenesis of chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) and the suboptimal therapeutic effect, the development of new and effective treatment modalities was needed urgently. Low-intensity extracorporeal shock wave therapy (Li-ESWT) has been reported for the treatment of CP/CPPS. However, the underlying mechanism remains to be elucidated.

Objective(s): To interrogated the efficacy and the mechanism of Li-ESWT in the treatment of CP/CPPS.

Material(s) and Method(s): According to different treatments, RWPE-1 cells (human prostate epithelial cells) were randomly divided into three groups: control group, LPS (lipopolysaccharide) group, or Li-ESWT group (LPS-induced RWPE-1 managed by Li-ESWT). Following the Li-ESWT treatment, the levels of oxidative stress were assayed. We then established a rat model of experimental autoimmune prostatitis (EAP) by injecting prostatic protein homogenate mixed with complete Freund's adjuvant. The Sprague-Dawley rats were randomly divided into the control group, EAP group, or Li-ESWT group. Von Frey Filament was used to quantify pelvic hyperalgesia in the rats. Prostates tissues from each group were collected for immunohistochemistry, oxidation stress, and Western blot analysis.

Result(s): Histological analysis showed reduced inflammation and expression of cytokines (TNF-alpha, IL-1beta, IL-6, COX-2, SP) in prostate tissues from the Li-ESWT group compared with those from the EAP group (all p < 0.05). Similarly, there was reduced pelvic pain and allergic symptoms in the Li-ESWT group compared with the EAP group (all p < 0.05). Besides, Li-ESWT treatment could decrease oxidative stress in the prostate and in RWPE-1 cells, respectively (both p < 0.05). Moreover, the Li-ESWT upregulated the expression of CAT through the inhibition of phosphorylation of AKT/FOXO1 signaling pathway. Discussion and Conclusion(s): Li-ESWT may reduce inflammation, oxidative stress, and pain in rats with autoimmunity-induced prostatitis via the PI3 K/AKT/FOXO1 pathway. It implies that Li-ESWT can present a potential therapeutic option for the treatment of CP/CPPS.

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Embase

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Publisher
John Wiley and Sons Inc
Year of Publication
2021


Embase


[Article]

AN: 2013870325

Purpose: To assess the safety and effect of the multifocal low-intensity extracorporeal shockwave therapy (MESWT) in the treatment of chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS).

Material(s) and Method(s): We randomly separated 30 patients with CP/CPPS into a MESWT and placebo group of same number using prospective-randomized, double-blind design. The participants' National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI) total and subdomain scores, International Prostate Symptom Score (IPSS), International Index of Erectile Function-5 (IIEF-5), and visual analogue scale (VAS) were assessed and compared at baseline and at finishing immediately and 4 weeks after procedure and also were compared between MESWT and placebo group.

Result(s): A total of 30 participants were randomized a MESWT or placebo group. Twenty of thirty participants completed this trial. NIH-CPSI total and subdomain scores, IPSS, IIEF-5, and VAS had significantly ameliorated compared with baseline in the MESWT group at 4 weeks assessment. Furthermore, comparison of the results from MESWT and placebo groups represented statistically significant differences in NIH-CPSI total and subdomain scores, IPSS, IIEF-5, and VAS. No side effects or events were occurred in both groups of the participants during study periods.

Conclusion(s): MESWT can be an effective treatment modality in patients with CP/CPPS as it improves pain and QoL.

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Publisher

Korean Society for Sexual Medicine and Andrology

Year of Publication

2021
Introduction: Gabapentin has potential analgesic benefits in patients with neuropathic pain, such as post-herpetic neuralgia and diabetic peripheral neuropathy neuropathic pain. However, its efficacy in women with chronic pelvic pain (CPP) remains contradictory. In the present study, we performed a systematic review and meta-analysis of randomized controlled trials (RCTs) to ascertain the efficacy of this treatment.

Method(s): We systematically reviewed RCTs published in PubMed, Embase, the Cochrane Library, Web of Science, and Google Scholar databases, up to July 2021. These articles compared gabapentin with placebo or any other active treatment for CPP in women, with ‘the change in pain scores from the baseline during the first 3 and 6 months of treatment’ taken as the primary outcome. We considered reductions equivalent to 1.0 cm for primary outcomes to be clinically important.

Result(s): Four studies, comprising 469 participants, were included in our meta-analysis. Results revealed that the gabapentin group had significantly higher change in pain intensity scores from baseline to 3 months [weighted mean difference (WMD) - 0.61 cm; 95% confidence interval (CI) - 0.97 to - 0.25; I² = 0%; p = 0.0009] and 6 months (WMD - 1.38 cm; 95% CI - 1.89 to - 0.88; I² = 0%; p < 0.00001), relative to the control group. The difference of 6-month pooled result was more clinically important. Results from analysis of secondary outcomes showed that gabapentin had no beneficial efficacy during the first 3 months of treatment. Although gabapentin treatment was associated with a higher risk of dizziness and somnolence, no statistically significant differences were observed with regards to the total incidence of adverse events.

Conclusion(s): Overall, gabapentin could be a potential treatment option for CPP in women. However, as a pilot study, further studies are needed to explore the longer-term benefits and definite safety of this therapy in the future. Registration Number: PROSPERO registration number CRD42021249421.

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Publisher Adis
Year of Publication 2021

Itraconazole Improves Vulvodynia in Fungus Culture-Negative Patients Post Fluconazole Failure.
Rothenberger R., Jones W., MacNeill C.
Embase
AN: 2013480624
Introduction: Vulvodynia is a difficult condition to treat due to both the uncertain etiology of the disorder and poorly available therapies. This difficulty leads to a disproportionately high prevalence and cost of treatment for this condition. Candida vulvovaginitis is a frequent co-present diagnosis in vulvodynia patients. Whether through treatment of co-present, candida vulvovaginitis or by systemic interaction, itraconazole has been proposed as a treatment for vulvodynia.
Aim(s): To describe objective change in vulvodynia pain in a cohort of patients treated with itraconazole.
Method(s): This study was a retrospective cohort study comprised of women diagnosed with vulvodynia who were treated with itraconazole between January 1, 2011 and October 17, 2017. Patients had failed fluconazole treatment and had negative fungus cultures for >2 months before itraconazole treatment. All other vulvovaginal disorders were excluded.
Main Outcome Measure(s): The main outcome measure was the change in pain before and after treatment as measured by cotton swab testing.
Result(s): 106 patients met inclusion criteria. Average pain reduction for the entire cohort was 60.7%. Patients who continued itraconazole for 5 to 8 weeks demonstrated a 69.6% reduction in cotton swab test pain. Pain reduction as a percentage of total patients showed complete resolution of pain in 37.7% of patients and >50% reduction in 66.0% of patients. Two-sample paired T-tests for means analysis of pain scores disproved the null hypothesis (P < .01, alpha = 0.01) and showed a 50% reduction in pain to be significant (P = 0.043, alpha = 0.05). Two-tailed Wilcoxon signed rank test also demonstrated rejection of the null hypothesis (alpha = 0.05).
Conclusion(s): Itraconazole therapy is associated with a significant reduction in vulvovaginal pain in patients with negative fungus cultures and no other identifiable disease in this pilot study. A randomized placebo-controlled trial is warranted. Rothenberger R, Jones W, MacNeill C. Itraconazole Improves Vulvodynia in Fungus Culture-Negative Patients Post Fluconazole Failure. J Sex Med 2021;XXX:XXX
Copyright © 2021 The Authors
Background: Chronic pelvic pain syndrome (CPPS) is a multifactorial disorder that affects 5.7% to 26.6% of women and 2.2% to 9.7% of men, characterized by hypersensitivity of the central and peripheral nervous system affecting bladder and genital function. People with CPPS have much higher rates of psychological disorders (anxiety, depression, and catastrophizing) that increase the severity of chronic pain and worsen quality of life. Myofascial therapy, manual therapy, and treatment of trigger points are proven therapeutic options for this syndrome. This study aims to evaluate the efficacy of capacitive resistive monopolar radiofrequency (CRMRF) at 448 kHz as an adjunct treatment to other physiotherapeutic techniques for reducing pain and improving the quality of life of patients with CPPS.

Method(s): This triple-blind (1:1) randomized controlled trial will include 80 women and men with CPPS. Participants will be randomized into a CRMRF activated group or a CRMRF deactivated group and receive physiotherapeutic techniques and pain education. The groups will undergo treatment for 10 consecutive weeks. At the beginning of the trial there will be an evaluation of pain intensity (using VAS), quality of life (using the SF-12), kinesiophobia (using the TSK-11), and catastrophism (using the PCS), as well as at the sixth and tenth sessions.

Discussion(s): The results of this study will show that CRMRF benefits the treatment of patients with CPPS, together with physiotherapeutic techniques and pain education. These results could offer an alternative conservative treatment option for these patients. Trial registration: ClinicalTrials.gov NCT03797911. Registered on 8 January 2019.

Copyright © 2021, The Author(s).
Maintenance of physical activity level, functioning and health after non-pharmacological treatment of pelvic girdle pain with either transcutaneous electrical nerve stimulation or acupuncture: A randomised controlled trial.

Svahn Ekdahl A., Fagevik Olsen M., Jendman T., Gutke A.

Embase


[Article]

AN: 636156111

Objective To investigate if there are differences between acupuncture and transcutaneous electrical nerve stimulation (TENS) as treatment for pelvic girdle pain (PGP) in pregnancy in order to manage pain and thus maintain health and functioning in daily activities and physical activity (PA). Design Randomised controlled trial. Setting and participants Pregnant women (n=113) with clinically verified PGP in gestational weeks 12-28, recruited from maternity healthcare centres, randomised (1:1) into two groups. Exclusion criteria: any obstetrical complication, systemic disease or previous disorder that could contradict tests or treatment. Interventions The intervention consisted of either 10 acupuncture sessions (two sessions per week) provided by a physiotherapist or daily home-based TENS during 5 weeks. Primary outcome variables Disability (Oswestry Disability Index), functioning (Patient Specific Functional Scale), work ability (Work Ability Index) and PA-level according to general recommendations. Secondary outcome variables Functioning related to PGP (Pelvic Girdle Questionnaire), evening pain intensity (Numeric Rating Scale, NRS), concern about pain (NRS), health (EuroQoL 5-dimension), symptoms of depression/catastrophising (Edinburgh Postnatal Depression Scale/Coping Strategies Questionnaire). Results No mean differences were detected between the groups. Both groups managed to preserve their functioning and PA level at follow-up. This may be due to significantly (p<0.05) reduced within groups evening pain intensity; acupuncture -0.96 (95% CI -1.91 to -0.01; p=0.049), TENS -1.29 (95% CI -2.13 to -0.44; p=0.003) and concern about pain; acupuncture -1.44 (95% CI -2.31 to -0.57; p=0.0012), TENS -1.99 (95% CI -2.81 to -1.17; p<0.0001). The acupuncture group showed an improvement in functioning at follow-up; 0.82 (95% CI 0.01 to 1.63; p=0.048) Conclusion Treating PGP with acupuncture or TENS resulted in maintenance of functioning and physical activity and also less pain and concern about pain. Either intervention could be recommended as a non-pharmacological alternative for pain relief and may enable pregnant women to stay active. Trial registration number 12726.

https://www.researchweb.org/is/sverige/project/127261

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PMID 34598980

Status Embase

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Publisher BMJ Publishing Group

Year of Publication 2021
Predicting factors that determine patients' satisfaction with post-operative pain management following abdominal surgeries at Komfo Anokye Teaching Hospital, Kumasi, Ghana.
Tano P.F., Apiribu F., Tano E.K., Mensah A.B.B., Dzomeku V.M., Boateng I.
Embase
[Article]
AN: 2012227041
Introduction Poorly controlled postoperative pain has been known to be characterized by longer postoperative care, longer hospital stays with increased readmission rates, and decreased patient satisfaction. Post-operative pain has been continuously addressed in the past three (3) to four (4) decades and has been shown that 20 to 80% of post-operative patients suffer ineffective pain management. Objective The study was aimed at assessing the factors that may predict the satisfaction of patients with early postoperative pain management following abdominal surgeries at the Komfo Anokye Teaching Hospital, Kumasi. Methodology A descriptive cross-sectional study was conducted among patients who had undergone abdominal surgeries between October 2019 and December 2019 at the Komfo Anokye Teaching Hospital. Structured questionnaires based on the IPO-Q were used to obtain responses from the patients. Descriptive and Inferential statistical analysis were employed in analyzing the data obtained from the respondents of the study. Results 138 patients were involved in this study. The mean age of patients in the study was 45.81 (+/-16.81) years. A higher percentage, 58.7% of the patients were males. 39.1% had completed their tertiary level of education. The majority (50.7%) of the patients had had persistent pain for more than three (3) months. The satisfaction of the patients with the postoperative pain management received was generally high among a significant majority of the patients. Meanwhile, among the factors that influence the satisfaction of the patients with the post-operative pain management received, type of analgesia and pain relief methods (Pearson Coefficient = 0.523, p-value <0.05), patient's ability to request more pain relief, (Pearson Coefficient = 0.29, p-value <0.05), patient's access to information about their pain treatment options from the Nurses (Pearson coefficient =-0.22, p<0.05), were the only predictors of satisfaction in patients. Conclusion This study found out that patients were generally satisfied with the post-operative pain management offered by their healthcare providers although the degree of satisfaction depended largely on the type of analgesia and pain relief methods, the ability to request for more pain relief, and access to information on pain treatment.
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PMID 34033660 [https://www.ncbi.nlm.nih.gov/pubmed/?term=34033660]
Status Embase
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Publisher Public Library of Science
Year of Publication 2021

442.
Evaluating the efficacy of intranasal oxytocin on pain and function among individuals who experience chronic pain: A protocol for a multisite, placebo-controlled, blinded, sequential, within-subjects crossover trial.


Introduction Current treatments for chronic pain (eg, opioids) can have adverse side effects and rarely result in resolution of pain. As such, there is a need for adjuvant analgesics that are non-addictive, have few adverse side effects and are effective for pain management across several chronic pain conditions. Oxytocin is a naturally occurring hormone that has gained attention for its potential analgesic properties. The objective of this trial is to evaluate the efficacy of intranasal oxytocin on pain and function among adults with chronic pain. Methods and analysis This is a placebo-controlled, triple-blind, sequential, within-subject crossover trial. Adults with chronic neuropathic, pelvic and musculoskeletal pain will be recruited from three Canadian provinces (British Columbia, Alberta and Newfoundland and Labrador, respectively). Enrolled patients will provide one saliva sample pretreatment to evaluate basal oxytocin levels and polymorphisms of the oxytocin receptor gene before being randomised to one of two trial arms. Patients will self-administer three different oxytocin nasal sprays twice daily for a period of 2 weeks (ie, 24 IU, 48 IU and placebo). Patients will complete daily diaries, including standardised measures on day 1, day 7 and day 14. Primary outcomes include pain and pain-related interference. Secondary outcomes include emotional function, sleep disturbance and global impression of change. Intention-to-treat analyses will be performed to evaluate whether improvement in pain and physical function will be observed posttreatment. Ethics and dissemination Trial protocols were approved by the Newfoundland and Labrador Health Research Ethics Board (HREB #20227), University of British Columbia Clinical Research Ethics Board (CREB #H20-00729), University of Calgary Conjoint Health Research Ethics Board (REB20 #0359) and Health Canada (Control # 252780). Results will be disseminated through publication in peer-reviewed journals and presentations at scientific conferences. Trial registration number NCT04903002; Pre-results.

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PMID 34556520 [https://www.ncbi.nlm.nih.gov/pubmed/?term=34556520]
Impact of endometriosis on female fertility and the management options for endometriosis-related infertility in reproductive age women: a scoping review with recent evidences.

Vatsa R., Sethi A.

Embase


[Review]

AN: 2013867382

Background: Endometriosis is a chronic inflammatory condition with varied presentation, which ultimately leads to chronic pelvic pain and infertility. It is a psychological and economic burden to the women and their families. Main body of abstract: The literature search was performed on the following databases: MEDLINE, Google Scholar, Scopus, EMBASE, Global health, the COCHRANE library, and Web of Science. We searched the entirety of those databases for studies published until July 2020 and in English language. The literature search was conducted using the combination of the Medical Subject heading (MeSH) and any relevant keywords for "endometriosis related infertility and management" in different orders. The modalities of treatment of infertility in these patients are heterogeneous and inconclusive among the infertility experts. In this article, we tried to review the literature and look for the evidences for management of infertility caused by endometriosis. In stage I/II endometriosis, laparoscopic ablation leads to improvement in LBR. In stage III/IV, operative laparoscopy better than expectant management, to increase spontaneous pregnancy rates. Repeat surgery in stage III/IV rarely increases fecundability as it will decrease the ovarian reserve, and IVF will be better in these patients. The beneficial impact of GnRH agonist down-regulation in ART is undisputed. Dienogest is an upcoming and new alternative to GnRH agonist, with a better side effect profile. IVF + ICSI may be beneficial as compared to IVF alone. Younger patients planned for surgery due to pain or any other reason should be given the option of fertility preservation. Short conclusion: In women with endometriosis-related infertility, clinician should individualize management, with patient-centred, multi-modal, and interdisciplinary integrated approach.

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Status

Embase

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Publisher

Springer Science and Business Media Deutschland GmbH

Year of Publication

2021
Clinical assessment of pelvic floor and abdominal muscles 3 months post partum: An inter-rater reliability study.

Vesting S., Olsen M.F., Gutke A., Rembeck G., Larsson M.E.H.

Embase

BMJ Open. 11(9) (no pagination), 2021. Article Number: e049082. Date of Publication: 02 Sep 2021.

[Article] AN: 635897109

Objectives Evaluation of the inter-rater reliability of clinical assessment methods for pelvic floor muscles and diastasis recti abdominis post partum. Design A multicentre inter-rater reliability study. Setting Three primary care rehabilitation centres in Sweden. Participants A total of 222 participants were recruited via advertising at Swedish maternity care units and social media. Eligibility for participation included female gender, >=18 years, at maximum 3 months after childbirth. Exclusion criteria were chronic pelvic girdle pain and/or low back pain and/or pelvic floor tear grade III/IV. At each centre, 2 physiotherapists, with training and experience in pelvic floor assessment, assessed the 222 women according to a standardised protocol in random order. Outcome measures Inter-rater reliability of the assessment of pelvic floor muscle function (involuntary and voluntary contraction and voluntary relaxation) and diastasis recti abdominis (width, depth and bulging). Results Vaginal palpation of maximal voluntary contraction revealed a kappa value of 0.69 (95% CI 0.62 to 0.76). Assessments of involuntary contraction and voluntary relaxation yielded inconsistent results, with slight-to-moderate weighted kappa values ranging from 0.10 to 0.51. After 2 months of training in applying this method, diastasis recti abdominis width measured at the umbilicus by calliper yielded an intraclass correlation coefficient value of 0.83 (95% CI 0.76 to 0.87). Assessments of diastasis recti abdominis depth and bulging showed moderate kappa values, with reservation for some inconsistency between the centres. Conclusions Vaginal palpation of pelvic floor muscle strength is a reliable method for the postpartum muscle assessment. Additional research is needed to identify reliable assessment method for other pelvic floor muscle functions like involuntary contraction and voluntary relaxation. With some training, a calliper is a reliable instrument for measuring the postpartum diastasis recti abdominis width. This study provides novel thoughts about how to measure diastasis recti abdominis depth and bulging. Copyright © Author(s) (or their employer(s)) 2021. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

PMID 34475166 [https://www.ncbi.nlm.nih.gov/pubmed/?term=34475166]

Status Embase

Institution

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Comparing levonorgestrel intrauterine system versus hysteroscopic resection in patients with postmenstrual spotting related to a niche in the caesarean scar (MIHYS NICHE trial): Protocol of a randomised controlled trial.
He C., He X., Liang Y., Sun T., Yan C., Zhao X., Xie L., Mol B.W., Zhang J., Huirne J.A.F.
Embase
[Article]
AN: 635867963
Introduction Recently, the rate of caesarean sections (CS) worldwide has risen and CS-associated complications such as niche have increased substantially. Until now, evidence-based clinical guidelines for the treatment of niche-related symptoms remain absent. In patients with postmenstrual spotting, it has not been studied if the effect of levonorgestrel 52 mg intrauterine system (LNG-IUS 52 mg) is superior to that of hysteroscopy. This study will answer the question of whether LNG-IUS 52 mg is more effective in improving postmenstrual spotting than hysteroscopic niche resection in women with niche-related spotting at 6 months after randomisation. Methods and analysis This is a randomised controlled trial. A total of 208 women with postmenstrual spotting related to niche in the caesarean uterine scar of at least 2 mm and residual myometrium of at least 2.2 mm evaluated by MRI will be included. Women desiring to conceive within 1 year, with contraindications for LNG-IUS 52 mg or hysteroscopic surgery will be excluded. After informed consent is obtained, eligible women will be randomly allocated to LNG-IUS 52 mg or hysteroscopic niche resection at 1:1. The primary outcome is the efficacy in reducing postmenstrual spotting at 6 months after randomisation. The secondary outcomes include menstrual pattern, total days of blood loss per month, rate of amenorrhoea, side effects and complications. We will use a Visual Analogue Scale for chronic pelvic pain, urological symptoms and women's satisfaction (five-point Likert scale). Ethics and dissemination The study was approved by the local medical ethics committee and by the Institutional Review Board of the International Peace Maternity and Child Health Hospital, Shanghai, China (No. GKLW 2019-08). Participants will sign a written informed consent before participation. The results of this study will be submitted to a peer-reviewed journal for publication. Trial registration number ChiCTR1900025677.
446.

Pycnogenol Supplementation Prevents Recurrent Urinary Tract Infections/Inflammation and Interstitial Cystitis.
Embase
[Article]
AN: 2013475757
This open pilot registry study aimed to evaluate and compare the prophylactic effects of Pycnogenol or cranberry extract in subjects with previous, recurrent urinary tract infections (UTI) or interstitial cystitis (IC). Methods. Inclusion criteria were recurrent UTI or IC. One subject group was supplemented with 150 mg/day Pycnogenol, another with 400 mg/day cranberry extract, and a group served as a control in a 2-month open follow-up. Results. 64 subjects with recurrent UTI/IC completed the study. The 3 groups of subjects were comparable at baseline. All subjects had significant symptoms (minor pain, stranguria, repeated need for urination, and lower, anterior abdominal pain) at inclusion. In the course of the study, the subjects reported no tolerability problems or side effects. The incidence of UTI symptoms, in comparison with the period before inclusion in the standard management (SM) group, decreased significantly; there was a more pronounced decrease in the rate of recurrent infections in the Pycnogenol group (p<0.05). The improvement in patients supplemented with Pycnogenol was significantly superior to the effects of cranberry. At the end of the study, all subjects in the Pycnogenol group were infection-free (p<0.05 vs. cranberry). Significantly, more subjects were completely symptom-free after 2 months of management with Pycnogenol (20/22) than with SM (18/22) and cranberry (16/20).
Conclusions. This pilot registry suggests that 60 days of Pycnogenol supplementation possibly decrease the occurrence of UTIs and IC without side effects and with an efficacy superior to cranberry.
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Status
Embase
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(Ledda, Hu, Cesarone, Belcaro, Dugall, Feragalli, Cotellese, Hosoi, Ippolito, Corsi, Luzzi)
IRVINE3 Vascular/Circulation Labs CH-PE University, Pescara, Italy
Publisher
Hindawi Limited
Year of Publication
2021
The effectiveness of a modified Gui Zhi Fu Ling Wan formulation (GynoclearTM) for the treatment of endometriosis: a study protocol for a placebo-controlled, double-blind, randomised controlled trial.


Embase
Trials. 22(1) (no pagination), 2021. Article Number: 299. Date of Publication: December 2021.

AN: 2011262636
Background: Endometriosis is the presence of tissue similar to that of the endometrium outside the uterine cavity and is the most common cause of chronic pelvic pain. Current non-surgical treatments such as non-steroidal anti-inflammatories, oral contraceptive pills and hormonal treatments have limited effectiveness, and the side effect profile is bothersome. This study will evaluate the efficacy of GynoclearTM by change in endometriosis-related pain based on the Endometriosis Pain Daily Diary (EPPD) scores.

Method(s): This randomised, double-blind, placebo-controlled trial will recruit a minimum of 90 adult participants across Australia who have a laparoscopic visualisation/confirmation of endometriosis in the last 5 years and have current moderate or greater pelvic pain. Participants will be randomly allocated in a 1:1 ratio to receive either GynoclearTM (active) or placebo. Gynoclear's active ingredients are Carthamus tinctorius (Safflower), Cinnamomum cassia (Chinese cinnamon), Poria cocos (Hoelen), Paeonia suffruticosa (Tree peony), Paeonia lactiflora (Peony) and Salvia miltiorrhiza (Red sage). Participants are asked to complete a total of 5 months' worth of pain diary entries via the EPDD v3, including 1-month screening, 2-month treatment period and 1-month post-treatment follow-up. The primary outcome variable is change in endometriosis-related pain based on the EPDD v3 scores. Secondary outcomes include change in health-related quality of life via the Endometriosis Health Profile (EHP-30), SF-12 and EQ-5D scores as well as changes in rescue analgesic usage, dyspareunia and fatigue via the EPDD.

Discussion(s): This study will determine the safety and efficacy of GynoclearTM to reduce the severity and duration of non-cyclical pelvic pain, dysmenorrhoea, dyspareunia and other symptoms of endometriosis. Study outcomes will be of interest to health professionals and members of the public who suffer from endometriosis. Trial registration: Australia and New Zealand Clinical Trials Registry ACTRN12619000807156. Registered on 3 June 2019.

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PMID 33883001 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33883001]
Status Embase
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Publisher BioMed Central Ltd
Lumbo-pelvic proprioception in sitting is impaired in subgroups of low back pain—But the clinical utility of the differences is unclear. A systematic review and meta-analysis.

Korakakis V., O’Sullivan K., Kotsifaki A., Sotiralis Y., Giakas G.

Embase


AN: 2011867505

Background Altered spinal postures and altered motor control observed among people with non-specific low back pain have been associated with abnormal processing of sensory inputs. Evidence indicates that patients with non-specific low back pain have impaired lumbo-pelvic proprioceptive acuity compared to asymptomatic individuals. Objective To systematically review seated lumbo-pelvic proprioception among people with non-specific low back pain. Methods Five electronic databases were searched to identify studies comparing lumbo-pelvic proprioception using active repositioning accuracy in sitting posture in individuals with and without non-specific low back pain. Study quality was assessed by using a modified Downs and Black’s checklist. Risk of bias was assessed using an adapted tool for cross-sectional design and case-control studies. We performed meta-analysis using a random effects model. Meta-analyses included subgroup analyses according to disability level, directional subgrouping pattern, and availability of vision during testing. We rated the quality of evidence using the GRADE approach. Results 16 studies met the eligibility criteria. Pooled meta-analyses were possible for absolute error, variable error, and constant error, measured in sagittal and transverse planes. There is very low and low certainty evidence of greater absolute and variable repositioning error in seated tasks among non-specific low back pain patients overall compared to asymptomatic individuals (sagittal plane). Subgroup analyses indicate moderate certainty evidence of greater absolute and variable error in seated tasks among directional subgroups of adults with nonspecific low back pain, along with weaker evidence (low-very low certainty) of greater constant error. Discussion Lumbo-pelvic proprioception is impaired among people with non-specific low back pain. However, the low certainty of evidence, the small magnitude of error observed and the calculated “noise” of proprioception measures, suggest that any observed differences in lumbo-pelvic proprioception may be of limited clinical utility.

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PMID 33901255 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33901255]
Use of intravesical injections of platelet-rich plasma for the treatment of bladder pain syndrome: A comprehensive literature review.

Trama F., Illiano E., Marchesi A., Brancorsini S., Crocetto F., Pandolfo S.D., Zucchi A., Costantini E.

Embase Antibiotics. 10(10) (no pagination), 2021. Article Number: 1194. Date of Publication: October 2021. [Review]

AN: 2014069827

Background: Bladder pain syndrome/interstitial cystitis (BPS/IC) or primary bladder pain syndrome (PBPS) is a complex and poorly understood condition. This comprehensive review aimed to discuss the potential application of platelet-rich plasma (PRP) in the treatment of BPS/IC. The pathophysiology of BPS/IC is characterized by urothelial damage that triggers a chain of events leading to chronic inflammation and other conditions. Frequently, in subjects affected by BPS/IC, recurrent urinary tract infection (rUTI) is associated with difficult therapeutic management. For these reasons, many oral and intravesical treatments (e.g., antibiotic therapy and intravesical anesthetic instillations) have been proposed to alleviate the symptoms of IC/BPS. However, the limitation of these treatments is the short duration of improvement. The purpose of this review is to analyze the efficacy of intravesical PRP injections in subjects with PBS/IC and to try to understand the potential therapeutic effects on the pathophysiology of this disease.

Method(s): A nonsystematic literature search using Pubmed, EMBASE, Scopus, Web of Science, Medline was performed from January 2000 to August 2021. The following terms were combined to capture relevant publications: "platelet-rich plasma", "interstitial cystitis", "PRP", "bladder pain syndrome", and "painful bladder syndrome".

Result(s): After exclusion of non-pertinent studies/articles, we have analyzed 5 studies. In detail, 2 articles concerned preclinical studies in which animal models were used. The authors showed an improvement in the histological pattern with less bleeding in treated subjects, a lower presence of inflammatory cytokines and an increase in the mitotic index of urothelial cells in animals treated with intravesical PRP. In the three prospective clinical trials analyzed, patients with BPS/IC who underwent monthly intravesical PRP injections were found to have a statistically significant improvement in symptoms with modulation of growth factors and inflammatory proteins.

Conclusion(s): New evidence suggests that treatment with intravesical PRP could improve urothelial regeneration and reduces chronic inflammation in BPS/IC, modifying the clinical history of its pathology.
Endometriosis: New perspective for the diagnosis of certain cytokines in women and adolescent girls, as well as the progression of disease outgrowth: A systematic review.

Toczek J., Jastrzebska-Stojko Z., Stojko R., Drosdzol-Cop A.

Embase

Article Number: 4726. Date of Publication: 01 May 2021.

[Review]

AN: 2007047000

Endometriosis is a common chronic gynecological disorder that undoubtedly impacts on quality of life, and is one of the more complex and mysterious illnesses of our century, which is associated with the improper growth of endometrial tissue outside of the uterine cavity. This pathologically implanted tissue can be found most frequently in the minor pelvis, but also in the peritoneal cavity, and can affect many organs, leading to chronic pelvic pain syndrome, infertility, and dysmenorrhea. Endometrial tissue is a particularly dynamic tissue that has a direct impact on the progression of the disease, with altered immunity, as well as cytokine storms within the metaplastic endometriotic site, as possible key factors. Currently, diagnosis of this mysterious chronic illness relies on performing a laparoscopic procedure with tissue sampling. One of the most troublesome outcomes of this unintended progression is that we lack any specific, sensitive, non-invasive diagnostic tools. Currently, the vast majority of regime stewardship options rely on anti-contraceptive drugs, or other remedies that suppress the release of estrogen through the gonads—although in most clinical trials, endometriosis is a chronic progressive disorder that depends mostly on the high concentration of estrogen. Moreover, many specific trials have demonstrated that the eutopic endometrial cells in individuals with endometriosis remain much more resistant to the immunological annihilation process caused by certain elements of the immune system. Nevertheless, eutopic endometrial cells have the potential to similarly escalate the expression of aromatase receptors on the surface of the pathological cells, which in the final cascade cause an increase in the concentration of estrogen, as well as other inflammatory proteins that contribute to pathological outgrowth. Data reveal occurrence among first-degree relatives, suggesting that the specific cascade could be related to inherited as well as epigenetic (acquired) mechanisms. In women with the disease, confirmed by laparoscopic procedures, diagnosis of endometriosis can be established also via detection by gene polymorphism in the genes which are responsible for responsible for the detoxification phase of estrogen receptors and other immunomodulator components. A recent publication aims to reveal a new prospect for the non-invasive diagnosis, detection, and estimation of certain biomarkers for much more specific investigation of the disease’s progression.

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Status Embase

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Impact of exercise on pain perception in women with endometriosis: A systematic review.
Hansen S., Sverrisdottir U.A., Rudnicki M.
Embase
Acta Obstetricia et Gynecologica Scandinavica. 100(9) (pp 1595-1601), 2021. Date of
Publication: September 2021.
[Review]
AN: 2012745389
Introduction: Endometriosis is challenging to treat. It is a painful and chronic inflammatory
disorder that impacts up to 10% of women of reproductive age. Despite available surgical and
medical treatment options, recurrence of symptoms is common. Available studies suggest that
exercise may have a therapeutic effect on chronic inflammation and thereby on pain perception.
This review evaluates whether exercise can decrease pain perception in women with
symptomatic endometriosis.
Material(s) and Method(s): This systematic review was conducted according to PRISMA by
searching databases Medline and Embase to locate randomized controlled trials and
observational studies. Risk of bias was investigated using the Cochrane Collaboration Tool for
the Evaluation of Randomized Controlled Trials and the ROBINS-I quality assessment scale.
Inclusion criteria were women of reproductive age, laparoscopically confirmed diagnosis of
endometriosis, and intervention of any type of exercise. All manuscripts were evaluated by two of
the authors and when in doubt a third author was consulted. This review was registered in
PROSPERO on November 14, 2020 (CRD42020212309).
Result(s): Six articles fulfilled the inclusion criteria and were included in this systematic review.
Concerning exercise, two studies showed significant decrease in pain relief but the remaining
studies showed either negative or no impact on pain relief. A meta-analysis could not be
conducted because of the considerable heterogeneity among the included studies.
Conclusion(s): The present review does not indicate any beneficial effect of exercise on pain in
women with endometriosis. There is a need for randomized controlled trials with correct power
calculation, well-defined study groups and training programs to be able to answer the question of
whether exercise can improve the pain experience in patients with endometriosis.
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Publisher
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Year of Publication
Prevalence of chronic pain following suburethral mesh sling implantation for post-prostatectomy incontinence.


Embase
[Article]
AN: 2011037013

Purpose: To evaluate postoperative pain and complications following AdVanceTM/AdVanceTM XP male sling implantation.

Material(s) and Method(s): A multi-center retrospective medical notes review of patients implanted for bothersome post-prostatectomy incontinence was conducted. All patients were telephoned to provide further information on pain or further complications related to their surgery. Statistical evaluation utilized logistical regression analysis. Additionally, a literature review was conducted reviewing pain outcomes following AdVanceTM/AdVanceTM XP implantation.

Result(s): One-hundred and twenty-seven men were reviewed over an 8-year period. The mean age was 70 years, with mean follow up 52 months. Of those with mild stress urinary incontinence, 45 (79%) had a successful outcome compared to 42 (72%) in the moderate group. Twenty-nine (23%) men reported postoperative pain, with a mean maximal pain score of 6 (range: 0-10). The majority of pain resolved within 4 weeks (19/29 men). A further seven patients resolved by 3 months. Only three men (2.3%) had chronic pain greater than 3 months, which all resolved by 1 year. Men less than 65 years were more likely to suffer pain (p = 0.009). Acute urinary retention occurred in 23 (18%) men and correlated significantly with postoperative pain (p = 0.04). Overactive bladder symptoms, severity of incontinence or radiotherapy were not correlated with postoperative pain. In our cohort, there were no extrusions, divisions, or explantations.

Conclusion(s): Approximately a quarter of men experience pain in the early postoperative period. However, the severity and rates of chronic pain (>3 months) are low (2.3%) but all settle within a year.

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Publisher
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Year of Publication
Reliability and agreement of three-dimensional/four-dimensional transperineal ultrasound in women with chronic pelvic pain.

Carmo M.A.M.V., Herren H., Dos-Reis F.J.C., Da Silva Costa F., Rosa-E-Silva J.C., Nogueira A.A., Poli-Neto O.B.

Embase

[Article]
AN: 2013190048

Background: Chronic pelvic pain is a common complaint in the gynecological office. The association among anus levator muscle injury, CPP of unknown origin in parous women, and pelvic sensory symptoms have been demonstrated. The study's purpose is to assess the intrarater/interrater reliability and agreement of pelvic floor biometry and levator ani muscle injury evaluated using threedimensional ultrasound in women with chronic pelvic pain.

Method(s): Two raters independently and blindly acquired three datasets of three-dimensional transperineal ultrasound volumes. The datasets were evaluated 60 days apart. To assess levator ani muscle injury, the hiatal area/diameter, levator ani muscle thickness, urethra-anus distance, and levator-urethra gap were measured. The intrarater reproducibility and interrater reproducibility were calculated. The concordance correlation coefficients and limits of agreement were analyzed in 147 three-dimensional ultrasound volumes obtained from 49 patients.

Result(s): Levator ani muscle injury was detected in 10.2% (n = 5/49), with a good intrarater concordance correlation of >0.90 for anteroposterior diameter, hiatal area,levator-urethra gap, and urethra-anus distance. The hiatal transverse diameter and levator ani muscle thickness presented poor correlation, with limits of agreement of 28.2% and 29.7%, respectively. The levator-urethra gap also presented poor interrater concordance. Overall, the interrater evaluation had moderate to substantial concordance.

Discussion(s): In the detection of levator ani muscle injury in parous women, the hiatal anteroposterior diameter, hiatal area, and urethra-anus distance can be reliably assessed using three-dimensional transperineal ultrasound of the pelvic floor. However, owing to poor reliability, the hiatal transverse diameter, levator ani muscle thickness, and levator ani muscle-urethra gap require more studies before they can be applied clinically.

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Publisher
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Year of Publication
2021
Screening for chlamydia and/or gonorrhea in primary health care: systematic reviews on effectiveness and patient preferences.
Pillay J., Wingert A., MacGregor T., Gates M., Vandermeer B., Hartling L.
Embase
Systematic Reviews. 10(1) (no pagination), 2021. Article Number: 118. Date of Publication: December 2021.

Background: We conducted systematic reviews on the benefits and harms of screening compared with no screening or alternative screening approaches for Chlamydia trachomatis (CT) and Neisseria gonorrhoeae (NG) in non-pregnant sexually active individuals, and on the relative importance patients' place on the relevant outcomes. Findings will inform recommendations by the Canadian Task Force on Preventive Health Care.

Method(s): We searched five databases (to January 24, 2020), trial registries, conference proceedings, and reference lists for English and French literature published since 1996. Screening, study selection, and risk of bias assessments were independently undertaken by two reviewers, with consensus for final decisions. Data extraction was conducted by one reviewer and checked by another for accuracy and completeness. Meta-analysis was conducted where appropriate. We used the GRADE approach to rate the certainty of the evidence. The Task Force and content experts provided input on determining thresholds for important effect sizes and on interpretation of findings.

Result(s): Of 41 included studies, 17 and 11 reported on benefits and harms of screening, respectively, and 14 reported on patient preferences. Universal screening for CT in general populations 16 to 29 years of age, using population-based or opportunistic approaches achieving low screening rates, may make little-to-no difference for a female's risk of pelvic inflammatory disease (PID) (2 RCTs, n=141,362; 0.3 more in 1000 [7.6 fewer to 11 more]) or ectopic pregnancy (1 RCT, n=15,459; 0.20 more per 1000 [2.2 fewer to 3.9 more]). It may also not make a difference for CT transmission (3 RCTs, n=41,709; 3 fewer per 1000 [11.5 fewer to 6.9 more]). However, benefits may be achieved for reducing PID if screening rates are increased (2 trials, n=30,652; 5.7 fewer per 1000 [10.8 fewer to 1.1 more]), and for reducing CT and NG transmission when intensely screening high-prevalence female populations (2 trials, n=6127; 34.3 fewer per 1000 [4 to 58 fewer]; NNS 29 [17 to 250]). Evidence on infertility in females from CT screening and on transmission of NG in males and both sexes from screening for CT and NG is very uncertain. No evidence was found for cervicitis, chronic pelvic pain, or infertility in males from CT screening, or on any clinical outcomes from NG screening. Undergoing screening, or having a diagnosis of CT, may cause a small-to-moderate number of people to experience some degree of harm, mainly due to feelings of stigmatization and anxiety about future infertility risk. The number of individuals affected in the entire screening-eligible population is likely smaller. Screening may make little-to-no difference for general anxiety, self-esteem, or relationship break-up. Evidence on transmission from studies comparing home versus clinic screening is very uncertain. Four studies on patient preferences found that although utility values for the different consequences of CT and NG infections are probably quite similar, when considering the duration of the health state experiences, infertility and chronic pelvic pain are probably valued much more than PID, ectopic pregnancy, and cervicitis. How patients weigh the potential benefits versus harms of screening is very uncertain (1 survey, 10 qualitative studies); risks to reproductive health and transmission appear to be more important than the (often transient) psychosocial harms.

Discussion(s): Most of the evidence on screening for CT and/or NG offers low or very low certainty about the benefits and harms. Indirectness from use of comparison groups receiving some screening, incomplete outcome ascertainment, and use of outreach settings was a major contributor to uncertainty. Patient preferences indicate that the potential benefits from screening appear to outweigh the possible harms. Direct evidence about which screening strategies and
intervals to use, which age to start and stop screening, and whether screening males in addition to females is necessary to prevent clinical outcomes is scarce, and further research in these areas would be informative. Apart from the evidence in this review, information on factors related to equity, acceptability, implementation, cost/resources, and feasibility will support recommendations made by the Task Force. Systematic review registration: International Prospective Register of Systematic Reviews (PROSPERO), registration number CRD42018100733.

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Overview of guidelines on physiotherapy interventions for the management of patients with a disease that may involve pain. Synthese des recommandations de traitements kinesitherapiques pour la prise en charge de patients presentant une pathologie impliquant de la douleur <Synthese des recommandations de traitements kinesitherapiques pour la prise en charge de patients presentant une pathologie impliquant de la douleur.>

Anthony D., Sebastien M., Theo C.

Embase

Douleurs. 22(4) (pp 163-174), 2021. Date of Publication: September 2021.

[Article]

AN: 2013967165

Background: The last few decades have seen a significant increase in scientific data highlighting major advances in the efficacy of physiotherapy interventions, some of which are based on a biopsychosocial approach, such as active exercises as well as education and advice provided to the patient for the management of their symptoms. It is thus necessary to guarantee an optimal quality of care for patients with a disease involving pain as a main complaint that physiotherapists update their practices with regard to proven medical knowledge by associating them with the patients' expectations and values.

Purpose(s): To describe the recommendations of physiotherapy treatments from the scientific literature for the management of the most prevalent diseases involving pain as the main complaint.

Method(s): The elaboration of this overview followed a systematic process of review of the scientific literature aiming to extract the most recent guidelines published by national and international institutions working in the field of health. In the absence of recent guidelines, the results of systematic reviews with or without meta-analyses were extracted to formulate recommendations based on the levels of evidence of the included studies.
Among all musculoskeletal, neuromuscular and pelvic diseases involving pain, 14 diseases were selected for which recommendations for physiotherapy treatments could be extracted from 17 identified clinical practice guidelines.

Conclusion(s): For all selected diseases and depending on the patient's expectations and goals, it is broadly recommended to encourage the patient to perform regular active exercises to improve function (mobility, motor control, strength and endurance) and reduce pain, combined with education to improve symptom management. Passive modalities such as stretching, massage, ultrasound or laser therapy, and manual therapy (joint mobilizations and manipulations) may help reduce pain in the short term, but should not be the only and primary treatment strategies offered to the patient to achieve lasting improvement.

Sexual dysfunction among women of reproductive age: A systematic review and meta-analysis.
Alidost F., Pakzad R., Dolatian M., Abdi F.

Background: Available statistics show a high prevalence of sexual dysfunction (SD) among women worldwide. Various factors affect SD among women of reproductive age.
Objective(s): To evaluate studies on the prevalence and determinants of SD in different parts of the world.
Material(s) and Method(s): MEDLINE, EMBASE, Web of Science, Scopus and ProQuest databases were systematically reviewed during 2000-2019. All original articles were reviewed. The STROBE checklist was used to evaluate the quality of the papers. I2 was calculated to determine heterogeneity. Fixed effects and/or random-effects models were applied to estimate the pooled prevalence. Meta-regression analysis was also performed to identify the sources of heterogeneity.
Result(s): Based on the results of the meta-analysis (21 eligible studies), the pooled prevalence with 95% confidence interval of SD was estimated at 50.75% (41.73-59.78). The prevalence of pain and disorders in arousal, sexual desire, lubrication, orgasm, and sexual satisfaction were calculated (39.08%, 48.21%, 50.70%, 37.60%, 40.16%, and 35.02%, respectively). Also, age, depression, low education level, increased duration of the marriage, and the presence of chronic diseases were the highest risk factors for SD.
Conclusion(s): The prevalence of SD in women of reproductive age varies in different countries. Considering the importance of female SD, further studies are needed to facilitate the development of relevant educational interventions.

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457.

Lower Urinary Tract Symptoms and Sexual Dysfunction in Male: A Systematic Review and Meta-Analysis.

Embase

[Review]
AN: 635246763
Background: An association between lower urinary tract symptoms (LUTS) and risk of sexual dysfunction in male remains controversial in recent decades.

Material(s) and Method(s): PubMed and Web of Science were searched up to October 28, 2020, for articles reporting the prevalence of sexual dysfunction in men with LUTS. The main outcomes were results from sexual dysfunction assessments. Pooled odds ratio (OR) and weighted mean difference (WMD) with 95% confidence interval (CI) were calculated. The quality assessment of the included studies was performed by using The Newcastle-Ottawa Scale (NOS) or JBI Meta-Analysis of Statistics Assessment and Review Instrument (JBI-MAStARI).

Result(s): A total of 24 full-manuscript papers met the inclusion criteria. The pooled OR for 21 studies suggested that patients with severer LUTS had a higher risk of sexual dysfunction (OR = 3.31, 95% CI: 2.43 to 4.49, p < 0.001, I² = 90%). A significant decrease in scores of assessment tools for sexual dysfunction was observed in the patients with higher severity of LUTS compared with those patients with lower severity (WMD = -5.49, 95%CI: -7.25 to -3.27, P < 0.001, I² = 96%). Similar outcomes were also found in subgroup analyses. In a detailed analysis of specific sexual function domains, the severity of LUTS was associated with erectile dysfunction, intercourse satisfaction, and overall satisfaction, except for sexual desire.

Conclusion(s): The study demonstrates an association between exposure of lower urinary tract symptoms and risk of sexual dysfunction in male. Assessment of sexual function is necessary for patients with lower urinary tract symptoms. Systematic Review Registration: http://www.crd.york.ac.uk/prospero, identifier: CRD42020208747.

Cost-effectiveness and budget impact of emerging minimally invasive surgical treatments for benign prostatic hyperplasia.
Chughtai B., Rojanasarot S., Neeser K., Gultyaev D., Amorosi S.L., Shore N.D.
[Article]
AN: 2012256015
Background: Benign prostatic hyperplasia (BPH) is one of the most prevalent and costly chronic conditions among middle-aged and elderly men. Prostatic urethral lift (PUL) and convective water vapor thermal therapy (WVTT) are emerging minimally invasive surgical treatments as an alternative to traditional treatment options for men with moderate-to-severe BPH. This study evaluated the cost-effectiveness and budget impact of PUL and WVTT for men with BPH using long-term clinical outcomes.

Method(s): The cost-effectiveness and budget impact models were developed from a US Medicare perspective over a 4-year time horizon. The models were populated with males with a mean age of 63 and an average International Prostate Symptom Score (IPSS) of 22. Clinical inputs were extracted from the LIFT and Rezum II randomized controlled trials at 4 years. Utility values were assigned using IPSS and BPH severity levels. Procedural, adverse event, retreatment, follow-up, and medication costs were based on 2019 Medicare payment rates and Medicare Part D drug spending. One-way and probabilistic sensitivity analyses (PSAs) were performed.

Result(s): At 4 years, PUL was associated with greater retreatment rates (24.6% vs 10.9%), lower quality-adjusted life-years (QALYs) (3.490 vs 3.548) and higher total costs (US$7393 vs US$2233) compared with WVTT, making WVTT the more effective and less costly treatment strategy. The 70% total cost difference of PUL and WVTT was predominantly driven by higher PUL procedural (US$5617 vs US$1689) and retreatment (US$976 vs US$257) costs. The PSA demonstrated that relative to PUL, WVTT yielded higher QALYs and lower costs 99% and 100% of the time, respectively.

Conclusion(s): Compared to PUL, WVTT was a cost-effective and cost-saving treatment of moderate-to-severe BPH. These findings provide evidence for clinicians, payers, and health policy makers to help further define the role of minimally invasive surgical treatments for BPH.

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Peripheral nerve stimulation in pain management: A systematic review.
Rosenquist E., Basi H., Christo P., Cheng J.
Embase
[Review]
AN: 2006887029
Background: Peripheral nerve stimulation (PNS) has been increasingly used to manage acute
and chronic pain. However, the level of clinical evidence to support its use is not clear.
Objective(s): To assess the clinical evidence of PNS in the treatment of acute or chronic pain.
Study Design: A systematic review of the efficacy and safety of PNS in managing acute or
chronic pain.
Method(s): Data sources were PubMed, Cochrane Library, Scopus, CINAHL Plus, Google
Scholar, and reference lists. The literature search was performed up to December 2019. Study
selection included randomized trials, observational studies, and case reports of PNS in acute or
chronic pain. Data extraction and methodological quality assessment were performed utilizing
Cochrane review methodologic quality assessment and Interventional Pain Management
Techniques-Quality Appraisal of Reliability and Risk of Bias Assessment (IPM-QRB) and
Interventional Pain Management Techniques-Quality Appraisal of Reliability and Risk of Bias
Assessment for Nonrandomized Studies (IPM-QRBNR). The evidence was summarized utilizing
principles of best evidence synthesis on a scale of 1 to 5. Data syntheses: 227 studies met
inclusion criteria and were included in qualitative synthesis.
Result(s): Evidence synthesis based on randomized controlled trials (RCTs) and observational
studies showed Level I and II evidence of PNS in chronic migraine headache; Level II evidence in
cluster headache, postamputation pain, chronic pelvic pain, chronic low back and lower extremity
pain; and Level IV evidence in peripheral neuropathic pain, and postsurgical pain. Peripheral field
stimulation has Level II evidence in chronic low back pain, and Level IV evidence in cranial pain.
Limitation(s): Lack of high-quality RCTs. Meta-analysis was not possible due to wide variations in
experimental design, research protocol, and heterogeneity of study population.
Conclusion(s): The findings of this systematic review suggest that PNS may be effective in
managing chronic headaches, postamputation pain, chronic pelvic pain, and chronic low back
and lower extremity pain, with variable levels of evidence in favor of this technique.
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PMID 33740342 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33740342]
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460.


Embase

[Article]
AN: 2011272486

Background Inconsistent reporting of outcomes in clinical trials of women with Pelvic Girdle Pain (PGP) hinders comparison of findings and the reliability of evidence synthesis. A core outcome set (COS) can address this issue as it defines a minimum set of outcomes that should be reported in all clinical trials on the condition. The aim of this study was to develop a consensus-based COS for evaluating the effectiveness of interventions in PGP during pregnancy and postpartum for use in research and clinical practice. Methods A systematic review of previous studies on PGP and semi-structured interviews with women were undertaken to identify all outcomes that were reported in prior studies and that are relevant to those experiencing the condition. Key stakeholders (clinicians, researchers, service providers/policy makers and individuals with PGP) then rated the importance of these outcomes for including in a preliminary PGP-COS using a 3-round Delphi study. The final COS was agreed at a face-to-face consensus meeting. Results Consensus was achieved on five outcomes for inclusion in the final PGP-COS. All outcomes are grouped under the "life impact"domain and include: pain frequency, pain intensity/ severity, function/disability/activity limitation, health-related quality of life and fear avoidance. Conclusion This study identified a COS for evaluating the effectiveness of interventions in pregnancy-related and postpartum-related PGP in research and clinical settings. It is advocated that all trials, other non-randomised studies and clinicians in this area use this COS by reporting these outcomes as a minimum. This will ensure the reporting of meaningful outcomes and will enable the findings of future studies to be compared and combined. Future
Interventional treatment for myofascial pelvic floor pain in women: systematic review with meta-analysis.
Embase
AN: 2010606872
Introduction and hypothesis: Female myofascial pain (MFP) of the pelvic floor muscles (PFM) is a subtype of chronic pelvic pain associated with urinary, anorectal, and sexual symptoms, such as dyspareunia. Treatment remains poorly discussed, and we hypothesized that different treatments could improve outcomes versus placebo or no treatment.
Method(s): A systematic review (CRD 42020201419) was performed in June 2020 using the following databases: PubMed, Cochrane Library, Web of Science, Embase, Scopus, BVSalud, Clinicaltrials.gov, and PEDro, including randomized clinical trials related to MPF of PFM. Primary outcome was pain after treatment, and secondary outcomes were quality of life and sexual function. Risk of bias and quality of evidence (GRADE criteria) were evaluated. Meta-analysis for continuous variables was performed (mean difference between baseline and treatment and post-treatment mean between groups).
Result(s): Five studies were included (n = 218). Final mean VAS score (GRADE: very low) after 4 weeks of treatment (p = 0.14) and the mean difference from baseline and 4 weeks (p = 0.66)
between groups were not different between the intervention and control groups. Quality of life according to the SF-12 questionnaire (GRADE: very low) followed the same pattern. However, sexual function (GRADE: low) according to the total FSFI score (MD = -5.07 [-8.31, -1.84], p < 0.01, i² = 0%) and the arousal, orgasm, and pain domains improved in the intervention groups when the mean difference from baseline and 4 weeks was compared with controls.

Conclusion(s): Pain and quality of life after 4 weeks of heterogeneous intervention differed between the intervention and control groups in sexual function: FSFI in studies improved in almost all domains. VAS (in three studies) and SF-12 (in two studies) failed to demonstrate differences.

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Publisher
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Year of Publication
2021

462.

Relationship between urinary incontinence and back or pelvic girdle pain: a systematic review with meta-analysis.
Bertuit J., Bakker E., Rejano-Campo M.
Embase
International Urogynecology Journal. 32(5) (pp 1073-1086), 2021. Date of Publication: May 2021. [Review]
AN: 2010560541
Introduction and hypothesis: Many observational studies have suggested the existence of a link between urinary incontinence (UI) and lumbopelvic pain. The aim of our study is to evaluate the association between UI and back pain (BP) or pelvic girdle pain (PGP) in the adult population.
Method(s): This systematic review with meta-analysis was registered in PROSPERO under the number 2019:CRD42019120047. Literature was sought in the Medline, Embase, and PEDro databases. The search was limited to English, Spanish, and French records, and was conducted from inception until November 2019. Observational studies evaluating the association between UI and BP/PGP were selected by two independent reviewers. Quality assessment was performed using the "Critical Review Form for quantitative studies" (McMaster University).
Result(s): From the 2,055 retrieved articles, 18 were selected. Both qualitative (n = 18) and quantitative analysis (n = 7) were performed. Fifteen out of 18 studies (83%) found a positive association between UI and BP or PGP for at least one type of incontinence. Pooled estimates were OR 1.61, 1.53, and 1.51 for stress, urgency, and mixed urinary incontinence respectively. A similar degree of association between women and men was found. Subjects with stress and
mixed incontinence showed greater likelihoods of mild pain compared with severe pain, although severe pain was more frequently associated with urgency incontinence than mild pain. Conclusion(s): Our results support the association between UI and BP/PGP, which seems to be independent of gender-based differences. The strength of this association depends on pain or incontinence subtypes. Clinicians should be aware of the relationship in their clinical practice. Copyright © 2021, The International Urogynecological Association.

Efficacy of Clorpactin in refractory bladder pain syndrome/interstitial cystitis: a randomized controlled trial.

Introduction: Clorpactin is an antibacterial agent with limited evidence for its use as instillation therapy in patients with bladder pain syndrome/interstitial cystitis (BPS/IC). This was a multi-centre, single-blinded randomized controlled trial to investigate whether Clorpactin instillation results in symptom improvement in patients with refractory BPS/IC.

Method(s): Fifty women with refractory BPS/IC were randomized to undergo cystoscopy/hydrodistension (25) or instillation of Clorpactin 0.4% solution (25) under general anaesthesia. Primary outcome was based on Global Response Assessment (GRA) at 3 months; secondary outcomes were based on O'Leary Sant Symptom (OLSI) and Problem (OLPI) questionnaire scores, visual analogue scale (VAS) score for pain and bladder diary parameters. Result(s): Complete follow-up data were available on 22 in the hydrodistension group and 16 in the Clorpactin group. GRA improvement was 4.5% for hydrodistension and 56% for Clorpactin (p = 0.001) at 3 months. Reduction in mean total scores for OLSI (14.1 to 9.1; p = 0.004) and OLPI (12.6 to 7.4; p = 0.001) was seen in the Clorpactin group only. VAS pain scores were reduced in the Clorpactin group only (7.4 to 3.3; p < 0.001). Post-treatment VAS pain scores did not differ between groups although 6/25 (24%) women in the Clorpactin group required admission for pain compared to 1/25 (4%) in the hydrodistension group. Conclusion(s): Clorpactin treatment results in significant improvement in BPS/IC symptoms, bother and pain based on the GRA, OLSI/OLPI and VAS pain scores at 3 months post-treatment.
compared to cystoscopy/hydrodistension. These conclusions are limited by the high loss to follow-up in both groups.

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Status Embase

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Publisher Springer Science and Business Media Deutschland GmbH

Year of Publication 2021

464.

A meta-synthesis of qualitative literature on female chronic pelvic pain for the development of a core outcome set: a systematic review.
Ghai V., Subramanian V., Jan H., Thakar R., Doumouchtsis S.K.


[Article]

AN: 2011082974

Introduction and hypothesis: Qualitative research has an increasing role in the development of core outcome sets (COS) adding patient perspectives to the considerations of core outcomes. We aimed to identify priorities of women with experience of chronic pelvic pain (CPP).

Method(s): The search strategy was a systematic review of qualitative studies identified from Cochrane Central Register of Controlled Trials (CENTRAL), CINAHL, EMBASE, MEDLINE and PsycINFO databases. Selection criteria were qualitative studies exploring the experience of women with CPP. Two independent researchers extracted data and summarized findings using thematic analysis. A CERQual assessment was performed to assess the confidence of review findings.

Result(s): We identified pertinent issues affecting women with CPP including the lack of holistic care, influence of psychosocial factors and the impact of pain on quality of life. Five meta-themes central to delivering a patient-centred approach were highlighted: acceptance of pain, quality of life, management of CPP, communication and support. Management of CPP was the most commonly reported meta-theme across seven studies and half of studies reported quality of life, management, communication and support. Quality appraisal of included studies identified only a single study that met all CASP (Critical Appraisal Skills Programme) criteria. There was high confidence in the evidence for acceptance of pain, quality of life and communication meta-themes.

Conclusion(s): Meta-themes revealed by this review should be considered as a priority and reflected in outcomes reported by future studies evaluating interventions for CPP. In addition, these themes should be considered by clinicians managing women with CPP.

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PMID 33822256 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33822256]

Status Embase

Author NameID
Sexual dysfunction due to pudendal neuralgia: A systematic review.


Embase

Translational Andrology and Urology. 10(6) (pp 2500-2511), 2021. Date of Publication: June 2021.

[Review]

AN: 2013312593

Background: The pudendal nerve is considered as the main nerve of sexuality. Pudendal neuralgia is an underdiagnosed disease in clinical practice. The aim of this systematic review is to highlight the role of pudendal neuralgia on sexual dysfunction in both sexes.

Method(s): A PubMed search was performed using the following keywords: "Pudendal" AND "Sexual dysfunction" or "Erectile dysfunction" or "Ejaculation" or "Persistent sexual arousal" or "Dyspareunia" or "Vulvodynia". The search involved patients having sexual dysfunction due to pudendal neuralgia. Treatment received was also reported.

Result(s): Five case series, seven cohort studies, two pilot studies, and three randomized clinical trials were included in this systematic review. Pudendal nerve and/or artery entrapment, or pudendal neuralgia, is a reversible cause of multiple sexual dysfunctions. Interventions such as anesthetic injections, neurolysis, and decompression are reported as potential treatment modalities. There are no studies describing the role of pudendal canal syndrome in the pathophysiology or treatment of delayed ejaculation or penile shortening.

Discussion(s): Pudendal neuralgia is an underestimated yet important cause of persistent genital arousal, erectile dysfunction (ED), premature ejaculation (PE), ejaculation pain, and vulvodynia. Physicians should be aware of this entity and examine the pudendal canal in such patients before concluding an idiopathic cause of sexual dysfunction.

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Status

Embase

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Functional somatic syndromes and joint hypermobility: A systematic review and meta-analysis.
Chen G., Olver J.S., Kanaan R.A.
Embase
[Review]
AN: 2013406701
Objective: There have been multiple reports of increased joint hypermobility (JH) in functional somatic syndromes (FSS). We sought to evaluate the evidence for an association.
Method(s): A systematic search of the databases Medline and PsycINFO was conducted to identify all controlled studies from inception to February 2020 measuring the association of an FSS and JH. Records were identified and screened, and full-text articles assessed for eligibility by two independent authors. Meta-analysis was performed using random-effects modelling with the DerSimonian and Laird method.
Result(s): We found 220 studies initially, which yielded 11 studies for inclusion in the qualitative review and 10 in the quantitative analysis - 5 studies on fibromyalgia, 3 on chronic fatigue syndrome and 3 on functional gastrointestinal disorder. Nine of the 11 studies found increased rates of JH in FSS compared to controls, though most studies were fair to poor in quality. Meta-analysis showed a weighted summary effect odds ratio of 3.27 (95% CI: 1.83, 5.84; p < 0.001) of JH in FSS, suggesting greater odds of FSS in individuals with JH than in those without.
Conclusion(s): There is some evidence for an association between FSS and JH, but this is limited by the generally poor quality of studies and the narrow range of FSS studied. Better research is needed to confirm these findings as well as evaluate causation using prospective cohort studies.
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467.

Health-related quality of life in youth with abdominal pain: An examination of optimism and pain self-efficacy.
Tomlinson R.M., Bax K.C., Ashok D., McMurtry C.M.
Embase
[Article]
AN: 2012301623
Objectives: Abdominal pain adversely impacts children with functional gastrointestinal disorders (FGIDs) or organic gastrointestinal disorders (OGIDs); findings are inconsistent regarding diagnosis and health-related quality of life (HRQoL). This study utilizes a positive psychology framework to understand the experience of youth with abdominal pain (i.e., do positive psychological factors, such as optimism and pain self-efficacy, relate to higher HRQoL?). Consistent with a protective factor model of resilience, in which personal assets may serve as buffers between risk factors and negative outcomes, optimism and pain self-efficacy were examined as they relate to HRQoL in youth with abdominal pain. Specifically, exploratory moderational analyses examined a) if optimism and pain self-efficacy moderate the relation between pain and HRQoL, and b) whether diagnostic status moderated the relation between optimism/pain self-efficacy and HRQoL.
Method(s): In a cross-sectional, observational study, youth (n = 98; Mage = 13, SD = 3) experiencing abdominal pain related to FGIDs or OGIDs and one of their parents participated. Measures included pain intensity, optimism, pain self-efficacy, and HRQoL. Analyses controlled for diagnosis, age, and gender.
Result(s): Higher pain and age related to lower HRQoL. Higher levels of optimism and pain self-efficacy associated with HRQoL beyond demographics. Optimism and pain self-efficacy did not moderate the relation between pain and HRQoL. Diagnostic status did not moderate the relation between optimism or pain self-efficacy and HRQoL.
Discussion(s): Our results suggest positive relations between positive psychological factors (optimism, pain self-efficacy) and HRQoL in youth with abdominal pain. Such factors could be further examined in intervention studies.
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PMID 34082155 [https://www.ncbi.nlm.nih.gov/pubmed/?term=34082155]
Laterally Extended Endopelvic Resection Versus Chemo or Targeted Therapy Alone for Pelvic Sidewall Recurrence of Cervical Cancer.


Embase

[Article]
AN: 635208828

Background: Laterally extended endopelvic resection (LEER) has been introduced for treatment of pelvic sidewall recurrence of cervical cancer (PSRCC), which occurs in only 8% of patients with relapsed cervical cancer. LEER can only be performed by a proficient surgeon due to the high risk of surgical morbidity and mortality, but there is no evidence as to whether LEER is more effective than chemo or targeted therapy alone for PSRCC. Thus, we aimed to compare the efficacy and safety between LEER and chemo or targeted therapy alone for treatment of PSRCC.

Method(s): We prospectively recruited patients with PSRCC who underwent LEER between December 2016 and December 2019. Moreover, we retrospectively collected data on patients with PSRCC who received chemo or targeted therapy alone between January 2000 and December 2019. We compared treatment-free interval (TFI), progression-free survival (PFS), treatment-free survival (TFS), overall survival (OS), tumor response, neurologic disturbance of the low extremities, and pelvic pain severity in the different patient groups.

Result(s): Among 1295 patients with cervical cancer, we included 28 (2.2%) and 31 (2.4%) in the prospective and retrospective cohorts, respectively. When we subdivided all patients into two groups based on the median value of prior TFI (PTFI, 9.2 months), LEER improved TFI, PFS, TRS and OS compared to chemo or targeted therapy alone (median, 2.8 vs. 0.9; 7.4 vs. 4.1; 30.1 vs. 16.9 months; P <= 0.05) in patients with PTFI < 9.2 months despite no difference in survival in those with PTFI >= 9.2 months, suggesting that LEER may lead to better TFI, PFS, TRS and OS in patients with PTFI < 9.2 months (adjusted hazard ratios, 0.28, 0.27, 0.44 and 0.37; 95% confidence intervals, 0.12-0.68, 0.11-0.66, 0.18-0.83 and 0.15-0.88). Furthermore, LEER markedly reduced the number of morphine milligram equivalents necessary to reduce pelvic pain when compared with chemo or targeted therapy alone.

Conclusion(s): Compared to chemo or targeted therapy alone, LEER improved survival in patients with PSRCC and PTFI < 9.2 months, and it was effective at controlling the pelvic pain associated with PSRCC. Trial Registration: ClinicalTrials.gov, identifier NCT02986568.

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Status
Embase
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469.

Gold standard care of chronic scrotal pain.
Malaguti S.A., Lund L.
Embase
[Review]
AN: 2007413950

Introduction: Chronic scrotal pain (CSP) can be a debilitating condition for patients and is often difficult to characterize.

Method(s): A review of literature was performed using Embase, Cochrane and Medline databases in the period 1.January 2010 to 1.January 2021. We found 132 articles, and the authors screened abstract and references. Thirty-seven articles are included after removing duplicates.

Result(s): This review presents a variety of medical and surgical treatment options for CSP such as spermatic cord blocks (36-80% success rate), microsurgical denervation of the spermatic cord (76-100% success rates), Botox (56% success rate), targeted ilioinguinal and iliohypogastric peripheral nerve stimulation, and radical orchiectomy (55-75% success rate).

Conclusion(s): An overview of various treatment options, both non-surgical and surgical are provided, with the aim of establishing what may be the best treatment option for CSP.

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470.

Validation of self-administered tests for screening for chronic pregnancy-related pelvic girdle pain.
Fagevik Olsen M., Kornung P., Kallin S., Eleden H., Kjellby Wendt G., Gutke A.
Embase
[Article]
AN: 2010627056

Background: Many women develop pelvic girdle pain (PGP) during pregnancy and about 10% have chronic pain several years after delivery. Self-administered pain provocation tests are one
way to diagnose and evaluate this pain. Their validity in post-partum women is not yet studied.
The purpose of this study was to evaluate the validity of self-administered test for assessment of chronic pregnancy-related PGP several years after delivery.
Method(s): Women who previously have had PGP during pregnancy and who participated in one of three RCT studies were invited to a postal follow up of symptoms including performance of self-administered tests after two, 6 or 11 years later, respectively. In total, 289 women returned the questionnaire and the test-results. Of these, a sub-group of 44 women with current PGP underwent an in-person clinical examination. Comparisons were made between test results in women with versus without PGP but also, in the sub-group, between the self-administered tests and those performed during the clinical examination.
Result(s): Fifty-one women reported PGP affecting daily life during the last 4 weeks, and 181 reported pain when performing at least one of the tests at home. Those with chronic PGP reported more positive tests (p < 0.001). There was no significant difference between diagnosis from the self-administered tests compared to tests performed during the in-person clinical examination (p = 0.305), either for anterior or posterior PGP. There were no significant differences of the results between the tests performed self-administered vs. during the clinical examination.
Conclusion(s): A battery of self-administered tests combined with for example additional specific questions or a pain-drawing can be used as a screening tool to diagnose chronic PGP years after delivery. However, the modified SLR test has limitations which makes its use questionable.
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Status Embase
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treatment, transcranial direct current stimulation (tDCS) has shown efficacy in several chronic pain syndromes with decrease in pain, and improved functionality and mood. tDCS could be a safe, ease to use, and low-cost complementary intervention for patients with interstitial cystitis. Aim(s): This study will investigate the effects of a tDCS protocol on pain, functionality, and mood in patients with interstitial cystitis.

Method(s): A randomized controlled clinical trial with two arms. Women will be randomized into two groups: active or sham. Anodal tDCS over the primary motor cortex will be performed for 5 consecutive days with an intensity of 2 mA for 20 min. Participants will be evaluated five times: 1 week before intervention; on the 5th day of tDCS; and 1, 6, and 12 months after the last day of tDCS. The outcomes will be assessed using the numeric rating scale, McGill pain questionnaire, positive and negative affect scale, international consultation on incontinence questionnaire for female lower urinary tract symptoms, Hamilton anxiety scale, six-minute walk test, patient global impression of change, and voiding diary.

Discussion(s): Only the active group will be expected to show decreased pain. The results of this trial will be the first step in the use of neuromodulation in interstitial cystitis and will provide additional data to support new studies with tDCS.

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Status Embase

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Publisher Elsevier Ireland Ltd

Year of Publication 2021

Naldemedine improves patient-reported outcomes of opioid-induced constipation in patients with chronic non-cancer pain in the compose phase 3 studies.

Camilleri M., Hale M., Morlion B., Tack J., Webster L., Wild J.

Embase


AN: 2013009429

Objective: Opioid-induced constipation is among the most common side effects associated with opioid use in patients with chronic non-cancer pain, and it can have a significant negative impact on health-related quality of life (QOL). This analysis evaluated the effect of naldemedine 0.2 mg on patient-reported outcomes in three phase 3 clinical studies.

Method(s): COMPOSE-1 and COMPOSE-2 were identical randomized, double-blind, placebocontrolled, parallel-group studies of 12 weeks' duration, allowing data to be integrated
Patients were adults with chronic non-cancer pain who had been treated with opioid analgesics for ≥3 months and experiencing opioid-induced constipation. Patient-reported outcomes included Patient Assessment of Constipation Symptoms (PAC-SYM; 12 questions assessed on a 5-point Likert scale), PAC-QOL (28 questions assessed on a 5-point Likert scale), and Subject Global Satisfaction (measured on a 7-point Likert scale). The proportion of patients achieving a ≥1.5 improvement in PAC-SYM and PAC-QOL was calculated. The correlation between change in PAC-SYM and PAC-QOL scores and frequency of bowel movements was also explored.

Result(s): The proportion of PAC-SYM and PAC-QOL responders was significantly higher for naldemedine than for placebo at all assessed time points in COMPOSE-1/COMPOSE-2 (p<0.005 for both) and COMPOSE-3 (p<0.005 and p<0.0001, respectively). There was a statistically significant correlation between improvement in PAC-SYM/PAC-QOL and frequency of bowel movements at all time points (p<=0.0002). The majority of patients treated with naldemedine reported markedly or moderately improved satisfaction with constipation and abdominal symptoms on the Subject Global Satisfaction questionnaire.

Discussion(s): Naldemedine treatment was associated with a rapid and sustained clinically relevant improvement in patient-reported outcomes, indicating improvement in opioid-induced constipation-related symptoms and QOL. ClinicalTrials.gov Registration: NCT01965158, NCT01993940, NCT01965652.

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diagnosed, as they can be successfully treated. The lateral femoral cutaneous nerve, ischiadic nerve, genitofemoral nerve, pudendal nerve, ilioinguinal nerve and obturator nerve are the nerves most frequently causing entrapment neuropathies in the pelvic region. Understanding the anatomy as well as nerve motor and sensory functions is essential in recognizing and locating nerve entrapment. The cornerstone of the diagnostic work-up is careful physical examination. Different imaging modalities play an important role in the diagnostic process. Ultrasound is a key modality in the diagnostic work-up of pelvic entrapment neuropathies, and its use has become increasingly widespread in therapeutic procedures. In the article, the authors describe the background of pelvic entrapment neuropathies with special focus on ultrasound-guided injections. Copyright © Polish Ultrasound Society.

Initial experience using a novel nerve stimulator for the management of pudendal neuralgia.
Hoang Roberts L., Vollstedt A., Volin J., McCartney T., Peters K.M.
Embase
[Article]
AN: 2012944403
Aims: In patients with pudendal neuralgia, prior studies have shown efficacy in chronic stimulation with Interstim (Medtronic, Inc.). This feasibility study reports on the initial experience of using a wireless system to power an implanted lead at the pudendal nerve, StimWave, to treat pudendal neuralgia.
Method(s): Retrospective chart review identified patients with a lead placed at the pudendal nerve for neuralgia and powered wirelessly. Clinical outcomes were assessed at Postoperative visits and phone calls. Administered non-validated follow-up questionnaire evaluated the Global Response Assessment, percentage of pain improvement, satisfaction with device, and initial and current settings of the device (h/day of stimulation).
Result(s): Thirteen patients had the StimWave lead placed at the pudendal nerve, 12 (92%) female and 1 (7.6%) male. Mean age was 50 years (range: 20-58). Failed prior therapies include medical therapy (100%), pelvic floor physical therapy (92%), pudendal nerve blocks (85%), pelvic floor muscle trigger point injections (69%), neuromodulation (30.7%), or surgeries for urogenital pain (23.1%). After the trial period, 10/13 (76.9%) had >50% improvement in pain with 6/13 (46.1%) reporting 100% pain improvement. Nine underwent permanent lead placement. At last postoperative visit (range, 6-83 days), 5/9 patients reported >50% pain improvement. Seven patients reached for phone calls (22-759 days) reported symptoms to be "markedly improved" (n = 2), "moderately improved" (n = 4), or "slightly improved" (n = 1). At follow up, complications included lead migration (n = 2), broken wire (n = 1), or nonfunctioning antenna (n = 2).
Conclusion(s): Complex patients with pudendal neuralgia may benefit from pudendal nerve stimulation via StimWave.

 orphan Article

475.

Dienogest versus continuous oral levonorgestrel/EE in patients with endometriosis: what's the best choice?

Piacenti I., Viscardi M.F., Masciullo L., Sangiuliano C., Scaramuzzino S., Piccioni M.G., Muzii L., Benedetti Panici P., Porpora M.G.

Embase


[Article]

AN: 2010636992

Objective: Combined oral contraceptives (COC) and progestogens are widely used for the treatment of endometriosis. The objective of the study is to compare the efficacy of dienogest 2 mg vs continuous oral levonorgestrel/EE (levonorgestrel 0.1 mg/ethinyl estradiol 0.02 mg) on ovarian endometriomas, deep infiltrating endometriosis (DIE), chronic pelvic pain (CPP), dyspareunia, analgesic use, quality of life (QoL), compliance and side effects.

Method(s): Prospective cohort study. Two cohorts of patients with endometriosis, 50 taking dienogest (group A) and 50 taking continuous levonorgestrel/EE (group B), were evaluated at the beginning of therapy (t0), after 3 (t3) and 6 months (t6). Size of endometriomas, DIE, QoL, pain symptoms, and side effects were assessed.

Result(s): Dienogest was significantly effective on CPP (p =.002), dyspareunia (p =.021) ovarian endometriomas (p =.015) and DIE lesions reduction (p =.014). Levonorgestrel/EE was significantly effective on dyspareunia (p =.023). Analgesics consumption significantly decreased in both groups (p <.001). Both treatments significantly improved the QoL. Over 6 months a significant improvement was found, more frequently in patients taking dienogest. The only side effect that both groups complained about was vaginal bleeding, present in the first 3 months of treatment (p <.001).

Conclusion(s): Both treatments are effective and safe for patients with endometriosis. Patients compliance and side effects are similar in both groups, however, there was a significantly higher reduction in endometriotic lesions, pain symptoms, and improvement of the QoL in women taking dienogest than in women taking continuous COC.

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PMID

33650928 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33650928]

Status
Acupuncture for chronic pelvic pain in patients with SPID A protocol for systematic review and meta-analysis.
Peng T., Wu Y., Huang L., He B., Wei S.

Background: Chronic pelvic pain (CPP) is one of the common sequelae of pelvic inflammatory disease, the pathological factors are adhesions, scarring and pelvic congestion which caused by inflammation, often cause abdominal pain and lumbosacral soreness, and aggravated after fatigue, sexual intercourse and during menstruation. It is difficult to treat because special pathological changes. Although acupuncture has gained increased popularity for the management of CPP, evidence regarding its efficacy is lacking. Therefore, a systematic review of acupuncture for chronic pelvic pain in patients with SPID is required to provide available evidence for further study. Methods and analysis: We will conduct a systematic review of randomized controlled trials (RCTs) that investigate the effect and safety of acupuncture for the treatment of chronic pelvic pain patients with SPID. We will electronically search the literature in the databases of PubMed, the Cochrane Central Register of Controlled Trials (CENTRAL), EMBASE, the Web of Science, China National Knowledge Infrastructure (CNKI), Wan-fang Digital Periodicals, Chinese Biomedical Literature Database (CBM), Chinese Scientific Journal Database (VIP) and select eligible articles. Data extraction will be conducted by 2 researchers independently, and risk of bias of the meta-analysis will be evaluated based on the Cochrane Handbook for Systematic Reviews of Interventions. The primary outcomes will be total effective rate and VAS pain score, and the secondary outcomes include the recurrence rate and adverse reaction. All data analysis will be conducted by software Review Manager V.5.3.

Result(s): This study will provide the latest analysis of the currently available evidence for the efficacy of acupuncture for chronic pelvic pain in patients with SPID.

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Herbal nutraceutical treatment of chronic prostatitis-chronic pelvic pain syndrome: a literature review.
Embase
[Review]
AN: 2011309406
Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) is the most frequent form of prostatitis, and has a serious impact on patients' quality of life, and causes severe symptoms. The pain in the pelvic, perineal and penile areas, lower abdominal pain, and pain during urination or ejaculation are the main complaints of CP/CPPS. The underlying complex and unknown pathophysiology of this syndrome have made the management of CP/CPPS and the availability of monotherapy challenging. To identify an effective monotherapy, a plethora of clinical trials failed due to its puzzling etiology. Antibiotics, anti-inflammatory, and a-blockers have been commonly used for the treatment of CP/CPPS, but the desired and complete effects have not been gotten yet. The patients and clinicians are attracted to alternative therapies because of their multi-targeted effects. Attention toward natural compounds effectiveness and safety, supporting the development of a new nutraceutical science. In the alternative remedies for the treatment of prostatic diseases, medicinal herbs, in the form of herb parts or extracts, are getting attention due to their positive effects on prostatic diseases. At present, there is no available detailed literature review about the efficacy of medicinal herbs in the treatment of CP/CPPS. This review aimed to explore the useful medicinal herbs in the treatment of CP/CPPS from different perspectives and their possible mechanism of action in managing CP/CPPS.
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Publisher Springer Science and Business Media B.V.
Year of Publication 2021
Prospective trial of sacroiliac joint fusion using 3d-printed triangular titanium implants: 24-month follow-up.
Patel V., Kovalsky D., Meyer S.C., Chowdhary A., Lacombe J., Lockstadt H., Techy F., Langel C., Limoni R., Yuan P., Kranenburg A., Cher D., Tender G.
Embase Medical Devices: Evidence and Research. 14 (pp 211-216), 2021. Date of Publication: 2021. [Article]
AN: 2007747623
Background: Strong evidence supports minimally invasive sacroiliac joint (SIJ) fusion using triangular titanium implants (TTI) for chronic SIJ dysfunction.
Objective(s): To report safety and effectiveness of SIJF using a 3D-printed TTI at 24 months.
Method(s): SIJF with TTI was performed in 51 subjects. Structured follow-up occurred at 3, 6, 12 and 24 months. Both quality of life questionnaires and functional tests were performed at all study visits.
Result(s): 84% of subjects were available for 24-month follow-up. Observed were rapid and persistent improvements in dysfunction due to pain (Oswestry Disability Index [ODI], mean 52.8 at baseline and 28.3 at 24 months, p<0.0001) and SIJ pain ratings (mean 78.5 at baseline [0-100 scale] to 21.5 at 24 months). Opioid use for SIJ pain decreased markedly from baseline. Physical function tests impaired by SIJ pain showed persistent improvements compared to baseline. There was no evidence of device breakage, migration or subsidence and few late adverse events occurred attributable to the device.
Conclusion(s): In this prospective study, SIJF using 3D-printed TTI resulted in immediate, marked and persistent improvements in pain and quality of life, with improved physical function, reduced opioid use and a low rate of late device-related adverse events.
Level of Evidence: Level II.
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Publisher
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Year of Publication
2021
Salvage surgery for patients with residual disease after chemoradiation therapy for locally advanced cervical cancer: A systematic review on indication, complications, and survival.


Embase

Acta Obstetricia et Gynecologica Scandinavica. 100(7) (pp 1176-1185), 2021. Date of Publication: July 2021.

[Introduction]

Introduction: Standard treatment for locally advanced cervical cancer is chemoradiation therapy. Treatment with chemoradiation therapy harbors a risk of local residual disease, which can be curatively treated with salvage surgery, but the risk of complications following surgical procedures in radiated tissue is not negligible. The presence of residual disease can be radiologically and/or histologically diagnosed. The objective of this study is to describe studies that report on salvage surgery for patients with locally advanced cervical cancer after primary treatment with chemoradiation therapy. Therefore, we assessed the method of determining the presence of residual disease, the risk of complications, and the survival rate after salvage surgery.

[Material(s) and Method(s)]

PubMed, EMBASE, and the Cochrane database were searched from inception up to 6 March 2020. Titles and abstracts were independently assessed by two researchers. Studies were eligible for inclusion when patients had locally advanced cervical cancer with radiologically suspected or histologically confirmed residual disease after chemoradiation therapy, diagnosed with a CT, MRI, or PET-CT scan, or biopsy. Information on complications after salvage surgery and survival outcomes had to be reported. Methodological quality of the articles was independently assessed by two researchers with the Newcastle-Ottawa scale.

[Result(s)]

Of the 2963 screened articles, six studies were included, representing 220 women. A total of 175 patients were treated with salvage surgery, of whom 27%-100% had residual disease on the surgery specimen. Of the 161 patients treated with salvage surgery based on positive biopsy results, 72%-100% showed residual disease on the surgery specimen. Of the 44 patients treated with salvage surgery based on suspected residual disease on radiology, 27%-48% showed residual disease on the salvage surgery specimen. A total of 105 complications were registered in 175 patients treated with salvage surgery. The overall survival rate after salvage surgery was 69% (mean follow-up period of 24.9 months).

[Conclusion(s)]

It is necessary to confirm residual disease by biopsy before performing salvage surgery in patients with locally advanced cervical cancer primarily treated with chemoradiation therapy. Salvage surgery only based on radiologically suspected residual disease should be avoided to prevent unnecessary surgery and complications.

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PMID: 33469927 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33469927]
Gastrointestinal Uses of Botulinum Toxin.

Cariati M., Chiarello M.M., Cannistra' M., Lerose M.A., Brisinda G.

Embase

[Chapter]

AN: 634211440

Botulinum toxin (BT), one of the most powerful inhibitors that prevents the release of acetylcholine from nerve endings, represents an alternative therapeutic approach for "spastic" disorders of the gastrointestinal tract such as achalasia, gastroparesis, sphincter of Oddi dysfunction, chronic anal fissures, and pelvic floor dyssynergia. BT has proven to be safe and this allows it to be a valid alternative in patients at high risk of invasive procedures but long-term efficacy in many disorders has not been observed, primarily due to its relatively short duration of action. Administration of BT has a low rate of adverse reactions and complications. However, not all patients respond to BT therapy, and large randomized controlled trials are lacking for many conditions commonly treated with BT. The local injection of BT in some conditions becomes a useful tool to decide to switch to more invasive therapies. Since 1980, the toxin has rapidly transformed from lethal poison to a safe therapeutic agent, with a significant impact on the quality of life.

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PMID 32072269 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32072269]

481.

The effectiveness of using a molded sorbent: Modified polyvinylpyrrolidone for the combined treatment of chronic endometritis.

Barinov S.V., Tirskaya Y.I., Borisova A.V., Pyanova L.G., Di Renzo G.C.

Embase

[Article]
Objective: To improve the management of patients with chronic endometritis (CE) by using a molded sorbent-modified by polyvinylpyrrolidone (FSMP).

Method(s): This prospective study included 70 patients with CE divided into two groups: group 1 (n = 23) received traditional antibiotic therapy (from days 3 to 10 of the menstrual cycle); group 2 (n = 47), received antibiotics and FSMP was inserted from days 5 to 10.

Result(s): At the end of therapy, group 1 had massive growth of pathogenic microflora in 21.7%, moderate growth in 69.6%, and no growth in 8.7% of cases. In group 2, after combined therapy, massive growth was observed in 4.3%, moderate growth in 44.7%, and no growth in 51.0%. In group 2 after 5 days, serum levels of interleukin-1beta (IL-1beta) were 1.9 times, of IL-6 were 7.0 times, and of IL-8 and IL-1 receptor antagonist were 1.3 times lower than in group 1. In uterine cavity aspirates, IL-1beta decreased around 4.8 times, IL-6 by 11.8 times, IL-8 by 3.2 times, tumor necrosis factor-alpha by 3.9 times, and IL-1 receptor antagonist by 2.1 times in comparison to group 1.

Conclusion(s): Combined therapy of FSMP with antibiotics is more effective in treating CE, because it contributes to the almost complete elimination of pathogens and toxins from the uterine cavity, blocking the local pro-inflammatory cascade.

AN: 2010458204

The role of double modality ultrasonographic and fluoroscopic guided superior hypogastric plexus neurolysis in treating intractable pelvic cancer pain: A comparative study.


Embase


[Article]

AN: 2007464769

Background: Superior hypogastric neurolytic block is performed to block visceral pelvic pain. This could be performed through the anterior approach guided by CT or ultrasound and through a posterior approach, guided by fluoroscopy or CT.

Method(s): Sixty adult patients with severe visceral pelvic pain (VAS>70 mm) were randomly divided into two groups. Group S: SHP block was done ultrasound guided using the anterior approach and confirmed by fluoroscopy. Group F: SHP block was done fluoroscopic guided using...
the posterior oblique approach. The VAS (visual analog scale), duration of the technique, time of X-ray exposure, patient satisfaction score, patient global impression of change (PGIC), quality of life score, and daily morphine consumption (mg/day) were measured pre-procedure and at the 1st, 4th, 8th, and 12th week after the procedure. In addition, any side effects of the procedure were recorded.

Result(s): There was a significant difference in VAS between the two groups (P<0.01) (better in group S). The quality of life score was improved from the pre-procedure in both groups (P<0.05), and morphine consumption was significantly lower in group S than in group F (P<0.05) at the 1st, 4th, and 8th week and not significant at the 12th week. The two groups show a statistically significant difference as regards the duration of the procedure and X-ray exposure (P<0.01). There was a statistically significant difference in the satisfactory score between the two groups at the 1st, 4th, 8th, and 12th week (P<0.01). As regards the PGIC score, there was no statistically significant difference between the two groups (P>0.05). In group S, no back pain was reported, while 11 patients of group F complained from post-procedure back pain (P<0.001).

Conclusion(s): The anterior ultrasound guided SHPB aided by fluoroscopy is suggested to be more superior to the standard fluoroscopic guided technique in relieving pelvic cancer pain and decreasing morphine consumption.

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A systematic review of cross-cultural adaptation of the National Institutes of Health Chronic Prostatitis Symptom Index.


Embase

Health and Quality of Life Outcomes. 19(1) (no pagination), 2021. Article Number: 159. Date of Publication: December 2021.

[Review]

AN: 2012319705

Background: The National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI) was developed to accurately assess the pain, urinary symptoms, and quality of life related to chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS). This study aimed to evaluate the cross-cultural adaptations of the NIH-CPSI.
Method(s): PubMed, Embase, CINAHL, and SciELO databases were searched from their established year to September 2020. Cross-cultural adaptations and the quality control of measurement properties of adaptations were conducted by two reviewers independently according to the Guidelines for the Process of Cross-Cultural Adaptation of Self-Report Measures and the Quality Criteria for Psychometric Properties of Health Status Questionnaire. Result(s): Area total of 21 papers with 16 adaptations, and six studies of the original version of the NIH-CPSI were enrolled in the systematic review. Back translation was the weakest process for the quality assessment of the cross-cultural adaptations of the NIH-CPSI. Internal consistency was analyzed for most of the adaptations, but none of them met the standard. Only 11 adaptations reported test reliability, then only the Arabic-Egyptian, Chinese-Mainland, Danish, Italian, Persian, and Turkish adaptations met the criterion. Most adaptations reported the interpretability, but only the Danish adaptation reported the agreement. The other measurement properties, including responsiveness, and floor as well as ceiling effects were not reported in any of the adaptations. Conclusion(s): The overall quality of the NIH-CPSI cross-cultural adaptations was not organized as expected. Only the Portuguese-Brazilian, Italian, and Spanish adaptations reached over half the process for the cross-cultural adaptation. Only the Turkish adaptations finished half of the measurement properties of cross-cultural adaptations. Copyright © 2021, The Author(s).
the secondary endpoints were adverse events, changes in physical function, and quality of life (QoL). Recurrence was assessed using Kaplan-Meier curves and log-rank tests. Generalized estimating equations were used to determine the parameters of the secondary endpoints. Result(s): A total of 66 women were randomly assigned to the SJZT (n = 21), GnRHa (n = 21), and OCs (n = 24) groups. At a median follow-up of 22 months, no difference in recurrence was found (P = 0.72), with one (4.8%), two (9.5%), and one (4.2%) incidence in the SJZT, GnRHa, and OCs groups, respectively. Expectedly, the incidence of side effects such as hot flush, insomnia, and arthralgia in the SJZT and OCs groups was significantly lower than that in the GnRHa group (P = 0.00). In addition, the female sexual function index was significantly improved in the SJZT group, with a higher value than that in the GnRHa (odds ratio [OR] = 5.25, 95% confidence interval [CI]: 2.09-13.14, P = 0.00) and OCs (OR = 3.94, 95% CI: 1.58-9.83, P = 0.00) groups.

Conclusion(s): SJZT showed more effective pain relief and QoL improvement in patients with moderate-to-severe endometriosis than GnRHa or OCs did. Fewer adverse events than those observed with other agents indicate that this alternative medicine, SJZT, could be a novel option for the long-term management of endometriosis.

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Publisher
Wolters Kluwer Medknow Publications
Year of Publication
2021

485.

Immunological alterations in patients with chronic prostatitis/chronic pelvic pain syndrome and experimental autoimmune prostatitis model: A systematic review and meta-analysis.
Chen L., Bian Z., Chen J., Meng J., Zhang M., Liang C.
Embase
Cytokine. 141 (no pagination), 2021. Article Number: 155440. Date of Publication: May 2021. [Article]
AN: 2010903818

Background: As one of the most common conditions in urological outpatients, chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) puzzles many individuals because of its unclear etiology and lack of effective treatment. Recently, immunological alterations underpinning CP/CPPS have been extensively investigated.

Method(s): The PubMed, Web of Science, Cochrane library, and EMBASE databases were used to search original articles on immune mediators in patients with CP/CPPS and in experimental
autoimmune prostatitis (EAP) models through April 10, 2020. Standardized mean differences (SMD) were calculated to summarize the differences in immune mediator levels between groups. Funnel plot, Begg's funnel plot, Egger's regression test, and the sensitivity analysis were applied to determine and visualize the stability of our findings.

Result(s): A total of 34 original studies were included in the meta-analysis, including 24 studies on patients with CP/CPPS and 10 studies on EAP models. We found that TNF-alpha, IL-1beta, IL-6, and IL-8 were the four immune mediators that elevated in most of the samples derived from patients with CP/CPPS and the EAP models. The adjusted publication bias analysis indicated that publication bias was not existed, and the sensitivity analyses showed that the results were stable.

Conclusion(s): Immune responses play significant roles during the pathogenesis of CP/CPPS by promoting intraprostatic inflammation. Our findings provide potential diagnostic and therapeutic targets for CP/CPPS patients.
function, and quality of life over time, by applying the intention-to-treat approach. Continuous data will be analysed with general linear models using intention-to-treat and also per protocol approaches to assess the effects of the intervention at different time points. Ordinal and binary data will be analysed with Mann Whitney's test, Fischer's exact test and multivariate logistic regression, respectively.

Discussion(s): As a randomised controlled trial with short- and long-term follow-up points, the EMBLA study intends to provide a novel and better understanding regarding the treatment of vulvodynia and the role of internet-based treatment as a complement to standard care for women suffering from vulvodynia. The effects of vulvodynia on pain, sexual function, quality of life, depression, and anxiety are investigated. The study's results are expected to be of value in the planning of clinical care in the medical area. High dropout rates and technical difficulties associated with using the platform are common in similar studies. Trial registration number: NCT02809612

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Status
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Publisher
Elsevier B.V.
Year of Publication
2021
questionnaire at week 9. The mean score for overall acceptability was 43.4 (0-70). Qualitative feedback demonstrated the value of thought monitoring and facilitator support. Scores improved for QoL and pain self-efficacy and reduced for depression, anxiety, pain catastrophising and avoidance resting behaviour.

Conclusion(s): Online CBT for chronic IBD-related pain appears feasible and acceptable. The study suggests positive effects for improving QoL and reducing psychological distress; however, online and face-to-face recruitment methods are recommended and establishing efficacy through larger randomised controlled trials is required.

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recruitment rate will be determined by the proportion of patients recruited from the pool of eligible women. The retention rate will be determined by the proportion of participants who attended the final trial visit.

Discussion(s): This is a feasibility study to explore effectiveness and acceptability of the proposed field methodology (recruitment, retention, study processes and compliance with treatment). The results will be used to inform the design of a future RCT. Trial registration: ClinicalTrials.gov, NCT04046081 Registered 6 August 2019

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Cannabinoids in Urology. Which Benign Conditions Might They Be Appropriate to Treat: A Systematic Review.

Taylor C., Birch B.


There is growing evidence suggesting cannabinoids may provide suitable alternatives to conventional treatments in an increasing number of clinical settings. This review evaluates how cannabinoids are used to treat certain benign urological pathologies and to clarify the clinical value of this data. This review includes 62 papers and was undertaken per PRISMA's guidelines, it evidences the therapeutic potential of cannabinoids in the management of specific benign urological diseases, most notably neurogenic bladder dysfunction (clinical studies), renal disease (animal studies), and interstitial cystitis (animal studies). However, whilst cannabinoids are increasingly used, they cannot be considered reliable alternatives to more recognised treatments.

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PMID 33129871 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33129871]
Phase 1 trial of nelfinavir added to standard cisplatin chemotherapy with concurrent pelvic radiation for locally advanced cervical cancer.


Cancer. 127(13) (pp 2279-2293), 2021. Date of Publication: 01 Jul 2021.

Background: Nelfinavir (NFV), an HIV-1 protease inhibitor, has been shown to sensitize cancer cells to chemoradiation (CRT). The objectives of this phase 1 trial were to evaluate safety and identify the recommended phase 2 dose of NFV added to concurrent CRT for locally advanced cervical cancer.

Method(s): Two dose levels of NFV were evaluated: 875 mg orally twice daily (dose level 1 [DL1]) and 1250 mg twice daily (DL2). NFV was initiated 7 days before CRT and continued through CRT completion. Toxicity, radiographic responses, and pathologic responses were evaluated. Serial tumor biopsies (baseline, after NFV monotherapy, on NFV + CRT, and posttreatment) were evaluated by immunohistochemistry, NanoString, and reverse-phase-protein-array analyses.

Result(s): NFV sensitized cervical cancer cells to radiation, increasing apoptosis and tumor suppression in vivo. Patients (n = 13) with International Federation of Gynecology and Obstetrics stage IIA through IVA squamous cell cervical carcinoma were enrolled, including 7 patients at DL1 and 6 patients at DL2. At DL1, expansion to 6 patients was required after a patient developed a dose-limiting toxicity, whereas no dose-limiting toxicities occurred at DL2. Therefore, DL2 was established as the recommended phase 2 dose. All patients at DL2 completed CRT, and 1 of 6 experienced grade 3 or 4 anemia, nausea, and diarrhea. One recurrence was noted at DL2, with disease outside the radiation field. Ten of 11 evaluable patients remained without evidence of disease at a median follow-up of 50 months. NFV significantly decreased phosphorylated Akt levels in tumors. Cell cycle and cancer pathways also were reduced by NFV and CRT.

Conclusion(s): NFV with CRT is well tolerated. The response rate is promising compared with historic controls in this patient population and warrants further investigation.

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PMID 33932031 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33932031]
Background: Endometriosis is one of the most common diseases in women of reproductive age. Despite characteristic symptoms such as dysmenorrhea, chronic abdominal pain, dysuria, dyschezia and dyspareunia, the average latency until diagnosis is around 10 years. In addition to the individual limitations, the disease also has economic and health policy relevance. The complaints are followed by reductions in working hours, cyclically recurring short-term sick leave or presenteeism with reduced performance.

Objective(s): An overview of the main recommendations of the S2k guideline on the diagnosis and treatment of endometriosis.

Material(s) and Method(s): For the S2k guideline "Diagnostics and therapy of endometriosis", a systematic literature search was conducted in PubMed and Cochrane according to a defined algorithm and over a period of more than 5 years, from 01.01.2014 to 31.12.2018. For the evaluation, 322 publications, including systematic reviews, meta-analyses and randomized
controlled trials were considered and these were assessed by 41 mandate holders and representatives from 25 Association of the Scientific Medical Societies in Germany (AWMF) and non-AWMF professional societies, organizations, associations and working groups of the German Society for Gynecology and Obstetrics (DGGO), as well as two patient target groups.

Result(s): In a structured consensus process, 48 recommendations and 27 statements were formulated, which are presented in extracts in this paper.

Discussion(s): Interdisciplinary cooperation is essential in the treatment of patients with (suspected) endometriosis. This team should include all necessary disciplines in a cross-sectoral network. This is most likely to be achieved in a certified structure.

PMID 33730222 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33730222]
Status Embase
Institution (Burghaus, Beckmann) Frauenklinik, Universitätsklinikum Erlangen, Universitäts-Endometriosezentrum Franken (UEF), Universitätsstr. 21-23, Erlangen 91054, Germany
Publisher Springer Medizin
Year of Publication 2021

492.

The role of the vaginal microbiome in distinguishing female chronic pelvic pain caused by endometriosis/adenomyosis.
Embase
[Article]
AN: 2012226920
Background: This study aimed to investigate the specific vaginal microbiome in the differential diagnosis of endometriosis/adenomyosis (EM/AM)-associated chronic pelvic pain (CPP) from other types of CPP, and to explore the role of the vaginal microbiome in the mechanism of EM/AM-associated CPP.
Method(s): We recruited 37 women with EM/AM-associated CPP, 25 women with chronic pelvic pain syndrome (CPPS) without EM/AM, and 66 women without CPPS into our study. All of the participants were free from human papillomavirus (HPV) infection. Sequencing of barcoded 16S rRNA gene fragments (V4) was used to determine the vaginal microbiome composition on the Illumina HiSeq2500 System. Taxonomic and functional bioinformatics analyses were performed using t-test, linear discriminant analysis effect size (LEfSe), MetaStat, and PICRUSt algorithms.
Result(s): At the species level, EM/AM-associated CPP was found to be associated with a predominance of Clostridium butyricum, Clostridium disporicum, Alloscardovia omnicolens, and Veillonella montpellieriensis, and a concomitant paucity of Lactobacillus jensenii, Lactobacillus reuteri, and Lactobacillus iners. When the relative abundance of Clostridium disporicum was over 0.001105% and that of Lactobacillus reuteri was under 0.1911349%, the differential diagnostic sensitivity and specificity were 81.08% and 52.0%, respectively. When serum CA125 was combined, the sensitivity increased to 89.19%, but the specificity remained at 52.0%. The PICRUSt results identified 7 differentially regulated pathways within the 3 groups that may be of relevance.
Conclusion(s): Compared to that of CPPS patients without EM/AM and women without CPPS, the vaginal microbiome of patients with EM/AM-associated CPP shows significantly higher alpha (phylogenetic) diversity, as well as higher counts of Clostridium butyricum, Clostridium disporicum, Alloscardovia omnicolens, and Veillonella montpellieriensis. These differences in the vaginal microbiome may interfere with local functional pathways, which could provide a direction for innovative metabolite-specific targeted treatment. The combination of vaginal biomarkers and serum CA125 may provide an original method to differentiate EM/AM-associated CPP.

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493.

Robotic and laparoscopic sacrocolpopexy for pelvic organ prolapse: A systematic review and meta-analysis.

Embase

[Article]
AN: 2011823999

Background: Sacrocolpopexy is the gold standard procedure for treating pelvic organ prolapse (POP) patients with apical defects. Different surgical approaches have emerged and been utilized successively, including traditional laparoscopy, single-hole laparoscopy, robotic laparoscopy, vaginal-assisted laparoscopy, and transvaginal approaches. Robotic sacrocolpopexy (RSC) has attracted increasing attention as an emerging surgical technique and has unique advantages, such as a "simulated wrist" mechanical arm and high-definition three-dimensional (3D) visual field, which has gradually begun to be utilized in the clinical setting.

Method(s): We followed the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) reporting checklist, and a systematic literature search was conducted on six databases from their inception to 1st March 2020. We evaluated patients with POP who underwent RSC or laparoscopic sacrocolpopexy (LSC), outcomes (including perioperative outcomes: blood loss, operating times, blood transfusion, and hospital stay), surgery-related complications, as well as cure and recurrence rates.

Result(s): A total of 49 articles were available, including 3,014 patients, among which 18 were comparative studies on LSC vs. RSC, and 31 were non-comparative single-arm studies on RSC. For RSC, median operative time was 226 [90-604] minutes, estimated blood loss was 56 [5-1,500] mL, and hospital stay was 1.55 [1-16] days. Intraoperative complications and postoperative complications occurred in 74 (2.7%) and 360 (13.0%) patients, respectively. Of 2,768 RSC patients, 40 had been converted from a robot-assisted approach to other approaches, and 134 of 1,852 patients (7.2%) have recurrent prolapses of any compartment. Compared to LSC, RSC was associated with significantly lower blood loss and lower conversion rate. However, more operative time was observed in RSC. No significant differences were observed in
perioperative transfusion, intraoperative and postoperative complications, or objective recurrence between RSC and LSC.

Conclusion(s): RSC’s application seems to contribute some advantages compared to conventional laparoscopic surgery, although both approaches appear to promote equivalent clinical outcomes. Notably, heterogeneity among studies might have affected the outcome of the study. Consequently, high-quality and large-sample randomized trials comparing both techniques are necessitated.

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494.

Low-intensity extracorporeal shock wave therapy for male chronic pelvic pain syndrome: A systematic review and meta-analysis.

Li G., Man L.

Embase

Translational Andrology and Urology. 10(3) (pp 1202-1211), 2021. Date of Publication: March 2021.

[Review]

AN: 2011548686

Background: A systematic review of the evidence was conducted to evaluate the efficacy of low-intensity extracorporeal shock wave therapy (LI-ESWT) for patients with chronic pelvic pain syndrome (CPPS).

Method(s): A comprehensive search was undertaken of the Cochrane Register, PubMed, and Embase databases for controlled trials that evaluated patients with CPPS who were treated with LI-ESWT and that were published before August 2019. The National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI) was the most frequently used tool to evaluate the treatment efficacy of LI-ESWT. The NIH-CPSI comprises subscales for pain [using a visual analog scale (VAS)], urinary function, and quality of life (QoL).

Result(s): Six studies analyzing 317 patients were published from 2009 to 2019. The overall meta-analysis of the data indicated that LI-ESWT demonstrated efficacy in the treatment of CPPS at 12 weeks [risk difference (RD): 0.46; 95% confidence interval (CI), 0.28-0.63; P<0.00001]. The studies were divided into 3 groups based on time after LI-ESWT (1, 12, and 24 weeks) and were compared in total NIH-CPSI scores, QoL, VAS scores, and urinary symptoms. The total NIH-CPSI scores, QoL, VAS scores, and urinary symptom scores improved significantly at 12 weeks after LI-ESWT (P<0.05), but not at 1 week or 24 weeks (P>0.05).

Conclusion(s): Based on these studies, LI-ESWT may transiently improve the total NIH-CPSI scores, QoL, pain scores, and urinary symptom scores of patients with CPPS. Future research may elucidate the mechanisms underlying the effects of LI-ESWT on CPPS. Well-designed and long-term multicenter randomized controlled trials are urgently needed to estimate the real potential and ultimate use of these devices in patients with CPPS.

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Status

Embase
Safety, Pharmacokinetics, and Efficacy of Olorinab, a Peripherally Acting, Highly Selective, Full Agonist of the Cannabinoid Receptor 2, in a Phase 2a Study of Patients with Chronic Abdominal Pain Associated with Crohn's Disease.


Embase
Crohn's and Colitis 360. 3(1) (no pagination), 2021. Article Number: otaa089. Date of Publication: 01 Jan 2021.

Background: This randomized, open-label phase 2a study investigated the safety/tolerability, pharmacokinetics, and efficacy of olorinab-a highly selective, peripherally acting, full agonist of the cannabinoid receptor 2-in patients with Crohn's disease (CD) experiencing abdominal pain.

Method(s): Eligible subjects 18-80 years of age with quiescent to mildly active CD were randomized to receive olorinab 25 or 100 mg three times daily for 8 weeks. The primary objective was to assess safety/tolerability.

Result(s): Fourteen subjects received olorinab 25 mg (N = 6) or 100 mg (N = 8). Ten subjects [4 (67%) in the 25-mg group and 6 (75%) in the 100-mg group] reported a total of 34 treatment-emergent adverse events (TEAEs; 32 grade 1/2, not serious events; 2 grade 3, serious, not treatment-related events). No dose reductions or discontinuations due to TEAEs or deaths were reported. Dose-proportional increases in olorinab exposure from 25 to 100 mg were observed, with minimal accumulation at both doses. At week 8, the mean (SD) change from baseline in average abdominal pain score at peak olorinab plasma concentrations was -4.61 (1.77) in the 25-mg group (P = 0.0043) and -4.57 (2.17) in the 100-mg group (P = 0.0036). The change from baseline at week 8 in the mean (SD) number of pain-free days per week was +1.60 (2.61) in the 25-mg group and +2.33 (3.62) in the 100-mg group. No subject required pain medication on study.

Conclusion(s): Patients with quiescent to mildly active CD receiving olorinab experienced mild-to-moderate adverse events and an improvement in abdominal pain scores in this study.

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Esketamine (spravato®) and "treatment-resistant" depression.
Anonymous
Embase
Prescrire International. 30(222) (pp 5-9), 2021. Date of Publication: January 2021.
[Article]
AN: 2011272257

For patients experiencing a depressive episode against which several antidepressants have been deemed ineffective, various options are available, but they all have an uncertain harm-benefit balance. There is no consensus on the choice of treatment. In practice, one of the main factors to take into account is the adverse effect profile. Ketamine has been used since the late 1950s as a general anaesthetic. Marketing authorisation has been granted in the European Union for a nasal spray form of its S-enantiomer, esketamine (Spravato®, Janssen-Cilag), for patients experiencing a depressive episode against which at least two antidepressants have been deemed ineffective, in combination with a so-called selective serotonin reuptake inhibitor (SSRI) or a serotonin and noradrenaline reuptake inhibitor (SNRI) antidepressant. Initiation of esketamine therapy has been evaluated in three 4-week randomised trials (Transform-1, -2 and -3) in a total of 711 patients. These double-blind trials compared an oral antidepressant + esketamine nasal spray versus an oral antidepressant + placebo. The mean improvement in a depression score was slightly greater with esketamine than with placebo, but the clinical relevance of this difference is uncertain. No statistically significant improvement in remission rates was found with esketamine in these three trials. Another double-blind randomised trial evaluated continued use of nasal esketamine versus replacing it with placebo in 176 patients who were in remission after a 12-week course of esketamine added to oral SSRI or SNRI therapy. Patients who continued the initial treatment appeared to have a lower risk of relapse. However, because dissociation is such a common adverse effect of esketamine and would resolve after switching to placebo, patients in the placebo group may have realised they were no longer receiving esketamine, thus biasing the results and greatly reducing the strength of the evidence they provide. Nasal esketamine often provokes neuropsychiatric disorders, including dissociative symptoms and sedation. Esketamine addiction and misuse are likely, as it had the same "drug-liking" characteristics as ketamine in an abuse-potential study. Its other adverse effects are nausea, vomiting, urinary tract disorders, increased blood pressure, local disorders related to nasal administration, and a possible increase in suicides. A variety of drug interactions are likely. Animal studies show that ketamine can cause musculoskeletal malformations, and have not ruled out the risk of neurotoxicity observed with some anaesthetic agents. Each dose of esketamine is self-administered in a healthcare facility, in the presence of a healthcare professional, who then
monitors the patient for at least two hours for mental disorders, impaired consciousness or hypertension, so as to limit their consequences.

497.

Widespread myofascial dysfunction and sensitisation in women with endometriosis-associated chronic pelvic pain: A cross-sectional study.
Embase
[Article]
AN: 2010149135

Background: Chronic pelvic pain persists in some women with endometriosis even after lesion removal and optimized hormonal treatment.
Objective(s): Characterize the presence and distribution of pain, myofascial dysfunction and sensitisation beyond the pelvis in women with endometriosis-associated chronic pelvic pain.
Method(s): Cross-sectional study of 30 women prior to participation in a clinical trial. Evaluation included pain-focused abdominopelvic gynaecologic examination with the identification of pelvic floor muscle spasm. Neuro-musculoskeletal examination assessed paraspinal allodynia and hyperalgesia bilaterally and myofascial trigger points in 13 paired muscles. Pressure-pain thresholds were measured over interspinous ligaments and trigger points. Women completed the body territories element of the Body Pain Index.
Result(s): All women had a pelvic floor muscle spasm that they self-identified as a major focus of pain. Twenty of 30 women described their pelvic pain as focal. However, all demonstrated widespread myofascial dysfunction with low pressure-pain thresholds and trigger points in over two-thirds of 26 assessed regions. Widespread spinal segmental sensitisation was present in 17/30, thoracic in 21/30 and lumbosacral/pelvic in 18/30. Cervical sensitisation manifested as low pressure-pain thresholds with 23/30 also reporting recurrent, severe headaches and 21/30 experiencing orofacial pain. Those reporting diffuse pelvic pain were more likely to have widespread (p =.024) and lumbosacral/pelvic (p =.036) sensitisation and report over 10 painful body areas (p =.009).
Conclusion(s): Women with endometriosis-associated chronic pelvic pain often have myofascial dysfunction and sensitisation beyond the pelvic region that may be initiated or maintained by ongoing pelvic floor spasm. These myofascial and nervous system manifestations warrant consideration when managing pain in this population. Clinicaltrials.gov identifier: NCT01553201.
Significance: Women with endometriosis often have pelvic pain persisting after surgery despite hormonal therapies and these women have regional pelvic sensitisation and myofascial dysfunction. Pelvic floor muscle spasm is a major pain focus in this population. Sensitisation and myofascial dysfunction are widespread, beyond the pelvic region. On-going pelvic floor spasm may initiate or maintain sensitisation. Myofascial/sensitisation manifestations warrant consideration when managing pain in this population.

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PMID
33326662 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33326662]
498.

Comparing two different low-intensity shockwave therapy frequency protocols for nonbacterial chronic prostatitis/chronic pelvic pain syndrome: A two-arm, parallel-group randomized controlled trial.

Mykoniatias I., Pyrgidis N., Kalyvianakis D., Zilotis F., Kapoteli P., Fournaraki A., Hatzichristou D.

Prostate. 81(9) (pp 499-507), 2021. Date of Publication: June 15, 2021.

[Article]

AN: 2011329801

Background: Despite encouraging results, the optimal low-intensity shockwave therapy (LiST) protocol in patients with chronic prostatitis/chronic pelvic pain syndrome (CPPS) remains unknown. We conducted a two-arm, parallel-group, randomized controlled trial aiming to compare the efficacy and safety of six LiST sessions applied once or twice weekly.

Method(s): Fifty patients with CP/CPPS type IIIb were randomly assigned to six LiST sessions once (Group A, n = 25) or twice weekly (Group B, n = 25). Both groups followed the same treatment protocol in terms of LiST application, impulses (5000/session), energy flux density (0.096 mJ/mm²) and frequency (5 Hz). Subsequently, all participants were evaluated at 1 and 3 months after completion of LiST protocol.

Result(s): At the follow-up evaluations, LiST significantly improved the National Institutes of Health-Chronic Prostatitis Symptom Index (NIH-CPSI) total, pain and quality of life scores, as well as the International Index of Erectile Function-Erectile Domain (IIEF-ED) in both groups (p <.001 for all measures). Comparing between the two groups, no significant differences were demonstrated in the NIH-CPSI total, pain, urinary and quality of life scores, as well as in the International Prostate Symptom Score, IIEF-ED, and LiST-induced pain at both follow-up evaluations. Accordingly, no adverse events and no dropouts were observed in both groups.
Conclusion(s): Six sessions of LiST applied once weekly for 6 weeks or twice weekly for 3 weeks seem to be equally safe and effective in patients with CP/CPPS. Nevertheless, further studies are necessary, since LiST gradually gains its place for the management of CP/CPPS.

499.


Embase
AN: 2007413086
Aims: This prospective study aimed to compare the clinical outcomes between the use of Erbium:YAG (Er:YAG) laser in a nonablative mode, to the use of the pharmacological treatment of oral tadalafil for the treatment of chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS).
Method(s): The laser group received two sessions of Erbium:YAG laser, administered intraurethrally in a long, nonablative train of long pulses (SMOOTH™ mode), applied at the level of the male prostatic urethra. Tadalafil group received oral tadalafil at a dose of 5 mg/day, consecutively for 2 months. Effectiveness was assessed using the International Prostate Symptom Score (IPSS) questionnaire, VAS (visual analogue scale) pain score, and maximum urethral flow at follow-up visits up to 12 months after initiating treatment. Adverse effects were recorded after each treatment and follow-up sessions.
Result(s): The results show a significant decrease in the IPSS score in both groups up to the 12-month follow-up. The increase in Q-max was evident up to 3-months follow-up in the tadalafil group and up to 6 months in the laser group. The decrease in the VAS pain score was also significant in both treatment groups, lasting up to 3 months in the tadalafil group and up to 6 months in the laser group.
Conclusion(s): The nonablative Er:YAG SMOOTHER™ laser seems to be a promising treatment for this widely occurring condition. More studies are needed to confirm its safety and efficacy.

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PMID 33170523 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33170523]
Status

Itoh N., Tsuji T., Ishida M., Ochiai T., Konno S., Uchio Y.


Background: Central sensitization, including dysfunction of descending inhibitory pain pathways, may contribute to multisite pain in patients with chronic musculoskeletal conditions. Duloxetine is a centrally acting analgesic that effectively reduces pain in patients with knee osteoarthritis. Here we assessed the efficacy of duloxetine (60 mg/day) in Japanese patients (N = 353) with pain due to knee osteoarthritis based on the number of painful body sites, determined using the Michigan Body Map.

Method(s): Post hoc analysis of a phase 3, randomized, placebo-controlled trial (ClinicalTrials.gov; NCT02248480).

Result(s): At Week 14, the change from baseline in Brief Pain Inventory-Severity average pain score ("pain reduction") was significantly greater with duloxetine compared with placebo in patients with 3, 4, or >=5 painful sites, but not in patients with 1 or 2 painful sites. In patients with >=3 painful sites (57% of patients), pain reduction was significantly greater with duloxetine (n = 100) compared with placebo (n = 101) throughout the study (least squares mean change from baseline to Week 14: -2.68 vs -1.68). Greater pain reduction with duloxetine (n = 77) than placebo (n = 75) also occurred in patients with <=2 painful sites, although the between-group difference was significant only at Week 4.

Conclusion(s): These results are consistent with duloxetine enhancing the activity of descending inhibitory pain pathways that are dysfunctional in patients with central sensitization and multisite pain. In addition, these results suggest that duloxetine may be an effective choice of analgesic for patients with knee osteoarthritis and multisite pain.

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Filippiadis D., Ptohis N., Efthymiou E., Kelekis A.
Embase
[Article]
AN: 2010125527
Purpose: To report our preliminary results upon feasibility, efficacy and safety of percutaneous splanchnic nerves cryoneurolysis for the treatment of abdominal pain refractory to conservative medication in patients with pancreatic cancer Materials Methods: Institutional database research (retrospective review of prospectively collected data from April 2019 till August 2020) identified 5 patients with pancreatic cancer and pain refractory to conservative medication who underwent percutaneous cryoneurolysis of splanchnic nerves. In all patients, percutaneous cryoneurolysis was performed with posterolateral paravertebral approach using a 17 Gauge cryoprobe under computed tomography guidance and local anesthesia. Self-reported pain scores were assessed before and at the last follow-up using a pain inventory with visual analog scale (VAS) units. Result(s): Mean patient age was 63.81 years (male-female: 3-2). Mean pain score prior to cryoanalgesia of splanchnic nerves was 9.4 VAS units. This score was reduced to a mean value of 2.6, 2.6 and 3 VAS units at 1, 3 and 6 months of follow-up, respectively. All patients reported significantly reduced analgesic usage. No complication was reported according to the CIRSE classification system. The mean procedure time was 44.4 min (range 39-50 min), including local anesthesia, cryoprobe(s) placement, ablation and post-procedural CT evaluation.
Conclusion(s): Percutaneous cryoanalgesia of the splanchnic nerves is a minimally invasive, safe and effective procedure for pancreatic cancer pain relief. A larger, randomized trial is justified to substantiate these findings.
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Publisher
Springer
Year of Publication
2021

Background: The Endometriosis Symptom Diary (ESD) and Endometriosis Impact Scale (EIS) are patient-reported outcome measures developed to evaluate efficacy in clinical trials and clinical practice. The ESD is a daily electronic diary assessing symptom severity; the EIS is a weekly electronic diary assessing symptom impact. This study explored the importance of symptoms (ESD items) and impacts (EIS domains), perspectives on scoring algorithms, and clinically important difference (CID) thresholds to inform clinical trial score interpretation.

Method(s): Endometriosis patients in Germany (n = 8) and the US (n = 17), and expert clinicians (n = 4) in Germany, the US, Spain, and Finland participated in semi-structured qualitative interviews comprising structured tasks. Interview transcripts were analyzed using thematic analysis techniques.

Result(s): Quality and severity of endometriosis-associated pelvic pain varied considerably among patients; some experienced pelvic pain daily, others during menstrual bleeding (dysmenorrhea) only. Patients and clinicians ranked "worst pelvic pain" as the most meaningful pain concept assessed by the ESD, followed by constant and short-term pelvic pain. Preferences for summarizing daily pain scores over the 28-day menstrual cycle depended on individuals' experience of pain: patients experiencing pain daily preferred scores summarizing data for all 28 days; patients primarily experiencing pain during selected days, and their treating clinicians preferred scores based on the most severe pain days. Initial CID exploration for the "worst pelvic pain" 0-10 numerical rating scale (0-10 NRS) revealed that, for most patients, a 2- or 3-point reduction was considered meaningful, depending on baseline severity. Patients and clinicians ranked "emotional well-being" and "limitations in physical activities" as the most important EIS domains.

Conclusion(s): This study informs the use of the ESD and EIS as clinically relevant measures of endometriosis symptoms and their impact. Findings from the ESD highlight the importance of individual-patient assessment of pain experience and identify "worst pelvic pain" as the most meaningful symptom assessed. Aggregating scores over the 28-day menstrual cycle may inform meaningful endpoints for clinical trials. Diverse EIS concepts (e.g. impact on emotional well-being and physical activities) are meaningful to patients and clinicians, emphasizing the importance of evaluating the impact on both to comprehensively assess treatment efficacy and decisions. Trial registration: Not applicable. Qualitative, non-interventional study; registration not required. Copyright © 2020, The Author(s).
503.

The persistent pelvic pain study: Factors that influence outcomes in women referred to a public hospital with chronic pelvic pain - A study protocol.

Mooney S.S., Grover S.R.

Embase
Australian and New Zealand Journal of Obstetrics and Gynaecology. 61(2) (pp E6-E11), 2021.
Date of Publication: April 2021.
[Article]
AN: 2010151415

Background: Persistent pelvic pain affects between 10-20% of women with a significant impact on their physical and mental health, sexual relationships, families and society. Estimates of the cost to women and the community is over $9 billion/annum. Although endometriosis is considered a leading cause of pelvic pain, no symptoms reliably allow the identification of those with and without endometriosis. Furthermore, the significance of mild endometriosis is now debated. The optimal clinical approach for pelvic pain and endometriosis remains unclear, with increasing evidence of other contributing factors such as central sensitisation. Studies to date have significant limitations due to their sample size, relatively short follow-up, and inclusion of only women with laparoscopically identified endometriosis.

Aim(s): To undertake a real-world study of women referred with pain to gynaecology outpatients of a women's hospital and explore factors influencing three-year outcomes.

Material(s) and Method(s): Five hundred women will be randomised to one of two gynaecology units. The units will provide routine clinical care but their approaches to management of women with pelvic pain and endometriosis differ: one with skilled endoscopic gynaecologists has greater emphasis on surgery, the other, gynaecologists have more medical expertise in managing pain and menstrual problems. Participants will complete six-monthly questionnaires regarding pain and quality of life for three years. This information will not be available to clinicians. Their medical care will be followed from their medical records. The cost of outpatient care and admissions will be calculated. Data will be analysed using STATA software with appropriate post hoc tests.

Australian and New Zealand Clinical Trials Registry (ANZCTR:ACTRN12616000150448).
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Embase
[Article]
AN: 2008593975
Objective: To conduct a review of current literature to assess whether an association exists between Pentosan Polysulfate Sodium and the development of macular disease, as it is the only oral medication approved by the Food and Drug Administration for the management of interstitial cystitis.
Material(s) and Method(s): A systematic review was conducted by the authors separately, with review methods established prior to the conduct of the review. Databases searched included PubMed, Ovid, Medline, EBSCO, and Google Scholar. A search was conducted for the terms "Pentosan Polysulfate Maculopathy," "Pentosan Polysulfate Retinopathy," and "Interstitial Cystitis Maculopathy." All papers reporting on primary data were included. There were no study sponsors.
Result(s): A total of 14 papers reporting on primary data were identified. Most papers reported on the development of macular disease in the setting of chronic pentosan polysulfate sodium exposure. No randomized controlled trials have been performed to date and data was insufficient to perform a meta-analysis. Nevertheless, patients with interstitial cystitis were more likely to receive a diagnosis of maculopathy after several years of the medication use.
Conclusion(s): Although the nature of the published studies renders them prone to confounders, currently available data suggest an increased risk for developing maculopathy after years of pentosan polysulfate sodium use. In light of this, and the marginal effectiveness of the medication for the average individual, we suggest that education be provided as to the possible association and that regular ophthalmic evaluation be recommended for patients who are continued on chronic Pentosan Polysulfate Sodium.
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PMID
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Allogeneic mesenchymal precursor cells treatment for chronic low back pain associated with degenerative disc disease: a prospective randomized, placebo-controlled 36-month study of safety and efficacy.


Embase

BACKGROUND CONTEXT PURPOSE: Evaluate the safety and efficacy of a single intradiscal injection of STRO-3+ adult allogeneic mesenchymal precursor cells (MPCs) combined with hyaluronic acid (HA) in subjects with chronic low back pain (CLBP) associated with degenerative disc disease (DDD) through 36-month follow-up. STUDY DESIGN/SETTING: A multicenter, randomized, controlled study conducted at 13 clinical sites (12 in the United States and 1 in Australia). SUBJECT SAMPLE: A total of 100 subjects with chronic low back pain associated with moderate DDD (modified Pfirrmann score of 3-6) at one level from L1 to S1 for at least 6 months and failing 3 months of conservative treatment, including physical therapy were randomized in a 3:3:2:2 ratio to receive 6 million MPCs with HA, 18 million MPCs with HA, HA vehicle control, or saline control (placebo) treatment. OUTCOME MEASURES: Subjects were clinically and radiographically evaluated at 1, 3, 6, 12, 24, and 36 months postinjection. Subject-reported outcomes including adverse events, LBP on a Visual Analog Scale (VAS), Oswestry Disability Index (ODI), SF-36 and Work Productivity and Activity Index were collected.

METHOD(S): Clinical and radiographic measures were collected at each visit. All randomized subjects were included in the safety assessments and analyzed based on the treatment received. Safety assessments included assessments of AEs, physical and radiographic examinations and laboratory testing. Efficacy assessments evaluated changes in VAS, ODI, and modified Pfirrmann (MP) scores between all active and control groups, respectively. Assessments included least squares mean (Mean), LS mean change from baseline (Mean Change) and responder analyses in order to assess the clinical significance of observed changes from baseline. The population for efficacy assessments was adjusted for the confounding effects of post-treatment interventions (PTIs). This study was conducted under an FDA Investigational New Drug application sponsored and funded by Mesoblast.

RESULT(S): There were significant differences between the control and MPC groups for improvement in VAS and ODI. The PTI-corrected VAS and ODI Means and Mean Change analyses; the proportion of subjects with VAS >=30% and >=50% improvement from baseline; absolute VAS score <=20; and ODI reduction >=10 and >=15 points from baseline showed MPC therapy superior to controls at various time points through 36 months. Additionally, the proportion of subjects achieving the minimally important change and clinically significant change composite endpoints for the MPC groups was also superior compared with controls at various time points from baseline to 36 months. There were no significant differences in change in MP score at the level above or below the level treated between study arms. Both the procedure and treatment were well tolerated and there were no clinical symptoms of immune reaction to allogeneic MPCs. There was a low rate of Treatment Emergent Adverse Events (TEAEs) and Serious Adverse Events, and the rates of these events in the MPC groups were not significantly different from the control groups. One TEAE of severe back pain was possibly related to study agent and one TEAE of implantation site infection was considered to be related to the study procedure.

CONCLUSION(S): Results provide evidence that intradiscal injection of MPCs could be a safe, effective, durable, and minimally invasive therapy for subjects who have CLBP associated with moderate DDD.

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Laparoscopic Treatment of Ureteral Endometriosis: A Systematic Review.


Embase


[Review]

AN: 2010331765

Objective: To review the literature for the preoperative clinical characteristics, surgical findings, and outcomes of patients who underwent laparoscopic surgical treatment of ureteral endometriosis (UE).

Data Sources: A systematic search was performed in the PubMed and Scopus databases.

Methods of Study Selection: Following Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines, studies in English language that assessed UE treated surgically by laparoscopy published between 2008 and 2020 were selected. Tabulation, Integration, and Results: In an initial search, 1313 articles were identified, 193 in PubMed and 1120 in Scopus databases. A total of 1291 articles that did not meet eligibility criteria were excluded. The remaining 22 studies were included in the final qualitative analysis, with a total of 1337 patients. Data on preoperative patient's characteristics, preoperative imaging examinations, intraoperative findings, and postoperative complications were abstracted by 1 author. The descriptive nature of
included studies prevented the performance of meta-analysis. Preoperative symptoms included
dysmenorrhea (76.3%), pelvic pain (59.6%), dyspareunia (46.2%), lower urinary tract symptoms
(21.3%), and ureteral obstructive symptoms (9.9%). Intraoperative findings showed that UE
lesions were left-sided in 55% of the cases, right-sided in 28.9% of the cases, and bilateral in
8.7% of the cases. Ureterolysis alone or before another technique was performed in 69.1% of the
cases, ureteral resection followed by ureteroureteral anastomosis in 6%, ureteroneocystotomy
after ureteral resection in 21%, and nephrectomy in 0.45% of the patients. Double-J ureteral stent
placement was reported in 33.3% of the cases. Concomitant resection of the bladder owing to
endometriosis involvement was performed in 15.5% of the cases. The prevalence of ureteral
injury was 3.1%. Postoperative complications included ureteral fistula (2.8%), ureteral stenosis
(24.2%), persistence/recurrence of UE (3.8%), and reoperation for fistula and/or stricture
treatment (3.9%).

Conclusion(s): UE is associated with common endometriosis pain symptoms and a low rate of
lower urinary tract symptoms. The standard surgical technique for UE treatment is not yet a
consensus; however, the laparoscopic approach with previous ureterolysis, leaving ureteral
resection only for refractory cases, seems to be a safe and effective treatment, with improvement
of symptoms and few intraoperative and postoperative complications.

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507.

External genital endometriosis: Treatment and rehabilitation. HapyHbl eHTabHbl HdoMeTpo3:
Bopocbl eeH peabTa <HapyHbl eHTabHbl HdoMeTpo3: Bopocbl eeH peabTa.>
Solopova A.G., Achkasov E.E., Moskvichyova V.S., Grigorevskaya E., Ampilogova D.M.
Embase
[Article]
AN: 2011564111
Aim: to systematize the data on rehabilitation methods and management tactics for women with
external form of genital endometriosis. Materials and Methods. We searched for publications in
the international scientific databases: scientific electronic library eLibrary, Scholar, ScienceDirect,
Cochrane Library, PubMed/MEDLINE released for the last 5 years. The data on the current
approach to the therapy and rehabilitation of women with external genital endometriosis are presented in the study. Search queries in Russian and English were used as follows: <<endometriosis>>, <<rehabilitation>>, <<gynecology>>, <<quality of life>>. Results. Endometriosis is considered an independent risk factor for the development of malignant tumors not only targeting the reproductive system, but also affecting large intestine, bladder, and mammary glands. Moreover, such patients often suffer from emotional and psychosexual disorders as well as impaired socialization. Special attention should be paid to diagnostics of disease relapses to avoid potential malignant transformation of endometrioid tissue. We also provide a current view on the treatment and rehabilitation of women with external genital endometriosis. Endometriosis is a polyetiological disease that can be manifested as dysmenorrhea, dyspareunia, chronic pelvic pain, as well as dysuria and dyschesia upon affecting adjacent organs in the pathological process. Finally, we provide insights into potential therapeutic approaches for solving such manifestations. Conclusion. It is necessary not only to conduct a combination treatment, but also develop personalized rehabilitation programs allowing to improve the quality of patient life as well as create comfortable conditions for social adaptation of women with endometriosis.


Embase Journal of Obstetrics and Gynaecology Canada. 43(4) (pp 511-523.e1), 2021. Date of Publication: April 2021. [Article] AN: 2011027528 Objective: To compare success and complication rates of apical suspension procedures for the surgical management of symptomatic uterine or vaginal vault prolapse. Target population: Women with symptomatic uterine or vaginal vault prolapse seeking surgical correction. Options: Interventions included abdominal apical reconstructive repairs (sacrocolpopexy, sacrohysteropexy, or uterosacral hysteropexy) via open, laparoscopic, or robotic approaches; vaginal apical reconstructive repairs (vault suspensions or hysteropexy, sacrospinous, uterosacral, iliococcygeus, McCall's, or Manchester types); and vaginal obliterative procedures (with or without uterus in situ). Individual procedures or broad categories of procedures were compared: (1) vaginal versus abdominal routes for reconstruction, (2) abdominal procedures for
reconstruction, (3) vaginal procedures for reconstruction, (4) hysterectomy and suspension versus hysteropexy for reconstruction, and (5) reconstructive versus obliteratorive options.

Outcome(s): The Urogynaecology Committee selected outcomes of interest: objective failure (obtained via validated pelvic organ prolapse [POP] quantification systems and defined as overall objective failure as well as failure rate by compartment); subjective failure (recurrence of bulge symptoms determined subjectively, with or without use of a validated questionnaire); reoperation for POP recurrence; complications of postoperative lower urinary tract symptoms (de novo or postoperative stress urinary incontinence; reoperation for persistent, recurrent, or de novo stress urinary incontinence; urge urinary incontinence; and voiding dysfunction); perioperatively recognized urinary tract injury (bladder or ureter); other complications (mesh exposure, defined as mesh being visible and exposed in the vagina, and non-sexual pelvic pain); and sexual function (de novo dyspareunia and sexual function score according to a validated questionnaire).

Benefits, harms, and costs: This guideline will benefit patients seeking surgical correction of apical POP by improving counselling on surgical treatment options and possible outcomes. It will also benefit surgical providers by improving their knowledge of various surgical approaches. Data presented could be used to develop frameworks and tools for shared decision-making. Evidence: We searched Medline, the Cochrane Central Register of Controlled Trials (CENTRAL), and Embase from 2002 to 2019. The search included multiple terms for apical POP surgical procedures, approaches, and complications. We excluded POP repairs using transvaginal mesh and studies that compared procedures without apical suspension. We included randomized controlled trials and prospective or retrospective comparative studies. We limited language of publication to English and French and accessibility to full text. A systematic review and meta-analysis was performed. Validation methods: The authors rated the quality of evidence and strength of recommendations using the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) approach. See online Appendix A (Tables A1 for definitions and A2 for interpretations of strong and weak recommendations). Intended users: Gynaecologists, urologists, urogynaecologists, and other health care providers who assess, counsel, and care for women with POP.

SUMMARY STATEMENTS: All statements refer to correction of apical vaginal prolapse in the short and medium term (up to 5 years), except when otherwise specified. 1 Vaginal suture suspension to various pelvic ligaments was inferior to abdominal sacrocolpopexy (any route) with synthetic mesh for the outcomes of * overall objective failure (moderate) * objective apical failure (moderate) 2 Vaginal suture suspension to various pelvic ligaments was similar to abdominal sacrocolpopexy (any route) with synthetic mesh for the outcomes of * objective anterior failure (moderate) * objective posterior failure (moderate) * subjective awareness of pelvic organ prolapse recurrence (moderate) * reoperation for pelvic organ prolapse recurrence (moderate) * intraoperative bladder and ureteric injuries (low) * postoperative lower urinary tract symptoms (low) 3 Vaginal suture suspension to various pelvic ligaments was not associated with a risk of mesh exposure compared with abdominal sacrocolpopexy (any route) with synthetic mesh, which is associated with a 2.7% to 3.4% risk of mesh exposure (moderate). 4 Open abdominal sacrocolpopexy was inferior to minimally invasive (laparoscopic or robotic) sacrocolpopexy for the outcomes of * overall objective failure (low) * objective posterior failure (low) 5 Open abdominal sacrocolpopexy was similar to minimally invasive (laparoscopic or robotic) sacrocolpopexy for the outcomes of * objective anterior failure (low) * subjective awareness of pelvic organ prolapse recurrence (moderate) * reoperation for pelvic organ prolapse recurrence (moderate) * intraoperative bladder injuries (moderate) * reoperation for stress urinary incontinence (low) * mesh exposure (moderate) 6 Various minimally invasive sacrocolpopexy approaches (laparoscopic or robotic) showed similar risk of * subjective awareness of pelvic organ prolapse recurrence (very low) * intraoperative bladder injury (moderate) * postoperative stress urinary incontinence (very low) * mesh exposure (moderate) 7 There are insufficient data comparing urge urinary incontinence and voiding dysfunction risk after open abdominal and minimally invasive sacrocolpopexy and among various approaches to minimally invasive sacrocolpopexy (very low). 8 Uterosacral ligament suspension and sacrospinous fixation showed similar risk of * objective failure rates (overall and by compartment) (moderate) * subjective awareness of pelvic organ prolapse recurrence (moderate) * reoperation for pelvic organ prolapse recurrence (moderate) * intraoperative bladder injury (moderate) * reoperation for stress urinary incontinence (moderate) 9 Uterosacral ligament suspension
compared with sacrospinous fixation showed a higher risk of * intraoperative ureteric injury (moderate) 10 Hysterectomy and suspension versus hysteropexy (by any route) were similar for the outcomes of * overall objective failure (low) * objective anterior failure (low) * objective apical failure (low) * subjective awareness of pelvic organ prolapse recurrence (low) * reoperation for pelvic organ prolapse recurrence (low) * lower urinary tract symptoms (low) * intraoperative bladder or ureteric injury (low) 11 Hysterectomy and suspension compared with hysteropexy (by any route) were inferior for the outcome of * objective posterior failure (low) 12 Hysterectomy and sacrocolpopexy compared with sacrohysteropexy (abdominal, laparoscopic, or robotic) showed a higher risk of * mesh exposure (low) 13 Vaginal hysterectomy with suspension and vaginal hysteropexy showed similar risk of * objective failure (overall and by compartment) (low) * risk of reoperation for pelvic organ prolapse recurrence (very low) * intraoperative ureteric injury (very low) 14 In the short-term (1-year) correction of advanced apical vaginal prolapse (stage 3 or 4), vaginal suture suspension to various pelvic ligaments is similar to colpoploesia for the outcomes of overall objective failure, intraoperative urinary tract injury, and condition-specific improvement in quality of life (very low). 15 Uterosacral ligament suspension compared with sacrospinous fixation showed a lower risk of * short-term/transient buttock pain (low) 16 Current data are inconclusive for the outcomes of persistent pelvic pain or postoperative sexual function, including de novo dyspareunia, when comparing vaginal with abdominal apical suspensions, open with minimally invasive apical suspensions, various vaginal apical suspensions, and hysterectomy and suspension with hysteropexy (very low). RECOMMENDATIONS: 1 Women seeking surgical correction of apical pelvic organ prolapse should be counselled about the higher risk of objective failure but similar rate of (1) subjective failure, (2) reoperation for pelvic organ prolapse recurrence, and (3) complications after vaginal suture suspensions compared with abdominal sacrocolpopexy (any approach). This is balanced against the ongoing risk of mesh exposure after sacrocolpopexy, possibly requiring reintervention (conditional, moderate). 2 Appropriately trained surgeons should favour minimally invasive laparoscopic or robotic approaches to sacrocolpopexy (if surgical equipment is available) over open sacrocolpopexy, considering the improved overall objective outcomes and similar subjective outcomes in the short and medium term (conditional, low). 3 Both vaginal uterosacral ligament suspension and sacrospinous fixation can be offered to women with apical pelvic organ prolapse, based on surgeon and patient preference; they appear to have similar objective and subjective outcomes at up to 5 years, apart from an increased risk of intraoperative ureteric injury with uterosacral ligament suspension and a higher risk of short-term/transient buttock pain after sacrospinous fixation (strong, moderate). 4 Various hysteropexy routes and techniques can be offered as an alternative to hysterectomy and suspension for women with apical pelvic organ prolapse who wish to conserve their uterus; they are associated with similar objective and subjective outcomes in the first 5 years (conditional, low). 5 Colpoploesia should be discussed as a treatment option for women who do not wish to be sexually active in the future, despite the paucity of comparative evidence; it appears to be a successful procedure with few reported complications (strong, low). 6 Women undergoing surgery for symptomatic apical pelvic organ prolapse should receive counselling about the lack of comparative data on postoperative pelvic pain and sexual function for various procedures. Overall, the risk of postoperative pelvic pain appears to be low, and sexual function seems to improve among sexually active women with pelvic organ prolapse who undergo reconstructive surgery (conditional, very low).

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509.

Knowledge regarding the benefits of physiotherapy among physiotherapy specialty students. Thabit M.F., Jasim M.J.

Embase
Medico-Legal Update. 21(2) (pp 768-773), 2021. Date of Publication: 2021.
[Article]
AN: 634590464

Background: Physical treatment is a unique calling with broad clinical applications in the rebuilding, support and advancement of ideal physical capacity. Aim of study: To assess the level of knowledge regarding the benefits of physiotherapy among Physiotherapy Specialty students.
Methodology: A cross-sectional descriptive study included (54) Physiotherapy students of Medical Technical Institute, Technical College of Health and Medicine/Baghdad, during November and December 2018. They were selected randomly and they were asked to answer a self-administered questionnaire in 3 main domains (general benefits, woman's health, chronic disease management) of physiotherapy. The questionnaire covered different aspects regarding the knowledge of the benefits of physiotherapy. The percent score for each question and overall mean score for each domain was assessed.
Result(s): The total number of included students in the study was 54 distributed an 51.9% males, 48.1% females, 64.81% from the Medical Technical Institute and 35.19% from the college of Technical Health and Medicine. Distribution of knowledge of students regarding the general benefits of physiotherapy was with overall mean percent score=80, women's health with overall mean percent score=67% and for the benefits of physiotherapy in chronic diseases with overall mean percent score=84%. The overall mean percent scores for all domains were 77.
Conclusion(s): In general, satisfactory level of knowledge of included students regarding the benefits of physiotherapy.
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510.


Embase
[Article]
AN: 2004803296
Background: Many studies have demonstrated a link between pelvic floor myofascial syndromes and chronic pelvic pain. Botulinum toxin has been extensively used for several years in the field of pain, especially due to its action on muscle spasm. However, the efficacy of botulinum toxin in the context of chronic pelvic pain remains controversial.

Objective(s): This multicentre, randomized, controlled, double-blind study was designed to compare the efficacy of botulinum toxin and local anaesthetic (LA) injection versus LA injection alone for pelvic floor myofascial syndrome and chronic pelvic pain.

Method(s): According to the number of painful trigger points detected on physical examination, patients received from 1 to 4 injections of botulinum toxin with LA (BTX) or LA alone. The primary endpoint was Patient Global Impression of Improvement (PGI-I) score on day 60 after infiltration. Secondary endpoints were pain intensity, number of painful trigger points on palpation, analgesic drug consumption and quality of life.

Result(s): We included 80 patients, 40 in each group. This study failed to demonstrate a significant difference between the 2 groups on day 60 in the primary endpoint or secondary endpoints (PGI-I score \( \leq 2 = 20\% \) [LA] versus 27.5\% [BTX], \( P = 0.43 \)). However, both groups showed significant alleviation of global pain.

Conclusion(s): This study does not justify the use of botulinum toxin in the context of chronic pelvic pain with myofascial syndrome but does justify muscle injections with LA alone.

ClinicalTrials.gov: NCT01967524.

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Year of Publication

2021

511.
Bautrant E., Franke O., Amiel C., Bensousan T., Thiers-Bautrant D., Leveque C.
Embase
[Article]
AN: 2010081496
Background: Acute dysmenorrhoea in women which has been shown to be anatomically negative for endometriosis is a very common condition. It is frequently associated with Chronic Pelvic Pain (CPP) from uterine origin, including painful uterine contractions and deep dyspareunia. We call this association Painful Uterine Syndrome (PUS). Search strategy: In these women in failure of the usual treatments, we proposed a new treatment, with Uterine Toxin Botulinic injections (BTX) under hysteroscopy, as a compassionate option, among women in severe pain and therapeutic failure. Indeed, increased uterine contractility has been confirmed using cine magnetic resonance imaging in patients with acute dysmenorrhoea and PUS. These findings, associated with the hypothesis of a possible uterine sensitization on the same model as irritable bowel syndrome (IBS) or painful bladder syndrome (PBS), led to the application of botulinum toxin (BTX) injections under hysteroscopy of the uterine myometrium in this indication.
Material(s) and Method(s): In 2018, we conducted an open-label non comparative study, on 30 patients, with severe dysmenorrhoea and PUS in therapeutic failure situation. All women had failure of usual treatments, with painkillers, anti-inflammatory drugs, contraceptive pill, menstrual suppressant therapy and a negative MRI and laparoscopy. The BTX units (200 IU of Incobotulinum-toxin A) were evenly distributed in the anterior and posterior myometrial wall under hysteroscopic control. Patients were reviewed between 8 and 12 weeks after BTX injections and then, at 6 months.
Main Result(s): Median VAS scores were significantly improved at 8-12 weeks follow up for dysmenorrhoea, deep dyspareunia, and pelvic pain outside of menstruation. Quality of life scores all improved dramatically. No major side effect has been reported in this pilot study. At 6 months, 12 patients (40 %), were given new injections for pain recurrence. But 14 patients (47 %), were still improved and did not require repeat injection at that time. 4 patients, were improvement was not significant, did not ask for repat BTX injections. These patients were all positive for Pelvic Sensitization criteria.
Conclusion(s): Uterine BTX injection could be a very interesting therapeutic option in women with acute dysmenorrhoea and PUS in therapeutic failure. Only long-term randomised studies will be able to confirm that BTX injections are useful as a treatment for this condition. The randomised long-term study, Uteroxine, will shortly release its results.
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Publisher
Elsevier Masson s.r.l.
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2021
A Comprehensive Update of the Superior Hypogastric Block for the Management of Chronic Pelvic Pain.

Embase

[Review]
AN: 2010579146
Purpose of Review: This is a comprehensive review of the superior hypogastric block for the management of chronic pelvic pain. It reviews the background, including etiology, epidemiology, and current treatment available for chronic pelvic pain. It then presents the superior hypogastric block and reviews the seminal and most recent evidence about its use in chronic pelvic pain.
Recent Findings: Several definitions exist for chronic pelvic pain (CPP), making the diagnosis more challenging for the clinician; however, they commonly describe continuous pain lasting 6 months in the pelvis, with an overwhelming majority of patients being reproductive-aged women. This pain is often one of mechanical, inflammatory, or neuropathic. It is generally underdiagnosed and affects anywhere between 5 and 26% of women. The diagnosis of chronic pelvic pain is clinical, consisting of mainly a thorough history and physical and ruling out other causes. The pathophysiology is often endometriosis (70%) and also includes PID, adhesions, adenomyosis, uterine fibroids, chronic processes of the GI and urinary tracts, as well as pelvic-intrinsic musculoskeletal causes. Treatment includes physical therapy, cognitive behavioral therapy, and oral and parenteral opioids. Interventional techniques provide an added tier of treatment and may help to reduce the requirement for chronic opioid use. Superior hypogastric plexus block is one of the available interventional techniques; first described in 1990, it has been shown to provide long-lasting relief in 50-70% of patients who underwent the procedure. Two approaches described so far, both under fluoroscopy, have seen similar results. More recently, ultrasound and CT-guided procedures have also been described with similar success. The injectate includes local anesthetic, steroids, and neurolytic agents such as phenol or ethanol.
Summary: CPP is a common debilitating condition. It is diagnosed clinically and is underdiagnosed globally. Current treatments can be helpful at times but may fall short of satisfactory pain relief. Interventional techniques provide an added layer of treatment as well as reduce the requirement for opioids. Superior hypogastric plexus block provides long-lasting relief in many patients, regardless of approach. Evidence level is limited, and further RCTs could help provide better tools for evaluation and patient selection.

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A systematic review on reported outcomes and outcome measures in female idiopathic chronic pelvic pain for the development of a core outcome set.

Ghai V., Subramanian V., Jan H., Pergialiotis V., Thakar R., Doumouchtsis S.K.

Embase


[Article]

AN: 2006034390

Background: A core outcome set (COS) is required to address inconsistencies in outcome reporting in chronic pelvic pain (CPP) trials.

Objective(s): Evaluation of reported outcomes and selected outcome measures in CPP trials by producing a comprehensive inventory to inform a COS. Search strategy: Systematic review of randomised controlled trials (RCTs) identified from Cochrane Central Register of Controlled Trials (CENTRAL), Embase and MEDLINE databases.

Selection Criteria: RCTs assessing efficacy and safety of medical, surgical and psychological interventions for women with idiopathic CPP.

Data Collection and Analysis: Two independent researchers extracted outcomes and outcome measures. Similar outcomes were grouped and classified into domains to produce a structured inventory.

Main Result(s): Twenty-four trials were identified including 136 reported outcomes and outcome measures. Rates of reporting outcomes varied (4-100%) and pelvic pain was the most frequently reported outcome (100%). All trials reported the pain domain; however, only half reported quality of life, clinical effectiveness and adverse events. No differences in outcome reporting were observed in five high-quality trials (21%). Univariate analysis demonstrated an association between quality of outcome reporting and methodological quality of studies (rs = 0.407, P = 0.048).

Conclusion(s): There is wide variation in reported outcomes and applied outcome measures in CPP trials. While a COS is being developed and implemented, we propose the interim use of commonly reported outcomes in each domain: pain (pelvic pain, dyspareunia, dysmenorrhea), life impact (quality of life, emotional functioning, physical functioning), clinical effectiveness (efficacy, satisfaction, cost effectiveness, return to daily activities) and adverse events (surgical, perioperative observations, nonsurgical). Tweetable abstract: There is significant variation in outcome reporting in CPP trials. Our systematic review forms the basis for the development of a core outcome set.

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PMID

32654406 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32654406]
Intranasal oxytocin as a treatment for chronic pelvic pain: A randomized controlled feasibility study.
Flynn M.J., Campbell T.S., Robert M., Nasr-Esfahani M., Rash J.A.

Embase
[Article]
AN: 2007543267

Objective: To investigate the effect of intranasal oxytocin on chronic pelvic pain in a randomized, double-blind, within-subject crossover trial. Aims included: (1) determine intranasal oxytocin's effect on pain intensity and pain interference relative to placebo; (2) assess feasibility and acceptability.

Method(s): Women with chronic pelvic pain were recruited from chronic pain and gynecology clinics between September 2017 and December 2018. Pain was recorded at pre-trial screening, and while administering intranasal oxytocin and placebo. Pain and pain-related interference were measured using the Brief Pain Inventory - Short Form. Feasibility and acceptability were measured using validated measures and interviews.

Result(s): Twenty-one women were randomized with sufficient data available from 12 to permit analyses. Relative to placebo, a 2-week course of oxytocin administration resulted in improvement in pain severity with no effect on pain-related interference. This effect was driven by four women who demonstrated a minimal clinically significant improvement in pain following intranasal oxytocin (no women met this threshold for placebo). Adherence to dosing was excellent and occurrence of adverse effects did not differ between oxytocin and placebo.

Conclusion(s): Intranasal oxytocin may represent an adjuvant analgesic that could result in a minimal clinically significant improvement in pain among one in three women with chronic pelvic pain. Registration: ClinicalTrials.gov (Registration# NCT02888574).

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PMID 33112417 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33112417]

Status
Embase
Institution
Laparoscopic treatment of isolated superficial peritoneal endometriosis for managing chronic pelvic pain in women: study protocol for a randomised controlled feasibility trial (ESPriT1).

Embase

Background: Endometriosis (where endometrial-like tissue is found outside the uterus) affects ~176 million women worldwide and can lead to debilitating pelvic pain. Three subtypes of endometriosis exist, with ~80% of women having superficial peritoneal endometriosis (SPE). Endometriosis is diagnosed by laparoscopy and, if SPE is found, gynaecologists usually remove it surgically. However, many women get limited pain relief from surgical removal of SPE. We plan to undertake a future large trial where women who have only SPE found at initial laparoscopy are randomly allocated to have surgical removal (excision or ablation) of SPE, or not. Ultimately, we want to determine whether surgical removal improves overall symptoms and quality of life, or whether surgery is of no benefit, exacerbates symptoms, or even causes harm. The primary objective of this feasibility study is to determine what proportion of women with suspected SPE undergoing diagnostic laparoscopy will agree to randomisation. The secondary objectives are to determine if there are differences in key prognostic parameters between eligible women that agree to be randomised and those that decline; how many women having laparoscopy for investigation of chronic pelvic pain are eligible for the trial; the range of treatment effects and variability in outcomes and the most acceptable methods of recruitment, randomisation and assessment tools.

Method(s): We will recruit up to 90 women with suspected SPE undergoing diagnostic laparoscopy over a 9-month recruitment period in four Scottish hospitals and randomise them 1:1 to either diagnostic laparoscopy alone (with a sham port to achieve blinding of the allocation) or surgical removal of endometriosis. Baseline characteristics, e.g. age, index of social deprivation, ethnicity, and intensity/duration of pain will be collected. Participants will be followed up by online questionnaires assessing pain, physical and emotional function at baseline, 3 months, 6 months and 12 months.

Discussion(s): Recruitment to a randomised controlled trial to assess the effectiveness of surgery for endometriosis may be challenging because of preconceived ideas about treatment success amongst patients and clinicians. We have designed this study to assess feasibility of recruitment and to inform the design of our future definitive trial. Trial registration: ClinicalTrials.gov, NCT04081532 Status: Recruiting.

Copyright © 2021, The Author(s).
Abdominal Ice after Laparoscopic Hysterectomy: A Randomized Controlled Trial. 
Cope A.G., Wetzstein M.M., Mara K.C., Laughlin-Tommaso S.K., Warner N.S., Burnett T.L. 
Embase 
[Article] 
AN: 2007244266 
Study Objective: To assess the impact of abdominal ice packs on opioid use and pain control after laparoscopic hysterectomy Design: Randomized controlled trial. 
Setting(s): Academic tertiary care medical center. 
Patient(s): Total of 142 adult women undergoing laparoscopic (either conventional or robotic) hysterectomy were randomized to control (n = 69) or intervention (n = 73). Exclusion criteria included preoperative opioid use, planned intensive care unit admission or same-day discharge, an incision >=4 cm, and regional anesthesia use. 
Intervention(s): Subjects in the intervention group had a large ice pack placed directly on the lower abdomen before leaving the operating room. The ice pack was maintained continuously for 12 hours postoperation, as desired thereafter until discharge, and continued use encouraged after discharge for up to 48 hours. 
Measurements and Main Results: Total opioids administered postoperatively, while inpatient and after dismissal, were assessed in morphine milligram equivalents. Postoperative pain, as well as analgesia acceptability and side effects, were assessed using validated measures: Brief Pain Inventory and Overall Benefit of Analgesia Score. Median morphine milligram equivalent was lower in the intervention group than the controls from inpatient stay on the floor to completion of opioid use as an outpatient (22.5 vs 26.2) but was not statistically significant (p = .79).
no significant difference between the groups in Brief Pain Inventory assessment of postoperative pain severity (p = .80) or pain interference (p = .36) or Overall Benefit of Analgesia Score total score (p = .88). Most patients in the intervention group were very satisfied with ice pack use (n = 51, 79.7%) and very likely to recommend it to friends or family (n = 54, 83.1%). There were no adverse events related to ice pack use.

Conclusion(s): There was no significant difference in postoperative opioid use or pain assessment with ice pack use after laparoscopic hysterectomy. However, most of the subjects expressed high satisfaction specific to ice pack use and would recommend its use to others, suggesting potential desirability as adjunct therapy in postoperative pain control.

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Status
Embase

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Year of Publication
2021

517.

Chronic Scrotal Content Pain: a Review of the Literature and Management Schemes.
Oh P.J., Bajic P., Lundy S.D., Ziegelmann M., Levine L.A.

Embase

Current Urology Reports. 22(2) (no pagination), 2021. Article Number: 12. Date of Publication: February 2021.
[Review]
AN: 2010177610

Purpose of Review: Chronic scrotal content pain (CSCP) is a complex condition with multiple etiologies that requires a thorough understanding of its pathophysiology, workup, and treatment options. We performed a comprehensive and contemporary review to augment our current understanding of CSCP. Recent Findings: We discuss new advances in CSCP-specific pain questionnaires, modern studies of microscopic spermatic cord denervation and its variations, and novel techniques including electric nerve stimulation and cryoablation in addition to randomized control trials with significant negative findings. We also present literature focusing on the prevention of CSCP secondary to surgical iatrogenic causes.

Summary: The constantly evolving literature of CSCP has led to the significant evolution in its diagnosis and treatment, from oral medications to salvage options after microscopic spermatic cord denervation. With each advance, we come closer to developing a more thorough, evidence-based algorithm to guide urologists in treatment of CSCP.

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PMID
Optimal acupoint and session of acupuncture for patients with chronic prostatitis/chronic pelvic pain syndrome: a meta-analysis.
Zhang W., Fang Y., Shi M., Zhang M., Chen Y., Zhou T.
Embase
Translational Andrology and Urology. 10(1) (pp 143-153), 2021. Date of Publication: January 2021.
[Article]
AN: 2010860905
Background: The study aims to perform a meta-analysis of published trials and evaluate the efficacy of acupuncture on chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) by symptom score reduction, optimal acupuncture session, and most frequently used acupoints.
Method(s): A literature search was performed for randomized controlled trials (RCTs) comparing efficacy of acupuncture with sham acupuncture or standard medication on CP/CPPS. The primary outcome was the reduction of National Institute of Health-Chronic Prostatitis Index (NIH-CPSI) total score and its subscales. The optimal acupuncture session to reach its clinical efficacy and most common compatibility rule of acupoints were also evaluated.
Result(s): Ten trials involving 770 participants were included. Meta-analysis showed compared with sham acupuncture, acupuncture yielded significant reduction in NIH-CPSI total score [weighted mean difference (WMD): 7.28, 95% confidence interval (95% CI): 5.69-8.86], and provided better pain relief (WMD: 3.57, 95% CI: 2.07-5.08), urinary symptoms improvement (WMD: 1.68, 95% CI: 1.13-2.22), and quality of life (QOL) (WMD: 2.38, 95% CI: 1.41-3.36). Compared with standard medication, acupuncture were more efficacious in reducing NIH-CPSI total score (WMD: 3.36, 95% CI: 1.27-5.45), also showed significant greater pain relief (WMD: 2.36, 95% CI: 1.67-3.06), marginal advantage in improving QOL (WMD: 0.98, 95% CI: 0.12-1.83) but no difference in reducing urinary symptom (WMD: -0.03, 95% CI: -1.30 to 1.24). Four acupuncture sessions were the minimum "dose" to reach clinical efficacy, and prolonged acupuncture sessions continuously improved urinary symptoms and QOL. The majority of acupoint selection strategies were based on the combination of any three acupoints from CV3, CV4, BL32, SP6, and SP9.
Conclusion(s): Acupuncture has promising efficacy for patients with CP/CPPS, especially category IIIB, in aspects of relieving pain and urinary symptoms and improving the QOL. Acupuncture may serve as a standard treatment option when available, and a tailored comprehensive treatment strategy for CP/CPPS is the future trend.
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Does Nutrition Affect Endometriosis?.
Helbig M., Vesper A.-S., Beyer I., Fehm T.
Embase
Geburtshilfe und Frauenheilkunde. 81(2) (pp 191-199), 2021. Date of Publication: 01 Feb 2021. [Review]
AN: 634157858
Endometriosis is a hormone-related, chronic inflammation in women of childbearing age. The aetiology and pathogenesis of endometriosis are not yet fully understood. For other illnesses classed as lifestyle diseases, the link between nutrition and pathogenesis has already been researched and proven. With regard to these findings, the question continues to arise as to whether and how a specific diet and lifestyle could also influence pathogenesis and the progression of endometriosis. The aim of this review is to examine the data and determine what influence nutrition has on the development of endometriosis or on existing disease. The study results currently available do not permit a clear, scientific recommendation or indicate a detailed diet. In summary, it can be said that fish oil capsules in combination with vitamin B 12 have been associated with a positive effect on endometriosis symptoms (particularly of dysmenorrhoea). Alcohol and increased consumption of red meat and trans fats are associated with a negative effect. The results of the studies listed with regard to fruit and vegetables, dairy products, unsaturated fats, fibre, soy products and coffee are not clear. Therefore, the general recommendations for a balanced and varied diet in line with the guidelines of the Deutsche Gesellschaft für Ernährung e. V. [German Nutrition Society] apply, along with the recommendation to cut out alcohol. In order to be able to derive more concrete recommendations, we require further studies to investigate the influence of nutrition on endometriosis.

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Cognitive Behavior Therapy Tailored to Anxiety Symptoms Improves Pediatric Functional Abdominal Pain Outcomes: A Randomized Clinical Trial.
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[Conference Paper]
AN: 2010228297
Objectives: To evaluate the feasibility of a stepped care model, and establish the effect of a tailored cognitive behavioral therapy, the Aim to Decrease Anxiety and Pain Treatment (ADAPT), compared with standard medical treatment as usual on pain-related outcomes and anxiety. Study design: Eligible patients between the ages of 9 and 14 years with functional abdominal pain disorders (n = 139) received enhanced usual care during their medical visit to a gastroenterologist. Those that failed to respond to enhanced usual care were randomized to receive either a tailored cognitive behavioral therapy (ADAPT) plus medical treatment as usual, or medical treatment as usual only. ADAPT dose (4 sessions of pain management or 6 sessions of pain and anxiety management) was based on presence of clinically significant anxiety. Outcomes included feasibility, based on recruitment and retention rates. Response to ADAPT plus medical treatment as usual vs medical treatment as usual on pain-related outcomes and anxiety measures was also investigated using a structural equation modeling equivalent of a MANCOVA. Anxiety levels and ADAPT dose as moderators of treatment effects were also explored.
Result(s): Based on recruitment and retention rates, stepped care was feasible. Enhanced usual care was effective for only 8% of youth. Participants randomized to ADAPT plus medical treatment as usual showed significantly greater improvements in pain-related disability, but not pain levels, and greater improvements in anxiety symptoms compared with those randomized to medical treatment as usual only. Anxiety and ADAPT treatment dose did not moderate the effect of treatment on disability nor pain.
Conclusion(s): Tailoring care based on patient need may be optimal for maximizing the use of limited psychotherapeutic resources while enhancing care. Trial registration: ClinicalTrials.gov: NCT03134950.
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Status
Embase
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Publisher
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Year of Publication
Long-Term Toxicity and Health-Related Quality of Life After Adjuvant Chemoradiation Therapy or Radiation Therapy Alone for High-Risk Endometrial Cancer in the Randomized PORTEC-3 Trial.  
Embase  
[Article]  
AN: 2010228475  
Purpose: The survival results of the PORTEC-3 trial showed a significant improvement in both overall and failure-free survival with chemoradiation therapy versus pelvic radiation therapy alone. The present analysis was performed to compare long-term adverse events (AE) and health-related quality of life (HRQOL). Methods and Materials: In the study, 660 women with high-risk endometrial cancer were randomly assigned to receive chemoradiation therapy (2 concurrent cycles of cisplatin followed by 4 cycles of carboplatin/paclitaxel) or radiation therapy alone. Toxicity was graded using Common Terminology Criteria for Adverse Events, version 3.0. HRQOL was measured using EORTC QLQ-C30 and CX24/OV28 subscales and compared with normative data. An as-treated analysis was performed.  
Result(s): Median follow-up was 74.6 months; 574 (87%) patients were evaluable for HRQOL. At 5 years, grade >=2 AE were scored for 78 (38%) patients who had received chemoradiation therapy versus 46 (24%) who had received radiation therapy alone (P = .008). Grade 3 AE did not differ significantly between the groups (8% vs 5%, P = .18) at 5 years, and only one new late grade 4 toxicity had been reported. At 3 and 5 years, sensory neuropathy toxicity grade >=2 persisted after chemoradiation therapy in 6% (vs 0% after radiation therapy, P < .001) and more patients reported significant tingling or numbness at HRQOL (27% vs 8%, P < .001 at 3 years; 24% vs 9%, P = .002 at 5 years). Up to 3 years, more patients who had chemoradiation therapy reported limb weakness (21% vs 5%, P < .001) and lower physical (79 vs 87, P < .001) and role functioning (78 vs 88, P < .001) scores. Both treatment groups reported similar long-term global health/quality of life scores, which were better than those of the normative population.  
Conclusion(s): This study shows a long-lasting, clinically relevant, negative impact of chemoradiation therapy on toxicity and HRQOL, most importantly persistent peripheral sensory neuropathy. Physical and role functioning impairments were seen until 3 years. These long-term data are essential for patient information and shared decision-making regarding adjuvant chemotherapy for high-risk endometrial cancer.  
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PMID 33129910 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33129910]  
Status Embase  
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Preoperative Gabapentin for Minimally Invasive Hysterectomy: A Randomized Controlled Trial.
Huynh T.Q., Patel N.R., Goldstein N.D., Makai G.E.

Embase
Journal of Minimally Invasive Gynecology. 28(2) (pp 237-244.e2), 2021. Date of Publication: February 2021.
[Article]
AN: 2006057941

Study Objective: To evaluate whether a single dose of gabapentin given preoperatively reduces narcotic use 24 hours after minimally invasive hysterectomy (MIH).

Design(s): Randomized controlled trial.
Setting(s): Single academic-affiliated community hospital.
Patient(s): Women undergoing MIH for benign indications between June 2016 and June 2017.
Intervention(s): Subjects were randomized to receive a preoperative regimen of acetaminophen, celecoxib, and gabapentin versus acetaminophen and celecoxib alone.

Measurements and Main Results: The primary outcome assessed was the total amount of narcotics used at 24 hours after surgery. Secondary outcomes included adverse effects from gabapentin use, total narcotics used, and pain scores at 2 weeks after surgery. A total of 129 women were randomized and eligible for analysis in the gabapentin study arm (n = 68) or the control arm (n = 61). Demographic characteristics and surgical details were similar between groups. Narcotics used at 24 hours after surgery totaling 168 versus 161 oral morphine milligram equivalents in the gabapentin and control groups, respectively, did not significantly differ between groups (p = .60). Total narcotics used and pain scores at 2 weeks after surgery and the rates of adverse effects from gabapentin were also similar between study arms.

Conclusion(s): Single-dose, preoperative gabapentin for women undergoing benign MIH does not reduce total opioid use 24 hours after surgery.

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Publisher
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Year of Publication
2021

523.

Metabolomics in chronic pain research.
Teckchandani S., Nagana Gowda G.A., Raftery D., Curatolo M.
Embase
[Review]
AN: 2007410445

Background and Objective: Metabolomics deals with the identification and quantification of small molecules (metabolites) in biological samples. As metabolite levels can reflect normal or altered metabolic pathways, their measurement provides information to improve the understanding, diagnosis and management of diseases. Despite its immense potential, metabolomics applications to pain research have been sparse. This paper describes current metabolomics techniques, reviews published human metabolomics pain research and compares successful metabolomics research in other areas of medicine with the goal of highlighting opportunities offered by metabolomics to advance pain medicine. Databases and Data Treatment: Non-systematic review.

Result(s): Our search identified 19 studies that adopted a metabolomics approach in: fibromyalgia (7), chronic widespread pain (4), other musculoskeletal pain conditions (5), neuropathic pain (1), complex regional pain syndrome (1) and pelvic pain (1). The studies used either mass spectrometry or nuclear magnetic resonance. Most are characterized by small sample sizes. Some consistency has been found for alterations in glutamate and testosterone metabolism, and metabolic imbalances caused by the gut microbiome.
Conclusion(s): Metabolomics research in chronic pain is in its infancy. Most studies are at the pilot stage. Metabolomics research has been successful in other areas of medicine. These achievements should motivate investigators to expand metabolomics research to improve the understanding of the basic mechanisms of human pain, as well as provide tools to diagnose, predict and monitor chronic pain conditions. Metabolomics research can lead to the identification of biomarkers to support the development and testing of treatments, thereby facilitating personalized pain medicine.

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Status
Embase
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Publisher Blackwell Publishing Ltd
Year of Publication 2021

524.

Rejano-Campo M., Pizzoferrato A.-C.
Embase
Kinesitherapie. 21(229) (pp 27-34), 2021. Date of Publication: January 2021.
[Review]
AN: 2007177815
Context: The coordinated action of the pelvic floor muscles, abdominal muscles and diaphragm allows the maintenance of various functions such as breathing, digestion, posture and continence. Changes in motor control are often found in a population with pelvic floor disorders. The use of ultrasound in the management of these disorders is becoming increasingly widespread. The aim of this article was to evaluate the value of ultrasound in the management of pelvic-perineal disorders.
Material(s) and Method(s): A literature search was conducted to identify publications evaluating the contribution of ultrasound in pelvic-perineal rehabilitation. A narrative description of the different ultrasound evaluation procedures and their clinical application was carried out.
Discussion/Conclusion: Ultrasound can be used in the evaluation and treatment of pelvic-perineal disorders such as urinary incontinence, dysuria, chronic pelvic pain, abdominal diastasis, or genital prolapse.
Level of Evidence: NA.
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TVT or TVT-O? - A systematic review and meta-analysis comparing efficacy, complications and re-operations.
Elers J., Hornum Bing M., Birkefoss K., Rohde J.F., Ussing A., Glavind K.
Embase

Objectives: To compare the efficacy, complications and re-operations after bottom-up tension-free vaginal tape (TVT) and inside-out tension-free vaginal tape - obturator (TVT-O) in the treatment of stress urinary incontinence (SUI) in adult women. Study design: A systematic literature search and review was performed limited to randomized controlled trials. We searched Medline, Embase, Cochrane Library, Cinahl, Guideline International network (GIN), Trip Database and NICE (UK). The certainty in the estimates of the included outcomes was rated using the Grading of Recommendations, Assessment, Development and Evaluations (GRADE) method.

Result(s) and Conclusion(s): We included 22 randomized controlled trials. The overall certainty in the evidence was moderate across all outcomes. TVT and TVT-O significantly improved the incontinence regarding number of incontinence episodes, subjective patient reported effect and incontinence related quality of life, and there was no difference between TVT and TVT-O. Leg or groin pain was significantly less common 6 months after TVT than TVT-O with RR 0.27 (CI 95 % 0.11 - 0.66), 9 studies, n = 1312. In absolute numbers 83 patients more developed chronic leg or groin pain per 1000 operations with TVT-O compared to TVT. We found no statistically significant differences between chronic pelvic or lower abdominal pain 6 months after TVT and TVT-O. Bladder perforations were significantly more common after TVT with RR 4.53 (CI 95 % 2.32-8.86), 21 studies, n = 3308. In absolute numbers this meant 5 more bladder perforations after TVT per 1000 operations. No statistically significant differences were noted in de novo urgency, re-operations, infection, hematoma, pain during sexual intercourse or sexual function. Bottom-up TVT and inside-out TVT-O showed equal efficacy, but leg and groin pain were much more common with TVT-O. The authors would recommend TVT instead of TVT-O as first line operation in patients who need surgery for SUI.

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PMID
33422775 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33422775]
Efficacy of hyperbaric oxygenation in the complex treatment of women suffering interstitial cystitis/painful bladder. Medvedev V.L., Kogan M.I., Mihailov I.V., Lepetunov S.N.

Introduction. Interstitial cystitis/painful bladder (IC/BMP) is a rare, chronic, and disabling disease. Treatment of IC/BMP is empirical in the scope of physiotherapy procedures, taking antidepressants, pentosan sodium salt sulfate, intravesical administration of lidocaine and heparin, as well as various types of surgical interventions-mainly aimed at relieving the symptoms of the disease. The effectiveness of the latter does not exceed 60%, and symptoms return even when a period of remission seems to have occurred. The article presents the experience of our clinic in treating women with IC/BMP using hyperbaric oxygenation (HBO). Purpose of the study. To study the effectiveness of HBO in complex therapy patients suffering IC/BMP in the form of ulcerative lesions. Materials and methods. The study included 40 women, average age 60.1 +/- 10.5 years, with the classic form of IC/BMP. All patients were examined and included in the study according to the NIDDK criteria. The patients were divided into 2 groups: Group I-women who received complex therapy with HBO (n = 20), Group II-only complex therapy (n = 20). Group I women received treatment: Transurethral coagulation of Gunner's lesion zones, bladder hydrodistension, tricyclic antidepressants, intravesical instillations of lidocaine, dimethylsulfoxide, and a course of HBO. HBO consisted of 10 sessions (40 min, 2 ATM). Group II patients received the same IC/BMP therapy as the group I women, to the same extent, but without HBO. Results. Indicators of the PUF scale after 6 months of therapy in Groups I and II were 14.2 and 21.2 points, respectively. The average score in Group I was 3.48, in Group II-5.13 according to the visual analogue pain scale. The cystometric capacity of the bladder in both groups after treatment was stable, its value was at least 320 ml. The number of urinations after combined therapy with HBO after 1, 3 and 6 months was 12 times a day. Whereas it was 14 times a day in Group II after 1 month, and it was 15 times a day after 3 and 6 months. Conclusions. The index of IC assessment, indicators of the visual-analogue pain scale, the cystometric capacity of the bladder, and the number of urinations improved after standard treatment but were significantly worse than in patients who received HBO additionally. Treatment with HBO leads to a statistically significant improvement, only in combination with the therapy, both according to questionnaires, and the function of accumulation and emptying of the bladder. For patients with IC/BMP who had ineffective standard treatment, it makes sense to conduct HBO, which can be an important stage of therapy and contribute to a longer remission of the disease.
A Prospective, Multi-Center, Clinical Trial of a 10-kHz Spinal Cord Stimulation System in the Treatment of Chronic Pelvic Pain.
Tate J.L., Stauss T., Li S., Rotte A., Subbaroyan J.

Background: Chronic pelvic pain (CPP) is a debilitating condition that often leads to disability and does not respond to conventional treatments. This study was conducted to evaluate the effects of paresthesia-independent 10-kHz spinal cord stimulation (SCS) in subjects with CPP.

Method(s): This prospective, single-arm pilot study enrolled subjects with clinical diagnoses of CPP and mean pain scores of >= 5.0 cm on a 10-cm VAS. Subjects underwent trial stimulations with 10-kHz SCS, and those who had successful trial stimulations (>=40% pain relief) received permanently implanted devices and were followed for 12 months.

Result(s): Of the 21 subjects who underwent the 10-kHz SCS trial, 17 were successful and 14 subjects received permanent implants. No neurological deficits were observed in any subjects and all adverse events (AEs) were resolved without sequelae during the study period. Over 12 months, mean VAS scores decreased by 72% from baseline, and 10 of 13 subjects (77%) were responders (>=50% pain relief). Pain remission (VAS score <= 3.0 cm) was reported by 8 of 13 subjects (62%), and mean pain scores on the short-form McGill Pain Questionnaire 2 decreased as well. Pain Disability Index scores declined by 29 points, and 85% of the subjects reported satisfaction.

Conclusion(s): Paresthesia-independent stimulation with 10-kHz SCS reduced pelvic pain in subjects with CPP and was not associated with any unexpected AEs. While larger, controlled studies are needed, results of this study suggest that this therapeutic modality could potentially treat patients with CPP while improving their quality of life.

PMID 32615017 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32615017]
Psychosocial factors associated with pain and sexual function in women with Vulvodynia: A systematic review.
Chisari C., Monajemi M.B., Scott W., Moss-Morris R., McCracken L.M.
Embase
[Review]
AN: 2007008793
Background and objective: Vulvodynia is a prevalent chronic vulval pain condition affecting 10%-28% of women, and significantly impacting their health and quality of life. It is currently poorly understood and biomedical treatments achieve only modest benefits for pain and sexual functioning. A wider psychosocial conceptualization of this condition may improve outcomes. There is currently no coherent understanding of how psychosocial factors may contribute to outcomes in Vulvodynia. The aim of this review is to identify and systematically review psychosocial factors associated with pain and sexual outcomes and to inform a psychosocial model of Vulvodynia. Databases and data treatment: Observational/experimental studies reporting on the association between psychosocial factors and pain/sexual outcomes in adult women with Vulvodynia were eligible. Two reviewers independently conducted eligibility screening, data extraction and quality assessment. Twenty-one studies were included, all focused on women with Provoked Vestibulodynia (PVD). Most of the studies were low-to-medium quality. Results/Conclusion: A range of general/pain-related distress and avoidance processes, and sex/intimacy avoidance or engagement processes were significantly associated with pain, sexual functioning or sexual distress and sexual satisfaction, supporting the role of a psychosocial approach to PVD. Depression, anxiety, catastrophizing, pain-anxiety, pain acceptance, body-exposure anxiety, attention to sexual cues, partner hostility and solicitousness, self-efficacy and penetration cognitions are highlighted as potentially important treatment targets in PVD. Due to the limited data available, developing a psychosocial model was not possible. Directions for future research include examining the replicability and generalizability of the factors identified, exploring differences/similarities across Vulvodynia subsets and testing tailored theoretically based treatments.
Significance: The systematic review highlights the role of psychosocial factors associated with pain and sexual functioning in Vulvodynia. The review findings reveal that Vulvodynia presents both similar and unique cognitive, behavioural and interpersonal features compared to other chronic pain conditions. There may be important roles for negative sexual cues, body image-related factors during intercourse, partner factors, self-efficacy beliefs and penetration cognitions, in relation to pain and sexual functioning.
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PMID 33001545 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33001545]
Status
The immediate effect of the abdominal drawing-in maneuver technique on stature change in seated sedentary workers with chronic low back pain.

Saiklang P., Puntumetakul R., Swangnetr Neubert M., Boucaut R.

Embase
Ergonomics. 64(1) (pp 55-68), 2021. Date of Publication: 01 Jan 2021.

[Article]
AN: 632620289

Many studies have measured stature change arising from loads imposed on the spine during sitting. To improve stature recovery, it is important to stabilise the lumbar spine and compensate forces from the upper body. The abdominal drawing-in maneuver (ADIM) technique has been found to mainly activate deep trunk muscles. The purpose of this study was to determine whether activation of deep trunk muscles by the ADIM technique could immediately improve stature recovery during prolonged sitting. Twenty-four patients with chronic low back pain (CLBP) were randomly allocated into different orders of experimental conditions: control (sitting without ADIM technique) and intervention conditions (sitting with ADIM technique). The latter condition required participants to complete ADIM technique for 1 min and repeat it three times throughout 41 min prolonged sitting time. Stature recovery was improved by 3.292 mm in the intervention condition compared with control condition (p-value = 0.001). Our finding demonstrated that ADIM technique improved stature recovery. Practitioner Summary: Prolonged sitting seemingly harms sedentary workers' health, particularly affecting the lower back. Activation of deep trunk muscles using abdominal drawing-in maneuver technique can promote spinal recovery. Clinicians can teach abdominal drawing-in maneuver technique to activate deep trunk muscles in chronic low back pain, thereby promoting self-management of seated stature recovery. Abbrevations: ADIM: abdominal drawing-in maneuver; RA: rectus abdominis; ICLT: iliocostalis lumborum pars thoracis; LM: lumbar multifidus; TrA: transversus abdominis; IO: internal oblique; CLBP: chronic low back pain; LBP: low back pain; RMDQ: Roland Morris disability questionnaire; NRS: numerical rating scale.

PMID 32799753 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32799753]
Promotion on labor process and relief of the low back pain by relaxing pelvic muscle with Shangliao (BL 31) point injection in women using epidural analgesia during labor: A randomized, controlled, clinical trial.

Gu J., Yu C., Li S., Ni J., Liu B.

Embase

[Article]
AN: 2013813604

Background: The purpose of this study was to explore the effects of combing Shangliao point injection with epidural analgesia on labor pain and birth process in women with low back pain and the possible mechanisms.

Method(s): 93 consecutive women were randomized to receive either Shangliao point injection combined with epidural analgesia or epidural analgesia. Another 14 women were recruited to explore the mechanisms and the transperineal ultrasound was performed accordingly.

Result(s): The main result duration from epidural analgesia to baby delivery was significantly shorter in epidural analgesia and saline injection group than that in epidural analgesia group 307.0 (175.0-445.0) min VS 369.0 (254.0-563.0) min (P = 0.02). The verbal numerical rate scaling score in low back during the first contraction was significantly decreased 5.0 (4.0-7.0) after Shangliao point injections (P < 0.001). The consumption of ropivacaine per hour was significantly less in epidural analgesia and saline injection group than in epidural analgesia group (-0.4 mg, 95%CI: -0.1 to -1.8; P = 0.03). The angle of progression and anteroposterior diameter of the levator hiatus at rest and during valsalva were significantly increased after shangliao point injection (7.10degree, 95%CI, 1.50~12.70; P = 0.02); (9.10degree, 95%CI, 3.60~14.58; P < 0.01); (0.27 cm, 95%CI, 0.03~0.51; P = 0.03); (0.30 cm, 95%CI, 0.13~0.48; P < 0.01).

Conclusion(s): Shangliao point injection could shorten the time to baby delivery and rapidly relieve low back pain in addition to epidural analgesia, that may attribute to its function of relaxing the pelvic floor muscles and promote fetal head progress.

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PMID 34340096 [https://www.ncbi.nlm.nih.gov/pubmed/?term=34340096]
Ceprnja D., Chipchase L., Fahey P., Liamputtong P., Gupta A.
Embase
[Article]
AN: 634103977
STUDY DESIGN: Cross-sectional study conducted between December 2017 and October 2019.
OBJECTIVE(S): To determine the prevalence and risk factors associated with pregnancy-related pelvic girdle pain (PPGP) in Australia. SUMMARY OF BACKGROUND DATA: PPGP is a common condition worldwide yet the prevalence and associated risk factors are not known in Australia.
METHOD(S): A random sample of pregnant women (N = 780) of (mean [SD]) 31 (5) years of age between 14 and 38 weeks gestation attending ante-natal care in a tertiary referral hospital in Sydney, Australia was conducted. The main outcome measure was point-prevalence of PPGP as classified by recommended guidelines including a physical examination. A number of potential risk factors, including socio-demographic characteristics, country of birth, ethnicity, history of low back pain (LBP) and PPGP, family history of PPGP, occupational factors, and physical activity were investigated with logistic regression.
RESULT(S): The point-prevalence of PPGP in a random sample of 780 Australian women was 44% with the odds of having PPGP increasing with each additional week of gestation (odds ratio [OR]) (OR 1.02). Increasing parity (P = 0.03, OR 1.15), country of birth (P = 0.03), and greater duration of time spent standing (P = 0.009, OR 1.06) were associated with PPGP. The strongest predictors of PPGP were previous LBP and/or PPGP both pregnancy (P < 0.001, OR 4.35) and not pregnancy related (P < 0.001, OR 2.24), and a family history of PPGP (P < 0.001, OR 3.76).
CONCLUSION(S): The prevalence of PPGP in Australian women was high with almost half the sample classified with PPGP, matching data reported worldwide. The identified risk factors associated with PPGP can be included in routine ante-natal care to screen women and identify those at risk of this common and disabling condition.
Level of Evidence: 1.
A systematic exploration of a perinatal wellbeing framework through women's experiences of lumbo-pelvic pain.
Wadephul F., Glover L., Jomeen J., Hanefeld N.
Embase
Midwifery. 100 (pp 103031), 2021. Date of Publication: 01 Sep 2021.
[Review]
AN: 635253549
BACKGROUND: Women's wellbeing during the perinatal period has received increasing attention in research, policy and practice, but is often poorly defined and conceptualised. We have developed a framework of perinatal wellbeing (PWB) which we will refine further in this review, using the example of lumbo-pelvic pain (LPP). Perinatal LPP, which includes lower back pain (LBP) and pelvic girdle pain (PGP), is common and can significantly affect women's wellbeing.
AIM: The aims of this review are (1) to synthesise research into women's experiences of LPP and (2) to use these findings to contribute further to developing our framework of PWB. DESIGNS AND METHODS: A systematic search of online databases was conducted for qualitative studies exploring women's experiences of LPP linked to the perinatal period; 15 papers describing 11 studies were identified. A framework synthesis approach (Carroll et al., 2011; Carroll et al., 2013) was used to synthesise studies, using the PWB framework as the a priori framework. FINDINGS: The review highlights the impact of LPP on all areas of women's lives and their functioning at every level, as well as the impact of a range of factors on women's experiences. Only one study explored women's experiences of LBP, all others focused on PGP. Findings illustrate how multi-faceted women's wellbeing is in the context of LPP, particularly the importance of relationships and support, but also the role played by wider socio-cultural discourses of pregnancy and motherhood and by women's individual circumstances and characteristics. Findings underline the interconnectedness of physical, emotional and psychological experiences. The review largely confirmed, and further elaborated, the domains of the original framework, but also led to some changes, notably the inclusion of an 'individual factors' domain describing women's individual circumstances and characteristics. The limited discussion of LPP during labour and birth was notable. CONCLUSIONS AND IMPLICATIONS: Findings support the framework, but also provide evidence for some changes, thus further refining the framework. Women's wellbeing in the perinatal period (with regards to LPP, other issues, or generally) should not be considered in isolation, but needs to take account of women's life context. The perinatal period should be considered a continuum, rather than seeing each part in isolation. For clinical practice, the review underlines the importance of distinguishing between PGP and LBP and offering appropriate, individualised support.
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PMID 34082173 [https://www.ncbi.nlm.nih.gov/pubmed/?term=34082173]
Institution (Wadephul, Glover, Jomeen, Hanefeld) Faculty of Health Sciences, University of Hull, Hull, United Kingdom
Publisher NLM (Medline)
Year of Publication 2021
The effect of subcutaneous and intraperitoneal anesthesia on post laparoscopic pain: a randomized controlled trial.
Gluck O., Barber E., Feldstein O., Tal O., Kerner R., Keidar R., Wolfson I., Ginath S., Bar J., Sagiv R.
Embase
Scientific reports. 11(1) (pp 81), 2021. Date of Publication: 08 Jan 2021.
[Article]
AN: 633974655
A few modes of perioperative local analgesia have been studied in order to reduce postoperative pain after laparoscopy, including preemptive local anesthetics in the trocar sites and intraperitoneal anesthetics administration at the end of the surgery. However, the evidence regarding their efficacy are conflicting. In addition, the combination of both aforementioned methods has been rarely studied. Our aim was to evaluate whether subcutaneous trocar site and/or intraperitoneal analgesia reduce pain after gynecologic operative laparoscopy. This was a single-centered, randomized, controlled, double-blinded trial. The patients were randomly assigned to one of four equally sized groups: group 1-subcutaneous and intraperitoneal analgesia; group 2-subcutaneous analgesia and intraperitoneal placebo; group 3-subcutaneous placebo and intraperitoneal analgesia; Group 4-subcutaneous and intraperitoneal placebo. The patients, the surgeons, and the pain evaluators were all blinded to the patient's allocation. Included were patients who underwent elective operative laparoscopy. Exclusion criteria were: active infection, pregnancy, known sensitivity to Bupivacaine-Hydrochloride, chronic pelvic pain, surgeries with additional vaginal procedures, conversion to laparotomy, and malignancy. A total of 9 ml of Bupivacaine-Hydrochloride (Marcaine) 0.5%, or Sodium-Chloride 0.9%, as a placebo, were injected subcutaneously to the trocar sites (3 ml to each trocar site), prior to skin incision. In addition, 10 ml of Bupivacaine-Hydrochloride 0.5%, diluted with 40 ml of Sodium-Chloride 0.9% (a total of 50 ml solution), or 50 ml of Sodium-Chloride 0.9%, as a placebo, were injected intraperitoneally at the end of the surgery. By utilizing the 10 cm Visual-analogue-scale (VAS) we assessed post-operative pain at rest at 3, 8, and 24 h, and during ambulation at 8 and 24 h. The study was approved by the local Institutional Review Board and has been registered at clinicaltrials.gov. We conformed to the CONSORT recommendations. Between December 2016 and July 2019, a total of 119 patients were included in the study. Demographic and interventional characteristics were similar among the groups. The level of postoperative pain, either at rest or with change of position, was not significantly different between the groups, at all-time points. Application of subcutaneous and/or intraperitoneal analgesia is not effective in reducing pain after gynecologic operative laparoscopy. Clinical trial identification number: NCT02976571. Date of trial registration 11/29/2016. URL of the registration site: https://clinicaltrials.gov .
PMID
33420214 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33420214] 
Institution
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Publisher
NLM (Medline)
Year of Publication
2021
BACKGROUND: Primary dysmenorrhea (PD) is a functional disease of the female reproductive system, which has adverse effects on patients’ physical and mental health and quality of life. At present, acupoint application of traditional Chinese medicine (TCM) as adjuvant therapy is undergoing clinical trials in different medical centers. However, there is no systematic review or meta-analysis to evaluate the efficacy of acupoint application of TCM in the treatment of PD. There is also a lack of systematic evaluation and analysis of acupoints and herbs.

METHOD(S): All randomized controlled trials related to acupoint catgut embedding therapy on PD will be searched in the following electronic databases: Cochrane Central Registry of controlled trials, PubMed, Wed of Science, EMBASE, Science Net, China Biomedical Literature Database, China Science Journal Database, China National Knowledge Infrastructure and Wan-Fang Database, from inception to May, 2021 were searched without language restrictions. The primary outcomes contain visual analog score, The Cox Menstrual Symptom Scale, while the secondary outcomes consist of adverse events and the recurrence rate. Two reviewers will independently perform data selection, data synthesis, and quality assessment. Data meeting the inclusion criteria will be extracted and analyzed by Revman v.5.3 software. Two reviewers will evaluate the study using the Cochrane collaborative bias risk tool. We will use the scoring method to assess the overall quality of the evidence supporting the main results. We will also use Spass software (version 19.0) for complex network analysis to explore the potential core prescription of acupoint application of traditional Chinese medicine in the treatment of PD.

RESULT(S): This study will analyze the clinical effective rate, functional outcomes, quality of life, improvement of clinical symptoms of PD, and effective prescriptions of acupoint application for patients with PD.

CONCLUSION(S): Our findings will provide evidence for the effectiveness and potential treatment prescriptions of acupoint application for patients with PD. PROSPERO registration number: CRD 42021244357.
BACKGROUND: To explore the clinical efficacy, safety, and prevention of major adverse reactions of the non-steroidal anti-inflammatory drug celecoxib combined with OxyContin and Pregabalin in the treatment of cancerous pudendal neuralgia.

METHOD(S): A total of 51 patients presenting with pelvic malignancies with cancerous pudendal neuralgia were selected, and random number table method was used to allocate them to either the experimental group (n=27) or control group (n=24). The control group was treated with OxyContin combined with Pregabalin, and the experimental group was treated with Celecoxib on the basis of the control group.

RESULT(S): At 24 hours after treatment, the clinical effective rate of the experimental group was 92.6%, which was significantly higher than the 66.7% of the control group (P<0.05). The numerical rating scale (NRS) scores of the 2 groups of participants on the 7th and 14th days after treatment were lower than before treatment (P<0.05), and the NRS scores of the participants in the experimental group had decreased more significantly. At the same time, the average daily consumption of OxyContin on the 7th and 14th day of the experimental group was lower than that of the control group (P<0.05). Compared with the control group, the incidence of constipation and dysuria in the experimental group was significantly reduced (P<0.05). Co-occurring in both groups during treatment, 10 participants with urinary dysfunction were treated with tamsulosin hydrochloride sustained-release capsules, no urinary retention occurred, catheterization was avoided, tamsulosin hydrochloride sustained-release capsules could be stopped after 1 week, and urination was smooth (P<0.05). After treatment, the quality of life of the 2 groups of participants had improved compared to before treatment, and the improvement was more significant in the experimental group.

CONCLUSION(S): When treating patients with cancerous pudendal neuralgia with OxyContin and Pregabalin, the addition of celecoxib has a significant effect, which can effectively improve the patient's pain, improve their quality of life to a certain extent, and reduce the consumption of OxyContin. Lowering the dose of OxyContin reduces the occurrence of adverse reactions related to the drug, especially the incidence of constipation and urinary retention. Tamsulosin hydrochloride sustained-release capsules can effectively relieve urinary disorders caused by OxyContin. TRIAL REGISTRATION: Chinese Clinical Trial Registry ChiCTR2100046045.

PMID 33977736 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33977736]
A rehabilitation programme focusing on pelvic floor muscle training for persistent lumbopelvic pain after childbirth: A randomized controlled trial.


Embase
Journal of rehabilitation medicine. 53(4) (pp jrm00180), 2021. Date of Publication: 12 Apr 2021.
[Article]
AN: 634577762

OBJECTIVE: To evaluate the effects of a rehabilitation programme for lumbopelvic pain after childbirth.

METHOD(S): Women with lumbopelvic pain 3 months postpartum were included in a randomized controlled trial. Patients in the intervention group (n=48) received pelvic floor muscle training combined with neuromuscular electrical stimulation of the paraspinal muscles for 12 weeks, while patients in the control group (n=48) received neuromuscular electrical stimulation for 12 weeks.
Outcomes were measured with the Triple Numerical Pain Rating Scale (NPRS), Modified Oswestry Disability Questionnaire (MODQ) and Short-Form Health Survey-36 (SF-36).

RESULT(S): The NPRS score was significantly better in the intervention group at 12 weeks compared with the control group (p=0.000). The MODQ score was significantly better at 6 and 12 weeks compared with the control group (p=0.009 and p=0.015, respectively). The mean value of the Physical Components Summary of the SF-36, was significantly better in the intervention group at 6 weeks (p=0.000) and 12 weeks (p=0.000) compared with the control group, but there was no significant improvement in Mental Components Summary of the SF-36.

CONCLUSION(S): A postpartum programme for women with lumbopelvic pain is feasible and improves the physical domain of quality of life.

PMID 33723616 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33723616]

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Publisher NLM (Medline)

Year of Publication 2021

Recreational Cannabis Use Before and After Legalization in Women With Pelvic Pain.

Objective: To evaluate the prevalence and characteristics of recreational cannabis use in women with pelvic pain, and to examine the influence of cannabis legalization on these parameters.

Method(s): We conducted a retrospective analysis of a prospective registry of women with self-reported moderate-to-severe pelvic pain referred to a tertiary care clinic in Vancouver, Canada, 2013-2019. We excluded patients aged 18 years or younger and those with unknown data on cannabis use. Demographic, clinical, and validated questionnaire data were extracted for two main analyses: 1) comparison of current cannabis users with current nonusers, and 2) comparison of current cannabis users who entered the registry before cannabis legalization (October 17, 2018) with those who entered the registry on or after legalization.

RESULT(S): Overall, 14.9% (509/3,426) of patients were classified as current cannabis users. Compared with nonusers, cannabis users were younger (P<.001), had lower levels of education (P<.001) and lower household income (P<.001), were taking opioids (P<.001), antiinflammatories (P=.003), neumodulators (P=.020), and herbal medications (P<.001) more frequently. They had worse questionnaire scores for depression, anxiety, pain catastrophizing, quality of life, and pelvic pain severity (P<.001 for all). After cannabis legalization, prevalence of current cannabis use increased from 13.3% (366/2,760) to 21.5% (143/666) (P<.001). Compared with prelegalization, postlegalization users were associated with higher levels of education (P<.001), worse anxiety (P=.036), and worse pain catastrophizing (P<.001) scores. They were taking fewer antiinflammatories (P<.001), neuroleptics (P=.027) and daily opioids or narcotics (P=.026), but more herbal medications (P=.010).

CONCLUSION(S): Recreational cannabis use increased among patients with pelvic pain after legalization in Canada. Cannabis users had worse pain-related morbidities. Postlegalization,
cannabis users were less likely to require daily opioids compared with cannabis users before legalization. The role, perceived benefits, and possible risks of cannabis for pelvic pain require further investigation. CLINICAL TRIAL REGISTRATION: ClinicalTrials.gov, NCT02911090. Copyright © 2020 by the American College of Obstetricians and Gynecologists. Published by Wolters Kluwer Health, Inc. All rights reserved.

PMID 33278297 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33278297]
Institution (Geoffrion) University of British Columbia, the Centre for Health Evaluation & Outcome Sciences, Vancouver, BC, Canada
Publisher NLM (Medline)
Year of Publication 2021

539.


Embase

The Journal of urology. 205(4) (pp 1133-1138), 2021. Date of Publication: 01 Apr 2021.

[Article]

AN: 633864592
PURPOSE: We sought to determine whether pollen triggers urological chronic pelvic pain syndrome flares. MATERIALS AND METHODS: We assessed flare status every 2 weeks for 1 year as part of the Multidisciplinary Approach to the Study of Chronic Pelvic Pain case-crossover analysis of flare triggers (NCT01098279). Flare symptoms, flare start date and exposures in the 3 days before a flare were queried for the first 3 flares and at 3 randomly selected nonflare times. These data were linked to daily pollen count by date and the first 3 digits of participants' zip codes. Pollen count in the 3 days before and day of a flare, as well as pollen rises past established thresholds, were compared to nonflare values by conditional logistic regression. Poisson regression was used to estimate flare rates in the 3 weeks following pollen rises past established thresholds in the full longitudinal study. Analyses were performed in all participants and separately in those who reported allergies or respiratory tract disorders.

RESULT(S): Although no associations were observed for daily pollen count and flare onset, positive associations were observed for pollen count rises past medium or higher thresholds in participants with allergies or respiratory tract disorders in the case-crossover (OR 1.31, 95% CI 1.04-1.66) and full longitudinal (RR 1.23, 95% CI 1.03-1.46) samples.

CONCLUSION(S): We found some evidence to suggest that rising pollen count may trigger flares of urological chronic pelvic pain syndrome. If confirmed in future studies, these findings may help to inform flare pathophysiology, prevention and treatment, and control over the unpredictability of flares.

PMID 33347771 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33347771]
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Moxibustion for primary dysmenorrhea: A protocol for evidence-based clinical practice guideline. 
Nie R., Huang S., Liao W., Mao Z., Li X., Xiong J.

Embase Medicine. 100(7) (pp e24466), 2021. Date of Publication: 19 Feb 2021.

BACKGROUND: Primary dysmenorrhea (PD) is a common gynecological disease characterized by lower abdominal pain. Moxibustion as a traditional Chinese treatment, can effectively treat PD with few adverse reactions. Nowadays, there is still no standard guideline for moxibustion treatment of PD, so related clinical practice guidelines need to be developed.

METHOD(S): This guideline will be developed in line with the latest guideline definition from Institute of Medicine, and that applies the GRADE system as well as the World Health Organization handbook to appraise the quality of evidence and develop recommendations. We will set up a Guideline working group, put forward the corresponding problems based on the principle of Population, Intervention, Comparison, Outcomes (PICO), and complete the literature retrieval. After achieving consensus through evidence syntheses and 2 to 3 rounds of Delphi process, we will also consider patients values and preferences and implement peer review in the guideline.

RESULT(S): We will put forward evidence-based best practice recommendations and moxibustion standard to improve the symptoms caused by primary dysmenorrhea in a more efficient way. At present, the research is still in progress, and there is no result to report.

CONCLUSION(S): This guideline will be helpful to clinical acupuncturists and other professionals to further improve clinical efficacy in treating PD with moxibustion. Moreover, we will also constantly update and evaluate the evidence to both support recommendations and identify gap areas for future research. SYSTEMATIC REVIEW REGISTRATIONS: registration number: IPGRP-2020CN021.

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Clinical Relevance of Bladder Histopathological Findings and Their Impact on Treatment Outcomes among Patients with Interstitial Cystitis/Bladder Pain Syndrome: An Investigation of the European Society for the Study of Interstitial Cystitis Histopathological Classification.
Jhang J.-F., Hsu Y.-H., Jiang Y.-H., Ho H.-C., Kuo H.-C.
Embase

PURPOSE: We investigate the clinical significance of European Society for the Study of Interstitial Cystitis (ESSIC) bladder histopathological classification and its impact on treatment outcomes among patients with interstitial cystitis/bladder pain syndrome. MATERIALS AND METHODS: Bladder biopsy specimens obtained from severe, treatment refractory interstitial cystitis/bladder pain syndrome cases were analyzed by a single pathologist blinded to clinical data. Inflammatory cell infiltration and urothelium denudation, eosinophil infiltration, plasma cell infiltration, lamina propria hemorrhage and granulation in specimens were evaluated separately. Patients with at least 1 histopathological finding were classified as ESSIC type C, with the rest being classified as ESSIC type A. Current overall treatment outcomes were determined via telephone interview.

RESULT(S): Bladder specimens were obtained from 352 patients with interstitial cystitis/bladder pain syndrome. Bladder inflammation, urothelium denudation, eosinophil and plasma cell infiltration, lamina propria hemorrhage and granulation were present in 69.6%, 44.6%, 9.1%, 15.3%, 4.8% and 5.1% of the bladder specimens, respectively. Approximately 78.7% of the patients included were ESSIC type C and had a smaller cystometric bladder capacity and higher bladder pain compared to ESSIC type A. Although individual histopathological findings were not associated with treatment outcome, a higher proportion of ESSIC type A patients had worse, unchanged or less than 25% improvement outcomes compared to ESSIC type C (43.1% vs 25.8%, p=0.025).

CONCLUSION(S): Bladder histopathological findings were associated with clinical parameters and differences in patient reported treatment outcomes. Accordingly, patients with interstitial cystitis/bladder pain syndrome who had no remarkable bladder histopathological findings had less favorable treatment outcomes compared to those who did.

PMID 32856961 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32856961]
P0150 The efficacy and tolerability of pollen extract in combination with hyaluronic acid and vitamins in the management of patients affected by CP/CPPS: A 26 weeks, randomized, controlled, single-blinded, phase III study.  
Embase  
European Urology. 79(Supplement 1) (pp S217), 2021. Date of Publication: June 2021.  
[Article]  
AN: 2012237291  
Introduction & Objectives: Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) remains a challenging clinical condition to manage. Here, we evaluate the efficacy and tolerability of a new treatment option (suppositories) containing pollen extract in combination with hyaluronic acid and vitamins in the management of patients with CP/CPPS.  
Material(s) and Method(s): In this prospective, randomized, controlled, single-blinded, phase-III study we enrolled CP/CPPS patients between March and December 2019. Participants were randomized (1:1) to the following treatment groups: 1. Pollen extract suppositories 1 daily for 10 days or 2. Ibuprofen 600 mg 1 tablet in the morning for 10 days. At the enrolment time and at the follow-up evaluations (3, 6 months), all patients completed baseline questionnaires [(National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI) and Quality of Well-Being (QoL)] and underwent urological examination and microbiological evaluation. The primary endpoint was the quality of life assessment with Patients' Reported Outcomes (PROs).  
Result(s): One hundred and eighty-seven patients were screened. Finally, one hundred and twenty-four patients (mean age 34.6 +/- 3.9 years) were randomly allocated to the new pollen extract treatment (n=63) or ibuprofen (n=61) groups. At the end of follow-up examinations 56/63 Group 1 patients (88.8%) showed a significant reduction of the NIH-CPSI total score, compared with 17/61 (27.8%) in Group 2 (p<.0001). Group 1 patients also reported a higher improvement in terms of PROs, when compared with the control group and Group 1 patients reported a significant reduction of leucocyte count at the Meares-Stamey test [-12; -4; p<0.001]. Only mild adverse events were reported in the two groups and adverse events were less frequent in the pollen extract suppositories group.  
Conclusion(s): The combination of pollen extract with hyaluronic acid and vitamins is more effective than ibuprofen in improving symptoms and quality of life in patients affected with CP/CPPS and has less side effects.  
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Publisher  
Elsevier B.V.  
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2021
Acupuncture combined with western medication on chronic pelvic pain after pelvic inflammatory
disease: a multi-center randomized controlled trial.
Embase
Zhongguo zhen jiu = Chinese acupuncture & moxibustion. 41(1) (pp 31-35), 2021. Date of
Publication: 12 Jan 2021.
[Article]
AN: 637607248
OBJECTIVE: To compare the therapeutic effect between acupuncture combined with ibuprofen
sustained-release capsule and simple ibuprofen sustained-release capsule on chronic pelvic pain
(CPP) after pelvic inflammatory disease (PID).
METHOD(S): A total of 144 patients were randomized into an observation group (72 cases, 10
cases dropped off) and a control group (72 cases, 9 cases dropped off). Ibuprofen sustained-
release capsule was given orally in the control group, one capsule a time. On the basis of the
treatment in the control group, acupuncture was applied at Guanyuan (CV 4), Shuidao (ST 28),
Guilai (ST 29), Shenshu (BL 23) and Ciliao (BL 32), and Shuidao (ST 28), Guilai (ST 29),
Shenshu (BL 23) and Ciliao (BL 32) were connected to electroacupuncture in the observation
group. The treatment was given 10 days before menstruation, once a day for 3 menstrual cycles
in both groups, and the follow-up was adopted 3 menstrual cycles after treatment. The visual
analogue scale (VAS) scores of hypogastrium and lumbosacral region before treatment, after
treatment, and at the follow-up, the score of local signs and the score of World Health
Organization quality of life questionnaire-brief version (WHOQOL-BREF) before and after
treatment were observed in the both groups.
RESULT(S): After treatment and at the follow-up, the VAS scores of hypogastrium and
lumbosacral region were decreased compared before treatment in both groups (P<0.05), and
those in the observation group were lower than the control group (P<0.05). After treatment,
except for the score of uterosacral ligament tenderness in the control group, the scores of local
signs were decreased compared before treatment in both groups (P<0.05), and the score of
uterine appendages tenderness, the total score of local signs in the observation group were lower
than the control group (P<0.05). Compared before treatment, the physiological scores of
WHOQOL-BREF were increased in both groups (P<0.05), the scores of psychology, social
relations and environment were increased in the observation group (P<0.05), and the
physiological score was higher than the control group (P<0.05).
CONCLUSION(S): Acupuncture combined with ibuprofen sustained-release capsule can
effectively improve the symptoms, signs and quality of life in patients with CPP after PID, the
therapeutic effect is superior to simple ibuprofen sustained-release capsule.
PMID
33559439 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33559439]
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Publisher
NLM (Medline)
Year of Publication
2021
Analgesic effect of electroacupuncture on chronic pelvic pain in patients with sequelae of pelvic inflammatory disease.
Embase
[Article]
AN: 637605838
OBJECTIVE: To observe the effect of electroacupuncture (EA) on chronic pelvic pain in patients with sequelae of pelvic inflammatory disease.
METHOD(S): A total of 144 patients with chronic pelvic pain were randomly divided into an observation group (72 cases, 10 cases dropped off) and a control group (72 cases, 9 cases dropped off). The patients in the control group were treated with ibuprofen sustained-release capsules 10 days before menstruation, 0.3 g each time, once a day. On the basis of the treatment of the control group, the patients in the observation group were treated with EA at Guanyuan (CV 4), Shuidao (ST 28), Guilai (ST 29), Shenshu (BL 23) and Ciliao (BL 32), disperse-dense wave, 2 Hz/15 Hz of frequency, once a day. The patients in both groups were treated for 10 days per menstrual cycle for 3 menstrual cycles. The visual analogue scale (VAS) scores of lower abdomen and lumbosacral area, local sign score, quality of life scale score and pain disappearance rate were compared between the two groups before and after treatment.
RESULT(S): The VAS scores of lower abdomen and lumbosacral area as well as each item score and total score of local signs in the observation group after treatment were significantly lower than those before treatment and those in the control group (P<0.05). Compared before treatment, the scores of physiological, psychological, social and environmental domains of the quality of life scale in the observation group were significantly increased after treatment (P<0.05); the score of physiological domain in the control group after treatment was significantly higher than that before treatment (P<0.05); the score of physiological domain in the observation group was higher than that in the control group (P<0.05). The pain disappearance rate was 87.1% (54/62) in the observation group, which was higher than 46.0% (29/63) in the control group (P<0.05).
CONCLUSION(S): EA can relieve the pain symptoms in patients with chronic pelvic pain and improve their quality of life.
PMID 33909360 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33909360]
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Publisher NLM (Medline)
Year of Publication 2021

545.

Battlefield acupuncture added no benefit as an adjunct analgesic in emergency department for abdominal, low back or limb trauma pain.
Jan AL, Aldridge ES, Visser EJ, Rogers IR, Hince DA, Woosey MV, Bulsara MK, Suen LK
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
OBJECTIVES: To ascertain whether ear acupuncture (modified Battlefield technique) as an adjunct (Adj-BFA) to standard analgesia care (SAC) significantly reduces pain scores compared with sham acupuncture (Adj-Sham) or SAC alone, when delivered by medical and nursing practitioners in an ED.

METHODS: A randomised controlled trial using a convenience sample of 90 patients attending an ED with acute abdominal, limb trauma or low back pain were allocated to three treatment arms: Adj-BFA, Adj-Sham and SAC. The primary outcome of change in pain scores out-of-10 (NPRS-10) from triage were assessed immediately after intervention and at 1 and 2 h post-intervention. Secondary outcomes were the percentage of patients reporting ‘adequate analgesia’ or >=30% reduction in pain score, analgesic medication use (in morphine equivalent dose [milligrammes]), analgesics and needle costs (Australian dollars), adverse effects and patient satisfaction (Likert scale).

RESULTS: There was no significant difference in pain scores (P = 0.582) or secondary outcomes measures between Adj-BFA, Adj-Sham and SAC.

CONCLUSION: The present study on 90 patients did not show a significant difference in analgesia outcomes in the first 2 h using Adj-BFA for acute pain in the ED, and there were no significant differences for secondary outcomes between treatment arms. Given the mixed results of recent BFA trials, further research using the original BFA technique on different painful conditions, as either stand-alone or as-adjunct to non-opioid analgesia are needed before BFA can be recommended as a technique for acute pain management in the ED.

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Comment in (CIN)
546.

Gabapentin to reduce pain in women aged between 18 and 50 years with chronic pelvic pain: the GaPP2 RCT
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Review]
UI: 33226738
BACKGROUND: Chronic pelvic pain affects 2-24% of women worldwide, and evidence for medical treatments is limited. Gabapentin is effective in treating some chronic pain conditions, but its effect on central pain processing is unknown.
OBJECTIVES: To test the hypothesis that gabapentin can reduce pain and improve physical and emotional functioning in women with chronic pelvic pain. We investigated the mechanism of action of gabapentin in a subset of women.
DESIGN: A randomised, double-blind, placebo-controlled, multicentre trial with a brain imaging substudy.
SETTING: This trial took place in 39 UK hospitals.
PARTICIPANTS: A target of 300 women with a history of chronic pelvic pain in whom a laparoscopy revealed no obvious pelvic pathology.
INTERVENTION: Women were randomised to receive 300 mg of gabapentin (which was escalated to a maximum of 2700 mg daily) or a matched placebo over a 4-week dose-escalation period, followed by 12 weeks on optimal dose. A mechanistic substudy was also undertaken, in which a subset of participants had a functional magnetic resonance imaging scan of their brain before and following 16 weeks of treatment.
MAIN OUTCOME MEASURES: The dual primary measure of the worst and average pelvic pain scores was assessed weekly by a numerical rating scale (0-10) in weeks 13-16 post randomisation. The secondary outcomes were patient-reported questionnaires, assessed physical functioning, fatigue, psychological health, sexual activity, work and productivity, and pain catastrophising. Health-care resource use, analgesic use and adverse events were also collected. The main outcome measure for the mechanistic study was brain activity at rest and in response to noxious stimuli.
RESULTS: In the main trial, 306 participants were randomised. The mean worst pain score was 7.1 (standard deviation 2.6) in the gabapentin group and 7.4 (standard deviation 2.2) in the placebo group (adjusted mean difference -0.20, 97.5% confidence interval -0.81 to 0.42; p = 0.47). The mean average pain score was 4.3 (standard deviation 2.3) in the gabapentin group and 4.5 (standard deviation 2.2) in the placebo group (adjusted mean difference -0.18, 97.5% confidence interval -0.71 to 0.35; p = 0.45). No significant between-group differences were observed for any secondary outcome. A higher proportion of women experienced a serious adverse event in the gabapentin group than in the placebo group (10/153 vs. 3/153; p = 0.04). Dizziness, drowsiness and visual disturbances were more common in the gabapentin group than in the placebo group. In the mechanistic study, 45 participants had a baseline functional magnetic resonance imaging scan of their brain, with 25 participants returning for a scan at the end of treatment. Gabapentin significantly decreased evoked activity in the anterior cingulate cortex and cuneus. Change in anterior cingulate cortex activity after treatment related to improvement on the pain interference scale, and baseline activation of this region predicted response to treatment.
CONCLUSIONS: Gabapentin did not reduce pain and did not improve other outcomes compared with placebo over 16 weeks. Serious adverse effects were significantly higher in the gabapentin group than in the placebo group. Gabapentin reduces evoked activity in the anterior cingulate cortex, with changes of activity in this region tracking reported pain, and baseline activity predicting response to treatment.

LIMITATIONS: Primary outcome data were unavailable in 62 and 60 women for the average and worst numerical rating scale pain scores, respectively. A sensitivity analysis using imputation methods did not change the result.

FUTURE WORK: Clinical trials to investigate other pharmacological interventions (monotherapy vs. combination therapy), physiotherapy and cognitive-behavioural therapy to treat women with chronic pelvic pain are needed.


FUNDING: This project was funded by the Efficacy and Mechanism Evaluation (EME) programme, a Medical Research Council and National Institute for Health Research (NIHR) partnership. This will be published in full in Efficacy and Mechanism Evaluation; Vol. 7, No. 7. See the NIHR Journals Library website for further project information.

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Book Title
Gabapentin to reduce pain in women aged between 18 and 50 years with chronic pelvic pain: the GaPP2 RCT

Version ID
1

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Complementary and Alternative (CAM) Treatment Options for Women with Pelvic pain.
Srinivasan M, Torres JE, McGeary D, Nagpal AS
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 33585075
PURPOSE OF REVIEW: I.To provide an overview of the current complementary and alternative (CAM) treatment options for women with chronic pelvic pain (CPP).
RECENT FINDINGS: II.Recent studies on chronic pain at cellular, molecular and network level and their interaction with the immune system has unfolded several mechanisms for pain making it promising to explore the alternative paradigm to manage the incredibly complex chronic pelvic pain condition where multifactorial etiology often limits successful outcomes.
SUMMARY: III. The multifactorial nature and complexity in establishing the underlying diagnosis in CPP limits predictable response to traditional medical and interventional options. Complementary and alternative options have been studied to improve outcomes. Incorporation of exercise-based CAM, pelvic floor physical therapy, acupuncture and cognitive behavioral therapy are suggested to show promising results but well powered randomized studies are needed to draw conclusions on their efficacy. Evidence for non-opioid alternatives such as oral cannabinoids are preliminary and may emerge to be safe and effective.
Version ID
1
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PubMed-not-MEDLINE
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PMID
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7879565
Effect of Posterior Pelvic Tilt Taping on Abdominal Muscle Thickness and Lumbar Lordosis in Individuals With Chronic Low Back Pain and Hyperlordosis: A Single-Group, Repeated-Measures Trial.


OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article]

UI: 33536858

OBJECTIVE: The purpose of this study was to investigate the effect of posterior pelvic tilt taping (PPTT) on lumbar lordosis, pain, disability, and abdominal muscle thickness in individuals with nonspecific chronic low back pain with hyperlordosis.

METHODS: A prospective, single-group, repeated-measures design was conducted with 31 individuals with nonspecific chronic low back pain (16 men, 15 women) with hyperlordosis (mean +/- SD=59.3degree +/- 2.9degree). Participants’ mean age, pain, disability, and lumbar lordosis were, respectively, 35.7 +/- 9.9 years, 5.1 +/- 1.3, 26.8 +/- 11.5, and 59.3degree +/- 2.9degree. The thickness of the abdominal muscles on both sides was measured in the crook lying position by ultrasound imaging. PPTT was performed on both sides. Pain intensity, functional disability, lumbar lordosis angle, and abdominal muscle thickness were measured before PPTT (W0), 1 week after PPTT (W1), and 1 week after PPTT removal (W2).

RESULTS: Analysis revealed significant reductions in lumbar lordosis, pain, and disability, and increased abdominal muscle thickness, at W1 and W2 compared with W0 (P < .001). There were no significant differences in lumbar lordosis or abdominal muscle thickness between W1 and W2.

CONCLUSION: The current study showed in a small group of participants that 1 week of PPTT may improve lumbar lordosis, pain, disability, and abdominal muscle thickness in individuals with nonspecific chronic low back pain with hyperlordosis.

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Barach E, Slavin MN, Earleywine M
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Cannabis. 3(2):139-147, 2020 Jul 03.
[Journal Article]
UI: 33426502
Medical marijuana has a long history of use as an analgesic for chronic pain disorders, including dyspareunia (pain during intercourse), a hallmark of the rare chronic pain disorder vulvodynia. Many women's health topics remain under investigated. Few studies address cannabis's potential to treat vulvodynia symptoms despite their dramatic impact on quality of life. Women who had used cannabis and who reported experiencing vulvodynia symptoms (N = 38) completed an online survey assessing symptoms, expectancies regarding cannabis-associated relief from vulvodynia symptoms, cannabis use, and cannabis-related problems. Generally, women expected cannabis to have moderate to large effects on vulvodynia symptoms (d = .63-1.19). Nevertheless, women expected greater relief for burning/stabbing pain than for itching and pain associated with tampon insertion, as well greater relief for dyspareunia than for pain associated with tampon insertion. Those whose symptoms were worse expected more relief from cannabis treatment. Expectations of cannabis-induced relief did not increase frequency of use or problems. These data support the idea that further work is warranted, including placebo-controlled randomized clinical trials to rule out any placebo effects and identify potential adverse side effects from a cannabis treatment for vulvodynia.
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1
Status
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PMID
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7787394
Year of Publication
2020
Chronic scrotal pain (CSP) is a common and poorly understood medical condition that significantly affects individuals' quality of life. Many patients seek evaluation and management of their symptoms from multiple physicians. Our review aims to address diagnostic modalities, clinical evaluation, and surgical and non-surgical management. We conducted a computerised detailed search of the PubMed, Medline, Embase and Cochrane databases for reports pertaining to CSP using the Medical Subject Headings keywords 'chronic scrotal pain', 'testicular pain' and 'orchialgia', and we included in the review those that fulfilled the inclusion (adult male with CSP presenting with the criteria of CSP) and exclusion (extra-scrotal pain) criteria. After the direct causes of CSP were identified by reviewing the clinical evaluations (history taking and examination are mandatory) and the diagnostic evaluations (urine analysis is crucial and ultrasound can be helpful), the most-used medical and non-surgical treatments for CSP were tricyclic antidepressants (success rate of up to 66.6%) and spermatic block (success rate of more than 90%), and the most-used surgical procedure was microsurgical denervation of the spermatic cord (success rate of up to 70%). The evidence currently available remains rare and of low quality, making it difficult to strongly recommend individual treatment options. However, multimodal treatment modalities using physical therapy and psychotherapy may help patients and provide useful tools for coping with this condition. There are also useful non-surgical and surgical options for CSP that depend on the patient's state, the severity of the complaint and what options have already been tried.

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551.
Efficacy and Safety of Abdominal Trunk Muscle Strengthening Using an Innovative Device in Elderly Patients With Chronic Low Back Pain: A Pilot Study.
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[Journal Article]
UI: 32475095

OBJECTIVE: To examine the efficacy and safety of an innovative, device-driven abdominal trunk muscle strengthening program, with the ability to measure muscle strength, to treat chronic low back pain (LBP) in elderly participants.

METHODS: Seven women with non-specific chronic LBP, lasting at least 3 months, were enrolled and treated with the prescribed exercise regimen. Patients participated in a 12-week device-driven exercise program which included abdominal trunk muscle strengthening and 4 types of stretches for the trunk and lower extremities. Primary outcomes were adverse events associated with the exercise program, improvement in abdominal trunk muscle strength, as measured by the device, and improvement in the numerical rating scale (NRS) scores of LBP with the exercise. Secondary outcomes were improvement in the Roland-Morris Disability Questionnaire (RDQ) score and the results of the locomotive syndrome risk test, including the stand-up and two-step tests.

RESULTS: There were no reports of increased back pain or new-onset abdominal pain or discomfort during or after the device-driven exercise program. The mean abdominal trunk muscle strength, NRS, RDQ scores, and the stand-up and two-step test scores were significantly improved at the end of the trial compared to baseline.

CONCLUSION: No participants experienced adverse events during the 12-week strengthening program, which involved the use of our device and stretching, indicating the program was safe. Further, the program significantly improved various measures of LBP and physical function in elderly participants.

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1
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Marijuana, Lower Urinary Tract Symptoms, and Pain in the Urologic Patient. [Review]
Pham MN, Hudnall MT, Nadler RB
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid
MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Urology. 139:8-13, 2020 05.
[Journal Article. Review]
UI: 32027882
OBJECTIVE: To describe marijuana’s clinical role for urologic symptoms.
METHODS: Studies related to marijuana, voiding dysfunction, lower urinary tract symptoms
(LUTS), and pain through January 2019 from PubMed were evaluated for relevance and quality.
RESULTS: Forty-eight studies were reviewed. Cannabinoids have mixed efficacy for neurogenic
LUTS and little evidence for non-neurogenic LUTS, chronic non-cancer-related and perioperative
pain. For cancer-related pain, high-level studies demonstrate cannabinoids are well-tolerated with
unclear benefit.
CONCLUSION: Cannabinoids appear well-tolerated in the short-term, but their efficacy and long-
term impact is unproven and unknown in urologic discomfort. Cannabinoids for urologic
symptoms should be further explored with well-designed randomized controlled trials.
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Year of Publication
2020

[Pelvic and perineal pain after genital prolapse: A literature review]. [Review] [French] Douleur
pelvi-perineales et prolapsus genital : revue de la litterature. <Douleur pelvi-perineales et
prolapsus genital : revue de la litterature.>
V, Thubert T
INTRODUCTION: Pelvic and perineal pain after genital prolapse surgery is a serious and frequent post-operative complication which diagnosis and therapeutic management can be complex.

MATERIALS ET METHODES: A literature review was carried out on the Pubmed database using the following words and MeSH: genital prolapse, pain, dyspareunia, genital prolapse and pain, genital prolapse and dyspareunia, genital prolapse and surgery, pain and surgery.

RESULTS: Among the 133 articles found, 74 were selected. Post-operative chronic pelvic pain persisting more than 3 months after surgery according to the International Association for the Study of Pain. It can be nociceptive, neuropathic or dysfunctional. Its diagnosis is mainly clinical. Its incidence is estimated between 1% and 50% and the risk factors are young age, the presence of comorbidities, history of prolapse surgery, severe prolapse, preoperative pain, invasive surgical approach, simultaneous placement of several meshes, less operator experience, increased operative time and early post-operative pain. The vaginal approach can cause a change in compliance and vaginal length as well as injury to the pudendal, sciatic and obturator nerves and in some cases lead to myofascial pelvic pain syndrome, whereas the laparoscopic approach can lead to parietal nerve damage. Therapeutic management is multidisciplinary and complex.

CONCLUSION: Pelvic pain after genital prolapse surgery is still obscure to this day.

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Year of Publication
2020
Impact of cardiovascular risk factors on chronic abdominal pain after laparoscopic gastric bypass.
Gormsen J, Burcharth J, Helgstrand F
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[Journal Article]
UI: 33215605
INTRODUCTION: Patients with chronic pain after laparoscopic Roux-en-Y gastric bypass (LRYGB) surgery frequently report intense postprandial abdominal pain. Reduced blood supply due to atherosclerosis was hypothesised to be a contributing cause.
METHODS: This was a retrospective, single-centre cohort study including all patients with LRYGB surgery from 2010 through 2015. Data from multiple registries, medical records and a questionnaire were used. The risk of chronic abdominal pain was analysed using multivariate logistic regression.
RESULTS: We included 787 patients. Among these, 177 (23%) patients were defined as having chronic abdominal pain. The median follow-up was 63 months. When investigating the impact of risk factors for atherosclerosis including dyslipidaemia, Type 2 diabetes, hypertension, smoking and cardiovascular co-morbidities, the “atherosclerosis composite score” was a significant risk factor (odds ratio = 1.22, 95% confidence interval: 1.02-1.45). In a multivariate model specifically investigating dyslipidaemia, the association with chronic abdominal pain was non-significant.
CONCLUSIONS: In this exploratory study, development of chronic abdominal pain was significantly associated with risk factors for atherosclerosis, but the specific association with dyslipidaemia was non-significant.
FUNDING: The study was supported by the Danish Medical Association's Research Foundation and the Edgar Schnohr Foundation.
TRIAL REGISTRATION: The study was approved by the Danish Data Protection Agency (No. REG-063-2017).
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1
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Year of Publication
2020

Treatment of endometriosis-associated pain with linzagolix, an oral gonadotropin-releasing hormone-antagonist: a randomized clinical trial.
OBJECTIVE: To study the effect of a new investigational oral gonadotropin-releasing hormone antagonist, linzagolix, on endometriosis-associated pain (EAP).

DESIGN: A multinational, parallel group, randomized, placebo-controlled, double-blind, dose-ranging trial.

SETTING: Clinical centers.

PATIENT(S): Women aged 18-45 years with surgically confirmed endometriosis and moderate-to-severe EAP.

INTERVENTION(S): The interventions were 50, 75, 100, or 200 mg linzagolix (or matching placebo) administered once daily for 24 weeks.

MAIN OUTCOME MEASURE(S): The primary endpoint was the number of responders (>=30% reduction in overall pelvic pain) after 12 weeks. Other endpoints included dysmenorrhea, non-menstrual pelvic pain, serum estradiol, amenorrhea, quality of life (QoL) measures, and bone mineral density (BMD).

RESULT(S): Compared with placebo, doses >= 75 mg resulted in a significantly greater proportion of responders for overall pelvic pain at 12 weeks (34.5%, 61.5%, 56.4%, and 56.3% for placebo, 75, 100, and 200 mg, respectively). A similar pattern was seen for dysmenorrhea and non-menstrual pelvic pain. The effects were maintained or increased at 24 weeks. Serum estradiol was suppressed, QoL improved, and the rate of amenorrhea increased in a dose-dependent fashion. Mean BMD loss (spine) at 24 weeks was <1% at doses of 50 and 75 mg and increased in a dose-dependent fashion up to 2.6% for 200 mg. BMD of femoral neck and total hip showed a similar pattern.

CONCLUSION(S): Linzagolix significantly reduced EAP and improved QoL at doses of 75-200 mg and decreased BMD dose-dependently.

CLINICAL TRIAL REGISTRATION NUMBER: NCT02778399.

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Comments
Comment in (CIN)
Year of Publication
A minimally invasive, endoscopic transgluteal procedure for pudendal nerve and inferior cluneal nerve neurolysis in case of entrapment: 3- and 6-month results. The ENTRAMI technique for neurolysis.

Jottard K, Bruyninx L, Bonnet P, De Wachter S

BACKGROUND: Pudendal and cluneal nerve entrapment can cause a neuropathic pain syndrome in the sensitive areas innervated by these nerves. Recently, a new endoscopic minimal invasive approach for pudendal and inferior cluneal nerve neurolysis has been published in a cadaver study. The aim of our study was to describe the feasibility of this new approach and to evaluate the clinical outcome.

METHODS: Fifteen patients underwent the ENTRAMI technique. The Numeric Pain Rating Scale (NPRS) and Patient Global Impression of Change (PGIC) were recorded at baseline and at 3 and 6 months after surgery.

RESULT: The average duration of intervention (skin to skin) was 139 min (range 50-270 min) for bilateral pudendal neurolysis and/or cluneal neurolysis and 113 min (range 100-130 min) for unilateral pudendal and/or cluneal neurolysis. No perioperative blood loss occurred. At 3 months, 50% of patients declared a more than 30% improvement of their PGIC, increasing to 57% at 6 months; 31% reported more than 90% improvement of PGIC at 6 months. Overall reduction of the average maximal NPRS score was from 9 (range 7-10) to 6 at 3 months (range 0-10; p value < 0.05) and to 5 at 6 months (range 0-10; p value < 0.05). There were no postoperative complications.

CONCLUSIONS: The ENTRAMI technique is feasibly in patients suffering from pudendal and/or cluneal neuralgia and preliminary results are promising.

CLINICAL TRIAL NUMBER: NCT03883178.
Age at surgery and recurrence of ovarian endometrioma after conservative surgery: a meta-analysis including 3125 patients.


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[Journal Article. Meta-Analysis. Research Support, Non-U.S. Gov't]
UI: 32430756

PURPOSE: To evaluate the association between age at surgery and recurrence rate of endometrioma. Data sources PubMed, Embase, and the Cochrane Library were searched up to October 2019.

METHODS: We determined the pooled relative risk (RR) and 95% confidence intervals (CIs) to assess the relationship between age at surgery and the recurrence rate of endometrioma after surgery. Begg's funnel plot and Egger's linear regression was used to assess any publication bias.

RESULTS: A total of 3125 patients from 10 studies were finally enrolled in this meta-analysis. The recurrence rate decreased with increasing age (RR = 0.93, 95% CI = 0.91-0.95, P = 0.451). Subgroup analysis demonstrated that the pooled RR was 0.926 (95% CI 0.906-0.947, P < 0.001) for a cut-off < 35, and 0.886 (95% CI 0.775-1.040, P = 0.14) for a cut-off >= 35. Begg's funnel plot and Egger's linear regression test showed no evidence of publication bias.

CONCLUSION: This meta-analysis suggested that younger age might be a high-risk factor for the recurrence of ovarian endometrioma after conservative surgery.
Abnormal gut microbiota composition is associated with experimental autoimmune prostatitis-induced depressive-like behaviors in mice. Du HX, Liu Y, Zhang LG, Zhan CS, Chen J, Zhang M, Chen XG, Zhang L, Liang CZ OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present Prostate. 80(9):663-673, 2020 06.

BACKGROUND: Depressive symptoms are found in approximately 78% of chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) patients, but the pathological mechanisms remain unknown. Increasing evidence suggests that abnormal gut microbiota may play an important role in depression. Thus, we aimed to investigate whether gut microbiota contributes to CP/CPPS-associated depression by using a mouse model of experimental autoimmune prostatitis (EAP).

METHODS: Male nonobese diabetic mice were immunized twice by subcutaneous injection of prostate antigen and adjuvant. Behavioral tests consisted of an open field test, sucrose preference test, forced swimming tests, and tail suspension test was used to confirm the depression-like symptoms that were induced by EAP. Then, fecal samples were collected, and 16S ribosomal RNA gene sequencing was performed to detect differences in gut microbiota composition between control and EAP group. Additionally, fecal bacteria from the control and EAP mice were transplanted into antibiotics-induced pseudo-germ-free mice to investigate the effects on host behaviors and the composition of gut bacteria.

RESULTS: EAP was successfully established and exhibited depressive-like behaviors in mice. The 16S rRNA analysis of fecal samples indicated the abnormal composition of gut microbiota in the EAP mice compared to the control mice. In the fecal microbiota transplant study, antibiotics-treated pseudo-germ-free mice presented depressive states as compared to naive mice. Fecal bacteria transplant from EAP mice, but not from control mice, into the pseudo-germ-free mice, significantly exaggerated host depression-like behaviors. Moreover, fecal bacteria transplants from control and EAP mice induced distinct alterations in alpha-diversity and beta-diversity indices. In all, 24 bacteria at six phylogenetic levels were remarkably changed by the fecal bacteria transplantation.

CONCLUSIONS: Abnormal gut microbiota composition after EAP induction may contribute to the development of depression in mice. A therapeutic strategy that targets gut microbiota may provide an alternative treatment for alleviating this condition.

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Female genital tract tuberculosis (FGTB) is a chronic disease with varied presentation. The diagnosis of FGTB for early institution of treatment remains a clinical challenge. Its laboratory diagnosis is difficult because of paucibacillary nature of the condition and limitation of available
diagnostic tests. In view of the intricate problems in diagnosis of FGTB, physicians tend to over treat with empirical anti-tuberculosis drugs. Apart from concerns of drug toxicity, this may be a contributing factor in the increasing incidence of multidrug-resistant TB reported in India. The main goal for advances in TB diagnostics is to reduce delay in diagnosis and treatment. In addition, there should be reduced complexity, improving robustness, and improving accuracy of the laboratory test for diagnosis of Female genital tuberculosis.

OBJECTIVE: This narrative review is written with the following objectives. 1) To get a comprehensive overview as well as recent advances in diagnostic test used in the detection of FGTB. 2) To understand the limitations as well as advantages of these laboratory diagnostic test. 3) To provide clinical guidance regarding the detection in susceptible women.

METHOD: The literature search was performed using electronic database of Pubmed, Medline, Embase and Google Scholar. Grey literature search was also done. Studies published in English were included. Following keywords were used for search - Tuberculosis, extra pulmonary tuberculosis, female genital tuberculosis, diagnosis of female genital tract tuberculosis. The personal knowledge and experience of authors in the field, helped in archiving the relevant articles.

RESULT: Studies suggest that though culture is an invaluable contributor in the diagnosis of FGTB, molecular tests like PCR, LAMP, Xpert MTB/RIF and line probe assays have shown potential and are now being explored to strengthen the diagnostic algorithm of FGTB.

CONCLUSION: The use of algorithm approach with combination of both rapid culture and newer molecular techniques will facilitate the accurate and timely diagnosis of FGTB.

Copyright © 2020 Tuberculosis Association of India. Published by Elsevier B.V. All rights reserved.
Chronic pelvic pain (CPP) is defined as chronic pain and inflammation in the pelvic organs for more than six months. There are wide ranges of clinical presentations, including pelvic pain, painful intercourse, irritable bowel syndrome, and pain during urinating. Chronic pelvic pain syndrome (CPPS) is a subdivision of CPP, and the pain syndrome may be focused within a single organ or more than one pelvic organ. As there is uncertain pathogenesis, no standard treatment is currently available for CPPS. Botulinum toxin A (BoNT-A) is a potent neurotoxin that blocks acetylcholine release to paralyze muscles. Intravesical BoNT-A injection can reduce bladder pain in patients with interstitial cystitis/bladder pain syndrome. BoNT-A injected into the pelvic floor muscles of women has also been reported to improve chronic pain syndrome. Due to the reversible effect of BoNT-A, repeated injection appears to be necessary and effective in reducing symptoms. Adverse effects of BoNT-A may worsen the preexisting conditions, including constipation, stress urinary incontinence, and fecal incontinence. This review summarizes the evidence of BoNT-A treatment for CPPS in animal studies and clinical studies regarding the therapeutic effects of BoNT-A for CPPS in female patients.
14.8%, respectively, of patients who underwent excision or ablation of endometriosis combined with pelvic denervation and in 25.0%, 15.8%, and 8.1% of women who underwent lesion excision alone. Of the patients who were treated surgically for deep endometriosis affecting the bowel and/or bladder, 7.0% experienced recurrent symptoms, and 4.1% underwent further surgery.

CONCLUSION: This review supports the findings of previous studies and highlights the need for standardized reporting and more detailed follow-up after surgery for endometriosis-associated pain.

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Ultrasound-Guided Subcostal TAP Block with Depot Steroids in the Management of Chronic Abdominal Pain Secondary to Chronic Pancreatitis: A Three-Year Prospective Audit in 54 Patients.

BACKGROUND: Chronic pancreatitis is a common cause of recurrent chronic abdominal pain that utilizes significant health care resources. Pain in chronic pancreatitis can be of two types. Visceral pain occurs during ongoing pancreatic inflammation. Once pancreatic inflammation subsides, the pain generator can move to the abdominal wall as a result of viscerosomatic convergence and present as abdominal myofascial pain syndrome. Subcostal transversus abdominis plane block is an abdominal plane block that has been proven effective in upper abdominal pain of somatic origin.

DESIGN: The authors discuss the two distinct types of chronic abdominal pain as a result of pancreatitis and present a prospective audit of a management pathway.

METHODS: Over a three-year period, 54 patients with chronic abdominal pain as a result of pancreatitis were prospectively audited at a tertiary care university hospital. Patients were offered bilateral subcostal transversus abdominis plane block with depot steroids as the primary interventional treatment in the pathway.
RESULTS: In patients with myofascial pain secondary to chronic pancreatitis, the block was effective in producing clinically significant pain relief at three months (95%, 20/21) and durable pain relief lasting six months (62%, 13/21). In patients with visceral pain, the block produced a transient benefit lasting two to three weeks in one-third (six of 17).

CONCLUSIONS: Subcostal transversus abdominis plane block may be an option in the management of abdominal myofascial pain syndrome secondary to chronic pancreatitis. The block is ineffective in producing clinically significant pain relief in the presence of ongoing pancreatic inflammation.

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with complete and partial excision of adenomyosis reported improvement in pain, menorrhagia, and reduction of uterine volume by a factor of 4.0, 6.3, and 5.1, respectively.

CONCLUSION: The surgical treatment of adenomyosis results in the satisfactory control of pain and bleeding, as well as in the reduction of uterine volume. Further research is warranted to investigate the long-term control of symptoms to identify any parameters related to the recurrence of adenomyosis, as well as to compare the conservative surgical treatment of adenomyosis with other treatment options.

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564.

[The influence of physical activity as an alternative treatment to chronic prostatitis: A meta-analysis]. [Spanish] La influencia de la actividad física como tratamiento alternativo a la prostatitis crónica: un metaanálisis.


OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


UI: 30871896

INTRODUCTION: Chronic prostatitis is one of the most common diagnoses in outpatient clinics in Urology. It is presented as a heterogeneous group of diseases, whose etiology is often unknown, showing as a common denominator a set of painful, irritative and obstructive symptoms of the genitourinary tract and perineum.

OBJECTIVES: A systematic review and updated meta-analysis of this pathology was performed in relation to the damages or benefits that physical activity could have in chronic prostatitis or chronic pelvic pain.

METHODS: The Scopus, PubMed, ScienceDirect, PEDro, The Cochrane Library, Dialnet and SciELO databases were consulted until June 2018 (the last paper used in this meta-analysis was published in March 2018).
RESULTS: The research team reviewed a total of 93 studies, of which 10 were selected, with a subsequent examination of their methodological quality using the PEDro scale. The comparison of the body mass index, the quality of life related to the body mass index and the correlation of the urinary incontinence were made. The overall analysis of the interventions within the urinary incontinence was significant (effect size: 0.11; 95% CI 0.038 to 0.43; P=.024).

CONCLUSIONS: The variability associated with experimental designs represents a heterogeneity in the effects of different programs or physical activity interventions for the treatment of chronic prostatitis. The effect sizes obtained suggest that the effectiveness of alternative treatment programs, using vehicular physical activity, may be related to the type of intervention performed.

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565.

An Evolutionary Medicine Perspective on Treatment of Pediatric Functional Abdominal Pain.
Leontiadis G.I., Longstreth G.F.
Embase
[Review]
AN: 2018223134
In a recent issue, Kovacic et al. analyze data from a randomized sham-controlled trial and show that pretreatment vagal efficiency, an index related to respiratory sinus arrhythmia, is a predictor of pain improvement in adolescents with functional abdominal pain when treated with auricular percutaneous electrical nerve field stimulation. The underlying premise is the polyvagal hypothesis, an explanatory framework for the evolution of the mammalian autonomic nervous system, which proposes that functional gastrointestinal disorders can result from a chronic
maladaptive state of autonomic neural control mechanisms after traumatic stress. This is an opportunity for us to stimulate physicians' interest in evolutionary medicine.

Widespread myofascial dysfunction and sensitization in women with endometriosis-associated chronic pelvic pain: A cross-sectional study.


BACKGROUND: Chronic pelvic pain persists in some women with endometriosis even after lesion removal and optimized hormonal treatment.

OBJECTIVE(S): Characterize the presence and distribution of pain, myofascial dysfunction, and sensitization beyond the pelvis in women with endometriosis-associated chronic pelvic pain.

METHOD(S): Cross-sectional study of 30 women prior to participation in a clinical trial. Evaluation included pain-focused abdominopelvic gynecologic examination with identification of pelvic floor muscle spasm. Neuro-musculoskeletal examination assessed paraspinal allodynia and hyperalgesia bilaterally and myofascial trigger-points in 13 paired muscles. Pressure-pain thresholds were measured over interspinous ligaments and trigger-points. Women completed the body territories element of the Body Pain Index.

RESULT(S): All women had pelvic floor muscle spasm that they self-identified as a major focus of pain. Twenty of 30 women described their pelvic pain as focal. However, all demonstrated widespread myofascial dysfunction with low pressure-pain thresholds and trigger-points in over two-thirds of 26 assessed regions. Widespread spinal segmental sensitization was present in 17/30, thoracic in 21/30, and lumbosacral/pelvic in 18/30. Cervical sensitization manifested as low pressure-pain thresholds with 23/30 also reporting recurrent, severe headaches and 21/30 experiencing orofacial pain. Those reporting diffuse pelvic pain were more likely to have widespread (p=.024) and lumbosacral/pelvic (p=.036) sensitization and report over 10 painful body areas (p=.009).

CONCLUSION(S): Women with endometriosis-associated chronic pelvic pain often have myofascial dysfunction and sensitization beyond the pelvis region that may be initiated or maintained by on-going pelvic floor spasm. These myofascial and nervous system manifestations warrant consideration when managing pain in this population.
The immediate effect of the abdominal drawing-in maneuver technique on stature change in seated sedentary workers with chronic low back pain.

Saiklang P., Puntumetakul R., Swangnetr Neubert M., Boucaut R.


Many studies have measured stature change arising from loads imposed on the spine during sitting. To improve stature recovery, it is important to stabilise the lumbar spine and compensate forces from the upper body. The abdominal drawing-in maneuver (ADIM) technique has been found to mainly activate deep trunk muscles. The purpose of this study was to determine whether activation of deep trunk muscles by the ADIM technique could immediately improve stature recovery during prolonged sitting. Twenty-four patients with chronic low back pain (CLBP) were randomly allocated into different orders of experimental conditions: control (sitting without ADIM technique) and intervention conditions (sitting with ADIM technique). The latter condition required participants to complete ADIM technique for 1min and repeat it three times throughout 41min prolonged sitting time. Stature recovery was improved by 3.292mm in the intervention condition compared with control condition (p-value = 0.001). Our finding demonstrated that ADIM technique improved stature recovery. Practitioner Summary: Prolonged sitting seemingly harms sedentary workers' health, particularly affecting the lower back. Activation of deep trunk muscles using abdominal drawing-in maneuver technique can promote spinal recovery. Clinicians can teach abdominal drawing-in maneuver technique to activate deep trunk muscles in chronic low back pain, thereby promoting self-management of seated stature recovery. Abbreviations: ADIM: abdominal drawing-in maneuver; RA: rectus abdominis; ICLT: iliocostalis lumborum pars thoracis; LM: lumbar multifidus; TrA: transversus abdominis; IO: internal oblique; CLBP: chronic low back pain; LBP: low back pain; RMDQ: Roland Morris disability questionnaire; NRS: numerical rating scale.
Beta2-agonists may be superior to epinephrine to relieve severe anaphylactic uterine contractions.

D’Astous-Gauthier K., Graham F., Paradis L., Roches A.D., Begin P.

Embase
[Article]
AN: 633412716

BACKGROUND: Uterine contractions are recognized as a potential manifestation of anaphylaxis but literature on their proper management is limited. It is widely recognized that anaphylactic reactions can cause uterine contractions, but little is known about their optimal management.

OBJECTIVE(S): Review potential treatments for painful uterine contractions associated with anaphylaxis or mast cell activation.

METHOD(S): This systematic review adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) reporting guidelines. Pubmed, Embase and Cochrane were searched in English, French and Spanish for reports of uterine anaphylaxis published up until July 2020. The search strategy used a combination of boolean operators and included the following Medical Subject Heading terms and keywords: hypersensitivity; anaphylaxis; mastocytosis; uterus; uterine contraction; pelvic pain; labor, obstetric; labor, premature; and endometriosis.

RESULT(S): This systematic review identified 19 studies reporting on 31 cases of painful uterine contractions occurring during anaphylaxis or other events associated with mast cell activation. Nine patients were pregnant. We present 2 additional cases in non-pregnant women, one associated with an oral food challenge and the other associated with oral food desensitization. The most frequent triggers were subcutaneous immunotherapy (14 cases), food (6 cases) and drugs (4 cases). Uterine cramps were associated with systemic symptoms in 24 cases and lasted in average for 2.4 hours. Pre-treatment with anti-histamines and montelukast generally failed to prevent recurrence, but non-steroidal anti-inflammatory drugs were used successfully in some reports. Response to intramuscular epinephrine was inconsistent. Data from ex vivo models indicate that epinephrine may paradoxically contribute to uterine contractions through alpha-receptor activity. A small number of cases showed good response to beta-2-agonists

CONCLUSION(S): There is a lack of quality data on painful uterine contractions occurring in the context of anaphylactic reactions and on their optimal management. In the absence of contraindication, use of a beta-2 agonist and premedication with non-steroidal anti-inflammatory drugs could be the preferred options.
569.

Botulinum toxin injections for shoulder and upper limb pain: a narrative review.
Chang K.-V., Chiu Y.-H., Wu W.-T., Hsu P.-C., Ozcakar L.

Embase
[Article]
AN: 633202779
Botulinum toxin (BoNT) has been widely employed to treat poststroke spasticity, cervical dystonia and muscle hyperactivity. Recently, BoNT injections are increasingly used in treating musculoskeletal pain. The mechanism of BoNT in pain relief comprises relaxation of overused muscles and inhibition of inflammatory nociceptive cytokines/neurotransmitters. As BoNT injections seem promising in treating painful musculoskeletal disorders, we aimed to investigate its effectiveness in shoulder and upper limb pain. Although the present article is a narrative review, we employed a systematic approach to search for relevant articles in PubMed. A total of 19 clinical studies were included. Here, we observed that intramuscular BoNT injections were helpful in stroke patients with hemiplegic shoulder pain. In shoulder joint pain, intra-articular and intrabursal BoNT injections achieved a longer period of pain relief than corticosteroid injections. Similarly, a more durable effect of intramuscular BoNT than saline injections was seen in shoulder myofascial pain. Its use in complex regional pain syndrome and persistent upper limb pain in breast cancer survivors was insufficient, necessitating more studies. Since not all of the included studies could provide Class I of evidence based on the efficacy criteria used by American Academy of Neurology, controlled clinical trials in a larger number of patients are necessary to verify validity of these findings in the future.

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570.

Chronic pelvic pain: importance of compatible clinical trial outcomes.
Shafrir A.L.
Embase
[Article]
AN: 632857092
Chronic pelvic pain (CPP), often defined as non-cyclical pelvic pain lasting for 6 months or longer, affects approximately 2-24% of women, depending on the CPP definition used (Daniels et al. BMJ 2010;341:c4834). While CPP can be a symptom associated with a variety of health conditions (including endometriosis, irritable bowel syndrome, and interstitial cystitis), at least 30% of women undergoing laparoscopic surgery have no associated disease diagnosis or clear pathologic cause for their pain.
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Status Article-in-Press
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571.

Multimodal physical therapy versus topical lidocaine for provoked vestibulodynia: a prospective, multicentre, randomized trial.
Morin M., Dumoulin C., Bergeron S., Mayrand M.-H., Khalife S., Waddell G., Dubois M.-F.
Embase
[Article]
BACKGROUND: Provoked vestibulodynia is the most common subtype of chronic vulvar pain. This highly prevalent and debilitating condition is characterized by acute recurrent pain located at the entry of the vagina in response to pressure application or attempted vaginal penetration. Physical therapy is advocated as a first-line treatment for provoked vestibulodynia but evidence supporting its efficacy is scarce.

OBJECTIVES: The purpose of this study was to establish the efficacy of multimodal physical therapy compared to topical lidocaine, a frequently used first-line treatment. STUDY DESIGN: We conducted a prospective, multicentre, parallel group, randomized clinical trial in women diagnosed with provoked vestibulodynia recruited from the community and four Canadian university hospitals. Women were randomly assigned (1:1) to receive either weekly sessions of physical therapy or overnight topical lidocaine (5% ointment) for 10 weeks. Randomization was stratified by center using random permuted blocks from a computer-generated list managed by an independent individual. Physical therapy entailed education, pelvic floor muscle exercises with biofeedback, manual therapy and dilation. Assessments were conducted at baseline, post-treatment and 6-month follow-up. Outcome assessors, investigators and data analysts were masked to allocation. The primary outcome was pain intensity during intercourse evaluated with the numerical rating scale (NRS 0-10). Secondary outcomes included pain quality (McGill-Melzack pain questionnaire), sexual function (Female Sexual Function Index), sexual distress (Female Sexual Distress Scale), satisfaction (NRS 0-10) and participants' impression of change (The Patient's Global Impression of Change). Intention-to-treat analyses were conducted using piecewise linear-growth models.

RESULTS: Among 212 women recruited and randomized, 201 (95%) completed the post-treatment assessment and 195 (92%) the 6-month follow-up. Multimodal physical therapy was more effective than lidocaine for reducing pain intensity during intercourse (between groups pre-post slope difference P<0.001; mean group post difference 1.8; 95% confidence interval (CI) 1.2 to 2.3) and results were maintained at 6-month follow-up (mean group difference 1.8, 95%CI 1.2 to 2.5). The physical therapy group also performed better than the lidocaine group in all secondary outcomes (pain quality, sexual function, sexual distress, satisfaction and participants' impression of change) at post-treatment and 6-month follow-up. Moreover, the changes observed following physical therapy were shown to be clinically meaningful. Regarding participants' impression of change, 79% of women in the physical therapy group reported being very much or much improved compared to 39% in the lidocaine group (p<0.001).

CONCLUSIONS: Findings provide strong evidence that physical therapy is effective for pain, sexual function and sexual distress, and support its recommendation as the first-line treatment of choice for provoked vestibulodynia.

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Embase
[Article]
AN: 631709483

Background: Chronic pain secondary to treatment in cancer survivors without tumor evidence is not unusual. Its management often requires specific approaches that are different from those applied for cancer patients with advanced disease and short life expectancy. Some studies have described clinical benefit with ozone therapy (O3T) in the management of pain and side effects secondary to cancer treatment.

Objective(s): We present our preliminary experience with O3T in the management of refractory pelvic pain syndromes secondary to cancer treatment.

Design(s): Case series. Subjects and Methods: Six cancer patients (without tumor evidence) who had been treated previously with radiotherapy, chemotherapy, or endoscopic procedures and were suffering persistent or severe pelvic pain (median 14 months) received O3T using ozone-oxygen gas mixture insufflation as a complementary therapy in addition to their scheduled conventional treatment.

Result(s): All cases, except one, showed clinically relevant pain improvement. Visual analog scale score with the standard treatment was 7.8 +/- 2.1 before O3T, 4.3 +/- 3.4 (p=0.049) after one month, 3.3 +/- 3.7 (p=0.024) after two months, and 2.8 +/- 3.8 (p=0.020) after three months of O3T. The median value of "pain symptom" according to the U.S. National Cancer Institute Common Terminology Criteria for Adverse Events v. 5.0 showed a decrease from 3 (range: 2-3) to 1 (range: 0-3) (p=0.046).

Conclusion(s): Following unsuccessful conventional treatments, O3T provided significant benefit in our patients with refractory pelvic pain secondary to cancer treatment. These results merit further evaluation in blinded, randomized clinical trials.

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Status Article-in-Press

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Embase
Gynecologic and obstetric investigation. (pp 1-8), 2020. Date of Publication: 03 Apr 2020.
[Article]
AN: 631456943
INTRODUCTION: Endometriosis is known for its substantial effect on women's wellbeing and quality of life. In order to evaluate disease burden, treatments and health services, assessments of healthcare consumption and cost estimates are necessary.
OBJECTIVE(S): The aim of this study was to estimate healthcare consumption and annual cost per woman with endometriosis in Sweden and to examine healthcare consumption and costs in different age groups.
METHOD(S): A questionnaire was distributed to 400 members of the Endometriosis Association and to 400 randomly selected women with surgically confirmed endometriosis. Official statistics were obtained via correspondence, publications, and database searches.
RESULT(S): Analysis of the 431 returned questionnaires showed that women under 30 years utilized more inpatient and outpatient care than older women. The mean annual cost among all women was EUR 8,768/woman. The direct healthcare cost of managing the disease was EUR 4,282, while the indirect cost was EUR 4,486. Absence from work was reported by 32% of the women, while 36% reported reduced time at work because of endometriosis.
CONCLUSION(S): Our results confirm the substantial negative effect of endometriosis upon women's lives and their relatively high healthcare consumption.
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PMID 32248191 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32248191] Status Article-in-Press Institution (Grundstrom) Department of Women's and Children's Health, Uppsala University, Uppsala, Sweden (Grundstrom) Department of Obstetrics and Gynecology in Norrkoping, Linkoping, Sweden (Hammar Spagnoli, Lovqvist, Olovsson) Department of Women's and Children's Health, Uppsala University, Uppsala, Sweden Publisher NLM (Medline) Year of Publication 2020
Non-surgical mouse model of endometriosis-associated pain that responds to clinically active drugs.
Fattori V., Franklin N.S., Gonzalez-Cano R., Peterse D., Ghalali A., Madrian E., Verri W.A., Andrews N., Woolf C.J., Rogers M.S.
Embase
[Article]
AN: 631164717
Endometriosis is an estrogen-dependent inflammatory disease that affects approximately 10% of women. Debilitating pelvic or abdominal pain is one of its major clinical features. Current animal models of endometriosis-associated pain require surgery either to implant tissue or to remove the ovaries. Moreover, existing models do not induce spontaneous pain, which is the primary symptom of patients with chronic pain, including endometriosis. A lack of models that accurately recapitulate the disease phenotype must contribute to the high failure rate of clinical trials for analgesic drugs directed at chronic pain, including those for endometriosis. We set out to establish a murine model of endometriosis-associated pain. Endometriosis was induced non-surgically by injecting a dissociated uterine horn into a recipient mouse. The induced lesions exhibited histological features that resemble human lesions along with an increase in pro-inflammatory cytokines and recruitment of immune cells. We also observed the presence of CGRP-, TRPA1-, and TRPV1-expressing nerve fibers in the lesions. This model induced mechanical allodynia, spontaneous abdominal pain, and changes in thermal selection behavior that indicate discomfort. These behavioral changes were reduced by drugs used clinically for endometriosis, specifically letrozole (aromatase inhibitor) and danazol (androgen). Endometriosis also induced neuronal changes as evidenced by activation of the NF-kappaB signaling pathway in TRPA1- and TRPV1-expressing DRG neurons. In conclusion, we have established a model of endometriosis-associated pain that responds to clinically active drugs and can, therefore, be used to identify novel therapies.
BACKGROUND: Opioid-induced constipation (OIC), the most common side effect of opioid treatment, is under-recognized and undertreated in older patients. Naldemedine, an oral, peripherally acting mu-opioid receptor antagonist (PAMORA), is approved in Japan, the United States, and the European Union for treatment of OIC in adult patients.

OBJECTIVE(S): This integrated analysis of three phase 3 trials (COMPOSE-1, COMPOSE-2, and COMPOSE-3) evaluated the safety and efficacy of naldemedine for up to 12 weeks in a subgroup of patients aged>=65 years.

METHOD(S): Patients aged 18-80 years with chronic non-cancer pain for>=3 months (treated with opioids for>=3 months in COMPOSE-1 and COMPOSE-2) and OIC received oral naldemedine 0.2 mg or placebo once daily. Safety assessments included overall incidence of treatment-emergent adverse events (TEAEs), TEAEs in the gastrointestinal disorders System Organ Class, and TEAEs of opioid withdrawal or possible opioid withdrawal. Efficacy was based on the proportion of responders in COMPOSE-1 and COMPOSE-2, defined as having>=3 spontaneous bowel movements/week and a>=1 spontaneous bowel movement/week increase from baseline for>=9 of 12 weeks and>=3 of the last 4 weeks.

RESULT(S): A total of 14.8% (344/2328) of patients were aged>=65 years in all studies. The incidence of TEAEs in naldemedine-treated patients aged>=65 years (45.9%) was comparable to that in patients aged>=65 years receiving placebo (51.6%) and in the overall naldemedine group (47.1%). The incidence of gastrointestinal disorders System Organ Class TEAEs in naldemedine-treated patients aged>=65 years (20.2%) was also comparable to that in patients aged>=65 years receiving placebo (16.1%) and in the overall naldemedine group (21.8%). The incidence of TEAEs of opioid withdrawal with naldemedine was 1.1% in patients aged>=65 years and 1.0% overall, and the incidence of TEAEs of possible opioid withdrawal was 1.1% in patients aged>=65 years and 1.7% overall. The proportion of responders was higher in naldemedine-treated patients versus placebo, both overall (50.1% vs 34.1%; p<0.0001) and in those aged>=65 years (51.8% vs 37.6%).

CONCLUSION(S): This integrated analysis confirmed that OIC treatment with naldemedine 0.2 mg was generally well tolerated and effective in patients aged>=65 years with chronic non-cancer pain. Safety and efficacy results were consistent with the overall patient population.

CLINICALTRIALS. GOV REGISTRATION: NCT01965158, NCT01993940, NCT01965652.

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Publisher NLM (Medline)
Year of Publication 2020
Disease-modifying effects of natural DELTA9-tetrahydrocannabinol in endometriosis-associated pain.
Escudero-Lara A., Argerich J., Cabanero D., Maldonado R.
Embase
[Article]
AN: 630599958
Endometriosis is a chronic painful disease highly prevalent in women that is defined by growth of endometrial tissue outside the uterine cavity and lacks adequate treatment. Medical use of cannabis derivatives is a current hot topic and it is unknown whether phytocannabinoids may modify endometriosis symptoms and development. Here we evaluate the effects of repeated exposure to DELTA9-tetrahydrocannabinol (THC) in a mouse model of surgically-induced endometriosis. In this model, female mice develop mechanical hypersensitivity in the caudal abdomen, mild anxiety-like behavior and substantial memory deficits associated with the presence of extraterine endometrial cysts. Interestingly, daily treatments with THC (2 mg/kg) alleviate mechanical hypersensitivity and pain unpleasantness, modify uterine innervation and restore cognitive function without altering the anxiogenic phenotype. Strikingly, THC also inhibits the development of endometrial cysts. These data highlight the interest of scheduled clinical trials designed to investigate possible benefits of THC for women with endometriosis.
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Publisher NLM (Medline)
Year of Publication 2020

Clinical efficacy of biofeedback and electrical stimulation combined with prostate massage in the treatment of chronic prostatitis / chronic pelvic pain syndrome.
Wu J., Hu X.-N., Yang J.-J.
Embase
[Article]
AN: 636881567
Objective: To investigate the effect of biofeedback and electrical stimulation combined with prostate massage on chronic prostatitis /chronic pelvic pain syndrome (CP/CPPS).
METHOD(S): A total of 76 cases of diagnosed CP/CPPS were randomly divided into groups A (n = 20), treated by prostatic massage twice a week, B (n = 20), treated by biofeedback and electrical stimulation 5 times a week, and C (n = 20) treated by biofeedback and electrical stimulation 5 times a week combined with prostatic massage twice a week, all for 14 days. Another 16 cases were included in group D as controls left untreated. NIH-CPSI scores were
obtained before and at 30 days after treatment and compared among different groups of the patients.

RESULT(S): Compared with the baseline, the patients in groups A, B and C showed significant decreases after treatment in the NIH-CPSI scores for pain ([13.55 +/- 2.37] vs [10.85 +/- 2.28], [13.40 +/- 2.28] vs [10.60 +/- 2.23], and [13.70 +/- 3.42] vs [8.65 +/- 1.69]), urinary symptoms ([5.50 +/- 1.43] vs [3.65 +/- 1.27], [5.65 +/- 1.31] vs [3.95 +/- 1.28], and [5.40 +/- 1.35] vs [2.95 +/- 1.28]), quality of life ([8.70 +/- 1.81] vs [6.90 +/- 1.71], [8.90 +/- 1.12] vs [5.80 +/- 1.85], and [8.95 +/- 1.47] vs [4.35 +/- 1.53]) and the total NIH-CPSI scores ([27.75 +/- 2.65] vs [21.40 +/- 3.03], [27.95 +/- 3.24] vs [20.35 +/- 3.95], and [28.05 +/- 3.78] vs [15.95 +/- 2.41]) (P < 0.05). Even more remarkable reduction was observed in the total NIH-CPSI scores in group C than in A and B (P < 0.05), but with no statistically significant difference between groups A and B (P > 0.05) or in the control group before and after the treatment (P > 0.05).

CONCLUSION(S): Biofeedback and electrical stimulation combined with prostate massage has a synergistic effect on CP/CPPS by alleviating pain and urinary symptoms and improving the quality of life.

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578.


[Review]
AN: 634418157

Purpose of Review: This is a review of elagolix use for pain related to endometriosis. It summarizes the background and recent data available about the pathogenesis of endometriosis and pain that is secondary to this syndrome. It then reviews the evidence to support the use of elagolix and the indications for use. Recent Findings: Endometriosis occurs in 10% of reproductive-age women and is a common source of chronic pelvic pain, infertility, and co-morbid disorders. It usually presents with some combination of dysmenorrhea, dyspareunia, chronic pelvic pain, and infertility. Treatment options may be surgical or hormonal. Traditional treatment is divided into medical and surgical. The latter, though effective, is reserved for surgical emergencies and patients failing medical management. Medical management with NSAIDs is usually limited in efficacy. It is generally based on hormonal suppression leading to atrophy of endometrial lesions. Elagolix (Orlissa) is a GnRH antagonist that suppressed the entire hypophysis-gonadal axis. Reduced levels of estrogen and progesterone lead to involution of the endometrial lesions and improvement in symptoms. Clinical trials showed that elagolix is effective in treating dysmenorrhea and non-menstrual pain that is secondary to endometriosis. It is well tolerated and has a relatively safe usage profile. Studies up to 12 months long showed continued
Efficacy and reduction in dysmenorrhea of up to 75%, with 50%-60% reduction in non-menstrual pain. Elagolix was found effective when compared to both placebo and alternative treatments.

Summary: Endometriosis is a common syndrome that causes significant pain, morbidity, and disability, as well as financial loss. Elagolix is an effective drug in treating the symptoms of endometriosis and is a relatively safe option. Phase 4 studies will be required to evaluate the safety and efficacy of long term chronic use.

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Year of Publication
2020

Local cooling for relieving pain from perineal trauma sustained during childbirth.
East C.E., Dorward E.D.F., Whale R.E., Liu J.

Embase
[Article]
AN: 633063175

Background: Perineal trauma is common during childbirth and may be painful. Contemporary maternity practice includes offering women numerous forms of pain relief, including the local application of cooling treatments. This Cochrane Review is an update of a review last updated in 2012.

Objective(s): To evaluate the effectiveness of localised cooling treatments compared with no treatment, placebo, or other cooling treatments applied to the perineum for pain relief following perineal trauma sustained during childbirth.

Search Method(s): We searched Cochrane Pregnancy and Childbirth's Trials Register, ClinicalTrials.gov, the WHO International Clinical Trials Registry Platform (ICTRP) (7 October 2019) and reference lists of retrieved studies.

Selection Criteria: Published and unpublished randomised and quasi-randomised trials (RCTs) that compared a localised cooling treatment applied to the perineum with no treatment, placebo,
or another cooling treatment applied to relieve pain related to perineal trauma sustained during childbirth.

Data Collection and Analysis: Two review authors independently assessed study eligibility, extracted data and assessed the risk of bias of included studies. Data were double checked for accuracy. The certainty of the evidence was assessed using the GRADE approach.

Main Result(s): We included 10 RCTs that enrolled 1233 women randomised to the use of one cooling treatment (ice, cold gel pad, cooling plus compression, cooling plus compression plus (being) horizontal) compared with another cooling treatment, no treatment, or placebo (water pack, compression). The included trials were at low or uncertain risk of bias overall, with the exception that the inability to blind participants and personnel to group allocation meant that we rated all trials at unclear or high risk for this domain. We undertook a number of comparisons to evaluate the different treatments. Cooling treatment (ice pack or cold gel pad) versus no treatment. There was limited very low-certainty evidence that cooling treatment may reduce women's self-reported perineal pain within four to six hours (mean difference (MD) -4.46, 95% confidence interval (CI) -5.07 to -3.85 on a 10-point scale; 1 study, 100 participants) or between 24 and 48 hours of giving birth (risk ratio (RR) 0.73, 95% CI 0.57 to 0.94; 1 study, 316 participants). The evidence is very uncertain about the various measures of wound healing, for example, wound edges gaping when inspected five days after giving birth (RR 2.56, 95% CI 0.58 to 11.33; 1 study, 315 participants). Women generally rated their satisfaction with perineal care similarly following cooling or no treatment. The potential exception was that there may be a trivially lower mean difference of -0.1 on a five-point scale of psychospiritual comfort with cooling treatment, that is unlikely to be of clinical importance. Cooling treatment (cold gel pad) + compression versus placebo (gel pad + compression). There was limited low-certainty evidence that there may be a trivial MD of -0.43 in pain on a 10-point scale at 24 to 48 hours after giving birth (95% CI -0.73 to 0.13; 1 study, 250 participants) when a cooling treatment plus compression from a well-secured perineal pad was compared with the placebo. Levels of perineal oedema may be similar for the two groups (low-certainty evidence) and perineal bruising was not observed. There was low-certainty evidence that women may rate their satisfaction as being slightly higher with perineal care in the cold gel pad and compression group (MD 0.88, 95% CI 0.38 to 1.38; 1 trial, 250 participants). Cooling treatment (ice pack) versus placebo (water pack). One study reported that no women reported pain after using an ice pack or a water pack when asked within 24 hours of giving birth. There was low-certainty evidence that oedema may be similar for the two groups when assessed at four to six hours (RR 0.96, 95% CI 0.50 to 1.86; 1 study, 63 participants) or within 24 hours of giving birth (RR 0.36, 95% CI 0.08 to 1.59). No women were observed to have perineal bruising at these times. The trialists reported that no women in either group experienced any adverse effects on wound healing. There was very low-certainty evidence that women may rate their views and experiences with the treatments similarly (for example, satisfied with treatment: RR 0.91, 95% CI 0.77 to 1.08; 63 participants). Cooling treatment (ice pack) versus cooling treatment (cold gel pad). The evidence is very uncertain about the effects of using ice packs or cold gel pads on women's self-rated perineal pain, on perineal bruising, or on perineal oedema at four to six hours or within 24 hours of giving birth. Perineal oedema may persist 24 to 48 hours after giving birth in women using the ice packs (RR 1.69, 95% CI 1.03 to 2.7; 2 trials, 264 participants; very low-certainty). The risk of gaping wound edges five days after giving birth may be decreased in women who had used ice packs (RR 0.22, 95% CI 0.05 to 1.01; 215 participants; very low-certainty). However, this did not appear to persist to day 10 (RR 3.06, 95% CI 0.63 to 14.81; 214 participants). Women may rate their opinion of treatment less favourably following the use of ice packs five days after giving birth (RR 0.33, 95% CI 0.17 to 0.68; 1 study, 49 participants) and when assessed on day 10 (RR 0.82, 95% CI 0.73 to 0.92; 1 study, 208 participants), both very low-certainty. Authors' conclusions: There is limited very low-certainty evidence that may support the use of cooling treatments, in the form or ice packs or cold gel pads, for the relief of perineal pain in the first two days following childbirth. It is likely that concurrent use of several treatments is required to adequately address this issue, including prescription and non-prescription analgesia. Studies included in this review involved the use of cooling treatments for 10 to 20 minutes, and although no adverse effects were noted, these findings came from studies of relatively small numbers of women, or were not reported at
The continued lack of high-certainty evidence of the benefits of cooling treatments should be viewed with caution, and further well-designed trials should be conducted.

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PMID 33034900 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33034900]

Current clinical management of pelvic congestion syndrome.
DeMarco D., Greuner D.A.
Embase
[Review] AN: 2013912343
After an extensive review of the current literature on the etiology, diagnosis, and treatment modalities for pelvic congestion syndrome (PCS), we have found that the issue of underdiagnosis can likely be attributed to the lack of a standard protocol for the clinical management and treatment of the disease. There have been consistencies across various studies, including accurate diagnostic testing and a successful treatment method, and it is our goal to propose a clear algorithm for the diagnosis and treatment of PCV, as well as to highlight the importance of differentiating between types of PCS when deciding on an appropriate treatment plan.

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Erratum: Department of Error (The Lancet (2020) 396(10255) (909-917), (S0140-6736(20)31693-7)).
Anonymous Embase
[Erratum]
AN: 2008366788
Horne AW, Vincent K, Hewitt CA, et al. Gabapentin for chronic pelvic pain in women (GaPP2): a multicentre, randomised, double-blind, placebo-controlled trial. Lancet 2020; 396: 909-17-In this Article, the final three references were omitted from the reference list. This correction has been made to the online version as of Oct 22, 2020.
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PMID
34338213 [https://www.ncbi.nlm.nih.gov/pubmed/?term=34338213]
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Year of Publication
2020

582.

The Role of Trauma and Mental Health in the Treatment of Chronic Pelvic Pain: A Systematic Review of the Intervention Literature.
Panisch L.S., Tam L.M.
Embase
Trauma, violence & abuse. 21(5) (pp 1029-1043), 2020. Date of Publication: 01 Dec 2020.
[Article]
AN: 632652258
Chronic pelvic pain (CPP) is a widespread health issue with unclear etiology that has been linked to a history of trauma among women. This condition is known to be highly comorbid with, and potentially exacerbated by psychiatric conditions, as well as other gynecological concerns and functional pain syndromes. Many comorbid conditions are also related to a history of trauma, and cases of CPP with comorbidity are known to be resistant to treatment. While the prevalence of a traumatic history among females with CPP has been established, less is known about how the role of trauma is addressed in the intervention literature. The purpose of this systematic review was to explore how the role of trauma, and to a lesser extent, mental health, is addressed in modern intervention studies for females with CPP. All qualitative and quantitative studies providing primary or secondary results of an intervention for females with CPP published between January 1998 and May 2018 were included and coded independently by two reviewers. Twenty-eight articles met inclusion criteria. Of these, none focused exclusively on patients with a history of trauma; one study implicitly focused on trauma-specific symptoms as an outcome, while two studies screened patients for a history of trauma. Of the 10 studies with a focus on mental health, only three simultaneously addressed trauma. To address this gap in the literature, future studies can prioritize intervention designs that place emphasis on the role of trauma in regard to patient characteristics and outcome variables.
PMID
30599814 [https://www.ncbi.nlm.nih.gov/pubmed/?term=30599814]
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(Panisch, Tam) Steve Hicks School of Social Work, University of Texas at Austin, TX, Austin, United States
Publisher
NLM (Medline)
Abdominal Pain Response to Rifaximin in Patients With Irritable Bowel Syndrome With Diarrhea.
Lembo A., Rao S.S.C., Heimanson Z., Pimentel M.
Embase
Clinical and translational gastroenterology. 11(3) (pp e00144), 2020. Date of Publication: 01 Mar 2020.
[Article]
AN: 631802314
INTRODUCTION: Abdominal pain is the principal symptom of irritable bowel syndrome (IBS). This analysis examined abdominal pain response in adults with IBS with diarrhea (IBS-D) receiving the nonsystemic antibiotic rifaximin.
METHOD(S): In the Targeted Nonsystemic Antibiotic Rifaximin Gut-Selective Evaluation of Treatment for IBS-D 3 trial, adults with IBS-D received open-label rifaximin 550 mg 3 times daily for 2 weeks, followed by the 4-week post-treatment phase assessing abdominal pain and stool consistency response. Responders were followed for up to 18 additional weeks; patients with recurrence were randomly assigned to receive two 2-week courses of double-blind rifaximin 550 mg 3 times daily or placebo, separated by 10 weeks. Analyses evaluated mean weekly improvements from baseline (e.g., >=30%, >=40%, and >=50%) in abdominal pain during the 4-week post-repeat-treatment phases.
RESULT(S): Of the 2,438 evaluable patients, 1,384 (56.8%) had abdominal pain response to open-label rifaximin (>=30% improvement from baseline in the mean weekly abdominal pain score during >=2 of the first 4 weeks post-treatment). Weekly decrease (improvement) in responders’ mean abdominal pain score (scale range, 0-10) from baseline ranged from -2.6 to -3.3 points during the 18-week follow-up. After the first double-blind repeat treatment, a significantly higher percentage of rifaximin-treated patients were abdominal pain responders (53.9% [172/319]) vs placebo (44.4% [134/302], P = 0.02), with similar results after the second repeat treatment (52.9% [155/293] vs 44.7% [123/275], respectively, P = 0.047). A significantly higher percentage of rifaximin-treated patients were weekly abdominal pain responders for >=50% of the 18-week double-blind repeat treatment phase (47.9% [138/288] vs 35.9% [97/270], P = 0.004). DISCUSSION: Rifaximin is efficacious in improving abdominal pain in adults with IBS-D.
PMID 32352714 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32352714]
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Publisher NLM (Medline)
Year of Publication 2020
Efficacy of abdominal trunk muscles-strengthening exercise using an innovative device in treating chronic low back pain: a controlled clinical trial.
Embase
Scientific reports. 10(1) (pp 21883), 2020. Date of Publication: 14 Dec 2020.

AN: 633808846

Exercise is the most common conservative intervention for chronic low back pain (CLBP). We have developed an innovative exercise device for the abdominal trunk muscles that also measures muscle strength in a sitting position. The device, which is easy for patients with CLBP to use, allows for lumbar stabilization exercise under pressure. This study aimed to examine the efficacy of abdominal trunk muscle strengthening using the device in improving CLBP. We conducted a two-group non-randomized controlled clinical trial. CLBP patients were allocated into two groups. The strengthening group underwent a 12-week exercise program that included abdominal trunk muscle strengthening using our device and stretching exercises, while the control group received a 12-week stretching exercise program. The outcome measures included the improvement of the abdominal trunk muscle strength measured by the device, pain intensity of CLBP, physical function, and quality of life (QOL). A total of 40 participants (20 in each group) were analyzed. The strengthening group showed better improvement in the abdominal trunk muscle strength, CLBP, physical function, and QOL than in the control group. In conclusion, the strengthening exercise using the device with easy stretching was effective in improving the strength of the abdominal trunk muscles, pain intensity of CLBP, physical function, and QOL.

PMID 33318516 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33318516]

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Publisher
NLM (Medline)
Year of Publication
2020

Injection location does not impact botulinum toxin A efficacy in interstitial cystitis/bladder pain syndrome patients.
Evans R.J., Overholt T., Colaco M., Walker S.J.
Embase
The Canadian journal of urology. 27(1) (pp 10125-10129), 2020. Date of Publication: 01 Feb 2020.

AN: 630992374

INTRODUCTION: Botulinum toxin A (BTX-A) is currently used as a fourth-line therapeutic option for interstitial cystitis/bladder pain syndrome (IC/BPS) management. The purpose of this study was to determine if BTX-A injection can mitigate pain and if injection location (i.e. trigone-including versus trigone-sparing injection template) impacts treatment efficacy and/or treatment
complications profile. MATERIALS AND METHODS: Female IC/BPS patients refractory to conservative management strategies were prospectively enrolled and asked to complete a baseline history and physical exam, post-void residual (PVR) urine volume determination, O'Leary Sant (OLS) questionnaire, and Pelvic Pain and Urgency/Frequency Symptom Scale (PUF) questionnaire. Participants were randomly assigned to one of two treatment groups and received either: 1) a trigone-including BTX-A injection template or 2) a trigone-sparing injection template. Following therapy, patients were examined in clinic at 30 and 90 day post-treatment with symptom re-assessment via repeat questionnaires and for evidence of post-procedural complications.

RESULT(S): Compared to baseline, patients in both treatment groups experienced significant improvement in OLS and PUF scores at both 30 and 90 days post-treatment with BTX-A, regardless of which injection template was used (p < 0.05). Complications resulting from BTX-A were minimal (most commonly urinary tract infection (UTI) and urinary retention) and not significantly different between the treatment groups (p > 0.05). No distant spread of BTX-A was observed in any patient in either treatment group.

CONCLUSION(S): BTX-A treatment using either a trigone-sparing or trigone-including injection template resulted in significant, but not location-dependent, improvement in IC/BPS symptom scores at 30 and 90 day points post-procedure with no significant difference in post-treatment complication profiles.

PMID 32065870 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32065870] 

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Publisher NLM (Medline)
Year of Publication 2020

586.

Efficacy and safety of linaclotide for opioid-induced constipation in patients with chronic noncancer pain syndromes from a phase 2 randomized study.
Brenner D.M., Argoff C.E., Fox S.M., Bochenek W., D'Astoli P., Blakesley R.E., Reasner D.S., O'Dea C.R., Cash B.D.
Embase
Pain. 161(5) (pp 1027-1036), 2020. Date of Publication: 01 May 2020.
[Article]
AN: 631596428
Constipation is the most common adverse event (AE) of opioid therapy. This multicenter, phase 2 study evaluated the efficacy and safety of linaclotide in treating opioid-induced constipation (OIC) in patients with chronic noncancer pain syndromes (NCT02270983). Adults with OIC (<3 spontaneous bowel movements [SBMs]/week) related to chronic noncancer pain were randomized 1:1:1 to receive linaclotide 145 microg, linaclotide 290 microg, or placebo once daily for 8 weeks. The primary endpoint was change from baseline in 8-week SBM frequency rate (SBMs/week). Secondary efficacy endpoints included 6/8-week SBM 3 + 1 responders, time to first SBM, and changes from baseline in 8-week stool consistency, abdominal bloating, and straining. Additional endpoints included treatment satisfaction and adequate relief responders. In total, 254 patients were randomized: 87, 88, and 79 received linaclotide 145 microg, linaclotide 290 microg, and placebo, respectively. The mean changes from baseline in SBMs/week during the treatment period were 2.9 and 3.5 in the linaclotide 145 and 290 microg groups (P < 0.01 for both doses), respectively, vs 1.6 in the placebo group. Diarrhea, the most common AE, was
generally mild, resulting in 1.1%, 5.7%, and 1.3% of patients discontinuing in the linaclotide 145
mug, linaclotide 290 mug, and placebo groups, respectively. No serious AEs related to diarrhea
were reported in any treatment group. Compared with placebo, linaclotide-treated patients had
significant improvements in stool consistency, straining, abdominal bloating, and treatment
satisfaction scores (P < 0.05). Linaclotide significantly improved OIC symptoms and was well
tolerated in patients with chronic noncancer pain.

PMID
32310620 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32310620]

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Publisher
NLM (Medline)
Year of Publication
2020

587.

Chronic Prostatitis/Chronic Pelvic Pain Syndrome: A Disease or Symptom? Current Perspectives
on Diagnosis, Treatment, and Prognosis.
Zhang J., Liang C., Shang X., Li H.
Embase
American journal of men's health. 14(1) (pp 1557988320903200), 2020. Date of Publication: 01
Jan 2020.
[Article]
AN: 630793878

Definitive diagnosis and selection of effective treatment for chronic prostatitis/chronic pelvic pain
syndrome (CP/CPPS) are frustrations encountered frequently by urology care providers in their
practice. Knowledge of etiology and pathophysiology is not sufficient and therapeutic guidelines
have not yielded acceptable outcomes and prognoses for both patients and care providers. The
authors present updated perspectives on CP/CPPS, including definition, diagnosis, treatment,
and prognosis, based on literature review and clinical experience. A key point is to shift the
diagnostic and therapeutic focus from a single entity of disease toward associated symptoms of
CP/CPPS. An individualized multimodal treatment approach to cope with the course of the
disorder is proposed. Communications and personal/family/community supports are emphasized
as an important component in the therapeutic regime and rehabilitation of patients with CP/CPPS.
The purpose is to improve comprehension on CP/CPPS and to help care providers and patients
to achieve the goal of medical intervention-relieving associated symptoms of CP/CPPS and
improving the quality of life.

PMID
32005088 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32005088]
588.

Use of low-dose naltrexone in the management of chronic pain conditions: A systematic review. Hatfield E., Phillips K., Swidan S., Ashman L.  
Embase  
AN: 633523829 
BACKGROUND: The authors aimed to evaluate the efficacy of low-dose naltrexone in the management of chronic pain conditions and determine its potential use in orofacial pain management. 
METHOD(S): A comprehensive literature review was completed in the PubMed/MEDLINE, Embase, Cumulated Index to Nursing and Allied Health Literature, Dentistry and Oral Sciences Source Library databases up through June 17, 2019, using terms such as neurogenic, inflammation, naltrexone, temporomandibular, and chronic pain. The primary outcome was pain intensity reduction and, secondarily, improvement in quality of life. 
RESULT(S): A total of 793 studies were obtained with the initial search and 8 articles were selected for evaluation. Of these 8 articles, 4 were case reports, 3 were clinical studies, and 1 was a randomized controlled trial. Six studies included data on fibromyalgia, 2 studies included data on chronic regional pain syndrome, and 1 examined multiple diagnoses, including fibromyalgia, interstitial cystitis, and chronic pelvic pain. The primary outcome of all of the studies was pain intensity reduction. CONCLUSIONS AND PRACTICAL IMPLICATIONS: Low-dose naltrexone provides an alternative in medical management of chronic pain disorders as a novel anti-inflammatory and immunomodulator. It can offer additional management options, as orofacial pain conditions share characteristics with other chronic pain disorders. Owing to the size and heterogeneity of the studies, more large-scale studies are needed, along with additional studies assessing orofacial pain response to low-dose naltrexone. 
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PMID 33228882 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33228882] 
Publisher NLM (Medline) Year of Publication 2020
Clinical efficacy of magnetic resonance electromagnetic therapy combined with Qianlie Beixi Capsules in the treatment of chronic prostatitis / chronic pelvic pain syndrome.
He W., Sun Z.-X., Wang G.-C.
Embase
[Article]
AN: 633877841
Objective: To evaluate the effect and safety of the magnetic resonance electromagnetic therapy (MREM) combined with Qianlie Beixi Capsules (QBC) in the treatment of chronic prostatitis / chronic pelvic pain syndrome (CP/CPPS).
METHOD(S): Using a prospective, two-center, randomized, open, positive drug-loading, parallel-controlled clinical design, we randomly divided 124 patients with CP/CPPS into a control and an observation group of equal number, the former treated with QBC and the latter with QBC combined with MREM for a course of 14 days. Then, we compared the NIH-CPSI scores before and after treatment, the total effectiveness rate and safety between the two groups of patients.
RESULT(S): After treatment, the patients in both the observation and control groups showed significantly improved total and specific item scores on NIH-CPSI (P < 0.05), and those of the observation group achieved even more significant improvement than the controls either in the total NIH-CPSI score (16.65 +/- 7.90 vs 21.95 +/- 5.70, P < 0.05) or in the pain symptom score (7.34 +/- 3.26 vs 9.50 +/- 2.47, P < 0.05), urination symptom score (3.53 +/- 2.56 vs 4.50 +/- 2.35, P < 0.05) and quality of life score (5.94 +/- 2.89 vs 8.03 +/- 2.60, P < 0.05). The total effectiveness rate was remarkably higher in the observation than in the control group (83.87% vs 53.23%, P < 0.05). No adverse events or reactions were observed in either group of the patients during the trial.
CONCLUSION(S): Magnetic resonance electromagnetic therapy combined with Qianlie Beixi Capsules can significantly relieve the clinical symptoms of CP/CPPS patients with high effectiveness and safety.
PMID 33354956 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33354956]
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Publisher NLM (Medline)
Year of Publication 2020

Jiang Y.-H., Kuo Y.-C., Jhang J.-F., Lee C.-L., Hsu Y.-H., Ho H.-C., Kuo H.-C.
Embase
Scientific reports. 10(1) (pp 15218), 2020. Date of Publication: 16 Sep 2020.
[Article]
AN: 632897177
Repeated intravesical injections of autologous platelet-rich plasma (PRP) have been shown to improve symptoms in patients with interstitial cystitis/bladder pain syndrome (IC/BPS); however, there is a paucity of objective evidence of the effectiveness of this therapy. In this study, we investigated the changes in urinary markers after PRP treatment. Forty patients with IC/BPS who were refractory to conventional therapy received four injections of PRP at monthly intervals; 10 mL PRP solution with 2.5 times the peripheral blood platelet concentration was used. Urine levels of thirteen functional proteins, growth factors, and cytokines were assessed at baseline and at the 4th PRP injection. The clinical parameters included visual analog scale (VAS) pain score, daily urinary frequency, nocturia episodes, functional bladder capacity, and global response assessment (GRA). The GRA and symptom score significantly decreased post-treatment. In patients with GRA>=2, the success rates at 1 month and at 3 months after the 4th PRP injection were 70.6% and 76.7%, respectively. The VAS pain score, frequency, and nocturia showed a significant decrease (all p<0.05). Urinary levels of nerve growth factor, matrix metalloproteinase-13, and vascular endothelial growth factor significantly decreased post-treatment (p=0.043, p=0.02, and p=0.000, respectively); platelet-derived growth factor-AB showed a significant increase (p=0.004) at the 4th PRP treatment compared with baseline. In this study, repeated intravesical PRP injections provided significant symptom improvement in IC/BPS patients with concomitant changes in the related biomarker levels. Trial registration: ClinicalTrial.gov: NCT03104361; IRB: TCGH 105-48-A.

PMID 32939046 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32939046]
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Publisher
NLM (Medline)
Year of Publication
2020

591.

T regulatory cells and TGF-beta1: Predictors of the host response in mesh complications.
Artsen A.M., Liang R., Meyn L., Rytel M., Palcsey S., Abramowitch S.D., Moalli P.A.
Embase
AN: 2007467046
Polypropylene mesh is frequently used in urogynecology procedures; however, pain and mesh exposure into the vagina occur in ~10% of cases. Mesh-induced pain, which occurs with or without exposure, persists after removal in 50% of cases. Chronic pain history predicts poor response to mesh removal but only a fraction have this diagnosis. We hypothesize that mesh induced pain is correlated with fibrosis and failure to improve with a heightened inflammatory and fibrotic host response. Women undergoing mesh removal were offered participation in a mesh biorepository. Standardized questionnaires including visual analog scale (VAS) pelvic pain scores
were completed at enrollment and 6 months after removal. Responders were considered those with >=13 mm VAS improvement. 30 mesh-tissue explants were randomly selected for analysis. Samples were labeled for CD8, CD4 (Th) and FoxP3 (Tregs). Peri-fiber collagen deposition (fibrosis) was measured using a customized semi-quantitative assay. Concentrations of TGF-b1, bFGF, MCP-1, PDGF-BB, and IGFBP-1 in tissue were determined by immunoassay and compared to vaginal control biopsies with pathway analysis. VAS pain scores were correlated with degree of histologic fibrosis. Responders had more Tregs (7.8 vs 0.3 per mm2, p = 0.036) and patients were 1.6 times as likely to be a responder for every additional Treg/mm2 (p = 0.05). Pro-fibrotic TGF-beta1 was doubled in nonresponders (p = 0.032). On pathway analysis, decreased bFGF and increased PDGF-BB provide a possible mechanism for upregulation of TGF-beta1. In conclusion, fibrosis is a plausible mechanism of pain complications and the adaptive immune response likely contributes to mitigation/prevention of complications and recovery in affected patients. Statement of Significance: Polypropylene mesh improves anatomical outcomes in urogynecologic procedures, but is associated with complications, including pain and exposure through the vaginal epithelium. Mesh-induced pain is difficult to treat, and it is unclear why only half of women experience pain improvement after mesh removal. In this study, patient pain correlated with the presence of fibrosis and women with more T regulatory cells and lower TGF-beta1 were more likely to have pain improvement following mesh removal. These findings implicate fibrosis as a mechanism of pain complications and suggest that the adaptive immune response may be responsible for prevention of complication and recovery. This improved understanding of how mesh can lead to pain moves us closer to the ultimate goal of preventing mesh complications.

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Status
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Publisher
Acta Materialia Inc
Year of Publication
2020

592.

Immune response against Chlamydia trachomatis via toll-like receptors is negatively regulated by SIGIRR.
Al-Kuhlani M., Lambert G., Pal S., de la Maza L., Ojcius D.M.
Embase
[Article]
Chlamydia trachomatis is the most common bacterial sexually-transmitted infection and the major cause of preventable blindness worldwide. The asymptomatic nature of many infections along with uncontrolled inflammation leads to irreversible damage in the upper genital tract and the tarsal conjunctivae, with the major complications of infertility and chronic pelvic pain, and blindness, respectively. Inflammation must, therefore, be tightly regulated to avoid an unrestrained immune response. The genetic factors that regulate inflammation through Toll-like receptor (TLR) signaling pathways during C. trachomatis infection have not been fully characterized. SIGIRR (also known as IL-1R8 or TIR8) can regulate inflammation in response to various pathogens and diseases. However, nothing is known about its role during C. trachomatis infection. Expression of the pro-inflammatory chemokine, IL-8, was measured in epithelial cells infected with C. trachomatis. The effect of SIGIRR was determined by depleting SIGIRR or over-expressing SIGIRR in the epithelial cells before infection. Our results indicate that, in the absence of SIGIRR, epithelial cells induce higher levels of the pro-inflammatory chemokine, IL-8, in response to C. trachomatis infection. In addition, SIGIRR associates with MyD88 in both infected and uninfected infected cells. Collectively, our data demonstrate that SIGIRR functions as a negative regulator of the immune response to C. trachomatis infection. This finding provides insights into the immuno-pathogenesis of C. trachomatis that can be used to treat and identify individuals at risk of uncontrolled inflammation during infection.

Chronic Pain Following Cosmetic Breast Surgery: A Comprehensive Review.

Introduction: Cosmetic breast surgery is commonly performed in the United States; 520,000 procedures of the total 1.8 million cosmetic surgical procedures performed in 2018 were breast related. Postoperative chronic pain, defined as lasting 3 or more months, has been reported in a wide variety of breast surgical procedures including breast augmentation, reduction.
mammaplasty, mastectomy, and mastectomy with reconstruction. Patient characteristics associated with the development of postoperative chronic pain following cosmetic breast surgery include a younger age, larger BMI, smaller height, postoperative hyperesthesia, and elevated baseline depression, anxiety, and catastrophizing scores. The anatomical distribution of chronic pain following breast augmentation procedures is dependent upon incision site placement; pectoral and intercostal nerves have been implicated. The purpose of this review is to provide an update on the current literature addressing the pathophysiology, clinical presentation, and treatment of patients presenting with chronic postoperative pain following cosmetic breast surgery.

Method(s): A comprehensive literature review was performed in MEDLINE, PubMed, and Cochrane databases from 1996 to 2019 using the terms "cosmetic surgery", "breast surgery", "postoperative pain", and "chronic pain".

Result(s): Cosmetic breast surgery can have a similar presentation as post-mastectomy pain syndrome and thus have overlapping diagnostic criteria. Seven domains are identified for a diagnosis of PBSPS: Pain after breast surgery, neuropathic in nature, at least a moderate intensity of pain, as defined as within the middle one-third of the selected pain scale, pain for at least 6 months, symptoms occurring for 12 or more hours a day for a minimum of 4 days each week, pain in at least one of the following sites: breast, chest wall, axilla, or arm on the affected side, pain exacerbated by movement. Patient risk factors and surgical risk factors may influence the development of chronic post-cosmetic surgery breast pain. Improved perioperative analgesia including preoperative regional nerve anesthesia and postoperative catheter infusion have been shown to improve chronic postoperative pain outcomes.

Conclusion(s): The present review provides a discussion of clinical presentation, pathophysiology, and treatment and preventative strategies for chronic breast pain following cosmetic surgery. This review provides evidence from multiple randomized controlled trials (RCTs) and systematic reviews of efficacy and effectiveness. While chronic postoperative breast pain remains challenging to treat, various preventative strategies have been described to improve postoperative pain outcomes.

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Pelvic girdle pain, hypermobility spectrum disorder and hypermobility-type ehlers-danlos syndrome: A narrative literature review.
Ali A., Andrzejowski P., Kanakaris N.K., Giannoudis P.V.
Embase
[Review]
AN: 2005584734

Pelvic girdle pain (PGP) refers specifically to musculoskeletal pain localised to the pelvic ring and can be present at its anterior and/or posterior aspects. Causes such as trauma, infection and pregnancy have been well-established, while patients with hypermobile joints are at greater risk of developing PGP. Research exploring this association is limited and of varying quality. In the present study we report on the incidence, pathophysiology, diagnostic and treatment modalities for PGP in patients suffering from Hypermobility Spectrum Disorder (HSD) and Hypermobility-Type Ehlers-Danlos Syndrome (hEDS). Recommendations are made for clinical practice by elaborating on screening, diagnosis and management of such patients to provide a holistic approach to their care. It appears that this cohort of patients are at greater risk particularly of mental health issues. Moreover over, they may require a multidisciplinary approach for their management. Ongoing research is still required to expand our understanding of the relationship between PGP, HSD and hEDS by appropriately diagnosing patients using the latest updated terminologies and by conducting randomised control trials to compare outcomes of interventions using standardised patient reported outcome measures.

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Dexamethasone versus magnesium sulfate as an adjuvant to local anesthetics in the ultra-sound guided injection of piriformis muscle for the treatment of piriformis syndrome.
Ahmed M.A.A.
Embase
[Article]
AN: 2004936150
Background: Piriformis Syndrome (PS) is an underdiagnosed cause of buttock, thigh and leg pain, most probably because it is thought to be a rare cause of sciatica. PS is widely believed to be myofascial in origin.

Material(s) and Method(s): This prospective, randomized, controlled, double-blind study was conducted at the pain management department. 50 patients aged from 20 to 60 years old were included in this study. The selected patients were randomly allocated into 2 groups containing 25 patients each; Group D received a total of 5 mL which included 2mL lidocaine 2%, 2mL (8 mg) dexamethasone and 1mL normal saline 0.9%, and Group M received a total of 5mL which included 2mL lidocaine 2%, 3mL magnesium sulphate (MgSO4) (2.5%). Patients demographic characteristics, baseline physical examination findings of the patients as well as the duration of pain were all recorded. Patients were re-assessed immediately after injection, 1 week, 1 month, and 3 months after the injection. Numeric Rating Scale (NRS) values were used at each evaluation time to assess the pain, while patients were in sitting, standing, and lying positions. All patients were assessed immediately and for 4 hours post-injection for any side effects related to the drugs used.

Result(s): In the pre-injection time, immediately after and 1 week after injection, there were no statistically significant differences between groups D and M in pain values. While, on comparison between both groups, group M, was significantly better than group D, in NRS values 1 month and 3 months after injection. In group D, pain score values were significantly better immediately, 1 week, and 1 month after injection compared to the pre-injection values, while these values were not significantly different 3 months after injection compared with the pre-injection values. In group M, pain score values were significantly better immediately, 1 week, 1 month, and 3 months after injection compared to the pre-injection values.

Conclusion(s): Magnesium sulfate was more effective, especially for long term pain relief (3 months) when compared to dexamethasone as they were used as adjuvants to lidocaine, if injected into the piriformis muscle (PM) guided by ultrasound in the management of PS refractory as initial conservative treatment.

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the best fit. The terms chosen to describe the pain trajectories were: "fluctuating" (n = 586 [31%]), "persistent mild" (n = 449 [24%]), "persistent moderate" (n = 414 [22%]), "persistent severe" (n = 251 [13%]), and "gradual improvement" (n = 205 [11%]). In a multinomial logistic regression model using "gradual improvement" as the reference category, the "persistent moderate," "persistent severe," and "fluctuating" pain groups were associated with chronic widespread pain, elevated levels of catastrophizing, and poorer mental health. The "persistent mild" group was associated with sleep difficulties only. This study finds that although most individuals have a stable pain course, individuals in the largest distinct trajectory reports pain that fluctuate between mild and moderate levels, thus fluctuating under and above the chronic pain definition using moderate pain or more as a criterion.

Perspective(s): When examining the long-term course of chronic pain in the general population, 5 trajectories emerge. Although most individuals have stable pain, the largest distinct trajectory fluctuated under and above the chronic pain cut-off, using moderate pain or more as a criterion. A dichotomous categorization of chronic pain may be overly simplistic.

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31698134 [https://www.ncbi.nlm.nih.gov/pubmed/?term=31698134]

Status
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Publisher
Churchill Livingstone Inc.
Year of Publication
2020

597.

Risk factors for pelvic girdle pain postpartum and pregnancy related low back pain postpartum; a systematic review and meta-analysis.
Embase
[Review]
AN: 2006727522
Background: Although pelvic girdle pain postpartum and pregnancy related low back pain postpartum (combined and named PGPP in this study) have a natural favourable course, there is a subgroup of women who have persistent complaints. The objective of this study was to identify personal-, (pre)pregnancy-, obstetric-, and child related risk factors on PGPP by means of a systematic literature review and meta-analysis.
Method(s): Literature searches of PubMed, EMBASE, CINAHL and Cochrane up to October 2018 were conducted. Prospective cohort studies in English or Dutch describing three or more risk factors for PGPP were included. We assessed articles for inclusion and risk of bias. Studies with high risk of bias were excluded from data extraction. Data was extracted and checked for accuracy confirming to the CHARMS-checklist. Homogeneous variables were pooled.
Result(s): Twelve full text studies were assessed. Seven studies were excluded due to high risk of bias. Data was extracted from five studies. Multivariate analysis was not possible due to heterogeneity in included risk factors as well as outcome measures on risk factor per study. Pooled univariate significant risk factors on PGPP were: a history of low back pain, pre-pregnancy body mass index >25, pelvic girdle pain in pregnancy, depression in pregnancy, and a heavy workload in pregnancy. No significant obstetric and child related risk factors were reported.

Conclusion(s): Risk factors on PGPP have been identified. Since multivariate analysis was not possible the outcome should be treated with care, because interaction between risk factors could not be analysed.

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PMID
32560862 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32560862]

Status
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Publisher
Elsevier Ltd
Year of Publication
2020

598.

Pudendal neuromodulation for pelvic pain.
Gracely A., Gupta P.
Embase
Current Bladder Dysfunction Reports. 15(3) (pp 113-120), 2020. Date of Publication: 01 Sep 2020.
[Review]
AN: 2005222213
Purpose of Review: Current literature regarding the role of neuromodulation for the treatment of pelvic pain will be addressed with a focus on pudendal neuromodulation. The mechanism of action for pudendal nerve stimulation and technique for pudendal neuromodulation will be reviewed. Literature regarding the efficacy of neuromodulation for the treatment of pelvic pain will be summarized. Recent Findings: Multiple studies have demonstrated efficacy of various modalities of neuromodulation in the treatment of chronic pelvic pain.
Summary: Neuromodulation may be an effective treatment option for the treatment of chronic pelvic pain, with studies showing a reduction of pain and an improvement in quality of life with various neuromodulation modalities. However, the quality of these studies is generally poor and further large-scale, randomized controlled trials are required.
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Status
Embase
Institution
Gabapentin for chronic pelvic pain in women (GaPP2): a multicentre, randomised, double-blind, placebo-controlled trial.


Embase


[Article]

AN: 2007930926

Background: Chronic pelvic pain affects 2-24% of women worldwide and evidence for medical treatments is scarce. Gabapentin is effective in treating some chronic pain conditions. We aimed to measure the efficacy and safety of gabapentin in women with chronic pelvic pain and no obvious pelvic pathology.

Method(s): We performed a multicentre, randomised, double-blind, placebo-controlled randomised trial in 39 UK hospital centres. Eligible participants were women with chronic pelvic pain (with or without dysmenorrhoea or dyspareunia) of at least 3 months duration. Inclusion criteria were 18-50 years of age, use or willingness to use contraception to avoid pregnancy, and no obvious pelvic pathology at laparoscopy, which must have taken place at least 2 weeks before consent but less than 36 months previously. Participants were randomly assigned in a 1:1 ratio to receive gabapentin (titrated to a maximum dose of 2700 mg daily) or matching placebo for 16 weeks. The online randomisation system minimised allocations by presence or absence of dysmenorrhoea, psychological distress, current use of hormonal contraceptives, and hospital centre. The appearance, route, and administration of the assigned intervention were identical in both groups. Patients, clinicians, and research staff were unaware of the trial group assignments throughout the trial. Participants were unmasked once they had provided all outcome data at week 16-17, or sooner if a serious adverse event requiring knowledge of the study drug occurred. The dual primary outcome measures were worst and average pain scores assessed separately on a numerical rating scale in weeks 13-16 after randomisation, in the intention-to-treat population. Self-reported adverse events were assessed according to intention-to-treat principles. This trial is registered with the ISRCTN registry, ISRCTN77451762.

Finding(s): Participants were screened between Nov 30, 2015, and March 6, 2019, and 306 were randomly assigned (153 to gabapentin and 153 to placebo). There were no significant between-group differences in both worst and average numerical rating scale (NRS) pain scores at 13-16 weeks after randomisation. The mean worst NRS pain score was 7.1 (standard deviation [SD] 2.6) in the gabapentin group and 7.4 (SD 2.2) in the placebo group. Mean change from baseline was -1.4 (SD 2.3) in the gabapentin group and -1.2 (SD 2.1) in the placebo group (adjusted mean difference -0.20 [97.5% CI -0.81 to 0.42]; p=0.47). The mean average NRS pain score was 4.3
(SD 2.3) in the gabapentin group and 4.5 (SD 2.2) in the placebo group. Mean change from baseline was -1.1 (SD 2.0) in the gabapentin group and -0.9 (SD 1.8) in the placebo group (adjusted mean difference -0.18 [97.5% CI -0.71 to 0.35]; p=0.45). More women had a serious adverse event in the gabapentin group than in the placebo group (10 [7%] of 153 in the gabapentin group compared with 3 [2%] of 153 in the placebo group; p=0.04). Dizziness, drowsiness, and visual disturbances were more common in the gabapentin group.

Interpretation(s): This study was adequately powered, but treatment with gabapentin did not result in significantly lower pain scores in women with chronic pelvic pain, and was associated with higher rates of side-effects than placebo. Given the increasing reports of abuse and evidence of potential harms associated with gabapentin use, it is important that clinicians consider alternative treatment options to off-label gabapentin for the management of chronic pelvic pain and no obvious pelvic pathology.

Funding(s): National Institute for Health Research.

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PMID 32979978 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32979978]

The Effect of Twelve Week Neurofeedback Training on Perceptual Pain Intensity, Fear of Pain, Pelvic Drop, and Dynamic Knee Valgus Index in Men with Patellofemoral Pain Syndrome: A Randomized Double-Blind Clinical Trial.

Ahmadi M.R., Yalfani A., Gandomi F., Rashid K.

Embase
Sadra Medical Sciences Journal. 8(2) (pp 151-164), 2020. Date of Publication: April 2020.

[Article]
AN: 2010319212

Introduction: Patellofemoral Pain Syndrome is accompanied by Pelvic Drop and Valgus Dynamic Knee. Pain And fear of pain have been reported as some mechanisms of its occurrence. The present study is to investigate the effect of twelve-week neurofeedback training on perceptual pain intensity, fear of pain, pelvic drop, and dynamic knee valgus index in men with Patellofemoral Pain Syndrome.

Method(s): 32 patients with PFPS participated in this study. They were randomly divided into experimental (n = 16) and control (n = 16) groups. The instruments used in this study consist of the VAS scale for pain, McNeil questionnaire for fear of pain, camera and Kinova Software for pelvis drop and dynamic valgus index when going down the stairs. The experimental group performed neurofeedback training for twelve weeks, 3 times per week, and 30 Min per Session;
however, the control group did not receive any treatment during this time. The covariance statistical method was used through SPSS software, version 21, for data analysis.

Result(s): The results showed that the experimental group after twelve weeks of neurofeedback training had significant improvement in pain reduction (P = 0.001), fear of pain (P = 0.004) and Valgus Knee Dynamics Index (P = 0.005); however, there was no significant improvement in drop pelvis (P = 0.45).

Conclusion(s): It seems that the pelvic drop and Knee Dynamic Valgus Index are influenced by perceptual pain intensity and fear of pain. Dynamic Knee Valgus Index has been significantly influenced by perceptual pain intensity and fear of pain since it decreased after twelve weeks of neurofeedback training.

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The comparison of outcome in treating proximal ureteric stones of size 10 mm to 15 mm using extracorporeal shock wave lithotripsy as compared to ureterorenoscopic manipulation using holmium laser.

Bangash K., Riaz A., Mumtaz H., Zaman F., Malkani I., Qureshi M.D., Ali F.H., Anwar K.

Embase
AN: 2012862482

Urinary stone disease or nephrolithiasis, the third most common disease of the urinary tract, is a major health issue due to its high prevalence, occurrence, and recurrence. The hallmark of a stone that obstructs the ureter or renal pelvis is excruciating, intermittent pain that radiates from the flank to the groin or to the inner thigh. Stone size influences the rate of spontaneous stone passage. Our aim was to compare the efficacy & the frequency of stone-free patients after intervention at 1 week after extracorporeal shock wave lithotripsy (ESWL) and ureterorenoscopic (URS) manipulation for proximal ureteric stone (10-15 mm size). This randomized control trial was done in the department of Urology, KRL Hospital Islamabad from 18th Nov 2019 to 18th May 2020. After meeting the inclusion criteria, 100 patients were enrolled and were divided into two groups. The first group was treated with ESWL and the other with URS. Then, procedures were done. Follow-up was noted after 1 week in the stone clinic. The average age of the patients was 39.71 +/- 10.17 years. Efficacy in the ESWL group was found in 68% cases while in the URS
group, efficacy was noticed in 76% cases (P > 0.05). Male patients were three times at a higher risk of recurrence as compared to females. This study concluded that both ESWL and URS are equally effective statistically in terms of the frequency of stone-free patients at 1 week for proximal ureteric stone (10-15 mm size).

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A Systematic Literature Review of Peripheral Nerve Stimulation Therapies for the Treatment of Pain.

Objective. To conduct a systematic literature review of peripheral nerve stimulation (PNS) for pain. Design. Grade the evidence for PNS. Methods. An international interdisciplinary work group conducted a literature search for PNS. Abstracts were reviewed to select studies for grading. Inclusion/exclusion criteria included prospective randomized controlled trials (RCTs) with meaningful clinical outcomes that were not part of a larger or previously reported group. Excluded studies were retrospective, had less than two months of follow-up, or existed only as abstracts. Full studies were graded by two independent reviewers using the modified Interventional Pain Management Techniques-Quality Appraisal of Reliability and Risk of Bias Assessment, the Cochrane Collaborations Risk of Bias assessment, and the US Preventative Services Task Force level-of-evidence criteria. Results. Peripheral nerve stimulation was studied in 14 RCTs for a variety of painful conditions (headache, shoulder, pelvic, back, extremity, and trunk pain). Moderate to strong evidence supported the use of PNS to treat pain. Conclusion. Peripheral nerve stimulation has moderate/strong evidence. Additional prospective trials could further refine appropriate populations and pain diagnoses.

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PMD 32803220 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32803220]

Status
Embase
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(Deer) The Spine and Nerve Center of the Virginias, Charleston, WV, United States (Esposito) Florida Pain Institute, Melbourne, FL, United States (McRoberts) Anodyne Research, University of Miami, Miami, FL, United States
Pharmacological management of endometriosis-related pain: The expert opinion.
Dubrovin S.O., Berlim Y.D., Bezhenar V.F., Gimbut V.S., Baranov I.I.
Embase
[Review]
AN: 2007068172
Aim: The aim of this review article was to analyze and summarize the current treatment options of endometriosis-associated pain to provide additional information about treatment personalization for clinicians.
Background(s): Despite numerous studies being published, endometriosis is still one of the main challenges in gynecology. The etiology of endometriosis is unclear while its mechanism is believed to be connected to the peritoneal endometriotic lesions via retrograde menstruation, immunity abnormalities, and genetic, environmental, and lifestyle factors. Patients with endometriosis generally have to cope with chronic pelvic pain which definitely affects the quality of life. The disease is often characterized by a persistent recurrent course; therefore, when choosing a treatment, special attention should be paid not only to its efficacy, but also to long-term safety, tolerability, and compliance. Review results: Actual and relevant publications in PubMed and eLibrary databases were studied. The authors highlight the pathogenic mechanisms of endometriosis and the current state of pharmacological management options. The available evidence on the use of combined oral contraceptives (COCs) for pelvic pain is critically assessed.
and the authors propose their opinion on the alternative treatment options with progestogens which seem to be an effective alternative to COCs with a more favorable safety profile.

Conclusion(s): Progestogens are an effective alternative to COCs in the treatment of endometriosis-associated pain; however, further well-conducted trials are needed in both types of therapy. Clinical significance: The results of this literature review provide additional information to enable clinicians to personalize the treatment of endometriosis-associated pain.

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604.

The Prevalence of Endometriosis in Adolescents with Pelvic Pain: A Systematic Review.

Hirsch M., Dhillon-Smith R., Cutner A.S., Yap M., Creighton S.M.

Embase


[Review]

AN: 2007902870

Study Objective: Endometriosis is a recognized cause of pelvic pain in adolescents with menstrual symptoms that significantly affect education, activity, and social interactions. We aim to provide an updated systematic review of the prevalence of endometriosis in adolescents with pelvic pain presenting for gynecological investigation.

Data Sources: We searched Medline, Embase, and Cinahl from 2011 to July 2019. Methods of Study Selection: We included cohort studies of adolescents with pelvic pain undergoing gynecological investigation. Two authors independently selected studies and extracted study characteristics and prevalence data. Methodological quality was assessed using the Critical Appraisal Skills Program for cohort studies.

Result(s): This updated systematic review evaluated a total of 19 studies including 1243 symptomatic adolescents. In all, 648 of 1011 (64%) adolescents undergoing laparoscopy were found to have endometriosis. The prevalence ranged from 25% to 100%, with a mean prevalence of 64%. Thirteen studies including 381 participants categorized disease severity using the revised American Society of Reproductive Medicine classification. Among these, 53% of participants (201/381) had stage I, 28% (105/381) had stage II, 20% (76/381) had stage III, and 13% (49/381) had stage IV disease.
Conclusion(s): The prevalence of endometriosis among adolescents with pelvic pain symptoms is high. Endometriosis is treatable, and prompt recognition will help to ensure that adolescents are signposted earlier to appropriate specialists. The management of adolescents with suspected endometriosis should be consistent with best practice guidance. Despite recommendations to increase the awareness and knowledge of endometriosis in adolescence, minimal research has followed.

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PMID 32736134 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32736134]

Status

Embase

Institution

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Publisher

Elsevier Inc.

Year of Publication

2020

605.

AAAPT Diagnostic Criteria for Acute Abdominal and Peritoneal Pain After Surgery.

Bicket M.C., Grant M.C., Scott M.J., Terman G.W., Wick E.C., Wu C.L.

Embase


[Article]

AN: 2006058092

Abdominal and peritoneal pain after surgery is common and burdensome, yet the lack of standardized diagnostic criteria for this type of acute pain impedes basic, translational, and clinical investigations. The collaborative effort among the Analgesic, Anesthetic, and Addiction Clinical Trial Translations, Innovations, Opportunities, and Networks, American Pain Society, and American Academy of Pain Medicine Pain Taxonomy (AAAPT) provides a systematic framework to classify acute painful conditions. Using this framework, a multidisciplinary working group reviewed the literature and developed core diagnostic criteria for acute abdominal and peritoneal pain after surgery. In this report, we apply the proposed AAAPT framework to 4 prototypical surgical procedures resulting in abdominal and peritoneal pain as examples: cesarean delivery, cholecystectomy, colorectal surgical procedures, and pancreas resection. These diagnostic criteria address the 3 most common surgical procedures performed in the United States, capture diverse surgical approaches, and may also be applied to other surgical procedures resulting in abdominal and peritoneal pain. Additional investigation regarding the validity and reliability of this framework will facilitate its adoption in research that advances our comprehension of mechanisms, deliver better treatments, and help prevent the transition of acute to chronic pain after surgery in the abdominal and peritoneal region.

Perspective(s): Using AAAPT, we present key diagnostic criteria for acute abdominal and peritoneal pain after surgery. We provide a systematic classification using 5 dimensions for abdominal and peritoneal pain that occurs after surgery, in addition to 4 specific surgical procedures: cesarean delivery, cholecystectomy, colorectal surgical procedures, and pancreas resection.
Embase
[Article]
AN: 2005123219
Background: Chronic pelvic pain (CPP) is defined as recurrent or continuous pain in the lower abdomen or pelvis, non-menstrual or non-cyclic, lasting at least 6 months. There is strong evidence that up to 85% of patients with CPP have serious dysfunction of the musculoskeletal system, including abdominal myofascial syndrome (AMPS). AMPS is characterized as deep abdominal pain, originating from hyperirritable trigger points, usually located within a musculoskeletal range or its fascia of coating. In the literature, there are few studies that address AMPS.
Objective(s): This study aimed to compare the responses of ashi acupuncture treatment and local anesthetic injection in the treatment of chronic pelvic pain secondary to abdominal myofascial pain syndrome in women.
Study Design: Randomized controlled clinical trial.
Setting(s): Tertiary University Hospital.
Method(s): Women with a clinical diagnosis of CPP secondary to AMPS were randomized and evaluated using instruments to assess clinical pain, namely, the visual analogue scale (VAS), numerical categorical scale (NCS), and the McGill Questionnaire, after receiving treatment with ashi acupuncture (group A, n = 16) or local anesthetic injections (group B, n = 19). They were
reevaluated after one week and one, 3, and 6 months after each treatment, in addition to assessments of pain and adverse events performed during the sessions.

Result(s): Ashi acupuncture and local anesthetic injections were both effective in reducing clinical pain assessed through the analyzed variables among study participants. There was no difference between the groups and there was a strong correlation between these pain assessment instruments.

Limitation(s): The absence of blinding to the different forms of treatment among the patients and the researcher directly involved in the treatment, the absence of a placebo group, the selective exclusion of women with comorbidities and other causes of CPP, and the difference between the number of sessions used for each technique.

Conclusion(s): Treatments with ashi acupuncture and local anesthetic injections were effective in reducing clinical pain in women with abdominal myofascial pain syndrome.

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PMID 32967393 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32967393]

Status Embase

Institution (Mitidieri, Baltazar, da Silva, Gurian, Poli-Neto, Candido-Dos-reis, Nogueira, Rosa-E-silva)

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Publisher American Society of Interventional Pain Physicians

Year of Publication 2020

Is Recover therapy effective in reducing pain in women with vulvodynia? Czy terapia Recover skutecznie zmniejsza bol u kobiet z wulwodynia?

Baszak-Radomanska E., Wanczyk-Baszak J., Nowosad M., Sawka J., Mazurkiewicz A., Ochnik-Bak K., Malicki P.

Embase

Seksuologia Polska. 18 (no pagination), 2020. Date of Publication: 2020.

[Article]

AN: 2011717506

Introduction: Vulvodynia (Vd) is a form of chronic vulvar pain and other discomfort that persists for more than three months in the absence of any evident vulvovaginal pathology. Provoked Vd is one of the reasons of dyspareunia. Vd is classified as a functional pain syndrome that is mediated by pelvic floor muscles dysfunction (PFMD overactive state) and psychological predisposition. Treatment standards do not exist, although multidisciplinary therapy seems to be the most effective.

Material(s) and Method(s): Retrospective study was performed within 121 women with Vd who undergo Recover therapy. Nineteen therapeutic sessions were included, with manual pelvic therapy, initial general physiotherapy and psychological consultations performed during minimum 5 days. Vd patients with PFMD overactive state were qualified by a gynecologist to the therapy, who also summarizes the treatment. Pain rate and characteristics of vulvar discomfort were assessed before and 2 and 6 months after therapy, recorded in NRS.

Result(s): Vulvar pain and discomfort subjective reduction by 65% was confirmed after therapy, even more, 2/3 of women reported a minimum 50% relief in pain, the improvements were
maintained over the time. The best treatment results in dyspareunia women caused by provoked Vd were obtained. The outcome was not dependent on the duration of Vd.

Conclusion(s): In the center when women with vulvar diseases and Vd are treated, interdisciplinary Vd therapeutic program was developed. Recover therapy can lead to clinically meaningful improvement in Vd pain, according to chronic pain therapy assessment criteria. Randomized clinical trial with control group is indicated, when other key parameters of IMMPACT consensus, for Recover therapy assessment, would be taken under consideration.

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Embase
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(Baszak-Radomanska, Wanczyk-Baszak, Nowosad, Sawka, Mazurkiewicz, Ochnik-Bak, Malicki)
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Publisher
Via Medica
Year of Publication
2020

608.

Metabolic, pharmacokinetic, and toxicological issues of biologic therapies currently used in the treatment of hidradenitis suppurativa.

Molinelli E., Sapigni C., Campanati A., Brisigotti V., Offidani A.

Embase
Expert Opinion on Drug Metabolism and Toxicology. 16(11) (pp 1019-1037), 2020. Date of Publication: 01 Nov 2020.

[Review]
AN: 2006944961

Introduction: Hidradenitis suppurativa is a chronic, relapsing, debilitating inflammatory dermatologic disease of the terminal hair follicles at intertriginous sites clinically characterized by painful inflammatory nodules, abscesses, draining sinus tracts, and dermal fibrosis. The management of hidradenitis suppurativa is a challenge and usually consists of both medical and surgical approaches, which must often be combined for best outcome. The introduction of biological therapies, specifically TNF-alpha-inhibitors such as adalimumab, has profoundly changed the therapeutic armamentarium of the disease. Areas covered: The PubMed database was searched using combinations of the following keywords: hidradentis suppurativa, biologic therapy, TNF-alpha inhibitors, adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, adverse effects, pharmacodynamics, pharmacology, adverse events, pharmacokinetics, drug interaction. This article reviews and updates the chemistry, pharmacokinetics, mechanism of action, adverse effects, drug interactions of on-label and off-label use of TNF-alpha inhibitors in HS. Expert opinion: Biologic agents, particularly adalimumab, exhibit clinical efficacy in patients with hidradenitis suppurativa. Careful patient selection and close monitoring during treatment are mandatory to provide safe and effective use of the TNF-alpha inhibitor. Familiarity with biologic agents is crucial because these agents could become a consolidated treatment option in the clinician's therapeutic approaches.

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32896186 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32896186]

Status
Embase
Author NameID
Baseline pain characteristics predict pain reduction after physical therapy in women with chronic pelvic pain. Secondary analysis of data from a randomized controlled trial.

Nygård A.S., Haugstad G.K., Wilsgaard T., Oian P., Stedenfeldt M.

Embase

[Article]
AN: 2007012196

Background and aims: Women with chronic pelvic pain represent a heterogeneous group, and it is suggested that the existence of sub-groups can explain varying results and inconclusiveness in clinical trials. Some predictors of treatment outcome are suggested, but the evidence is limited. The primary aim of this study was to explore if selected pre-treatment characteristics of the participants in a recently conducted randomized controlled trial were associated with treatment outcome.

Method(s): In this study secondary analysis of data collected in a randomized trial were conducted. The participants were women with chronic pelvic pain randomized to two different physical therapy treatments. Analyses in this study were performed for the whole group as a cohort. The primary outcome measure was change in pain intensity from baseline to 12 months, measured with the numeric rating scale (0-10). The women were asked to rate their mean pelvic pain intensity during the last 7 days. Based on previous research and on available variables from the randomized controlled trial four potential predictive factors were derived from the baseline data and assessed one by one in a linear regression model, adjusted for age and treatment group. The variables with strongest association (p < 0.10) with the primary outcome were further included in a multivariable linear regression model with backward selection, adjusted for age and treatment group.

Result(s): Fifty women (mean age 38.1, SD = 12.2) were included in the analysis. For these women the mean change in pain intensity was -1.2 points (95% CI -1.8 to -0.7) from baseline to 12 months. The multivariable regression model showed that pelvic pain duration of 6 years or more was associated with less decrease in pain intensity with a regression coefficient of 1.3 (95% CI 0.3-2.4). Baseline pain intensity was associated with higher pain reduction after PT treatment with a regression coefficient per SD increase in baseline pain of -0.6 (95% CI -1.1 to -0.1). None of the women with main pain site other places than in the pelvis reported any pain reduction after physical therapy treatment, but due to the small numbers the predictor was not included in the regression analysis.

Conclusion(s): We identified that pelvic pain duration of 6 years or more was associated with less pain reduction, and that higher baseline pain intensity was associated with higher pain reduction after physical therapy treatment in this sample of women with chronic pelvic pain. For the variable main pain site other places than the pelvis the results are unsure due to small numbers.
Implications: Based on our finding of long pain duration as a negative predictor for pain reduction, we emphasize that early intervention is important. Many of the participants in our RCT reported pelvic surgeries or other treatments prior to referral for PT, and we suggest that referral to a non-invasive intervention such as PT should be considered at an earlier stage. In order to tailor interventions to the individual women's needs, thorough baseline assessments, preferably in a multidisciplinary setting, should be performed.

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Status  Embase
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Publisher De Gruyter Open Ltd
Year of Publication 2020

610.

Aromatase inhibitors for the treatment of endometriosis: a systematic review about efficacy, safety and early clinical development.
Embase
AN: 2007399465
Introduction: Pharmacotherapy has a key role in endometriosis treatment and management, however, a significant proportion of patients have only intermittent or limited benefits with current treatment options. Therefore, novel therapeutic approaches are necessary. Areas covered: This systematic review provides an overview of the efficacy and safety of aromatase inhibitors (AIs) as monotherapies and combination therapies for endometriosis. A systematic literature search was performed from January 1990 to April 2020 in the electronic database MEDLINE, EMBASE, The Cochrane Library, and Web of Science. Expert opinion: Based on the critical role of estrogens and the rate-limiting step in the production of the estrogens represented by the aromatase enzyme, AIs are a potential therapeutic option for women affected by endometriosis. Nevertheless, further research is needed to clarify the efficacy of AIs in this setting. Adverse effects need to be investigated to clarify the preventive role of add-back therapy. On that basis, AIs should be adopted only as second-line therapy in patients who are refractory to standard
treatments in the setting of scientific research. Further studies should define best dosages, appropriate add-back therapies, administration routes, treatment length, and which patients may benefit more from AIs.

Development trend and current situation of acupuncture-moxibustion indications.
Liu W.-H., Chen C., Wang F., Guo S.-N., Hao Y., Li S.-D.

To discuss the dominant diseases of acupuncture and moxibustion and their trend in development. At present, the concepts of acupuncture and moxibustion disease spectrum include efficacy-based graded disease spectrum of acupuncture and moxibustion and evidence-based graded disease spectrum of acupuncture and moxibustion. Hence, the ranges of dominant diseases are various in terms of the different concepts. Regarding the efficacy-based graded disease spectrum, 81 dominant diseases are included. In accordance with the principle of disease spectrum of evidence-based acupuncture and moxibustion, the articles of systematic reviews and meta-analysis of acupuncture and moxibustion published in Chinese medical journals were retrieved, and thus 68 dominant diseases of acupuncture and moxibustion were collected. In view of the retrieval result and the effect characteristics of acupuncture and moxibustion, the authors believe that the following 4 aspects should be involved in the development of the dominant diseases of acupuncture and moxibustion, named (1) painful
Pre- and postsurgical medical therapy for endometriosis surgery.

Chen I., Veth V.B., Choudhry A.J., Murji A., Zakhari A., Black A.Y., Agarpao C., Maas J.W.M.

Embase


[Article]

AN: 634485705

Background: Endometriosis is a common gynaecological condition affecting 10% to 15% of reproductive-age women and may cause dyspareunia, dysmenorrhoea, and infertility. One treatment strategy is combining surgery and medical therapy to reduce the recurrence of endometriosis. Though the combination of surgery and medical therapy appears to be beneficial, there is a lack of clarity about the appropriate timing of when medical therapy should be used in relation with surgery, that is, before, after, or both before and after surgery, to maximize treatment response.

Objective(s): To determine the effectiveness of medical therapies for hormonal suppression before, after, or both before and after surgery for endometriosis for improving painful symptoms, reducing disease recurrence, and increasing pregnancy rates.

Search Method(s): We searched the Cochrane Gynaecology and Fertility (CGF) Group trials register, CENTRAL, MEDLINE, Embase, PsycINFO, CINAHL, and two trials registers in November 2019 together with reference checking and contact with study authors and experts in the field to identify additional studies.

Selection Criteria: We included randomized controlled trials (RCTs) which compared medical therapies for hormonal suppression before, after, or before and after, therapeutic surgery for endometriosis.

Data Collection and Analysis: Two review authors independently extracted data and assessed risk of bias. Where possible, we combined data using risk ratio (RR), standardized mean difference or mean difference (MD) and 95% confidence intervals (CI). Primary outcomes were: painful symptoms of endometriosis as measured by a visual analogue scale (VAS) of pain, other validated scales or dichotomous outcomes; and recurrence of disease as evidenced by EEC (Endoscopic Endometriosis Classification), rAFS (revised American Fertility Society), or rASRM (revised American Society for Reproductive Medicine) scores at second-look laparoscopy.

Main Result(s): We included 25 trials with 3378 women with endometriosis. We used the term "surgery alone" to refer to placebo or no medical therapy. Presurgical medical therapy compared with placebo or no medical therapy. Compared to surgery alone, we are uncertain if presurgical medical hormonal suppression reduces pain recurrence at 12 months or less (dichotomous) (RR
1.10, 95% CI 0.72 to 1.66; 1 RCT, n = 262; very low-quality evidence) or whether it reduces disease recurrence at 12 months - total (AFS score) (MD -9.6, 95% CI -11.42 to -7.78; 1 RCT, n = 80; very low-quality evidence). We are uncertain if presurgical medical hormonal suppression decreases disease recurrence at 12 months or less (EEC stage) compared to surgery alone (RR 1.11, 95% CI 0.86 to 1.43; 1 RCT, n = 262; very low-quality evidence). We are uncertain if presurgical medical hormonal suppression improves pregnancy rates compared to surgery alone (RR 1.18, 95% CI 0.97 to 1.45; 1 RCT, n = 262; very low-quality evidence). No trials reported pelvic pain at 12 months or less (continuous) or disease recurrence at 12 months or less.

 Postsurgical medical therapy compared with placebo or no medical therapy. We are uncertain about the improvement observed in pelvic pain at 12 months or less (continuous) between postsurgical medical hormonal suppression and surgery alone (SMD -0.79, 95% CI -1.02 to -0.56; 3 RCTs, n = 340; I² = 91%; very low-quality evidence). Compared to surgery alone, postsurgical medical therapy may decrease pain recurrence at 12 months or less (dichotomous) (RR 0.70, 95% CI 0.52 to 0.94; 5 RCTs, n = 657; I² = 0%; low-quality evidence). We are uncertain if postsurgical medical hormonal suppression improves disease recurrence at 12 months - total (AFS score) compared to surgery alone (MD -2.29, 95% CI -4.01 to -0.57; 1 RCT, n = 51; very low-quality evidence). Disease recurrence at 12 months or less may be reduced with postsurgical medical hormonal suppression compared to surgery alone (RR 0.30, 95% CI 0.17 to 0.54; 4 RCTs, n = 433; I² = 58%; low-quality evidence). We are uncertain if postsurgical medical hormonal suppression improves disease recurrence at 12 months or less (EEC stage) (RR 0.88, 95% CI 0.67 to 1.15; 1 RCT, n = 285; very low-quality evidence). Pregnancy rate is probably increased with postsurgical medical hormonal suppression compared to surgery alone (RR 1.19, 95% CI 1.02 to 1.38; 11 RCTs, n = 955; I² = 27%; moderate-quality evidence). Pre- and postsurgical medical therapy compared with surgery alone or surgery and placebo. There were no trials identified in the search for this comparison. Presurgical medical therapy compared with postsurgical medical therapy. We are uncertain about the difference in pain recurrence at 12 months or less (dichotomous) between postsurgical and presurgical medical hormonal suppression therapy (RR 1.40, 95% CI 0.95 to 2.07; 2 RCTs, n = 326; I² = 2%; low-quality evidence). We are uncertain about the difference in disease recurrence at 12 months or less (EEC stage) between postsurgical and presurgical medical hormonal suppression therapy (RR 1.26, 95% CI 0.97 to 1.65; 1 RCT, n = 273; very low-quality evidence). We are uncertain about the difference in pregnancy rate between postsurgical and presurgical medical hormonal suppression therapy (RR 1.08, 95% CI 0.90 to 1.30; 1 RCT, n = 273; very low-quality evidence). No trials reported pelvic pain at 12 months or less (continuous), disease recurrence at 12 months - total (AFS score) or disease recurrence at 12 months or less (dichotomous). Postsurgical medical therapy compared with pre- and postsurgical medical therapy. There were no trials identified in the search for this comparison. Serious adverse effects for medical therapies reviewed. There was insufficient evidence to reach a conclusion regarding serious adverse effects, as no studies reported data suitable for analysis. Authors' conclusions: Our results indicate that the data about the efficacy of medical therapy for endometriosis are inconclusive, related to the timing of hormonal suppression therapy relative to surgery for endometriosis. In our various comparisons of the timing of hormonal suppression therapy, women who receive postsurgical medical therapy compared with no medical therapy or placebo may experience benefit in terms of pain recurrence, disease recurrence, and pregnancy. There is insufficient evidence regarding hormonal suppression therapy at other time points in relation to surgery for women with endometriosis.

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Status Embase

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Effects of whole body vibration exercise on lumbar-abdominal muscles activation for patients with chronic low back pain.
Embase
[Article]
AN: 2007572499
Background: Whole body vibration (WBV) training as an intervention method can cure chronic low back pain (CLBP). Different WBV parameters exert different effects on lumbar-abdominal muscle performance. Currently, there is a lack of study researched the influence of WBV training on patients with CLBP by lumbar-abdominal muscle activity. Therefore, this study aimed to investigate how WBV and exercise and their interactions influence lumbar-abdominal muscle activity in patients with CLBP.
Method(s): a group of ambulatory patients with chronic low back pain. Muscle activities of the multifidus (MF), erector spinae (ES), abdominal oblique externus muscle (AOE) and the rectus abdominis muscle (RA) were measured by surface electromyography, whereas participants performed 4 different exercises (single bridge, plank, side stay and V crunch) during three whole body vibration conditions and a no-vibration condition in a single experimental session.
Result(s): Compared with the same exercises without whole body vibration, muscle activity increased when whole body vibration was added to the exercises. MF; the WBV frequency (P = 0.002,) and exercise (P < 0.001) presented significant effects on the root mean square of MF, whereas exercise * frequency (P = 0.044) also resulted in significant interaction effects. ES: the significant differences were detected at WBV frequency (P < 0.001), exercise (P < 0.001), the interaction effect of exercise and frequency (P = 0.225) was no significant. RA: the significant difference was detected at WBV frequency (P = 0.018), the effect of exercise (P = 0.590) and the exercise * frequency interaction (P = 0.572) were no significant. AOE: the significant difference was detected at WBV frequency (P < 0.001), the effect of exercise (P = 0.152) and the exercise * frequency interaction (P = 0.380) were no significant.
Conclusion(s): Adding whole body vibration to exercise could increase muscle activation of lumbar-abdominal muscle in patients with CLBP. The optimum frequency for lumbar-abdominal muscles is 15 Hz. The best exercises include plank for multifidus and erector spinae, V crunch for rectus abdominis and single bridge for abdominal oblique externus. Clinical registration: Trial registration: ChiCTR-TRC-13003708. Registered 19 October 2013. The code of ethical approval: 2014008.
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Status
Embase
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Results of an early access treatment protocol of daratumumab monotherapy in Spanish patients with relapsed or refractory multiple myeloma.


Daratumumab is a human CD38-targeted monoclonal antibody approved as monotherapy for heavily pretreated relapsed and refractory multiple myeloma. We report findings for the Spanish cohort of an open-label treatment protocol that provided early access to daratumumab monotherapy and collected safety and patient-reported outcomes data for patients with relapsed or refractory multiple myeloma. At 15 centers across Spain, intravenous daratumumab (16 mg/kg) was administered to 73 patients who had >=3 prior lines of therapy, including a proteasome inhibitor and an immunomodulatory drug, or who were double refractory to both. The median duration of daratumumab treatment was 3.3 (range: 0.03-13.17) months, with a median number of 12 (range: 1-25) infusions. Grade 3/4 treatment-emergent adverse events were reported in 74% of patients and included lymphopenia (28.8%), thrombocytopenia (27.4%), neutropenia (21.9%), leukopenia (19.2%), and anemia (15.1%). Common (>5%) serious treatment-emergent adverse events included respiratory tract infection (9.6%), general physical health deterioration (6.8%), and back pain (5.5%). Infusion-related reactions occurred in 45% of patients. The median change from baseline in all domains of the EQ-5D-5L and EORTC QLQ-C30 was mostly 0. A total of 18 (24.7%) patients achieved a partial response or better, with 10 (13.7%) patients achieving a very good partial response or better. Median progression-free survival was 3.98 months. The results of this early access treatment protocol are consistent with previously reported trials of daratumumab monotherapy and confirm its safety and antitumoral efficacy in Spanish patients with heavily treated relapsed or refractory multiple myeloma. European Clinical Trials Database number: 2015-002993-19.
Test evaluation trials present different challenges for trial managers compared to intervention trials.


Introduction: Test evaluation trials present different challenges for trial managers compared to intervention trials. There has been very little research on the management of test evaluation trials and how this impacts on trial success, in comparison with intervention trials. Evaluations of medical tests present specific challenges, because they are a pivot point bridging the complexities of pathways prompting testing with treatment decision-making. We systematically explored key differences in the trial design and management of test evaluation trials compared to intervention trials at the different stages of study design and delivery. We identified challenges in test evaluation trials that were more pronounced than in intervention trials, based on experience from 10 test evaluation trials.

Method(s): We formed a focus group of 7 trial managers and a statistician who had been involved in the day-to-day management of both test evaluation trials and intervention trials. We used discussion and content analysis to group challenges from 10 trials into a structured thematic format. The trials covered a range of medical conditions, diagnostic tests, clinical pathways and conditions including chronic kidney disease, chronic pelvic pain, colitis, detrusor over-activity, group B streptococcal colonisation, tuberculosis and colorectal, lung, ovarian and thyroid cancers.

Result(s): We identified 10 common themes underlying challenges that are more pronounced in test evaluation compared to intervention trials. We illustrate these themes with examples from 10 trials, including with 31 specific challenges we experienced. The themes were ethics/governance;
accessing patient populations; recruitment; patient preference; test processes, clinical pathways and samples storage; uncertainty of diagnostic results; verifying diagnosis (reference standard); follow-up; adverse effects; and diagnostic impact.

Conclusion(s): We present 10 common themes, including 31 challenges, in test evaluation trials that will be helpful to others designing and managing future test evaluation trials. Proactive identification of potential challenges at the design and planning stages of test evaluation trials will enable strategies to improve trial design and management that may be different from standard strategies used for intervention trials. Future work could extend this topic to include challenges for other trial stakeholders including participants, clinicians, statisticians and funders. Trial registration: All trials reviewed in this project were registered and are provided in Table 1. Copyright © 2020, The Author(s).

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Status

Embase

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2020

Risk factors for pregnancy-related pelvic girdle pain: a scoping review.
Wuytack F., Begley C., Daly D.

Embase


[Article]

AN: 2007425189

Background: Pregnancy-related Pelvic Girdle Pain (PPGP) is a common complaint. The aetiology remains unclear and reports on risk factors for PPGP provide conflicting accounts. The aim of this scoping review was to map the body of literature on risk factors for experiencing PPGP.

Method(s): We searched the databases PubMed, Embase, CINAHL, PsycINFO, MIDIRS, and ClinicalTrial.gov (3 August 2020). We selected studies with two reviewers independently. Observational studies assessing risk factors for PPGP were included. Studies examining specific diagnostic tests or interventions were excluded.

Result(s): We identified 5090 records from databases and 1077 from ClinicalTrial.gov. Twenty-four records met the inclusion criteria. A total of 148 factors were examined of which only 14 factors were examined in more than one study. Factors that were positively associated with PPGP included a history of low back or pelvic girdle pain, being overweight/obese, already having
a child, younger age, lower educational level, no pre-pregnancy exercise, physically demanding work, previous back trauma/disease, progestin-intrauterine device use, stress, depression and anxiety.

Conclusion(s): A large number of factors have been examined as potential risk factors for PPGP, but there is a lack of repetition to be able to draw stronger conclusions and pool studies in systematic reviews. Factors that have been examined in more than five studies include age, body mass index, parity and smoking. We suggest a systematic review be conducted to assess the role of these factors further in the development of PPGP.

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Status Embase

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617.

One Plus One Equals Two—will that do? A trial protocol for a Swedish multicentre randomised controlled trial to evaluate a clinical practice to reduce severe perineal trauma {1}.


Embase Trials. 21(1) (no pagination), 2020. Article Number: 945. Date of Publication: December 2020.

[Article]

AN: 2007355101

Background: Severe perineal trauma sustained during childbirth is a serious complication since it can lead to both short- and long-term consequences for women. Some of the methods used to prevent perineal injuries have been evaluated in clinical trials, but there are still gaps in the evidence. A new clinical practice has been introduced, adopted by more than half of the maternity wards in Sweden with the aim of reducing severe perineal trauma. This procedure involves two midwives assisting the woman during the second stage of labour. Methods/design: In this multicentre randomised controlled trial, 2946 women will be randomised to be assisted by one or two midwives during the second stage of labour. Women age 18-47, who plan for their first vaginal birth, with a singleton pregnancy in cephalic presentation, will be asked to participate when admitted to the maternity ward. Five maternity wards comprising 19,500 births/year in different parts of Sweden will participate in this study. The sample size is powered to demonstrate a 50% reduction (from 4.1-2.0%) in primary outcome, which is the prevalence of severe perineal trauma (3rd and 4th degree). Secondary outcomes will include maternal and neonatal outcomes, women's experiences, midwives' experiences of the intervention, incontinence, and pelvic floor symptoms. The primary analysis is intention to treat. Questionnaires will be sent to the women at 1 month and 1 year after the birth to assess women's experiences, pain, incontinence, pelvic floor symptoms, sexual function, and mental health.

Discussion(s): It is important for care during labour and birth to be evidence based. There is a strong desire among midwives to reduce the risk of severe perineal trauma. This may lead to new
strategies and practices being implemented into practice without scientific evidence. The intervention might have negative side effects or unintended consequences. On the other hand, there is a possibility of the intervention improving care for women. Trial registration (2a): ClinicalTrials.gov NCT03770962. Registered on 10 December 2018

PMID 33225972 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33225972]

Influence of Experimental Autoimmune Prostatitis on Sexual Function and the Anti-inflammatory Efficacy of Celecoxib in a Rat Model.


Embase


[Article]

AN: 632912139

Experimental autoimmune prostatitis (EAP) is a well-established model induced by an autoimmune response to prostate antigen. The symptomatic, pathological, and immunological characteristics of EAP animals are highly consistent with human chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS), which makes EAP an ideal model for this disease. Here, we investigate the influence of EAP on male rat sexual function and the efficacy of anti-inflammatory therapy with celecoxib. EAP rat models were established using male Wistar rats. Rats were randomly assigned to a normal control group, an EAP model group, or an EAP model with celecoxib treatment group (celecoxib group). Behavioral changes, sexual behavioral changes, and erectile function were estimated using an open-field test, a sucrose consumption test, mating experiments, and by intracavernous pressure/mean arterial pressure ratio (ICP/MAP). Histological changes in the prostate were observed by HE staining, and the serum inflammatory factors IL-1beta and TNF-alpha levels were measured by enzyme-linked immunosorbent assay.
In addition, serotonin (5-hydroxytryptamine, 5-HT), 5-HT1A receptor, 5-HT2C receptor, and serotonin transporter (SERT) expression levels in the hippocampus and spinal cord (T13-L1, L5-S2) were examined by immunohistochemistry and western blot analysis. Results showed that EAP rats exhibited characteristics of depression, decreased sexual drive, premature ejaculation, and increased threshold of penile erection. Moreover, all these changes were effectively alleviated by celecoxib. Significant increases in prostatic interstitial infiltration by inflammatory cells and in serum IL-1beta and TNF-alpha levels were observed in EAP rats, and these were partially reduced by celecoxib. Additionally, the expression pattern of serotonin system regulators in the hippocampus and spinal cord were altered in EAP model rats, including a decrease in 5-HT levels and an increase in 5-HT1A receptor levels. In conclusion, autoimmune prostatitis impaired rat sexual function, and this was effectively prevented by anti-inflammatory therapy with celecoxib. Moreover, a serotonin system disorder in the central nervous system was likely mediated via inflammation in EAP rats.

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Clinical treatment of intra-epithelia cervical neoplasia with photodynamic therapy.

Embase
[Article]
AN: 2010153170

Objectives: This clinical study was developed to primarily evaluate the Complete Cytopathological Response Rate of Cervical Intraepithelial Neoplasms to PDT using chitosan nanocapsules containing Chlorocyan-aluminum phthalocyanine as a photoactive agent. Analyses of the Free Recurrence Interval, toxicity profile (immediate and late), and complications (immediate and late), were secondarily analyzed.

Method(s): This study was previously approved by the National Council of Ethics in Research of Brazil (CONEP), on May 28, 2014, under case number 19182113.4.0000.5009. On the surface of the cervix of each selected patient was applied one mL of the formulated gel, and after 30 min, the light was applied. Reports or the identification of adverse effects and/or complications were observed in follow-up visits, in addition to the collection of cervical oncotic cytology.

Result(s): Out of the total group, 11 (91.7%) primarily treated patients evolved with negative cervical oncotic cytology as soon as in the first evaluation following treatment, and one did not achieve any therapeutic benefit, even after reapplication. Two patients with initially positive
response presented cytological recurrence determined by histopathology. A new round of PDT was developed, and both evolved with cytological remission three weeks later, remaining negative until the last follow-up. No important side effects were observed in all the patients. Conclusion(s): Our trial demonstrates that treatment of CIN 1 and 2 lesions using our PDT formulation is feasible and safe. Large randomized clinical trials are required to establish efficacy. Copyright © 2021 The Author(s). Published with license by Taylor & Francis Group, LLC. PMID 33426996 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33426996]

Chronic pelvic pain of unknown origin may be caused by loose uterosacral ligaments failing to support pelvic nerve plexuses - a critical review.

Enache T., Bratila E., Abendstein B.

Central European Journal of Urology. 73(4) (pp 1-8), 2020. Date of Publication: 2020. [Article]

AN: 2005753255

Introduction Chronic pelvic pain of unknown origin (CPPU) affects the quality of life (QoL) of up to 20% of women. The 2005 Cochrane Review, based on randomized controlled trials (RCTs), stated that the pathogenesis of CPPU is poorly understood and its treatment is empirical and ineffective. Totally ignored were the high cure rates from uterosacral ligament (USL) repair, the principal subject of this review. Material and methods We carried out a review of literature on USL causation, diagnosis, and treatment of CPPU, selecting only the literature relevant to USL. Results The first mention of CPPU being caused by lax USLs was in the pre-WWII German literature by Heinrich Martius. In 1993, CPPU was described as one of the 4 pillars of the posterior fornix syndrome (PFS-CPPU, urgency, nocturia, abnormal bladder emptying). Cure/improvement of CPPU was reported by widely geographically separated surgical groups using squatting-based pelvic floor exercises and by shortening and reinforcing USLs with tension tapes, literally a reverse transvaginal tape. Patients can potentially be cured either by native tissue ligament repair or in older women a posterior sling can be tested using a speculum test or even menstrual tampons. Conclusions This technology, based on USL pathogenesis, which can be tested for potential cure, non-surgical or surgical, offers hope for women for a condition previously considered incurable. Chronic pelvic pain, bladder and bowel incontinence occur in predictable symptom groupings, which are associated with apical prolapse. USL repair, whether
native tissue or (preferably) using a posterior sling has the potential to improve clinical practice, QoL for women and open new research directions.

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Publisher
Polish Urological Association
Year of Publication
2020

621.

Botulinum toxin a: A review of potential uses in treatment of female urogenital and pelvic floor disorders.
Desrosiers L., Knoepp L.R.
Embase
[Article]
AN: 2005678474
Background: Botulinum toxin is an injectable neuromodulator that inhibits transmission between peripheral nerve endings and muscle fibers, resulting in muscle paralysis. Botulinum toxin type A is the most common form of botulinum toxin used in clinical practice.
Method(s): In this review, we examine the mechanism of action, formulations, common clinical use in the genital-urinary tract, and potential clinical use in pelvic floor disorders of botulinum toxin type A.
Result(s): Several aspects of botulinum toxin A make it a favorable therapeutic tool, including its accessibility, its longevity, and its impermanence and reversibility of resultant chemodenervation in a relatively short and safe manner. Although botulinum toxin A has well-established efficacy in treating refractory overactive bladder and neurogenic detrusor overactivity, its use in pelvic floor disorders is still in its infancy.
Conclusion(s): The efficacy of botulinum toxin A for treating pelvic pain, voiding dysfunction, muscle pain and dysfunction, and certain colorectal-related pain issues shows promise but requires additional rigorous evaluation.
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Status
Embase
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Publisher
Ochsner Clinic
Year of Publication
2020
Palmitoylethanolamide: A nutritional approach to keep neuroinflammation within physiological boundaries - a systematic review.
Petrosino S., Moriello A.S.
Embase
[Review]
AN: 2005659871
Neuroinflammation is a physiological response aimed at maintaining the homodynamic balance and providing the body with the fundamental resource of adaptation to endogenous and exogenous stimuli. Although the response is initiated with protective purposes, the effect may be detrimental when not regulated. The physiological control of neuroinflammation is mainly achieved via regulatory mechanisms performed by particular cells of the immune system intimately associated with or within the nervous system and named "non-neuronal cells." In particular, mast cells (within the central nervous system and in the periphery) and microglia (at spinal and supraspinal level) are involved in this control, through a close functional relationship between them and neurons (either centrally, spinal, or peripherally located). Accordingly, neuroinflammation becomes a worsening factor in many disorders whenever the non-neuronal cell supervision is inadequate. It has been shown that the regulation of non-neuronal cells-and therefore the control of neuroinflammation-depends on the local "on demand" synthesis of the endogenous lipid amide Palmitoylethanolamide and related endocannabinoids. When the balance between synthesis and degradation of this bioactive lipid mediator is disrupted in favor of reduced synthesis and/or increased degradation, the behavior of non-neuronal cells may not be appropriately regulated and neuroinflammation exceeds the physiological boundaries. In these conditions, it has been demonstrated that the increase of endogenous Palmitoylethanolamide-either by decreasing its degradation or exogenous administration-is able to keep neuroinflammation within its physiological limits. In this review the large number of studies on the benefits derived from oral administration of micronized and highly bioavailable forms of Palmitoylethanolamide is discussed, with special reference to neuroinflammatory disorders.
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PMD
33333772 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33333772]
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Publisher
MDPI AG
Year of Publication
2020

A Systematic Review of Intravaginal Diazepam for the Treatment of Pelvic Floor Hypertonic Disorder.
Stone R.H., Abousaud M., Abousaud A., Kobak W.
This systematic review evaluates the efficacy of intravaginal diazepam in treating chronic pelvic pain and sexual dysfunction associated with high-tone pelvic floor dysfunction. A literature search was conducted in Medline and Web of Science, including articles from the database's inception to July 2019. The search identified 126 articles, and 5 articles met study inclusion criteria: 2 observational reviews and 3 small randomized, controlled trials (RCTs) evaluating intravaginal diazepam for high-tone pelvic floor dysfunction. The 2 observational studies identified subjective reports of improvement in sexual function for a majority of women, 96% and 71%, in each study. However, there were no statistical differences between Female Sexual Function Index (FSFI) and Visual Analog Scale (VAS) scores for pain identified. One RCT found no significant changes between groups in median FSFI or VAS scores, and a second RCT found no significant changes between groups in 100-mm VAS scores. The third RCT demonstrated that compared with placebo, treatment with transcutaneous electrical nerve stimulation and intravaginal diazepam for women with vestibulodynia and high-tone pelvic floor dysfunction yielded significant differences in reduction of dyspareunia (P <= .05), ability to relax pelvic floor muscles after contraction (P <= .05), and current perception threshold values at a 5-Hz stimulation related to C fibers (P < .05), but no significant changes in 10-cm VAS scores. Intravaginal diazepam may be helpful in women with a specific diagnosis of high-tone pelvic floor dysfunction, but more and larger studies are needed to confirm these potential effects.

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PMID 33274514 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33274514]
Purpose Chronic pelvic pain syndrome (CPPS) is one of the most common outpatient urological diagnoses, and its incidence is increasing. Extracorporeal shockwave therapy (ESWT) has been suggested for relieving local perineal symptoms associated with chronic prostatitis/CPPS. Despite several treatment methods, no causal or standardized treatment is available for CPPS. This study aimed to investigate the efficacy and safety profile of ESWT for the treatment of chronic non-bacterial prostatitis. Materials and methods Studies were collected using four search engines (PubMed, Cochrane, ScienceDirect, and EBSCOHost), on May 16, 2020; and assessed based on predetermined inclusion and exclusion criteria. Two reviewers performed study selection. Studies were then analyzed using Review Manager 5.3 for the meta-analysis. Results Seventy-four publications were initially retrieved, and three studies were considered for both qualitative and quantitative analyses. From these studies, we found that the use of ESWT was significantly associated with decreased pain domain (mean difference: -3.93; 95% confidence interval [CI] -5.13, -2.73; p < 0.001), improved urinary score (mean difference: -1.79; 95% CI -2.38, -1.21; p < 0.001), improved quality of life (mean difference: -1.71; 95% CI -2.12, -1.31; p < 0.001), and improved National Institutes of Health chronic prostatitis symptom index (NIHCPSI) score (mean difference: -5.45; 95% CI -5.74, -5.16; p < 0.001) after 12 weeks of treatment. Conclusion ESWT is efficacious and safe in reducing pain and improving urinary condition, NIH-CPSI score, and quality of life in patients with chronic non-bacterial prostatitis.

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PMID 33370372 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33370372]

Chiropractic Care for Adults With Pregnancy-Related Low Back, Pelvic Girdle Pain, or Combination Pain: A Systematic Review.

Weis C.A., Pohlman K., Draper C., daSilva-Oolup S., Stuber K., Hawk C.


[Review] AN: 2007713806

Objective: The purpose of this study was to conduct a systematic review (SR) of the literature to assess the effectiveness of chiropractic care options commonly used for pregnancy-related low back pain (LBP), pelvic girdle pain (PGP), or combination pain for both experienced practitioners and students of chiropractic.

Method(s): We included procedures that were commonly used by chiropractors and not requiring additional certifications. Outcomes were self-reported changes in pain or disability. We used the Scottish Intercollegiate Guideline Network checklists to assess outcomes. For strength of evidence, we used the adapted version of the US Preventive Services Task Force criteria as described in the UK report.
Result(s): Fifty articles were included from 18 SRs, 30 randomized controlled trials (RCTs), and 2 cohort studies. Pregnancy LBP (7 SRs and 12 RCTs): moderate, favorable evidence for electrotherapy and osteopathic manipulative therapy; inconclusive, favorable strength for chiropractic care, exercise, and support devices; and inconclusive, unclear strength for spinal manipulative therapy. Pregnancy PGP (4 SRs and 4 RCTs): inconclusive, favorable strength for exercise; and inconclusive, unclear evidence for patient education, information, and support devices. Pregnancy LBP or PGP (13 SRs and 12 RCTs): moderate, unclear evidence for complementary and alternative medicine; moderate, unclear evidence for exercise; inconclusive, favorable evidence for multimodal care, patient education, and physiotherapy; and inconclusive, unclear strength for spinal manipulative therapy, osteopathic manipulative therapy, and support devices.

Conclusion(s): Although there is a lack of conclusive evidence, many of the interventions have moderate or unclear but favorable evidence.
unclear strength for exercise; and inconclusive, unclear strength for patient education. Postpartum LBP or PGP (3 SRs and 4 RCTs): inconclusive, unclear strength for exercise, self-management, and physiotherapy; while osteopathic manipulative therapy was inconclusive, favorable.

Conclusion(s): No treatment option was identified as having sufficient evidence to make a clear recommendation. This SR identified a scarcity of literature regarding chiropractic care and back pain for postpartum women, as well as inconsistency among the terms LBP, PGP, and combination pain.

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PMID 32873418 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32873418]
Status Embase
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Publisher Elsevier Inc.
Year of Publication 2020

627.

Botulinum toxin injection for chronic pelvic pain: A systematic review.
Luo F.Y., Nasr-Esfahani M., Jarrell J., Robert M.
Embase
[Review]
AN: 2005609309
Introduction: Botulinum toxin has proven therapeutic effects in alleviating pain in several myofascial disorders, with an expanding potential in chronic pelvic pain. The objective of this systematic review is to evaluate the efficacy and safety of botulinum toxin injection as an off-label treatment for female chronic pelvic pain.

Material(s) and Method(s): Using PRISMA guidelines, MEDLINE, EBM Reviews, PubMed, CINAHL, TRIP Database, EMBASE, Web of Science and gray literature were searched. Studies assessing the efficacy of botulinum toxin for chronic pelvic pain in adult females, with 10 or more women, published in English up to 13 January 2020, were included. All eligible studies were reviewed and data were extracted by two independent reviewers using a standardized form. Quality of evidence was graded using the Cochrane Risk of Bias 2 tool for randomized controlled trials and the Ottawa-Newcastle scale for observational studies.

Result(s): In all, 491 records were screened. Seventeen articles were included in the final review: 5 randomized controlled trials and 12 observational studies. The quality of evidence ranged from low to high. There was a large degree of heterogeneity in study designs, and thus a meta-analysis was not feasible. All observational studies concluded that botulinum toxin was an effective treatment for chronic pelvic pain, with the greatest change in visual analog scale from 8.69 at baseline to 3.07 at 24 months post-injection. However, only one of the five randomized controlled trials found statistical significant differences favoring botulinum toxin in the reporting of
the EQ-5D (botulinum 0.78 [0.69-1.00], control 0.69 [0.25-0.81], P =.03) and frequency of intercourse (botulinum 1 [1-1.75], placebo 1 [0-1], P =.025). The most common adverse effect was transient localized pain at injection site (6%-88%). No serious adverse events were reported. Conclusion(s): Although observational studies were encouraging, there is insufficient high quality evidence to recommend botulinum toxin injection for chronic pelvic pain. However, it appears to be safe to use. Future studies of higher quality in its treatment efficacy are indicated.

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Status
Embase
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Publisher Wiley-Blackwell
Year of Publication 2020

628.

Pelvic venous insufficiency - an often-forgotten cause of chronic pelvic pain.
Szymanski J., Jakiel G., Slabuszewska-Jozwiak A.
Embase
Ginekologia polska. 91(11) (pp 704-708), 2020. Date of Publication: 01 Jan 2020.
[Review]
AN: 633725875
Chronic pelvic pain is a common health problem that afflicts 39% of women at some time in their life. It is a common challenge for gynecologists, internists, surgeons, gastroenterologists, and pain management physicians. Pelvic venous insufficiency (PVI) accounts for 16-31% of cases of chronic pain but it seems to be often overlooked in differential diagnosis. The aim of this article was to summarize current data concerning PVI. The embolization of insufficient ovarian veins remains the gold standard of therapy but the optimal procedure is yet to be determined. Well-designed randomized trials are required to establish the best treatment modalities.

PMID 33301167 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33301167]
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Publisher NLM (Medline)
Year of Publication 2020
Comprehensive review of pelvic congestion syndrome: causes, symptoms, treatment options.
Bendek B., Afuape N., Banks E., Desai N.A.
Embase
[Review]
AN: 631969166
PURPOSE OF REVIEW: The purpose of this publication is to review the currently available and most up-to-date information regarding the pathogenesis, diagnosis, and treatment of pelvic congestion syndrome. RECENT FINDINGS: The diagnosis of pelvic congestion syndrome is difficult to make; however, it should remain on the differential for chronic pelvic pain. The most recent available research seems to favour endovascular treatment with interventional radiology over surgical management, with high success rate and low occurrence of complications.
SUMMARY: High-level evidence on the diagnosis and management of pelvic congestion syndrome is lacking. Only a small number of randomized controlled trials exist. More high-quality research is needed, particularly involving practicing obstetrician and gynecologists as the majority of these patients, and the clinical outcomes of any interventions implemented for pelvic congestion syndrome are ultimately managed by OB/GYN providers.
PMID
32487799 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32487799]
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Publisher
NLM (Medline)
Year of Publication
2020

Enhanced recovery after surgery in minimally invasive gynecologic surgery surgical patients: one size fits all?.
Helou C.M., Chaves K.F., Limperg T.B., Anderson T.L.
Embase
[Review]
AN: 631620831
PURPOSE OF REVIEW: Enhanced recovery after surgery (ERAS) programs aim to expedite functional recovery and improve surgical outcomes without increasing complications or cost. First championed by colorectal surgeons, ERAS protocols are now widely utilized among surgical subspecialties. The present review focuses on use of ERAS pathways in minimally invasive gynecologic surgery (MIGS) and risk factors for suboptimal outcomes in this population. RECENT FINDINGS: Studies across multiple fields has shown benefit to adoption of ERAS protocols. However, lack of protocol standardization among institutions, implementation of interventions as a bundle, varied compliance, and lack of study randomization collectively obscure generalizability of findings from such studies. Emerging data in fact suggest benefits may not translate equally
across all populations, cautioning against indiscriminate application of protocols to all surgeries or patients. Thus applicability of ERAS protocols to the MIGS population merits close examination. **SUMMARY:** ERAS protocols improve postoperative outcomes, satisfaction, and cost of care for most patients undergoing gynecologic surgery. However, modifications to typical ERAS protocols may be beneficial to certain subsets of patients including patients with chronic pelvic pain, opiate dependence, or psychiatric disorders. Identification of risk factors for admission or increased hospital stay may help guide protocol modifications for at-risk groups within the MIGS population.


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**Publisher** NLM (Medline)

**Year of Publication** 2020

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Embase Clinical and translational gastroenterology. 11(2) (pp e00133), 2020. Date of Publication: 01 Feb 2020.

[Article]

**AN:** 631918937

INTRODUCTION: Chronic abdominal pain (CAP) can arise from multiple conditions, including inflammatory disorders, trauma because of injury or surgery, or structural or functional causes. This prospective, single-arm study was designed to evaluate the safety and efficacy of 10-kHz spinal cord stimulation (SCS) in patients with intractable CAP over a 12-month follow-up period. **METHOD(S):** Subjects with CAP who had been refractory to conventional medical treatment for at least 3 months resulting in self-reported pain scores of >=5 cm on a 10-cm visual analog scale were enrolled at 4 centers in the United States. Study subjects underwent a trial stimulation lasting up to 14 days with epidural leads implanted from the vertebral levels T4 through T8. Subjects who had >=40% pain relief during the trial stimulation period were implanted with a Senza system (Nevro Corp., Redwood City, CA) and followed up to 12 months after surgery. **RESULT(S):** Twenty-three of 24 subjects (95.8%) had a successful trial stimulation and proceeded to a permanent implant. After 12 months of treatment with 10-kHz SCS, 78.3% of subjects were responders (pain relief of >=50%) and 14 of 22 subjects (63.6%) were remitters (sustained <=3.0-cm visual analog scale scores). Secondary outcomes, including assessments of disability, mental and physical well-being, sleep quality, perception of improvement, and satisfaction, showed that 10-kHz SCS greatly improved the quality of life of patients with CAP. Observationally, most subjects also reported concurrent reduction or resolution of nausea and/or vomiting. **DISCUSSION:** 10-kHz SCS can provide durable pain relief and improve the quality of life in patients with CAP.


**Institution**
The effects of cryotherapy on perineal pain after childbirth: A systematic review and meta-analysis.

Embase
Midwifery. 89 (pp 102788), 2020. Date of Publication: 01 Oct 2020.
[Article]
AN: 632252427
BACKGROUND: Most women experience perineal pain after childbirth. Sustained perineal pain affects mother's daily living. Various methods have been used to relieve postpartum perineal pain, such as cold or warm therapy, but the pain-control effects of cryotherapy are still controversial. AIMS: The purpose of this study was to verify the effectiveness of cryotherapy in relieving perineal pain in women after childbirth.

METHOD(S): The researchers searched the CINAHL, Cochrane, EMBASE, PubMed, Korea Education and Research Information Service, NDSL, KoreaMed, LILACS and SciELO databases for studies to include in this review, and selected studies using PICO criteria. Methodological quality was assessed based on Cochrane's risk of bias 2 for randomized controlled trials. Data were analyzed with the Comprehensive Meta-Analysis program. FINDINGS: Eleven published studies encompassing 1,492 participants were included. Cryotherapy significantly reduced pain two days postpartum. Ice packs and gel packs had similar pain-relieving effects. Cryotherapy did not differ significantly from Epifoam therapy (hydrocortisone-pramoxine) in its effects on perineal pain one day or five days after childbirth.

CONCLUSION(S): Cryotherapy can be an effective non-pharmacological nursing intervention to reduce pain after childbirth.

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A Randomized, Double-Blind, Controlled Trial Shows that Onabotulinum Toxin A Nerve Blocks do Not Provide Improved Pain Control in Men with Chronic Scrotal Pain.
Dockray J., Aljumaily A., Lau S., Jarvi K.A.
Embase

PURPOSE: The use of onabotulinum toxin A to chemically denervate the testis has been studied as a minimally invasive therapy to treat chronic scrotal pain. To our knowledge no randomized, controlled trials of onabotulinum toxin A for chronic scrotal pain management have been reported to date. MATERIALS AND METHODS: In this double-blind, randomized, controlled trial men with chronic scrotal pain who achieved at least temporary pain relief following a cord block with local anesthesia were randomly assigned to a block using local anesthesia alone vs local anesthesia plus 200 IU onabotulinum toxin A. Standardized assessments of pain levels using a visual analogue score, disease impact, quality of life and mood were performed 1, 2, 3, 4, 12 and 18 weeks after injection. The study primary outcome was the change in the visual analogue score at 1 month. After study completion the men in the control group were given the option to receive onabotulinum toxin A as part of an open label trial.

RESULT(S): Of 64 men with a mean +/- SD age of 45.9 +/- 11 years and a mean 5.7 +/- 5.7-year history of pain 32 received local anesthesia plus onabotulinum toxin A and 32 received local anesthesia alone. There was no statistically significant difference in any measured outcome when comparing those who received onabotulinum toxin A to controls. Nine of the 13 men (69.2%) in the open label trial achieved an improvement in the visual analogue score (mean group score 6.1 +/- 1.66 to 4.5 +/- 2.36, Student t-test p=0.022) with a reduction in persistent pain at 3 months in 6 of the 9 (66.7%).

CONCLUSION(S): This randomized, double-blind, controlled trial showed no superiority of onabotulinum toxin A plus local anesthesia over local anesthesia alone for pain control in men with chronic scrotal pain. Interestingly, significant pain improvement was noted in our open label onabotulinum toxin A trial, suggesting a potential placebo effect.

PMID 31738115 [https://www.ncbi.nlm.nih.gov/pubmed/?term=31738115]
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Publisher NLM (Medline)
Year of Publication 2020

The Effects of Stabilization Exercise on the Thickness of Lateral Abdominal Muscles During Standing Tasks in Women With Chronic Low Back Pain: A Randomized Triple-Blinded Clinical Trial Study.
Ehsani F., Hedayati R., Bagheri R., Jaberzadeh S.
CONTEXT: Chronic low back pain (CLBP) often presents with a dysfunction in deep abdominal muscles activity during standing tasks. Although some studies indicated that deep abdominal muscle activity improved during some functional tasks following stabilization exercise (SE), there is no study to evaluate the effect of SE on lateral abdominal muscles thickness during standing postural tasks.

OBJECTIVE(S): The purpose of this study was (1) to evaluate the lateral abdominal muscles thickness in the participants with CLBP while standing on a balance board and (2) to compare the effects of SE and a general exercise (GE) program on the lateral muscles thickness changes.

METHOD(S): This was a between-groups, triple-blinded randomized controlled trial design. In total, 40 females with CLBP were randomly assigned into 2 groups: GE (control group) and supervised progressive SE (experimental group). Diagnostic ultrasound imaging was used before and after the intervention to measure lateral abdominal muscles thickness during standing on 2 different levels of platform in the Biodex Balance System. Visual analog scale and Roland-Morris Disability Questionnaire were used to evaluate changes in pain intensity and disability.

RESULT(S): The results indicated significant increases in transverse abdominis muscle thickness during all standing tasks (P = .02) and significant decreases in pain intensity and disability following SE intervention (P < .001). However, the lateral abdominal muscle thicknesses were not changed after GE intervention while standing postural tasks (P > .05). The GE group revealed only significant decreases in pain intensity after intervention (P = .03).

CONCLUSION(S): Supervised progressive SE improved the activity of deep abdominal muscles in standing postural tasks in the patients with CLBP.
sham-ESWT. Follow-up was performed 4 and 12 weeks following ESWT by using the Visual Analogue Scale (VAS), International index of Erectile function (IIIEF) 5, National Institutes of Health-Chronic Prostatitis Symptom Index (NIH-CPSI) and International Prostate Symptom Score (IPSS) questionnaires. Post void residual (PVR) urine and maximum flow rate (Qmax) were also assessed in both groups.

RESULT(S): The patients mean age was 43.7 +/-12.6 years. In both groups, the mean scores of NIH-CPSI (total and sub-domains) and VAS showed statistically significant improvements after 4 and 12 weeks compared to the baseline (P < .001). In the intervention group, IPSS (mean difference: 4.25) and Qmax (mean difference: 2.22) were also significantly improved (P < .001). There was a significant improvement in NIH-CPSI (mean difference: 1.1) and VAS scores (mean difference: 1.1) in the intervention group as compared to the control group (P < .01). Qmax, PVR and IIEF score were not statistically different in the two groups.

CONCLUSION(S): ESWT in combination with pharmacotherapy could improve the treatment outcome in patients with CP/CPPS.

PMID 31004340 [https://www.ncbi.nlm.nih.gov/pubmed/?term=31004340]
Institution (Rayegani, Eliaspour, Javadi) Physical Medicine and Rehabilitation Research Center, Shohada-e-Tajrish Hospital, Shahid Beheshti University of Medical Sciences, Tehran, Iran, Islamic Republic of (Razzaghi) Laser Application in Medical Sciences Research Center, Shohada-e-Tajrish Hospital, Shahid Beheshti University of Medical Sciences, Tehran, Iran, Islamic Republic of (Raeissadat) Clinical Development Research Center of Shahid Modarres Hospital, Physical Medicine and Rehabilitation Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran, Islamic Republic of (Allameh) Center of Excellence in Training Laser Application in Medicine, Shohada-e-Tajrish Hospital, Shahid Beheshti University of Medical Sciences, Tehran, Iran, Islamic Republic of (Abedi, Rahavian) Department of Urology, Shahid Beheshti University of Medical Sciences, Tehran, Iran, Islamic Republic of
Publisher NLM (Medline)
Year of Publication 2020

636.

Postoperative Pain Management in Patients With Ulcerative Colitis.
Katagiri N., Sakai R., Izutsu T., Kawana H., Sugino S., Kido K.
Embase
Anesthesia progress. 67(3) (pp 158-163), 2020. Date of Publication: 01 Sep 2020.
[Article]
AN: 633080460

Inflammatory bowel disease (IBD) is a group of chronic inflammatory disorders of the gastrointestinal tract including ulcerative colitis (UC) and Crohn's disease. Pain management can be challenging in patients with IBD because there are limitations on the use of analgesics. Use of nonsteroidal anti-inflammatory drugs is not recommended in patients with IBD because there is risk of relapse of IBD and an overall increase in disease activity. Opioids, although frequently used for treating severe acute pain, can have additional risks and complications in patients with IBD such as ileus, toxic megacolon, and narcotic bowel syndrome. Furthermore, little information is available in the literature on pain management in these patients undergoing noncolorectal surgery. This report describes 2 patients with UC in whom postoperative pain following oral and maxillofacial surgery was managed by intravenous patient-controlled analgesia with pentazocine.
Apart from the development of acute dystonia in 1 case that was likely due to the use of droperidol for prevention of postoperative nausea and vomiting, postoperative pain was well controlled by pentazocine in both patients without any complications or UC exacerbations.

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PMID 32992337 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32992337]

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Publisher
NLM (Medline)
Year of Publication
2020

637.

Clinical Utility of Presacral Neurectomy as an Adjunct to Conservative Endometriosis Surgery: Systematic Review and Meta-Analysis of Controlled Studies.
Miller L.E., Bhattacharyya R., Miller V.M.

Embase
Scientific reports. 10(1) (pp 6901), 2020. Date of Publication: 23 Apr 2020.
[Article]
AN: 631625513

The objective of this review was to compare the efficacy and safety of conservative surgery with or without adjunctive presacral neurectomy (PN) for chronic endometriosis-related pelvic pain. In a systematic review with meta-analysis, randomized or nonrandomized controlled studies of conservative endometriosis surgery with or without adjunctive PN were included. Main outcomes were treatment failure (the proportion of women in which surgery failed to adequately resolve midline pain) and the frequency of operative and postoperative complications. A total of 7 studies with 8 group comparisons (3 randomized) representing 503 women (250 PN; 253 Control) were included. Over 34 months median follow-up, crude rates of treatment failure were 15.0% with PN and 40.9% with Controls (risk ratio = 0.43, 95% CI=0.30 to 0.60, p<0.001). The risk of postoperative constipation was higher with PN vs. Controls (12.5% vs. 0%, p=0.024). No treatment group differences were observed for the risk of operative complications (0.6% vs. 0%, p=0.498), reoperation (4.1% vs. 3.0%, p=0.758) or urinary incontinence (5.0% vs. 0%, p=0.195). Overall, in well-selected patients, conservative surgery with adjunctive PN may provide greater relief from midline pain and a similarly low rate of operative complications relative to conservative surgery alone but may increase the risk of constipation postoperatively. However, results were derived from mainly older and lower quality studies. Since then, surgical techniques to treat endometriosis have been improved and the effect of PN observed in prior studies should be confirmed in future studies in women in whom radical excision of deep infiltrating lesions is obtained.

PMID 32327689 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32327689]

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Efficacy of radial extracorporeal shock wave therapy for chronic prostatitis/chronic pelvic pain syndrome: A protocol for systematic review.

Li G., Chang D., Chen D., Zhang P., You Y., Huang X., Cai J., Yang X.


BACKGROUND: Prostatitis is a common urogenital system disease in men which affects 5% to 9% of adult men worldwide and accounts for approximately 8% of visits to urologists. In the past years, its pathogenesis is complicated and the classification of it is not clear, so the effect of treatment measures is not significant. Recently, the treatment of chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) includes nonsteroidal anti-inflammatory drugs, phytotherapy, hormonal therapy, alpha-blockers, anti-anxiolytic, and acupuncture, which provide more choice for the urologist. But there still are some limitations. Many studies suggest radial extracorporeal shock wave therapy may be the better option in the treatment of CP/CPPS. However, the efficacy and safety of it still lack solid evidence.

METHODS AND ANALYSIS: The electronic databases of MEDLINE, PubMed, Web of Science, EMBASE, Cochrane Library, Clinicaltrials.org, China National Knowledge Infrastructure Database, Wan fang Database, China Biology Medicine Database, VIP Science Technology Periodical Database, Chinese Clinical Trial Registry will be retrieved. All the randomized controlled trials of radial extracorporeal shock wave therapy (rESWT) for patients with CP/CPPS will be included. We will evaluate the outcomes including National Institutes of Health Chronic Prostatitis Symptom Index, visual analog scale, international prostate symptom score, international index of erectile function-5, and conduct this study strictly according to the Cochrane Handbook for Systematic Reviews of Interventions.

RESULT(S): The current study is a protocol for systematic review and meta-analysis without results, and data analysis will be carried out after the protocol. We will share our findings on October 31st of 2021.

CONCLUSION(S): rESWT as a noninvasive treatment with no pain, which will be accepted more easily. Although some studies have suggested that rESWT can relieve the symptoms of patients, the efficacy and safety of it still lack solid evidence. To address this limitation scientifically and systematically, this study will inspect the efficacy and safety of the rESWT treatment in patients with CP/CPPS by integrating various studies.

ETHICS AND DISSEMINATION: Formal ethical approval is not required in this protocol. We will collect and analyze data based on published studies, and since there are no patients involved in this study, individual privacy will not be under concerns. The results of this review will be disseminated to peer-reviewed journals or submit to related conferences. PROTOCOL REGISTRATION NUMBER: INPLASY202090076.
Effectiveness of psychological interventions for treating chronic prostatitis/chronic pelvic pain syndrome: A protocol for systematic review and meta-analysis.
Xu Y., Zhang L., Shen Y., Yao H., Yong S., You Y.
[Article]
AN: 633073142
INTRODUCTION: Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) is one of the most common diseases in urology, which 50% of men are infected at some point in their lives. Type III CP/CPPS is the most complex and controversial of all types of prostatitis, the highest incidence rate, uncertain efficacy, the long-term treatment that affects the patient's psychopathic symptoms, increases the psychological burden of patients. Psychological intervention for patients with CP/CPPS, which is difficult to treat with drugs and physics, can effectively improve clinical efficacy and improve the psychological condition. The researchers found a high prevalence of psychosocial problems and catastrophic distress in CP/CPPS patients, such as serious mental disorders, especially depression, anxiety and stress, and the high incidence of pain-devastating illness. In this study, we will evaluate psychological interventions as an effective way to relieve chronic prostatitis. METHODS AND ANALYSIS: The databases of English databases (PubMed, MEDLINE, EMBASE, Web of Science, Cochrane Library) and Chinese databases (China National Knowledge Infrastructure, China Biology Medicine Database, Wanfang Database, VIP Database) will be retrieved. The search strategy that will be run in the PubMed and tailored to the other database when necessary is presented in this article. RevMan 5.3 and Stata 11.0 will be used for Systematic Review and Meta-analysis. This protocol reported under the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Protocols (PRISMA-P) statement, and we will report the systematic review by following the PRISMA statement. RESULT(S): The study is a protocol for systematic review and meta-analysis without results, and data analysis will be carried out after the protocol. We will share our findings in the third quarter of 2021. CONCLUSION(S): This systematic review will provide more evidence to assess whether psychological is an effective intervention for patients with chronic prostatitis/chronic pelvic pain syndrome. Besides, the results will be published in a public issue journal and offer the urologists help to make clinical decisions. ETHICS AND DISSEMINATION: Formal ethical approval is not required in this protocol. We will collect and analyze data based on published research. Since this research does not involve patients, personal privacy will not be affected. The results of this review will be distributed to peer-reviewed journals or submitted to relevant conferences. PROTOCOL REGISTRATION NUMBER: INPLASY202080021.
PMID 32991409 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32991409]

BACKGROUND: Adenomyosis is benign gynecologic condition with complex etiologies. Common symptoms associated with adenomyosis (AM) include menorrhagia, dysmenorrhea, chronic pelvic pain, metrorrhagia, and dyspareunia. Although Chinese herbal medicine (CHM) has often been utilized for managing AM in clinical practice in China, evidence regarding its efficacy is lacking. This systematic review protocol aims to describe a systematic review to assess the effectiveness and safety of CHM combined with Levonorgestrel-releasing intrauterine system for AM.

METHOD(S): The following 7 databases will be searched from the publication to December 2019: the Cochrane Central Register of Controlled Trials (CENTRAL), PubMed, EMBASE, China National Knowledge Infrastructure (CNKI), Wanfang Digital Periodicals (WAN FANG), Chinese Biomedical Literature Database (CBM), Chinese Scientific Journal Database (VIP). The primary outcomes will be relief in pain and uterine bleeding. The secondary outcomes include the adverse effects, CA125 variation in peripheral blood, reduction in uterine volume, and endometrial thickness. We will use RevMan V.5.3 to conduct the meta-analysis, if possible. If it is not allowed, a descriptive analysis will be conducted. We will use risk ratio with 95% confidence interval for dichotomous data and the mean difference for continuous data.

RESULT(S): This study will provide the latest analysis of the currently available evidence for the efficacy of the adjuvant therapy of CHM for the treatment of AM. REGISTRATION NUMBER: OSF (DOI 10.17605/OSF.IO/A2GHY) ETHICS AND DISSEMINATION:: No ethical issues are required. The findings will be published in a peer-reviewed scientific journal.

Prognostic Factors in Advanced Ovarian Cancer - A Clinical Trial.
Dinca A.L., Birla R.D., Dinca V.G., Marica C., Panaitescu E., Constantinoiu S.

Introduction: Ovarian cancer is one of most fatal gynecological condition. The number of patients diagnosed in advanced stages is very high, hence the recurrence rate is high, and the chance of survival at 5 years is less than 45%.
Purpose(s): To evaluate correspondance between overall survival with clinical, paraclinical, tumor or treatment characteristics and to identify prognostic factors in patients with advanced ovarian cancer - stage III and IV FIGO.

Material(s) and Method(s): We performed a retrospective study in 65 patients with advanced ovarian cancer - stages III and IV FIGO operated during 2010-2018, with a follow-up period of at least one year. There were correlations with clinical and paraclinical characteristics, tumor or treatment characteristics and with overall survival.

Result(s): In the univariate statistical analysis of survival, a significant statistical association is obtained by the presence of pelvic pain at presentation (p_value = 0.033744), with the stage III (p_value = 0.007595, respectively p_value = 0.022090), with the type of citoreduction (p_value = 0.035), with postoperative complications (p_value = 0.000685) within the pathological subtypes (p_value = 0.046266), with adjuvant treatment (p_value = 0.000083). Cox multivariate regression analysis showed that adjuvant chemotherapy (HR = 0.046, 95% CI = (0.008, 0.261), (p_value = 0.000492), suboptimal cytoreduction (HR = 0.346, 95% CI = (0.140, 0.853), (p_value) = 0.021219) and postoperative complications (HR = 53,751, 95% CI = (4,672, 618,365), (p_value = 0.001389) are independent prognostic factors.

Conclusion(s): Absence of pelvic pain at diagnosis, FIGO IIIC stage, suboptimal cytoreduction, presence of postoperative complications, inadequate adjuvant treatment and pathological type of clear cell cancer have been shown to be prognostic factors for overall survival. In patients with advanced ovarian cancer, the type of optimal citoreduction and adjuvant treatment are independent protective factors for overall survival, and the presence of postoperative complications has been shown to be an independent risk factor.

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642.

Rosen N.O., Bergeron S., Pukall C.F.
Embase
AN: 2004576245
Introduction: Chronic vulvar pain is a multidimensional condition with great variability in clinical presentation among affected women. In a companion article, part 1, we reviewed and recommended assessment and measurement tools for vulvar pain and related outcomes with a view toward improving consistency and comparison across studies. Yet methodological challenges to conducting research with this population remain and can further hinder conclusions regarding etiology and treatment.

Aim(s): To discuss methodological challenges to conducting vulvar pain research alongside recommended solutions.

Method(s): The expert authors reviewed the scientific evidence related to the study of vulvar pain and made decisions regarding methodological challenges and mitigation strategies via discussion and consensus.

Main Outcome Measure(s): We articulated key challenges to conducting research in this area and formulated recommendations for mitigating these challenges.
Result(s): Challenges to the field include selection and sample biases, heterogeneity of the condition, inclusion of the partner, and neglect of the multidimensional aspects of vulvar pain. Two key recommendations are more careful and detailed tracking and characterization of research samples and greater multidisciplinary collaboration to better capture the complexity of chronic vulvar pain. Clinical Implications: This methodological critique points to several challenges to clinical research with populations struggling with chronic vulvar pain and makes suggestions for how to mitigate these issues. Strength & Limitations: Comments in this expert review raise awareness regarding core challenges to the study of vulvar pain and can inform study design of clinical research with this population. The content of this review is based on expert knowledge and opinion rather than a formal systematic review or extended consultation process. Conclusion(s): A careful reflection upon methodological challenges facing clinical research of vulvar pain and ways to mitigate such challenges is crucial for improving the quality, generalizability, and uptake of research findings. Rosen NO, Bergeron S, Pukall CF. Recommendations for the Study of Vulvar Pain in Women, Part 2: Methodological Challenges. J Sex Med 2020; 17:595-602.

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Status
Embase

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Publisher Elsevier B.V. (Netherlands)

Year of Publication 2020


Embase


AN: 2004093543

Introduction: The etiology and consequences of chronic vulvar pain are multidimensional, resulting in highly variable clinical presentations and no established treatment algorithm. Inconsistent use of measurement tools across studies is a significant barrier to drawing conclusions regarding etiology and treatment. In a companion paper, we review additional methodological challenges to the study of chronic vulvar pain and potential solutions.

Aim(s): To review and recommend assessment and measurement tools for vulvar pain and associated key outcomes.

Method(s): The authors reviewed the scientific evidence related to measurement of vulvar pain and made decisions regarding recommendations via discussion and consensus.
Main Outcome Measure(s): We assessed measurement tools for vulvar pain and related outcomes and considered advantages and disadvantages of their use.

Result(s): Empirically validated measurement tools are available and should be used uniformly across studies to support comparisons and pooling of results. There is, at times, a trade-off between advantages and disadvantages when selecting a particular tool, and researchers should be guided by their specific research aims, feasibility, and potential to gain further knowledge in the field. Researchers should incorporate a biopsychosocial assessment of vulvar pain and its consequences. Clinical Implications: This review provides a comprehensive list of measurement tool recommendations for use in clinical research, and in some cases, clinical practice. Strengths & Limitations: This expert review can guide study design and decision-making for those researching vulvar pain and its consequences. The review content and recommendations are based on expert knowledge of the literature rather than a formal systematic review.


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PMID 31812684 [https://www.ncbi.nlm.nih.gov/pubmed/?term=31812684]

Still a Case of "no Pain, No Gain"? An Updated and Critical Review of the Pathogenesis, Diagnosis, and Management Options for Hemorrhoids in 2020.

Ng K.-S., Holzgang M., Young C.

Embase

Annals of Coloproctology. 36(3) (pp 133-147), 2020. Date of Publication: June 2020. [Review]

AN: 2007033381

The treatment of haemorrhoids remains challenging: Multiple treatment options supported by heterogeneous evidence are available, but patients rightly demand a tailored approach. Evidence for newer surgical techniques that promise to be less painful has been conflicting. We review the current evidence for management options in patients who present with varying haemorrhoidal grades. A review of the English literature was performed utilizing MEDLINE/PubMed, Embase, and Cochrane databases (31 May 2019). The search terms (haemorrhoid OR haemorrhoid OR haemorrhoids OR Hemorrhoids OR "Hemorrhoid"[Mesh]) were used. First- and second-degree haemorrhoids continue to be managed conservatively. The easily repeatable and cost-efficient rubber band ligation is the preferred method to address minor haemorrhoids; long-term outcomes following injection sclerotherapy remain poor. Conventional haemorrhoidectomies
(Ferguson/Milligan-Morgan/Ligasure haemorrhoidectomy) still have their role in third- and fourth-degree haemorrhoids, being associated with lowest recurrence; nevertheless, posthaemorrhoidectomy pain is problematic. Stapled haemorrhoidopexy allows quicker recovery, albeit at the costs of higher recurrence rates and potentially serious complications. Transanal Haemorrhoidal Dearterialization has been promoted as nonexcisional and less invasive, but the recent HubBLe trial has questioned its overall place in haemorrhoid management. Novel "walk-in-walk-out"techniques such as radiofrequency ablations or laser treatments will need further evaluation to define their role in modern-day haemorrhoid management. There are numerous treatment options for haemorrhoids, each with their own evidence-base. Newer techniques promise to be less painful, but recurrence rates remain an issue. The balance continues to be sought between long-term efficacy, minimisation of postoperative pain, and preservation of anorectal function.

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Does weather trigger urologic chronic pelvic pain syndrome flares? A case-crossover analysis in the multidisciplinary approach to the study of the chronic pelvic pain research network.


Embase
[Article]
AN: 2004826000
Background: To investigate whether meteorological factors (temperature, barometric pressure, relative humidity, ultraviolet index [UVI], and seasons) trigger flares in male and female urologic chronic pelvic pain patients.

Method(s): We assessed flare status every 2 weeks in our case-crossover study of flare triggers in the Multidisciplinary Approach to the Study of Chronic Pelvic Pain 1-year longitudinal study. Flare symptoms, flare start date, and exposures in the 3 days preceding a flare or the date of questionnaire completion were assessed for the first three flares and at three randomly selected nonflare times. We linked these data to daily temperature, barometric pressure, relative humidity, and UVI values by participants' first 3 zip code digits. Values in the 3 days before and the day of a flare, as well as changes in these values, were compared to nonflare values by conditional logistic regression. Differences in flare rates by astronomical and growing seasons were investigated by Poisson regression in the full study population.

Result(s): A total of 574 flare and 792 nonflare assessments (290 participants) were included in the case-crossover analysis, and 966 flare and 5389 nonflare (409 participants) were included in the full study analysis. Overall, no statistically significant associations were observed for daily
weather, no patterns of associations were observed for weather changes, and no differences in flare rates were observed by season.

Conclusion(s): We found minimal evidence to suggest that weather triggers flares, although we cannot rule out the possibility that a small subset of patients is susceptible.

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Status Embase

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Publisher John Wiley and Sons Inc. (P.O.Box 18667, Newark NJ 07191-8667, United States)

Year of Publication 2020

646.

Effects of a patient-centered program including the cumulative-complexity model in women with chronic pelvic pain: a randomized controlled trial.
Ariza-Mateos M.J., Cabrera-Martos I., Lopez-Lopez L., Rodriguez-Torres J., Torres-Sanchez I., Valenza M.C.

Embase Maturitas. 137 (pp 18-23), 2020. Date of Publication: July 2020.
[Article]
AN: 2005724520

Objectives: To evaluate the effects of a patient-centered intervention including the cumulative-complexity model on quality of life related to health, coping behaviors, pain, self-perceived occupational performance and activity levels. Study design: Randomized controlled trial. Forty-four women with a clinical diagnosis of chronic pelvic pain were randomized into two groups. Patients in the experimental group (n = 22) were included in a patient-centered intervention that involved relevant activities proposed by participants. Patients in the control group (n = 22)
received a leaflet with information about chronic pelvic pain, physical activity, fear of movement, false beliefs, active lifestyle and behavioral advice.

Main Outcome Measure(s): The primary outcome measures were health-related quality of life assessed with the EuroQol-5D and coping behavior using the Coping Strategies Questionnaires. Secondary outcomes included severity of pain using a Visual Analogue Scale, self-perception of occupational performance using the Canadian Occupational Performance Measure and physical activity levels assessed by the International Physical Activity Questionnaire.

Result(s): An analysis of variance with repeated measures showed, in the experimental group compared with the control group, significantly greater improvement from baseline to post-intervention in health-related quality of life (EuroQol-5D Visual Analog Scale values of 70.06 +/- 16.44 vs. 57.38 +/- 16.40, p = 0.026) and coping behavior (adaptive coping 113.00 +/- 31.89 vs. 83.24 +/- 16.69, p = 0.002). Pain, self-perception of performance and physical activity levels also significantly improved.

Conclusion(s): A patient-centered intervention considering the workload of patients and their capacity for performing health behaviors provides benefits regarding quality of life and coping behavior. Additionally, pain, self-perceived performance of relevant tasks and physical activity levels improved.

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Vulvodynia.
Bergeron S., Reed B.D., Wesselmann U., Bohm-Starke N.

Nature Reviews Disease Primers. 6(1) (no pagination), 2020. Article Number: 36. Date of Publication: 01 Dec 2020.
[Review]
AN: 2004826151

Vulvodynia is a condition that occurs in 8-10% of women of all ages and is characterized by pain at the vulva that is present during sexual and/or non-sexual situations. Diagnosis is established through careful medical history and pelvic examination, including the cotton-swab test. The onset and maintenance of vulvodynia involves a complex interplay of peripheral and central pain mechanisms, pelvic floor muscle and autonomic dysfunction, anxiety, depression and childhood maltreatment as well as cognitive-affective, behavioural and interpersonal factors. Given the absence of empirically supported treatment guidelines, a stepwise approach of pelvic floor physical therapy and cognitive behavioural therapy as well as medical management is suggested, with surgery as the last option. Vulvodynia has a negative effect on the quality of life of women and their partners, and imposes a profound personal and societal economic burden. In addition, women with vulvodynia are more likely to report other chronic pain conditions, which further alters
their quality of life. Future efforts should aim to increase girls', women's and healthcare professionals' education and awareness of vulvodynia, phenotype different subgroups of women based on biopsychosocial characteristics among more diverse samples, conduct longitudinal studies and improve clinical trial designs.

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Status Embase
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Publisher Nature Research
Year of Publication 2020

Laparoscopy as a Diagnostic and Therapeutic Modality for Chronic Abdominal Pain of Unknown Etiology: A Literature Review.
Zhao J., Samaan J.S., Toubat O., Samakar K.
Background: Investigate the diagnostic and therapeutic utility of laparoscopy in the management of patients with chronic abdominal pain of unknown origin.
Method(s): Ovid MEDLINE, PubMed, and SCOPUS databases were queried to identify relevant published studies. Data on the diagnostic and therapeutic utility of laparoscopy were abstracted and summarized.
Result(s): Laparoscopy achieved a diagnosis in 65% to 94% of patients with chronic abdominal pain of unknown origin. Common intraoperative findings included adhesions, chronic appendicitis, hernias, and enlarged mesenteric lymph nodes. These findings corresponded with the therapeutic procedures that were performed, including laparoscopic adhesiolysis, appendectomy, and hernia repair. Therapeutic utility of laparoscopy based on pain relief, patient satisfaction, and quality of life ranged from 63% to 94%.
Conclusion(s): Based on current available evidence, diagnostic laparoscopy (DL) is a safe and effective method for identifying organic causes of chronic abdominal pain. Laparoscopic treatment also resulted in substantial pain relief for a majority of patients. However, the efficacy of laparoscopic adhesiolysis remains controversial. We would recommend the use of DL as an early diagnostic tool, but more robust studies are needed to establish the breadth of its therapeutic utility in clinical practice.
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Diagnosis and treatment of mullerian malformations.

Passos I.D.M.P.E., Britto R.L.


[Review]

AN: 2004761823

Anomalies in the mullerian ducts are congenital alterations with more prevalence than it is imagined, varying from 0.5 to 6.7% in the general population and up to 16.7% in women with recurrent miscarriage. The main findings are primary amenorrhea, dysmenorrhea, pelvic pain, endometriosis, sexual difficulties and low self-esteem. The major impact on the quality of life in women stricken by these problems justifies this study, whose objective is to analyze their most important aspects such as etiopathogeny, classification, diagnostic methods and proposed treatments. The research was performed on the Medline-PubMed database from 1904 to 2018. The American Fertility Society, European Society of Human Reproduction and Embryology, and the European Society of Gynaecological Endoscopy classify malformations as: Class 1/U5aC4V4: agenesis or hypoplasia of uterus and vagina; Class 1/U5aC4V4: cervical hypoplasia, associated with total or partial vaginal agenesis; Class 2/U4: unicorneate uterus; Class 3/U3bC2V1 or Class3/U3bc2V2: uterus didelphys; Class 4/U3C0: bicornuate uterus; Class 5/U2: septicate uterus; Class 6: arcuate uterus; Class 7/U1: induced by diethylstilbestrol, represented by a T-shaped uterus; and V3: transverse vaginal septum. The diagnostic methods are the two-dimensional or three-dimensional ultrasound, MRI, hysterosalpingo-contrast-sonography, X-ray hysterosalpingography, hysterography and laparoscopy. Some mullerian malformations are healed with surgery and/or self-dilatation. For vaginal agenesis, dilatation by Frank technique shows good results while malformations with obstruction of the menstrual flow need to be rapidly treated by surgery.

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PMID
32127135 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32127135]
Diclofenac versus a combination of hyoscine and diclofenac for outpatient hysteroscopy: A placebo controlled randomized clinical trial.
Souza C.A.B., Genro V.K., Tarrasconi D.V., Oppermann M.L.R., Cunha Filho J.S.L.
Embase
Date of Publication: April 2020.
[Article]
AN: 2004872573
Objective: to compare the effect of administering diclofenac sodium and/or oral hyoscine in pain perception during and after outpatient diagnostic hysteroscopy without anesthesia. Study design: a randomized, double-blind placebo-controlled clinical trial was performed in an University Hospital. We included 217 patients submitted to office hysteroscopy for the following indications: diagnosis of abnormal uterine bleeding, endometrial polyps, submucous myomas, infertility and recurrent miscarriage. Patients were allocated into 3 groups: (Group 1) placebo, (Group 2) diclofenac sodium 50 mg and (Group 3) diclofenac sodium 50 mg plus Hyoscine-N-Butylbromide 10 mg. The primary outcome was the visual analogue score immediately after the procedure. The secondary outcomes included Likert acceptance scale, the need for extra analgesia after the procedure, need to stay in the observation room and the occurrence of vagal symptoms.
Result(s): Groups were similar according to age, color, age of menarche, gravity, c-section, abortion, presence of pelvic pain, presence of uterine scar, height and body mass index. Patients in all three groups demonstrated similar visual pain scores when submitted to office hysteroscopy (Group 1: 4.18 +/- 3.1, Group 2: 4.68 +/- 2.9, group 3: 4.45 +/- 2.9, P = 0.59). Moreover, patients presented high acceptance scores of the procedure, similar between groups. We performed a subgroup analysis in patients in treatment for chronic pelvic pain and, in this subgroup, prior medication with diclofenac sodium isolated or associated with hyoscine were both effective in decreasing pain levels when compared to placebo (Group 1: 6.0 +/- 1.9, Group 2: 3.6 +/- 2.1, group 3: 4.2 +/- 1.5, P = 0.04). Conclusion(s): Office hysteroscopy is a well tolerated procedure and prior use of analgesic medication was not effective in decreasing pain. In selected patients with chronic pelvic pain the use prior analgesic medication may be beneficial.

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Publisher Elsevier Ireland Ltd
Year of Publication 2020
Anchorless implant for the treatment of advanced anterior and apical vaginal prolapse - Medium term follow up.
Levy G., Padoa A., Marcus N., Beck A., Fekete Z., Cervigni M.
Embase
Date of Publication: March 2020.
[Article]
AN: 2004610501
Objective: to evaluate the mid-term safety and efficacy of a surgical technique using an anchorless implant. Study design: This is a prospective study. Women with symptomatic POP were recruited. The technique involved placement of an open trapezoid-shaped frame which retains a polypropylene mesh stretched within its parameter. No fixation techniques used. Demographic data and pre-operative quality of life (QoL) questionnaires were collected. Peri-operative data were documented. Patients were followed at 2, 6, 12, 24 and 36 months. Follow-up included repeated QoL questionnaires, Pelvic Organ Prolapse- Quantification (POP-Q) measurements and assessment for possible complications.
Result(s): Seventy women were recruited. Mean age was 63.1 years, mean parity was 4.6 deliveries. Mean pre-operative POP-Q were Ba = 3.1 (-1 to 6) cm and C = 0.4 (-8 to 6) cm. No intra-operative complications were observed. Surgical time averaged 24.7 min. Estimated blood loss averaged 155 cc. Mean follow up at last visit was 27.7 months. Two patients (2.8 %) underwent partial frame resection and two patients (2.8 %) underwent a TVT-O for de-novo stress urinary incontinence (SUI). At follow-up, the mean POP-Q were Ba= -2.8 (-3 to -1) cm and C = -6.8 (-10 to 1) cm. Two patients (2.8 %) had recurrent prolapse. One was symptomatic and received treatment. No mesh erosion or chronic pelvic pain were documented. Pelvic Function Distress Inventory (PFDI20) scores showed significant improvement. Thirty-eight (54 %) patients completed the Pelvic organ prolapse/Urinary Incontinence Sexual Questionnaire (PISQ12) showing no chronic dyspareunia.
Conclusion(s): The Self Retaining Support (SRS) implant provides 97 % subjective and 94.3 % objective cure. Two patients (2.8) had the implant's frame removed surgically. The SRS is a safe and effective treatment for pelvic organ prolapse.
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Publisher Elsevier Ireland Ltd
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Developing a better biopsychosocial understanding of pain in inflammatory bowel disease: A cross-sectional study.
Sweeney L., Moss-Morris R., Czuber-Dochan W., Murrells T., Norton C.
Embase
European Journal of Gastroenterology and Hepatology. 32(3) (pp 335-344), 2020. Date of Publication: 01 Mar 2020.
[Article]
AN: 631569851
Objective Pain is frequently reported by patients with inflammatory bowel disease (IBD). Pain in IBD is not fully explained by disease activity or other clinical findings, and a recent systematic review suggested that psychosocial factors have an important role in IBD-pain. The aim of this study was to investigate psychosocial factors associated with pain in IBD. Methods 297 adults (>16 years) with IBD were recruited from outpatient clinics (n = 114) and online (n = 183). Participants completed validated questionnaires assessing pain and potential emotional, cognitive and behavioural correlates. Socio-demographic and clinical factors including disease activity were also recorded. Results 243 (81.8%) of participants reported pain. Of these 243, mean age was 36 years; 153 (63%) had Crohn's disease, 90 (37%) had ulcerative colitis, and 165 (67.9%) were female. 62.6% reported mild, 31.6% moderate and 5.8% severe pain. 40.3% of participants with pain met established criteria for chronic pain and 18.5% reported opioid use. Female gender, smoking, surgery and steroid use were associated with greater pain severity. Psychosocial factors associated with pain-related interference included depression, catastrophising, fear avoidance, lower self-efficacy and worse mental well-being. Regression models explained 45.6% of the variance in pain severity and 49.7% of pain interference. Psychosocial factors explained 9.5% and 24% of this variance respectively when controlling for demographic and clinical variables. Conclusions Pain in IBD is significantly associated with cognitive and behavioural factors as well as low mood. This study contributes to a biopsychosocial understanding of pain in IBD and identifies important targets for future interventions.

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PMID 31851083 [https://www.ncbi.nlm.nih.gov/pubmed/?term=31851083]

Status Embase
Institution (Sweeney, Czuber-Dochan, Murrells, Norton) King's College London, A Florence Nightingale Faculty of Nursing, Midwifery and Palliative Care, United Kingdom (Moss-Morris) Health Psychology Section, London, United Kingdom
Publisher Lippincott Williams and Wilkins
Year of Publication 2020

653.

Does Nomegestrol Acetate plus 17beta-Estradiol Oral Contraceptive Improve Endometriosis-Associated Chronic Pelvic Pain in Women?.
Caruso S., Cianci A., Iraci M., Fava V., Di Pasqua S., Cianci S.
Embase
[Article]
AN: 632946310
Background: To evaluate the effects of a 24/4 regimen combined oral contraceptive (COC) containing 1.5 mg 17beta-estradiol (E2) and 2.5 mg nomegestrol acetate (NOMAC) compared to on-demand nonsteroidal anti-inflammatory drugs (NSAIDs) on women affected by endometriosis-associated chronic pelvic pain (the primary end point) and their quality of life (QoL) and sexual function (the secondary end points).

Material(s) and Method(s): Ninety-nine women on E2/NOMAC constituted the study group; and 63 women on NSAIDs constituted the control group. The visual analogic scale was used to measure the levels of pelvic pain, dysmenorrhea, and dyspareunia. To assess their QoL, sexual function, and sexual distress, the Short Form-36 (SF-36), the Female Sexual Function Index (FSFI), and the Female Sexual Distress Scale (FSDS) were used, respectively. The study included two follow-ups at 3 and 6 months.

Result(s): Improvement in chronic pelvic pain was observed in the study group at both the 3-and 6-month follow-ups (p < 0.001). SF-36, FSFI, and FSDS had a similar trend at the 3-and 6-month follow-ups (p < 0.001). Women on NSAIDs did not report any reduction in pain symptoms or improvement in QoL (p <= 0.4). However, they had a limited improvement of their FSFI and FSDS (p < 0.001). The improvement of the pain symptoms, QoL, FSFI, and FSDS, was more evident in women on E2/NOMAC than in those on NSAIDs, when the study group and control group values were compared at the 3-and 6-month follow-ups (p < 0.001).

Conclusion(s): Women on E2/NOMAC COC showed a better reduction of endometriosis-associated chronic pelvic pain and an improvement of their QoL and sexual activity than those of the women on NSAIDs.

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Status Embase

Institution
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Publisher Mary Ann Liebert Inc. (E-mail: info@liebertpub.com)
Year of Publication 2020

Endometriosis in Saudi Arabia; prevalence, presentation, complications, and updated management: Simple systematic review.
Messawa M.F., Omar S.Y., Babagi R.A.

Embase

[Review]
AN: 2008457986

Background: Endometriosis is a benign disease of the female genital system characterized by a chronic growth of endometrial-like tissue, consisting of glands and/or stroma, found outside the uterine cavity in sites other than the uterine cavity like the pelvic cavity, ovaries, pouch of Douglas, and uterosacral ligaments. The commonest symptom that women present to health
services is pelvic pain, which usually begins before menses and continues along the duration of menstrual flow.

Objective(s): This study aims to review the recent updates in prevalence, presentation, complications, and updated management of endometriosis in Saudi Arabia.

Method(s): PubMed database and EBSCO Information Services were used for articles Screening. All Saudi papers concerning the prevalence, presentation, complications, and updated management of endometriosis and other articles have been used in making the article. We excluded additional papers that are not relevant to this topic. The data were collected as per the particular manner in which the group members would study it.

Conclusion(s): Endometriosis significantly affects the quality of life and health of the patient and may lead to infertility. Effective surgical treatment should be used with a clinical diagnosis of endometriosis. Furthermore, knowledge of the different atypical presentations and imaging methods used to diagnose endometriosis is the responsibility of the clinician, and the importance of awareness cannot be ignored.

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655.

Indirect effect of sleep on abdominal pain through daytime dysfunction in adults with irritable bowel syndrome.

Embase


[Article]

AN: 2008503492

Study Objectives: Sleep deficiency, psychological distress, daytime dysfunction, and abdominal pain are common in adults with irritable bowel syndrome. Prior research on individuals with chronic pain has identified the indirect effect of sleep on pain through psychological distress or daytime dysfunction; however, this effect is less clear in irritable bowel syndrome. The purpose of this study was to examine potential indirect effects of sleep on abdominal pain symptoms simultaneously through psychological distress and daytime dysfunction in adults with irritable bowel syndrome.

Method(s): Daily symptoms of nighttime sleep complaints (sleep quality and refreshment), psychological distress, daytime dysfunction (fatigue, sleepiness, and difficulty concentrating), and abdominal pain were collected in baseline assessments from 2 randomized controlled trials of 332 adults (mean age 42 years and 85% female) with irritable bowel syndrome. Structural equation modeling was used to examine the global relationships among nighttime sleep complaints, psychological distress, daytime dysfunction, and abdominal pain.
Result(s): The structural equation modeling analyses found a strong indirect effect of poor sleep on abdominal pain via daytime dysfunction but not psychological distress. More than 95% of the total effect of nighttime sleep complaints on abdominal pain was indirect.

Conclusion(s): These findings suggest that the primary impact of nighttime sleep complaints on abdominal pain is indirect. The indirect effect appears primarily through daytime dysfunction. Such understanding provides a potential avenue to optimize personalized and hybrid behavioral interventions for adults with irritable bowel syndrome through addressing daytime dysfunction and sleep behaviors. Additional study integrating symptoms with biological markers is warranted to explore the underlying mechanisms accounting for these symptoms. Clinical Trial Registration: Registry: ClinicalTrials.gov. Name: Nursing Management of Irritable Bowel Syndrome: Improving Outcomes, Nursing Management of IBS: Improving Outcomes. URLs: https://clinicaltrials.gov/ct2/show/NCT00167635, https://clinicaltrials.gov/ct2/show/NCT00907790. Identifiers: NCT00167635, NCT00907790.

Effects of implementing a comprehensive opioid reduction protocol on overall opioid prescribing among patients with chronic, non-cancer pain in a rural family medicine clinic: A controlled crossover trial.

Stack M., LaRouche V., Zhang Y., Warden D., Stack C., Klugiene E.A.


Background: The opioid crisis presents many challenges for family practice providers in rural communities who treat patients with chronic non-cancer pain (CNCP). Unfortunately, evidence for effective opioid reduction strategies is sparse. We evaluated the effects of implementing a comprehensive opioid reduction protocol on overall opioid prescribing among patients with chronic non-cancer pain in our rural family medicine clinics.

Method(s): We compared mean daily milligrams morphine equivalent (MME) prescribed to patients with CNCP in our rural family medicine clinic (n = 93) with another matched clinic (n =93) after implementation of our comprehensive protocol. We also compared mean daily MME prescribed to our patients with CNCP before and after implementation of the protocol. In a subsequent cross over phase, we examined the effects of the protocol when applied to the original control group patients.
Result(s): Mean daily MME in the intervention clinic (29.77) was significantly lower than the control clinic (93.2) after the intervention (t = 6.03; P < .00). Mean daily MME in the intervention group was significantly lower after implementation of the protocol (29.77) than before the protocol (MME 80.34) (t = 5.889; P < .00). After crossover, the mean daily MME was significantly lower (14.34) in the original control group than prior to the cross over intervention (85.68); (t = 8.19; P = .00).

Discussion(s): Our comprehensive opioid reduction protocol led to significant reductions in opioid prescribing in our rural family medicine clinics. Future studies should include important qualitative outcome measures such as patient function.

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Status
Embese
Institution
(Stack, LaRouche, Zhang, Warden, Stack, Klugiene) Michigan State University, MidMichigan Medical Center, Gratiot Family Medicine Residency Program, Alma, United States
Publisher
American Board of Family Medicine
Year of Publication
2020

Post-Caesarean section niche-related impaired fertility: Hypothetical mechanisms.
Vissers J., Hehenkamp W., Lambalk C.B., Huirne J.A.
Embase
[Review]
AN: 2008415087

Caesarean section can result in an indentation of the myometrium at the site of the Caesarean scar, called a niche. Niches can cause symptoms of abnormal uterine blood loss, dysmenorrhea, chronic pelvic pain and dyspareunia and are possibly related to subfertility. Various other explanations for the cause of subfertility after Caesarean section have been proposed in the literature, such as uterine pathology, intra-abdominal adhesions and women's reproductive choices. Not all niches cause symptoms and the relation with subfertility and a niche in the uterine scar still needs further study since direct evidence is lacking so far. Based on the limited available evidence, and in combination with observations made during sonographic hysteroscopic evaluations and laparoscopic niche repair, we propose and discuss three hypothetical mechanisms: (i) the environment for sperm penetration and implantation may be detrimental; (ii) there could be a physical barrier to embryo transfer and implantation; and (iii) psychogenic factors may reduce the likelihood of pregnancy. Several innovative surgical treatments have been developed and are being implemented for niche-related problems. Promising results are reported, but more evidence is needed before further implementation in daily practice. The additional value of niche resections should be compared to expectant management or fertility therapies, such as ART, in randomized controlled trials. Therefore, our suggested hypotheses should, for the time being, not be used for justification of any specific procedures outside clinical trials.

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PMID 32613231 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32613231]

Status
The use of cinnamon (Cinnamomum bark) for patients with chronic prostatitis/chronic pelvic pain syndrome: A randomized controlled trial.


BACKGROUND: Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) is common, yet no curative treatment identified. Cinnamon is a herbal substance, which has many applications in medicine. AIM: The aim of the study was to study the effect of cinnamon on patients with chronic pelvic pain syndrome.

METHOD(S): Sixty patients with documented CP/CPPS randomized into two groups during 2018 and 2019 in Baghdad. The first group received 60 capsules each contained 1 g of cinnamon. The other group received 60 capsules each contained 1 g of sugar powder (placebo). All the patients instructed to take one capsule twice daily for 1 month. National Institutes of Health-Chronic Prostatitis Symptom Index (NIH-CPSI) was reported for both groups at baseline and after 1 month of treatment. The primary outcome was a patient perceivable improvement defined as a reduction of the NIH-CPSI by 6 or more points after 1 month, whereas improvement of sub-scores of NIH-CPSI (pain, urinary symptoms, and quality of life) considered as a secondary outcome, and adverse reactions reported.

RESULT(S): Thirteen patients (43.3%) of the cinnamon group have 6 or more points of reduction in the total NIH-CPSI compared to four patients (13.3%) of the control groups (p = 0.01). The improvement in total NIH-CPSI score was mainly due to improvement in pain sub-score, whereas in urinary symptoms, there was marginal change with no significant change in the quality of life score. The only reported side effect was gastric upset in one patient.

CONCLUSION(S): The study concluded that cinnamon improves NIH-CPSI in patients with CP/CPPS.
An audit of indications for hysterectomy in a district hospital, madikeri.
Mallappa S., Ramanujam A., Monnappa P., Kulkarni P.
Embase
[Article]
AN: 2010115819
Introduction: Hysterectomy is the removal of the uterus and is the most common gynaecological operation done in females worldwide. In the early 20th century, hysterectomies were done for many conditions like leiomyoma, Dysfunctional Uterine Bleeding (DUB), chronic pelvic pain, endometriosis, adenomyosis, prolapse, and malignancies. Considering that the procedure has a 20-35% life risk, it calls for a thorough justification before consideration. A hysterectomy has mental, physical, social, economic and psychosexual impact, apart from intraoperative and postoperative complications. Thus, an audit on hysterectomies was done to help students, medical fraternity, and the women of Kodagu in having a better understanding of hysterectomies.
Aim(s): To conduct an audit on hysterectomies performed for gynaecological indications to correlate pre-operative diagnosis with the histopathological diagnosis.
Material(s) and Method(s): This was a cross-sectional study which included all elective hysterectomies performed for gynaecological indications conducted at the District Hospital of Kodagu Institute of Medical Sciences, Madikeri from January 2018-June 2019. All cases of hysterectomies were considered except Caesarean peripartal hysterectomies. The histopathological findings of the endometrium, myometrium, cervix, ovaries and fallopian tubes were recorded. Findings were tabulated as frequency and percentage. Then, using the data, preoperative indications were compared with postoperative histopathological findings to know if hysterectomy was justified.
Result(s): A total of 238 hysterectomies were performed during 18 months in the District Hospital. Abdominal and vaginal approaches were used. Panhysterectomy via abdominal approach was the most common type of hysterectomy. The most common age group where hysterectomy occurred was 41-60 years. The most common indication for hysterectomy was found to be Fibroid uterus. Analysis of the myometrial findings revealed that the most common finding was leiomyoma. Majority of ovaries and fallopian tubes did not show significant pathology.
Conclusion(s): Panhysterectomy was the most common type of hysterectomy. Fibroid were the most common histopathological findings and medium and small sized fibroids can be given a trial of nonsurgical management. Injudicious use of hysterectomy procedure has multiple loop holes involving medical fraternity, socioeconomic conditions of women and attitude of society towards female reproductive health.
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Status
Embase
Institution
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Publisher
Journal of Clinical and Diagnostic Research
Pelvic-floor relaxation techniques using biofeedback - more effective therapy for chronic prostatitis/chronic pelvic pain syndrome.

Pandey M., Shrivastava V., Patidar V., Dias S., Trivedi S.

Embase


Objective: Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) is characterized by pelvic pain and voiding symptoms, the management of which is challenging. The present study was designed to assess the efficacy of biofeedback and pelvic-floor relaxation treatment for CP/CPPS.

Method(s): A total of 84 patients diagnosed with CP/CPPS were randomly assigned to one of the two groups: conventional therapy (group A) and pelvic-floor muscle relaxation and biofeedback (group B). The Biofeedback and Electrical Stimulation apparatus was used for pelvic-floor muscle electrical stimulation and relaxation with biofeedback. National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI) scores were evaluated at the start of therapy, after 3 months of treatment and at 6 months (3 months after last treatment received).

Result(s): At 3 months, patients in both groups had a significant decrease (improvement in symptoms) in NIH-CPSI scoring. However, at 6 months, only 19 (47.5%) patients in group A maintained a fall in NIH-CPSI score >6 compared with 37 (94.8%) patients in group B (p<0.05). At 6 months, there was significant decrease in NIH-CPSI score in group B, whereas in group A, scores had increased (worsening of symptoms).

Conclusion(s): Pelvic-floor muscle relaxation and biofeedback training is a safe and effective treatment for CP/CPPS with sustained efficacy.

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Randomized phase II study of first-line cladribine with concurrent or delayed rituximab in patients with hairy cell leukemia.
PURPOSE Single-agent purine analog, usually cladribine, has been the standard first-line therapy of hairy cell leukemia (HCL) for 30 years. High complete remission (CR) rates often include minimal residual disease (MRD), leading to relapse and repeated treatments. Rituximab can clear MRD, but long-term results are unknown and optimal timing of rituximab undefined.

PATIENTS AND METHODS Patients were randomly assigned to first-line cladribine 0.15 mg/kg intravenously days 1-5 with 8 weekly doses of rituximab 375 mg/m² begun either day 1 (concurrent, CDAR) or >= 6 months later (delayed) after detection of MRD in blood. MRD tests included blood and bone marrow (BM) flow cytometry, and BM immunohistochemistry. RESULTS Sixty-eight patients with purine analog-naive classic HCL were randomly assigned 1:1 to concurrent versus delayed arms. At 6 months after CDAR versus cladribine monotherapy, CR rates were 100% versus 88% (P = .11), MRD-free CR rates 97% versus 24% (P < .0001, primary end point), and blood MRD-free rates 100% versus 50% (P < .0001), respectively. At 96 months median follow-up, 94% versus 12% remained MRD free. Compared with CDAR, delayed rituximab after cladribine achieved lower rate (67% of 21 evaluable patients; P = .0034) and durability (P = .0081, hazard ratio favoring CDAR, 0.094) of MRD-free CR. Nevertheless, 12 patients in the delayed arm remained MRD free when restaged 6-104 (median, 78) months after last delayed rituximab treatment. Compared with cladribine monotherapy, CDAR led to brief grade 3/4 thrombocytopenia (59% v 9%; P < .0001) and platelet transfusions without bleeding (35% v 0%; P = .0002), but higher neutrophil (P = .017) and platelet (P = .0015) counts at 4 weeks. CONCLUSION Achieving MRD-free CR of HCL after first-line cladribine is greatly enhanced by concurrent rituximab and less so by delayed rituximab. Longer follow-up will determine if MRD-free survival leads to less need for additional therapy or cure of HCL.
Administration of Preoperative Gabapentin to Patients Undergoing Laparoscopy: A Double-Blinded, Placebo-Controlled Randomized Trial.
Benton A., Harkins G., Stetter C., Kunselman A., Deimling T., Riley K.
Embase
[Article]
AN: 633172750
Objective: The aim of this study was to determine the influence of immediate preoperative gabapentin on postoperative pain in patients undergoing laparoscopy for benign gynecologic indications.
Material(s) and Method(s): This double-blinded, placebo controlled randomized trial involved 109 gynecologic patients undergoing laparoscopy between June 2015 and January 2016 at an academic tertiary care hospital. They were randomized to receive preoperative gabapentin (300 mg) or placebo. Pain scores were assessed at 2, 4, 6, and 8 hours postoperatively as well as on postoperative days 1-7.
Result(s): The 109 patients were randomized to receive either preoperative gabapentin or placebo. The patients were stratified based on history of chronic pelvic pain. There was no difference between the groups in terms of age, body mass index, gravidity, parity, or past surgical histories. Postoperative pain was assessed with a numeric pain rating scale (NRS), rated as 0-10, and a visual analogue scale (VAS), rated as 0-100. These values were adjusted for morphine doses received. There was no significant difference in pain scores at any of the immediate postoperative hours. A secondary analysis, stratified by procedure (hysterectomy or operative laparoscopy), showed no significant differences in pain scores. There were also no significant differences in pain scores on postoperative days 1-7.
Conclusion(s): A single dose of preoperative gabapentin did not significantly decrease postoperative pain in gynecologic patients undergoing laparoscopy for benign indications. (J GYNECOL SURG 36:173).
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Hormonal treatment isolated versus hormonal treatment associated with electrotherapy for pelvic pain control in deep endometriosis: Randomized clinical trial.
Mira T.A.A., Yela D.A., Podgaec S., Baracat E.C., Benetti-Pinto C.L.
Embase
Objective: The aim of the study was to evaluate the clinical effectiveness of complementary treatment using self-applied electrotherapy treatment for pain control over the standard hormonal treatment alone for deep infiltrative endometriosis (DIE). Study design: Multicentre randomized clinical trial. We included a hundred-one participants with DIE in electrotherapy (n = 53) (hormonal treatment + electrotherapy) or control group (n = 48) (only hormonal treatment) by 8 weeks of follow-up. The primary measurement was chronic pelvic pain (CPP) using a visual analogue scale (VAS) and deep dyspareunia. The secondary outcomes were the quality of life by endometriosis health profile (EHP-30) and sexual function by female sexual function index (FSFI).

Result(s): CPP relief was observed only in the electrotherapy group (pre:7.11 +/- 2.40, post:4.55 +/- 3.08, p < 0.001). In terms of deep dyspareunia, improvements were observed for both groups (electrotherapy pre:2.02 +/- 0.54-1.36 +/- 0.96, p < 0.001; control pre:1.95 +/- 0.86-1.68 +/- 0.82, p = 0.006). Considering the secondary outcomes, a higher total score post-treatment for the EHP-30 was noted in both groups. Regarding sexual function, there was a statistically significant improvement in the FSFI score for the electrotherapy group (p < 0.001), with an increase in the scores for lubrication and pain domains (p = 0.013 and p < 0.001).

Conclusion(s): Electrotherapy treatment using transcutaneous electrical nerve stimulation proved to be a good complementary option for pain control, showing benefits in the reduction of CPP and deep dyspareunia and improving patient's quality of life and sexual function.

The Efficacy of Extracorporeal Shock Wave Therapy for Chronic Coccydynia.
Gonen Aydln C., Orscelik A., Gok M.C., Akman Y.E.

Objective: Coccydynia is a disorder that decreases quality of life with significant functional failure. Extra-corporeal shock wave therapy (ESWT) is used to treat several painful musculoskeletal disorders. Subjects and Methods: The medical records of 34 patients (29 females, 5 males) who
had been treated with ESWT between 2017 and 2018 for chronic coccydynia were evaluated. Visual analog scale (VAS) scores were noted at the initial consultation, at each session, and during the initial and follow-up (at 6 months) examinations after the treatment. The 36-item short form (SF-36) quality of life scale survey was conducted at the beginning and end of the treatment. MRI was performed before the start of the procedure and 1 month after the end of the treatment. Result(s): The mean VAS score was 9.6 (9-10) before the treatment and 3.4 (0-2) after the treatment (p < 0.05). The VAS score decreased to <=3 in 79.4% of patients. Bone marrow edema regressed in 6% of patients. Significant improvement was observed in all of the SF-36 parameters, except for two. Conclusion(s): In our patient group, ESWT provided effective pain control. In order to evaluate the efficacy of ESWT more accurately and sensitively, prospective randomized studies with longer follow-up periods, in which ESWT is compared with different energy doses and different treatment methods, are needed. Copyright © 2020 S. Karger AG. All rights reserved. PMID 31918431 [https://www.ncbi.nlm.nih.gov/pubmed/?term=31918431]

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Publisher S. Karger AG
Year of Publication 2020

The effect of endometriosis on sexual function as assessed with the Female Sexual Function Index: systematic review and meta-analysis. Perez-Lopez F.R., Ornat L., Perez-Roncero G.R., Lopez-Baena M.T., Sanchez-Prieto M., Chedraui P.


Aim: To systematically compare sexual function between non-treated women with and without endometriosis.

Method(s): A systematic review was performed on PubMed/Medline, Scopus, EMBASE, Web of Science and Cochrane Library databases searching studies that analyzed sexual function (assessed with the 19-item Female Sexual Function Index [FSFI]), and dyspareunia, chronic pelvic pain and dysmenorrhea (assessed with a visual analogue scale [VAS]) in women with and with endometriosis.

Result(s): In 4 studies, non-treated women with endometriosis presented a higher risk of female sexual dysfunction (mean total FSFI score <= 26.55; OR = 2.38; 95% confidence interval [CI] = 1.12, 5.04). Although mean total FSFI scores were not significantly different between women with and without endometriosis (mean difference [MD] = -2.15; 95% CI -4.96, 0.67); all FSFI domain scores were significantly lower in women with endometriosis (n = 4 studies): desire (MD = -0.43;
95% CI -0.57, -0.19); arousal (MD = -0.66; 95% CI -1.15, -0.17); lubrication (MD = -0.41; 95% CI -0.79, -0.02); orgasm (MD = -0.40; 95% CI -0.73, -0.06); satisfaction (MD = -0.45; 95% CI -0.72, -0.18); and pain (MD = -1.03; 95% CI -1.34, -0.72). Women with endometriosis displayed differences (more severity) in terms of VAS scores (2 studies) for dyspareunia (MD = 1.88; 95% CI 0.38, 3.37) and chronic pelvic pain (MD = 2.92; 95% CI 1.26, 4.58); but not for dysmenorrhea. Conclusion(s): Non-treated women with endometriosis displayed altered sexual function as evidenced by lower scores in all FSFI domains, and severity of dyspareunia and chronic pelvic pain.

Conclusion(s): Non-treated women with endometriosis displayed altered sexual function as evidenced by lower scores in all FSFI domains, and severity of dyspareunia and chronic pelvic pain.

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PMID 32880200 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32880200]

Phase 1 study of the immunotoxin LMB-100 in patients with mesothelioma and other solid tumors expressing mesothelin.


Cancer. 126(22) (pp 4936-4947), 2020. Date of Publication: 15 Nov 2020.

Background: LMB-100 is an antibody-toxin conjugate with an antimesothelin Fab linked to a 24-kilodalton portion of Pseudomonas exotoxin A with mutations that decrease immunogenicity. The objective of the current first-in-human phase 1 study was to determine the maximum tolerated dose (MTD) and safety in patients with advanced solid tumors expressing mesothelin.

Method(s): Cohorts of 1 to 7 patients received intravenous LMB-100 at 7 dose levels from 40 microg/kg to 250 microg/kg intravenously on days 1, 3, and 5 of a 21-day cycle.

Result(s): Of the 25 patients accrued, 17 had mesothelioma, 3 each had ovarian or pancreatic cancer, and 2 patients had gastric cancer. Dose-limiting toxicities occurred in 2 of 4 patients.
treated at a dose of 250 microg/kg (capillary leak syndrome) and in 3 of 7 patients treated at a
dose of 170 microg/kg (creatinine increase). The MTD of LMB-100 was 140 microg/kg. Of the 10
patients with mesothelioma who were treated at doses of 170 microg/kg or 140 microg/kg, 8 had
stable disease and 2 developed progressive disease. Peak LMB-100 plasma concentrations were
dose-dependent during cycle 1. The development of antidrug antibodies decreased LMB-100
blood levels in 8 of 21 patients (38%) who received cycle 2 and 9 of 11 patients (81.8%) who
received cycle 3.
Conclusion(s): The MTD for single-agent LMB-100 was found to be 140 microg/kg given on a
schedule of every other day for 3 doses every 3 weeks. Although less immunogenic than the first-
generation antimesothelin immunotoxin SS1P, the majority of patients developed antidrug
antibodies after 2 cycles, indicating that LMB-100 has limited antitumor efficacy as a single agent.
Phase 2 studies of LMB-100 plus pembrolizumab currently are ongoing for patients with
mesothelioma and lung cancer. Lay Summary: Mesothelin, a cell surface antigen, is an attractive
target for cancer therapy given its limited expression in normal human tissues and high
expression in many human cancers. LMB-100 is a recombinant antimesothelin immunotoxin
consisting of a humanized antimesothelin antibody fragment fused to a truncated Pseudomonas
exotoxin A. In the current study, the authors determined the safety, maximum tolerated dose, and
pharmacokinetics of LMB-100, as well as the generation of antidrug antibodies. Ongoing phase 2
clinical trials are evaluating the combination of LMB-100 plus pembrolizumab in patients with
treatment-refractory mesothelioma and non-small cell lung cancer.

Effectiveness of modified sacroiliac belt on pelvic girdle pain in postnatal women.
Patil V.R., Anandh S., Sahoo K.
Embase
[Article]
AN: 2005564521
Pregnancy-induced pelvic girdle pain (PGP) and low back pain (LBP) is common in post-natal women's. We conducted the study to evaluate the effectiveness of a modified sacroiliac belt on pelvic girdle pain in postnatal women. A total of 26 post-natal women between the age group of 18-35 years were selected and randomized into Group 1 (N=13) received conventional sacroiliac belt, conventional physiotherapy and Group 2 (n=13) received modified sacroiliac belt along with conventional physiotherapy. Pre-assessment of pelvic girdle was assessed by (Pelvic Girdle Pain Questionnaire) PGPQ, and low back pain was assessed by Roland Morris low back pain and disability questionnaire (RMQ) and Post-interventional assessment was taken for the same after three months. Intragroup statistical analysis for PGPQ revealed not significant in post-intervention for Group 1 where P-value 0.3023 and was extremely significant for Group 2 (P value<0.0001). At the same time, the Intergroup intervention analysis showed an extremely significant difference between Group 1 and Group 2 (p< 0.0001). The study concluded that integrating Modified sacroiliac belt with conventional physiotherapy is more effective in reducing pelvic girdle pain in post-natal women with also benefiting to reduce the pregnancy-induced low back pain as compared to the conventional sacroiliac belt and conventional physiotherapy.
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Evaluating the effects of probiotics in pediatrics with recurrent abdominal pain.
Rahmani P., Ghouran-Orimi A., Motamed F., Moradzadeh A.
Embase
[Article]
Background: Recurrent abdominal pain (RAP) is one of the frequent complaints in general practice, particularly in pediatrics and is among the common cause of referral to gastroenterology clinics.

Purpose(s): This study is designed to investigate the effects of probiotics for the treatment of RAP and desired therapeutic outcomes.

Method(s): One hundred twenty-five children with the diagnosis of RAP according to Rome III criteria for irritable bowel syndrome (IBS), functional abdominal pain (FAP), functional dyspepsia (FD), and abdominal migraine (AM), were enrolled in this double-blind randomized controlled trial. Result(s): Sixty-five subjects received probiotics, and others received placebo treatment for 4 weeks. Lactobacillus reuteri was therapeutically effective in 32 patients compared to 8 patients, responding to the placebo treatment. Compared to base-line, all pain-related variables showed a significant reduction for the IBS and FD at the end of the 4th week. However, it did not respond well in FAP and AM groups. Pain-related outcomes such as, frequency of the pain, severity, and duration of the pain were decreased following the probiotic treatment. No therapeutic response was seen in AM group after the administra-tration of probiotics. L. reuteri significantly led to pain relief in the overall population, and also in FAP, FD, and IBS subgroups.

Conclusion(s): L. reuteri probiotics are likely to lead to RAP relief and can be recommended for the treatment of functional gastrointestinal disorders.

Pelvic Floor Biometric Changes Assessed by 4D Translabial Ultrasound in Women With Vulvodynia Submitted to Physical Therapy: A Pilot Study of a Randomized Controlled Trial.

Bardin M.G., Giraldo P.C., Martinho N.

Background: Vulvodynia is a disabling condition in which pelvic floor muscles’ (PFM) hypertonicity plays an important role.

Aim(s): To evaluate biometric changes in PFM in women with vulvodynia undergoing kinesiotherapy treatment protocol (KTP).

Method(s): A single-blinded randomized controlled trial of 57 women with vulvodynia randomly assigned to either KTP + amitriptyline or amitriptyline alone (controls) for treatment. Four-dimensional translabial ultrasound assessed PFM regarding symphysis-levator distance at rest, anorectal angle at rest, excursion of the levator plate angle, and levator hialtal narrowing.
Volunteers underwent a vaginal examination for a cotton swab test (CST), fulfillment of Friedrich criteria score and PFM power of contraction, and completed a diary of sexual pain and frequency of vaginal intercourse. Outcomes were assessed at baseline and after 8 weeks of treatment. Outcome(s): Primary outcomes were differences in biometric parameters assessed by four-dimensional translabial ultrasound after treatment, between groups. Secondary outcomes were changes in clinical variables (CST, Friedrich criteria, PFM power of contraction, frequency of intercourse, and intensity of sexual pain) between groups and correlation analysis between biometric parameters and clinical variables. Result(s): Only the KTP group had statistically significant changes in biometric parameters after treatment (symphysis-levator distance: 0.22 +/- 0.2, 95% CI = 0.1-0.4, P =.008; levator hiatal narrowing: -0.33 +/- 0.2, 95% CI = -1 to -0.2, P =.04). Comparisons between groups showed that symphysis-levator distance (0.3, 95% CI = 0.2-0.6, P =.005) and excursion of levator plate angle (4.9, 95% CI = -0.4 to 10.1, P =.02) improved significantly after KTP treatment. Clinical variables showed greater improvement in the group treated with KTP for CST (difference of -3.7, 95% CI = -7 to -0.4, P =.01), Friedrich criteria (difference of -1.9, 95% CI = -3.2 to -0.6, P =.003), PFM power of contraction (0.3, 95% CI = 0.1-0.6, P =.05) and intensity of sexual pain (reduction of 1.7, 95% CI = -3.1 to -0.2, P =.01). Some clinical and biometric variables correlated positively, for example, frequency of vaginal intercourse and anorectal angle (P =.04; r = 0.25), or inversely, for example, pain intensity at CST and anorectal angle (P =.004, r = -0.31). Clinical implications: This study provides evidence on efficiency of a physical therapy protocol for improvement of symptoms of vulvodynia and hypertonicity changes. Conclusion(s): This pilot study suggests that KTP for women with vulvodynia promoted significant changes in PFM biometric measures, consistent with alterations in hypertonicity and clinical improvement. Bardin MG, Giraldo PC, Martinho N. Pelvic Floor Biometric Changes Assessed by 4D Translabial Ultrasound in Women With Vulvodynia Submitted to Physical Therapy: A Pilot Study of a Randomized Controlled Trial. J Sex Med 2020;17:2236-2246. Copyright © 2020 International Society for Sexual Medicine PMID 32819864 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32819864] Status Embase Institution (Giraldo) Department of Obstetrics and Gynecology, University of Campinas - UNICAMP, Campinas, Sao Paulo, Brazil (Bardin, Martinho) Faculty of Medical Sciences, University of Campinas - UNICAMP, Campinas, Sao Paulo, Brazil Publisher Elsevier B.V. Year of Publication 2020 670.

Background: Adolescents with endometriosis are a particularly underserved population who struggle with chronic pain. Despite widespread use, there are no published trials examining the individual effects of vitamin D and omega-3 (n-3) fatty acid supplementation on endometriosis-associated pain in adolescents.

Objective(s): We aimed to determine whether supplementation with vitamin D or omega-3 fatty acids remediates pain, changes frequency of pain medication usage, or affects quality of life in young women with endometriosis.

Method(s): Women (aged 12-25 y) with surgically confirmed endometriosis and pelvic pain enrolled in a double-blind, randomized, placebo-controlled trial. The primary outcome was pain measured by the visual analog scale (VAS). Secondary outcomes were quality of life, pain catastrophizing, and pain medication usage. Participants were randomly assigned to receive 2000 IU vitamin D3, 1000 mg fish oil, or placebo daily for 6 mo.

Result(s): A total of 147 women were screened and 69 were randomly assigned as follows: 27 to vitamin D3; 20 to fish oil; and 22 to placebo. Participants in the vitamin D arm experienced significant improvement in VAS pain [mean (95% CI) worst pain in the past month, from baseline to 6 mo: 7.0 (6.2, 7.8) to 5.5 (4.2, 6.8), P = 0.02]; however, an improvement of nearly identical magnitude was observed in the placebo arm [6.0 (5.1, 6.9) to 4.4 (3.0, 5.8), P = 0.07]. A more modest improvement was observed in the fish oil arm [5.9 (4.8, 7.0) to 5.2 (3.7, 6.8), P = 0.39]. Neither of the intervention arms were statistically different from placebo.

Conclusion(s): In young women with endometriosis, supplementation with vitamin D led to significant changes in pelvic pain; however, these were similar in magnitude to placebo. Supplementation with fish oil resulted in about half of the VAS pain reduction of the other 2 arms. Studies are needed to better define the physiology underlying the observed reduction in pain score in the placebo arm that persisted across 6 mo. This trial was registered at clinicaltrials.gov as NCT02387931.

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Dietary interventions for recurrent abdominal pain in childhood.
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[Short Survey]
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Publisher
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2020

Altered interoceptive perception and the effects of interoceptive analgesia in musculoskeletal, primary, and neuropathic chronic pain conditions.
Di Lernia D., Lacerenza M., Ainley V., Riva G.
Embase
[Article]
AN: 2005360454
Chronic pain (CP) severely disrupts the daily life of millions. Interoception (i.e., sensing the physiological condition of the body) plays a pivotal role in the aetiology and maintenance of CP. As pain is inherently an interoceptive signal, interoceptive frameworks provide important, but underutilized, approaches to this condition. Here we first investigated three facets of interoceptive perception in CP, compared with pain-free controls. We then introduce a novel interoceptive treatment and demonstrate its capacity to reduce pain severity in CP, potentially providing complementary analgesic treatments. Study 1 measured interoceptive accuracy, confidence and sensibility in patients (N = 60) with primary, secondary musculoskeletal, and neuropathic CP. Compared with matched controls, CP participants exhibited significantly lower interoceptive accuracy and interoceptive confidence. Pain severity was predicted positively by interoceptive accuracy, anxiety and depression, and negatively by interoceptive confidence. Study 2 tested a promising new interoceptive treatment for CP, in a single-blind between-subjects design (N = 51) with primary, secondary musculoskeletal, and neuropathic CP patients. The treatment specifically activates the C-Tactile system, by means of controlled stimulation of interoceptive unmyelinated afferents, at 3 cm/s with a force of 2.5 mN. This treatment led to significant pain reduction (mean 23%) in the CP treatment group after only 11 min, while CP controls who received comparable but non-interoceptive stimulation reported no change in pain intensity. These studies highlight the importance of interoceptive approaches to CP and demonstrate the potential of this novel method of C-Tactile stimulation to provide complementary analgesic treatments.
The risk factors related to the severity of pain in patients with Chronic Prostatitis/Chronic Pelvic Pain Syndrome.


Background: Chronic Prostatitis/Chronic Pelvic Pain Syndrome (CP/CPPS) is a disease with diverse clinical manifestations, such as pelvic pain or perineal pain. Although recent studies found several risk factors related to the pain severity of CP/CPPS patients, results were inconsistent. Here, we aimed to identify novel risk factors that are closely related to the severity of pain in patients with CP/CPPS.

Method(s): We retrospectively collected the clinical records from patients with CP/CPPS from March 2019 to October 2019. The questionnaire was used to obtain related parameters, such as demographics, lifestyle, medical history, etc. To identify potential risk factors related to pain severity, we used the methods of univariate and multivariate logistic regression analyses. Further, to confirm the relationship between these confirmed risk factors and CP/CPPS, we randomly divided CP/CPPS patients into the training and the validation cohorts with a ratio of 7:3. According to the co-efficient result of each risk factor calculated by multivariate logistic regression analysis, a predicting model of pain severity was established. The receiver operating characteristic curve (ROC), discrimination plot, calibration plot, and decision curve analyses (DCA) were used to evaluate the clinical usage of the current model in both the training and validation cohorts.

Result(s): A total of 272 eligible patients were enrolled. The univariate and multivariate logistic regression analysis found that age [odds ratio (OR): 2.828, 95% confidence intervals (CI): 1.239-6.648, \( P = 0.004 \)], holding back urine (OR: 2.413, 95% CI: 1.213-4.915, \( P = 0.005 \)), anxiety or irritability (OR: 3.511, 95% CI: 2.034-6.186, \( P < 0.001 \)), contraception (OR: 2.136, 95% CI: 1.161-3.014, \( P = 0.029 \)), and smoking status (OR: 1.453, 95% CI: 1.313-5.127, \( P = 0.013 \)) were the risk factors of pain severity. We then established a nomogram model, to test whether these factors could be used to predict the pain severity of CP/CPPS patients in turn. Finally, ROC, DCA, and calibration analyses proved the significance and stability of this nomogram, further confirmed that these factors were closely related to the pain severity of CP/CPPS patients.
Conclusion(s): We identify age, holding back urine, anxiety or irritability, contraception, and smoking are risk factors closely related to the pain severity in patients with CP/CPPS. Our results provide novel inspirations for clinicians to design the personalized treatment plan for individual CP/CPPS patient who has suffered different encounters.

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Status Embase

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674.

The quality of life of women and morphological changes in the glands of adenomyosis under the influence of dienogest-containing preparations.

Rukhliaida N.N., Krylov K.Y., Matukhin V.I.

Embase


[Article]

AN: 2004903596

Introduction: "The aim of our study was to analyze the effect of dienogest on the endometrioid glands in myometrium, a morphological assessment of the effect of the drug, taking into account its safety, as well as an assessment of changes in the quality of life of women associated with a decrease in the severity symptoms of adenomyosis."

Material(s) and Method(s): The study included women aged 20-50 years, with histologically confirmed adenomyosis, which was manifested in them by the presence of pelvic pain, abnormal uterine bleeding, painful, and/or heavy menstruation, as well as the presence of anemia. Patients were divided into three groups depending on the name of the drug that they used: 24 patients of Group I received the drug "Visanne" at 2 mg/day for 6 months. In the second group, 24 patients received the combined oral contraceptive drug Klaira, which contains gestagen and estrogen. The third group included 24 patients who received the Jeanine preparation continuously (21-21-21) for 6 months and then received it for an additional 6 months according to the scheme (7 + 21), containing ethinyl estradiol and dienogest.

Result(s): After the appointment of drugs for 6-12 months, bloody discharge from the genital tract in Group I completely stopped in all 10 women; in Group II, the discharge decreased in four women and completely stopped in eight women; and in group III, the discharge decreased in three women and completely stopped in seven women, pain in Group I completely stopped in six
women out of eight (75%) and decreased in two women out of eight (25%); in the second group, the pain stopped completely in 7 women out of 12 (58.3 %) and decreased in 5 women out of 12 (41.6%); in the third group, pain completely recovered in 6 women out of 10 (60%) and decreased in 4 women out of 10 (40%). According to the morphological assessment (Figures 1 and 2) of the myometrium section with endometrioid glands before treatment, Group I had 12.2 +/- 3.8* glands before treatment and from 1.4 +/- 0.8* endometrioid glands after treatment. In the second group, the number of glands before treatment was 10.8 +/- 1.4* and after treatment from 3.8 +/- 0.7 glands, and in the third group before treatment, 6.7 +/- 2.1 endometrioid glands were determined and after treatment 2.7 +/- 1.4 glands in the field of view (Figure 1).

Conclusion(s): Dienogest is effective in the treatment of endometriosis and reduces both the clinical manifestations of adenomyosis (abnormal uterine bleeding and chronic pelvic pain) and laboratory blood counts, increasing hemoglobin levels, together with a decrease in the activity of the endometrioid glands in myometrium. Dienogest is a highly selective progestogen against progesterone receptors and has anti-proliferative activity in isolated human endometrial cells. Given the indicators of the 36-Item Short Form Survey questionnaire, the quality of life in all the studied groups improved in all parameters, which indicates the effectiveness of the dienogest-containing drugs used.

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Appendiceal Endometriosis: Is Diagnosis Dependent on Pathology Evaluation? A Prospective Cohort Study.

Study Objective: To evaluate the diagnosis of appendiceal endometriosis (AppE) in coincidental appendectomy specimens using standard versus modified histopathologic analysis.
Design(s): Prospective analysis of 300 consecutive patients undergoing coincidental appendectomy at the time of a primary gynecologic procedure.
Setting(s): Academic tertiary referral hospital in the northeastern United States.
Patient(s): Women aged 22 to 52 years undergoing gynecologic surgery for the management of endometriosis or chronic pelvic pain between 2013 and 2015.
Intervention(s): Each appendix specimen underwent standard pathologic analysis with 4 sections performed. Modified pathologic analysis, consisting of standard analysis plus serial sectioning and complete evaluation of the appendix and mesoappendix, was then performed. The first
pathologist reviewed all the slides to render a diagnosis. The slides of the subjects with abnormal pathology were rereviewed. On rereview, the diagnosis was confirmed, and the data on which protocol, standard or modified, achieved the diagnosis was rendered. The pathologist performing the second review was blinded to whether the slides from the standard or modified histopathology protocol achieved the original diagnosis. This allowed each specimen to serve as its own control.

Measurements and Main Results: The primary outcome is the detection of AppE. The standard analysis identified endometriosis in 7.7% (n = 23) of appendiceal specimens, whereas the modified analysis identified endometriosis in 10.0% (n = 30; odds ratio 1.3; confidence interval, 1.1-1.7; p = .01). When all pathology findings were combined, the standard analysis identified abnormal pathology in 9.3% (n = 28) of the specimens, whereas the modified analysis identified abnormal pathology in 12.3% (n = 37; odds ratio 1.4; confidence interval, 1.1-1.7; p < .01). Other abnormal appendiceal pathology identified in this study included polyps, neuroendocrine tumors, and acute appendicitis. The average number of slides required for the standard analysis was 1.4 compared with 4.9 slides for the modified analysis. At this institution, the average increase in the cost of slide production for the modified protocol was $12.07.

Conclusion(s): Modified pathologic analysis resulted in a significantly higher rate of diagnosis of endometriosis and abnormal pathology in coincidental appendectomy performed during a primary gynecologic procedure for endometriosis and/or chronic pelvic pain. The use of a standard pathologic protocol likely contributes to underdiagnosis of AppE. The implementation of a modified histopathologic protocol should be considered for improving diagnosis rates of appendiceal pathology in coincidental appendectomy specimens.

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Clotrimazole for vulvovaginal candidosis: More than 45 years of clinical experience.
Mendling W., Shazly M.A.E., Zhang L.


[Review]
AN: 2005134828

Vulvovaginal candidosis is a common disease, and various treatment strategies have emerged over the last few decades. Clotrimazole belongs to the drugs of choice for the treatment of vulvovaginal candidosis. Although available for almost 50 years, systematic reviews on the usefulness of topical clotrimazole across disease severity and populations affected are scarce. Thus, we conducted a systematic literature search in the PubMed and Embase databases to
summarize the effectiveness and safety of topical clotrimazole in the treatment of uncomplicated (acute) and complicated vulvovaginal candidosis. In total, 37 randomized controlled studies in women suffering from vaginal yeast infections qualified for inclusion in our review. In women with uncomplicated vulvovaginal candidosis, single intravaginal doses of clotrimazole 500 mg vaginal tablets provided high cure rates and were as effective as oral azoles. A single dose of clotrimazole 500 mg was equipotent to multiple doses of lower dose strengths. Prolonged treatment regimens proved to be effective in severe and recurrent cases as well as in symptomatic pregnant women. It is therefore expected that in the general population, clotrimazole will continue to be widely used in the field of vaginal health in the upcoming years; more so as clotrimazole resistance in vaginal candidosis is rare.

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677.

The association between burning mouth syndrome and urologic chronic pelvic pain syndrome: A case-control study.
Crocetto F., Coppola N., Barone B., Leuci S., Imbimbo C., Mignogna M.D.
Embase
[Article]
AN: 2006010700
Background: The overlap between some painful conditions is widespread. The aim of this study was to evaluate the overlap between burning mouth syndrome (BMS) and urological chronic pelvic pain syndrome (UCPPS) in an outpatient clinic of a university hospital.
Method(s): A controlled clinical study was performed. BMS patients and healthy controls were enrolled in the study. Patients were screened through laboratory test and a complete urological examination. Two validated questionnaires were submitted to all the patients: National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI) and International Prostatic Symptom Score (IPSS).
Result(s): A total of 50 BMS patients and 50 healthy controls were enrolled in the study. Statistically significant differences between the two groups regarding the items of the IPSS questionnaire of Incomplete Emptying (U = 750, P < .001), Intermittency (U = 768.5, P < .001), QoL (U = 848, P < .002), and Total Symptom score (U = 1040, P = .05) were found. Moreover, the responses of NIH-CPSI showed statistically significant differences regarding Pain subscale (U = 714, P < .001), QoL Impact subscale (U = 1016.500, P = .05), and NIH-CPSI total score (U = 953.500, P = .002).
Conclusion(s): To the best our knowledge, the reported data demonstrate for the first time an association between BMS and UCPPS. Further studies with a larger sample are needed to confirm the co-occurrence of urological symptoms in patients with burning mouth syndrome.
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Page 676
Group-based multimodal physical therapy in women with chronic pelvic pain: A randomized controlled trial.

Introduction: Chronic pelvic pain in women is a complex condition, and physical therapy is recommended as part of a broader treatment approach. The objective of this study was to compare structured group-based multimodal physical therapy in a hospital setting (intervention group) with primary-care physical therapy (comparator group) for women with chronic pelvic pain.

Material(s) and Method(s): Women aged 20-65 years with pelvic pain >=6 months and referred for physical therapy were eligible. The primary outcome measure was change in the mean pelvic pain intensity from baseline to 12 months, measured using the numeric rating scale (0-10). Secondary outcomes were changes in scores of "worst" and "least" pain intensity, health-related quality of life, movement patterns, pain-related fear of movements, anxiety and depression, subjective health complaints, sexual function, incontinence, and obstructed defecation. The differences between the groups regarding change in scores were analyzed using the independent t test and Mann-Whitney U test. Sensitivity analysis of the primary outcome was performed with a linear regression model adjusted for the baseline value. A P value <.05 was considered statistically significant.

Result(s): Of the 62 women included, 26 in the intervention group and 25 in the comparator group were available after 12 months for data collection and analysis. The difference between the groups for change in the mean pain intensity score was -1.2 (95% CI -2.3 to -0.2; P = .027), favoring the intervention group. The intervention group showed greater improvements in respiratory patterns (mean difference 0.9; 95% CI 0.2-1.6; P = .015) and pain-related fear of movements (mean difference 2.9; 95% CI 2.1 to 3.7; P < .001), and no significant differences were observed between the groups for the other secondary outcomes.

Conclusion(s): Although the reduction in the mean pelvic pain intensity with group-based multimodal physical therapy was significantly more than with primary-care physical therapy, the difference in the change between the groups was less than expected and the clinical relevance is uncertain.
Painful Bladder Syndrome’s Diagnostic and Therapeutic Controversies: A Review.
Almutairi S.
[Article]
AN: 2007997161

Painful Bladder Syndrome (PBS) is a controversial disease with no consensus on its nomenclature, diagnostic criteria, or aetiology. Interstitial Cystitis (IC), PBS, chronic pelvic pain syndrome, and Hypersensitive Bladder Syndrome (HBS) are closely related clinical diseases; hence, under-diagnosis or misdiagnosis of PBS and consequent failure of disease management may occur. This review aims to explore the established and emerging controversies regarding the epidemiology, aetiology, pathogenesis, pathophysiology, clinical presentation, diagnostic criteria, work-up and management strategies of PBS. A literature search was carried out in the following electronic databases, PubMed, Scopus, Embase, Google Scholar, Directory of Open Access Journals and Cochrane electronic databases from starting of May to first week of June 2020. Keywords including Bladder Pain Syndrome (BPS), aetiology, histopathology, management and
diagnosis were used to search these various databases. Accurate data on the prevalence of PBS is scarce, primarily as there is no standardised definition. Furthermore, there are no fixed criteria for diagnosis, leading to variability in the reported prevalence of PBS in the literature. Management approaches in patients with PBS must be individualised and tailored to each case in terms of aetiology, diagnosis, and treatment.

Association between dysmenorrhea and chronic pain: a systematic review and meta-analysis of population-based studies.

Li R., Li B., Kreher D.A., Benjamin A.R., Gubbels A., Smith S.M.

Embase
[Review]
AN: 2005598556

Objective: The objective of the study was to synthesize the epidemiological findings for the associations between dysmenorrhea, including primary dysmenorrhea and endometriosis-associated dysmenorrhea and any chronic pain conditions, including chronic pelvic pain, and chronic nonpelvic pain.

Data Sources: The data sources included PubMed, Embase, and CINAHL from inception to December 2019. Study Eligibility Criteria: The study criteria included observational population-based studies in which the relationship between dysmenorrhea and the presence or severity of chronic pain was examined. Study Appraisal and Synthesis Methods: Each study was double coded and evaluated for bias based on the modified Newcastle and Ottawa Scale. Random-effect meta-analyses were conducted to quantify the associations between dysmenorrhea and the presence of chronic pelvic and nonpelvic pain.

Result(s): Out of 9452 records, 32 studies were included, with 14 reporting associations between dysmenorrhea and chronic pelvic pain, and 20 for dysmenorrhea and chronic nonpelvic pain. Primary dysmenorrhea and endometriosis-associated dysmenorrhea were examined in 7 studies, respectively. More than 30% of the studies were categorized as poor quality, 56% as moderate, and 12.5% as high. Dysmenorrhea was positively associated with both the presence and severity of chronic pelvic and nonpelvic pain conditions. Based on 6689 women from 8 studies, those with chronic pelvic pain had 2.43 (95% confidence interval, 1.98-2.99, I², 42%) times the odds of having dysmenorrhea compared with those without. Based on 3750 women from 11 studies, those with chronic nonpelvic pain had 2.62 (95% confidence interval, 1.84-3.72, I², 72%) times the odds of having dysmenorrhea compared with those without. Overall, dysmenorrhea was associated with 2.50 (95% confidence interval, 2.02-3.10) times the odds of chronic pain, which did not differ by chronic pelvic vs chronic nonpelvic pain, community vs clinical populations, or different geographical regions.

Conclusion(s): Dysmenorrhea may be a general risk factor for chronic pain, although whether primary dysmenorrhea increases the risk for chronic pain is unclear. Given that adolescence is a
sensitive period for neurodevelopment, elucidating the role of primary dysmenorrhea in pain
chronicity in future longitudinal studies is important for preventing both chronic pelvic and
nonpelvic pain.

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Due to the rapid development of next-generation sequencing, it has become possible to obtain
information on the sequences of all genes in a specific microbiome. The detection of bacteria in
patients with no urinary tract infections indicated that the dogma that "urine is sterile" was false,
leading to active research regarding the roles of the urinary microbiome in the human urinary
tract. Here, we present a review of the current literature regarding the role of the microbiome in
urology.

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PMID 32665990 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32665990]

Due to the rapid development of next-generation sequencing, it has become possible to obtain
information on the sequences of all genes in a specific microbiome. The detection of bacteria in
patients with no urinary tract infections indicated that the dogma that "urine is sterile" was false,
leading to active research regarding the roles of the urinary microbiome in the human urinary
tract. Here, we present a review of the current literature regarding the role of the microbiome in
urology.
Functional abdominal pain: What clinicians need to know.
Andrews E.T., Beattie R.M., Tighe M.P.
Embase
Archives of Disease in Childhood. 105(10) (pp 938-944), 2020. Date of Publication: 01 Oct 2020.
[Review]
AN: 631226075
Abdominal pain in childhood is extremely common and presents frequently to both primary and secondary care, with many children having recurrent pain which impacts on daily functioning. Despite this most children have no discernible underlying pathology. We discuss the underlying mechanism for functional abdominal pain (visceral hypersensitivity), the evidence base linking parental anxiety and patient symptoms, and how parents can be supported in managing their children's symptoms by addressing questions commonly asked by children and families. We look at the evidence for a one-stop rational approach to investigation including a coeliac screen, inflammatory markers and consideration of stool faecal calprotectin, in the absence of red flags. We evaluate commonly used treatments for functional abdominal pain, within a context of managing family expectations. Given the limitations in pharmacological treatment options, trials of probiotics, peppermint oil, mebeverine and (for short-term use only) hyoscine butylbromide may be appropriate. Psychological interventions including cognitive-behavioural therapy, distraction techniques and hypnotherapy have a better evidence base. There is also some evidence for other complementary therapies in children, including yoga and neurostimulation. Outcome is generally good providing there is child and family acceptance of the multiple factors implicated in the aetiology of the pain.
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PMID
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Trichomonas vaginalis, endometritis and sequelae among women with clinically suspected pelvic inflammatory disease.
Wiringa A.E., Ness R.B., Darville T., Beigi R.H., Haggerty C.L.
Embase
Objective To ascertain the prevalence of Trichomonas vaginalis and investigate associations between trichomoniasis, endometritis and sequelae among women with pelvic inflammatory disease (PID). Methods We assessed the prevalence of trichomoniasis identified via wet mount and its association with histologically confirmed endometritis, infertility and recurrent PID among 647 women in the PID Evaluation and Clinical Health (PEACH) study. Participants were treated for clinically suspected PID and followed for a mean of 84 months for incident sequelae. Analyses were adjusted for age, race, Chlamydia trachomatis, Neisseria gonorrhoeae, Mycoplasma genitalium and bacterial vaginosis. Additional adjustments were incorporated for history of infertility (models of pregnancy and infertility), history of PID (recurrent PID), and self-reported partner treatment and intercourse between baseline and 30-day follow-up (persistent endometritis). Results T. vaginalis was present in the vagina of 12.8% of women. The odds of having endometritis at baseline were twice as high among women with trichomoniasis as compared with those without (adjusted OR (AOR): 1.9, 95% CI 1.0 to 3.3). Persistent endometritis was highly prevalent at 30 days (52.1%) and more common among women with baseline trichomoniasis (AOR: 2.6, 95% CI 0.7 to 10.1), although non-significantly. Infertility and recurrent PID were more common among women with trichomoniasis, while rates of pregnancy and live birth were lower. Conclusions T. vaginalis was frequently isolated from the vagina of women with PID in the PEACH cohort. Wet mount microscopy for the identification of motile trichomonads was standard practice at the time of the PEACH study, but likely resulted in an underestimation of true T. vaginalis prevalence. Our findings of modest, although non-significant, prospective associations between trichomoniasis and sequelae are novel and underscore the need for additional investigation into whether T. vaginalis may play an aetiological role in adverse reproductive and gynaecological outcomes.

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684.

The frequency of endometriosis in the general and selected populations: A systematic review. Parazzini F., Roncella E., Cipriani S., Trojano G., Barbera V., Herranz B., Colli E. Embase
BACKGROUND: In this article, we have reviewed available data on the frequency of endometriosis considering separately the incidence and the prevalence of the disease using data from papers published from 2000 to June 2019. Study design: Systematic review and meta-analysis. PubMed and EMBASE were searched for observational studies reporting data on the incidence or prevalence rates or ratios for the following pre-specified populations: general population, infertile women, women reporting pelvic pain, women who underwent pelvic surgical procedures unrelated with endometriosis.

Result(s): A total of 42 papers were included in this review. Considering the 11 studies that have analysed the prevalence of endometriosis in the general population, the reported prevalence ranged from 0.8% to 28.6% with an overall estimated of 4.4% (95% CI 3.6-5.2). When we considered separately the estimates reported in each study according to geographic area, the pooled estimate was lower in the European studies (1.4%), increased to 5.7% in the US studies and was 15.4% in the Asian ones. The pooled estimated prevalence of endometriosis was 33.5% (95% CI 24.3-42.8, Figure 2(c)) in women who underwent surgery for benign gynaecological conditions, 23.8% (95% CI 16.1-31.5, Figure 2(d)) in infertile women, and 49.7% (95% CI 14.4-85.0) in women with chronic pelvic pain.

Conclusion(s): This review offers an overview of the available data on the frequency of endometriosis in the general population and in selected population, in particular among infertile women and women with chronic pelvic pain.

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some of the abdominal pain-related functional gastrointestinal disorders based on evidences from the studies on adults. We aim to investigate the efficacy of buspirone on childhood FAP.

METHOD(S): This randomized clinical trial was conducted on 117 patients with childhood FAP aged 6-18 years. We randomly assigned patients to receive buspirone or placebo for 4 weeks, with the adjusted dosage for age. Participants completed the questionnaires assessing pain, depression, anxiety, somatization, and sleep disturbances at baseline, at the end of the 4-week therapy (first follow-up) and at 8 weeks after medication discontinuation (second follow-up). The primary outcome was treatment response rate, defined as reduced pain score of ++2 or reporting no pain at the follow-up assessments.

RESULT(S): Ninety-five patients completed the 4-week therapy (48 and 47 in buspirone and placebo groups, respectively). Both buspirone and placebo reduced pain after 4 weeks of treatment, and these effects were persistent 8 weeks after medication discontinuation (P < 0.001 for both groups at weeks 4 and 12). Treatment response rates for buspirone and placebo were 58.3% and 59.6% at week 4 (P = 0.902) and 68.1% and 71.1% at week 12 (P = 0.753), respectively. DISCUSSION: Buspirone effectively improves pain and associated psychological symptoms including depressive symptoms, anxiety, somatization, and sleep disturbances in childhood FAP but has no superiority over placebo.

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Chronic constipation and abdominal pain: Independent or closely interrelated symptoms?. Wong M.Y.W., Hebbard G., Gibson P.R., Burgell R.E.


AN: 2004154415

Constipation is both a symptom and a disorder, seen in both functional constipation and irritable bowel syndrome with constipation predominance (IBS-C). Despite the Rome IV criteria distinguishing between these conditions, they share many therapeutic approaches. This review aims to explore the relationship between constipation and abdominal pain and assess the evidence surrounding whether laxation improves abdominal pain and whether such a response to
laxation differs between IBS-C and functional constipation. In patients with functional constipation, increasing frequency of bowel motions by laxatives regardless of mechanism of action is associated with reductions in the severity of abdominal pain, supporting the role of constipation as a contributor to abdominal discomfort. In patients with IBS-C, evidence from systematic reviews indicates that abdominal pain is driven by factors additional to constipation alone and that visceral analgesic modulation is also needed to optimize pain. Changing definitions of IBS-C and heterogeneity in clinical trial design including endpoints have raised uncertainty about the comparative ability of older laxatives without known neuromodulatory effects to improve chronic abdominal pain compared with new secretagogues and prokinetics for the management of IBS-C. While it is known that abdominal pain is associated with constipation and laxation contributes to relief of that pain, it remains unproven whether proposed visceral analgesic properties of new laxatives provide greater pain relief than laxation alone. However, it is likely that the response to laxation in IBS-C is only part of the puzzle.

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687.

Systemic Therapy for Bladder Pain Syndrome/Interstitial Cystitis (BPS/IC): Systematic Review of Published Trials in the Last 5 Years.

Abreu-Mendes P., Pinto R., Oliveira P.D.

Embase

Current Bladder Dysfunction Reports. 15(3) (pp 192-202), 2020. Date of Publication: 01 Sep 2020.

[Review]

AN: 2005454612

Purpose of Review: Systemic drug therapy licensed and present in worldwide guidelines for bladder pain syndrome/interstitial cystitis (BPS/IC) has been relatively stable for the last years. This systematic review aims to assess trials enrolling BPS/IC patients, published in the last 5 years. The authors abided by the preferred reporting items for systematic reviews and meta-analyses (PRISMA) statement to define retrieved trials. The keywords used in the search were "interstitial cystitis", "bladder pain syndrome" and "trial". Five additional papers were added: three published before 2015, due to the added value to the present work, and two published in abstract form only, retrieved from previous systematic reviews. Recent Findings: The pursuit of better and novel treatment modalities for BPS/IC patients is constant. Different classes of drugs were tried
as potential systemic therapy in BPS/IC patients. Among retrieved trials, positive results were reported with sildenafil, certolizumab, amitriptyline, gefapixant, and cyclosporine A. Other drugs failed to prove their efficacy. When using other licensed drugs for BPS/IC, several trials showed inconclusive results or failed to meet the criteria at interim analyses.

Summary: The interpretation of BPS/IC trial results is not straightforward especially when compared to other pathologies, due to difficulty in characterizing and phenotyping patients. Overall, both positive and inconclusive trials should motivate peers to continue the search for novel therapies in this condition. Trials with better designs and with a larger number of individuals are needed.

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Acupuncture combined with tamsulosin hydrochloride sustained-release capsule in the treatment of chronic prostatitis/chronic pelvic pain syndrome: A study protocol for a randomized controlled trial.


Background: Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) is a common urinary system disease in men. As part of traditional Chinese medicine, acupuncture has been widely used in clinical practice. In order to evaluate the exact effect of acupuncture on the clinical efficacy of CP/CPPS, this experiment uses randomized controlled experiments. Methods/design: This pragmatic randomized controlled trial will recruit 166 patients who are diagnosed with CP/CPPS. Simple randomization to conventional drug treatment with a 1:1 allocation ratio will be used. Ten 30-minute acupuncture sessions will be provided to patients assigned to the Intervention group. All participants will continue to receive conventional drug treatment. The selection of outcomes will be evaluated by Health's Symptom Score Index (NIH-CPSI) score at week 4.

Discussion(s): This trial may provide evidence regarding the clinical effectiveness, safety, and cost-effectiveness of acupuncture for patients with CP/CPPS. Trial registration: ClinicalTrials.gov, ChiCTR1900021132, Registered on 29 January 2019.

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Naldemedine for the treatment of opioid-induced constipation in adults with chronic noncancer pain.
Liu J.J., Quinton S.E., Brenner D.M.
Embase
[Article]
AN: 632765078
This review aims to summarize the efficacy data for naldemedine, a member of the novel peripherally acting mu-opioid receptor antagonists (PAMORAs), which gained US FDA approval for the treatment of opioid-induced constipation in adults with chronic noncancer pain-related syndromes in 2017. In Phase III trials, patients receiving naldemedine were significantly more likely to meet the primary end point >=3 spontaneous bowel movements/week and an increase of >=1 spontaneous bowel movement/week from baseline for at least 9/12 weeks compared to placebo (p < 0.0001). The most frequent adverse events were abdominal pain (8%) and diarrhea (7%). Based on available data, naldemedine appears to be an effective and safe first-line therapy for the treatment of opioid-induced constipation in adults with chronic noncancer pain.
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Year of Publication
2020
Purpose of Review: Interstitial cystitis/bladder pain syndrome (IC/BPS) is a chronic, debilitating condition of unknown etiology characterized by persistent pain perceived to be related to the urinary bladder and lower urinary tract symptoms. Evidence shows that immunological inflammatory responses underlie the pathophysiology of IC/BPS with Hunner lesions but not that of IC/BPS without Hunner lesions. Here, we review the current understanding of the immunological inflammatory nature of IC/BPS with Hunner lesions and the clinical outcomes of immunomodulatory therapies. Recent Findings: Open trials show that steroids improve validated symptom scores and pain scale score markedly in patients with IC/BPS with Hunner lesions. Open trials and a randomized study show that cyclosporine A improves urinary frequency, pain intensity, and bladder capacity significantly in IC/BPS patients, showing therapeutic superiority in the Hunner lesion subtype. A randomized double-blind study showed that certolizumab pegol significantly improves patient-reported global response assessments of pain, urgency, and overall symptoms, and reduces the Interstitial Cystitis Symptom/Problem Index scores and pain scale score at 18 weeks. These results suggest that immunomodulatory therapy is more effective for IC/BPS patients with Hunner lesions than for IC/BPS without Hunner lesions. Summary: IC/BPS with Hunner lesions is associated specifically with immunological overreactions in the bladder; thus, immunomodulatory therapy could be a promising treatment option. Further studies focusing on the therapeutic responsiveness of IC/BPS subtypes are warranted to promote a tailored approach to clinical management of IC/BPS. To achieve this therapeutic strategy, clear and proper subtyping of IC/BPS is mandatory.

Examining the Adjustment Patterns of Adults With Multiple Chronic Pain Conditions and Multiple Pain Sites: More Pain, No Gain.
Mun C.J., Ruehlman L., Karoly P.

The present study examined how multiple chronic pain conditions and pain sites are associated with sociodemographics, chronic pain adjustment profiles, and emotional distress. A total of 2,407 individuals who reported at least 6 months of having consistent pain severity, pain interference, and/or emotional burden due to pain were recruited through random digit dialing across the United States. Participants’ chronic pain adjustment profiles (ie, pain intensity, pain interference, emotional burden, pain catastrophizing, pain coping, pain attitudes, and social resources) were assessed. Anxiety and depressive symptoms were also measured using a subsample of 181 participants who provided 3-month follow-up data. More than 60% of individuals with chronic pain...
reported having multiple pain conditions. Middle-aged single women with fibromyalgia, disability and of low socioeconomic status reported a greater number of pain conditions and pain sites. Structural equation modeling revealed that a higher number of pain conditions and sites were associated with more dysfunctional chronic pain adjustment profiles. The subsample analyses showed that reporting a greater number of pain conditions predicted a higher level of depression and anxiety 3 months later, controlling for pain-related anxiety and depressive symptoms, pain severity and interference at baseline. Having multiple pain conditions and sites may represent a psychosocial barrier to successful adjustment to chronic pain.

Perspective(s): This article argues for the importance of assessing the number of co-occurring chronic pain conditions and bodily areas that are affected by pain in both pain research and clinical settings. Measuring and incorporating such information could potentially enhance our nascent understanding of the adjustment processes of chronic pain.

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Publisher Churchill Livingstone Inc.

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692.

Guidance for gynecologists utilizing telemedicine during COVID-19 pandemic based on expert consensus and rapid literature reviews.


Embase


[Review] AN: 2005609362

Background: COVID-19 has impacted delivery of outpatient gynecology and shifted care toward use of telemedicine.

Objective(s): To rapidly review literature and society guidelines and create expert consensus to provide guidance regarding management of outpatient gynecology scenarios via telemedicine.

Search strategy: Searches were conducted in Medline and Cochrane databases from inception through April 15, 2020.

Selection Criteria: Literature searches were conducted for articles on telemedicine and abnormal uterine bleeding, chronic pelvic pain, endometriosis, vaginitis, and postoperative care. Searches were restricted to available English language publications.

Data Collection and Analysis: Expedited literature review methodology was followed and 10 943 citations were single-screened. Full-text articles and relevant guidelines were reviewed and narrative summaries developed.

Main Result(s): Fifty-one studies on the use of telemedicine in gynecology were found. Findings were reported for these studies and combined with society guidelines and expert consensus on
four topics (abnormal uterine bleeding, chronic pelvic pain and endometriosis, vaginal discharge, and postoperative care).

Conclusion(s): Guidance for treating gynecological conditions via telemedicine based on expedited literature review, review of society recommendations, and expert consensus is presented. Due to minimal evidence surrounding telemedicine and gynecology, a final consensus document is presented here that can be efficiently used in a clinical setting.

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693.

Herbal medicine (Taohong Siwu Tang) for the treatment of primary dysmenorrhea: A systematic review and meta-analysis.


Embase

Explore. 16(5) (pp 297-303), 2020. Date of Publication: September - October 2020.
Objectives: This systematic review aimed to evaluate the efficacy and safety of Tao-Hong Siwu Tang (TST) for the treatment of primary dysmenorrhea.

Method(s): We searched four English databases (MEDLINE, EMBASE, Allied and Complementary Medicine Database, and Cochrane Central Register of Controlled Trials [CENTRAL, Cochrane Library]), three Chinese databases (China National Knowledge Infrastructure, Wanfang, and Chinese Science and Technology Periodical Database), two Korean databases (Oriental Medicine Advanced Searching Integrated System and Korean traditional Knowledge Portal), and one Japanese database (Citation Information by NII). All randomized controlled trials (RCTs) using TST or modified TST (MTST) were included. Three independent reviewers extracted the data, assessed the risk of bias according to the Cochrane criteria, and performed a meta-analysis.

Result(s): A total of 85 possibly relevant articles were identified, and five trials met our inclusion criteria. The meta-analysis showed a favorable effect of MTST compared to non-steroidal anti-inflammatory drugs (NSAIDs) (n = 486, risk ratio [RR] = 1.53, 95% confidence interval [95% CI] = 1.37-1.72, I² = 39%). Among the included trials, one RCT showed superior effects of MTST on primary dysmenorrhea recurrence rate compared to NSAIDs (n = 246, RR = 0.31, 95% CI = 0.15-0.63, P = 0.001). Another RCT revealed a beneficial impact of oral contraceptives (OCs) used in combination with TST compared to OCs alone (n = 60, RR = 1.35, 95% CI = 1.02-1.79, P = 0.04). Conclusion(s): This systematic review and meta-analysis provides moderate quality evidence for the superiority of MTST over NSAIDs as well as that of TST plus OCs over OCs in the treatment of primary dysmenorrhea.
Background: Chronic neuropathic perineal pain syndrome is a collective term that encompasses several diagnoses. In patients where the neuropathic pain syndrome is caused by pudendal or cluneal nerve entrapment, surgical release can be proposed if other measures have failed. The aim of this study is to evaluate the clinical outcome of patients suffering from pudendal and/or cluneal nerve entrapment at 1 year after this minimal invasive surgery, which is based on the open trans gluteal approach who has proven its efficacy compared to medical treatment in a randomized control trial.

Method(s): Patients eligible for inclusion had chronic perineal neuropathic pain for at least 3 months in the area served by the pudendal and/or cluneal nerve, refractory to conservative measurements. Patients met all five of the Nantes criteria.

Result(s): Fifteen patients underwent the ENTRAMI technique. At 1 year after surgery, overall reduction of the average maximal Numeric Pain rating Scale (NPRS-score) was from 9 (range, 7-10) at baseline to 5 (range, 0-10; P-value <.05). At 1 year 73% of patients declared to have a "good treatment response" (patient global impression of change [PGIC] >30%) and optimal treatment response (PGIC >=90%) was found in 40% (P-value <.05). No complications were recorded.

Conclusion(s): This study clearly shows that the technique is feasible with promising long-term results in a difficult to manage patient group.

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2020

Post-placental Intrauterine Device Insertion Versus Delayed Intrauterine Device Insertion: An Observational Study.

Khurshid N., Taing S., Qureshi A., Jan Khanyari I.

Embase


[Article]

AN: 2004226309

Abstract: Immediate post-placental IUD insertion is defined as IUD insertion within 10 min of the expulsion of the placenta. Although the expulsion rate in post-placental insertion is higher than interval insertion, the benefits of highly effective contraception immediately after delivery may outweigh the risks of expulsion.
Aim(s): To compare post-placental IUD (PPIUD) insertion with interval IUD insertion (IIUD) in terms of safety, effect on menstrual cycle, efficacy and satisfaction.

Material(s) and Method(s): After meeting all eligibility criteria, the patients were asked to choose between post-placental IUD insertion and interval/delayed IUD insertion. In PPIUD group, insertion was done within 10 min of expulsion of placenta by hand technique. Individuals in IIUD group were asked to return after 6 weeks for IUD insertion by withdrawal technique. Both the groups were followed at 6 weeks, 6 months, 12 months by history, physical examination, per speculum examination and ultrasonography. Observations: 238 patients were allocated to PPIUD group and 273 to IIUD group. In the PPIUD group, there was no bleeding/spotting demonstrable as it was masked by the lochia. Mild pain at insertion was seen in only 11 patients in the PPIUD group. Slight bleeding/spotting was seen in 7.8% patients in the IIUD group, while mild to moderate pain was seen in 39.9% patients. At 6 weeks, 6 months and 1 year follow up with regard to patients complaining of pelvic pain/dysmenorrhoea, the difference between the two groups was not statistically significant. Our study found that irregular bleeding or spotting was more in interval insertion than in the post-placental group. The difference in the two groups was statistically significant at 6 weeks and 6 months, but was not significant at 1 year. There was no case of perforation in either group. Our study found a statistically significant difference in expulsion after post-placental compared to delayed insertion. The difference between the two groups was statistically significant (p = 0.006) for cumulative expulsion. However, for interval expulsion rate, the difference was not statistically significant (p = 0.6). In our study, continuation rates appear to be higher in the PPIUD group, but the difference is not statistically significant. Conclusion(s): PPIUD is a safe, easy and effective alternative to interval IUD insertion and qualifies to be popularized as a first-line contraceptive agent in eligible patients owing to its immediate and sustained contraceptive benefit, patient comfort, convenience and lower incidence of side effects.

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Comparison of cernitin pollen extract vs tadalafil therapy for refractory chronic prostatitis/chronic pelvic pain syndrome: A randomized, prospective study.

Matsukawa Y., Naito Y., Funahashi Y., Ishida S., Fujita T., Tochigi K., Kato M., Gotoh M.

Embase

[Article]
AN: 2005533572

Aims: To compare the efficacy of cernitin pollen extract (cernitin) or tadalafil for treating persistent chronic pelvic pain despite alpha1-blocker monotherapy in men with chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) and lower urinary tract symptoms (LUTS).
Method(s): A total of 100 patients with refractory CP/CPPS despite ongoing alpha1-blocker monotherapy were randomized to receive add-on therapy with either cernitin (4 capsules/day) or tadalafil (5 mg/d) for 12 weeks. At week 12, changes from baseline in the patients' CP/CPPS, LUTS, and voiding function, as assessed using the National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI), the International Prostate Symptom Score (IPSS), and uroflowmetry, respectively, were compared between the groups.

Result(s): The final analysis included 42 and 45 patients in the cernitin and tadalafil groups, respectively. Although the NIH-CPSI total, NIH-CPSI pain sub-score, and NIH-CPSI quality of life sub-score significantly improved in both groups, the cernitin (vs tadalafil) group showed significantly greater improvements in the NIH-CPSI total score (-6.8 vs -4.6; P = .02) and NIH-CPSI pain sub-score (-4.1 vs -1.5; P < .001). Half (50%) of the patients in the cernitin group showed a reduction greater than 50% in their NIH-CPSI pain sub-score; in the tadalafil group, only four patients (8.9%) showed >=50% improvement (P < .001). In contrast, the improvement in LUTS was significantly superior in the tadalafil group.

Conclusion(s): Both cernitin and tadalafil significantly ameliorated chronic pelvic pain in patients with refractory CP/CPPS. The add-on of cernitin was more effective than tadalafil for pelvic pain and discomfort.

Active posterior pelvic tilt range of motion is decreased in soccer players with chronic groin pain: A case-control study.

Stevenson K., Bleakley C., Tak I.J.R., Langhout R.F.H., Saligari R., Glasgow P.

Embase


[Article]

AN: 2004649905

The purpose of this case control study was to examine the effect of groin pain status on active posterior pelvic tilt range of motion in soccer players. 66 semi-professional male soccer players were recruited and sub grouped by: chronic groin pain (GP, n = 16), history chronic groin pain (HxGP, n = 16), no history of chronic groin pain (NoGP, n = 32). Blinded outcomes measures were: active posterior pelvic tilt range of motion (PPT ROM) undertaken in dominant and non-dominant weight bearing, and hip flexor length. A one-way ANOVA (P <= .05) examined the main effects of injury group (3 levels: GP, HxGP, NoGP), followed by post hoc tests with bonferroni correction. Results showed that PPT ROM was significantly lower in the GP group compared to HxGP (MD 2.8; 95% CIs 0.2-5.5, P = .03) and NoGP groups (MD 4.9; 95% CIs 2.7-7.3, P < .0001). The differences between HxGP and NoGP groups were not significant (MD 2.1; 95% CIs -.19 to 4.4, P = .08) and the relationship between hip flexor length and PPT ROM was weak. In
conclusion, active PPT ROM was decreased in athletes with chronic groin pain compared to injury free controls. Although we cannot conclude a causal relationship, restoration of active PPT should play a role in the management of athletes with groin pain.

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Hypothalamic-Pituitary-Adrenal Axis Responses in Women with Endometriosis-Related Chronic Pelvic Pain.
Ortiz R., Gemmill J.A.L., Sinaii N., Stegmann B., Khachikyan I., Chrousos G., Segars J., Stratton P.
Embree
Reproductive Sciences. 27(10) (pp 1839-1847), 2020. Date of Publication: 01 Oct 2020.
[Article]
AN: 2005289159

Some chronic pain conditions and comorbidities suppress the hypothalamic-pituitary-adrenal (HPA) axis and response to dynamic testing. We measured HPA axis responses to corticotropin-releasing hormone (CRH) administration in relation to chronic pelvic pain and endometriosis. In a cross-sectional study of women (n = 54) with endometriosis-associated chronic pelvic pain (n = 22), chronic pelvic pain alone (n = 12), or healthy volunteers (n = 20), adrenocorticotropic-releasing hormone (ACTH) and cortisol levels were measured at 0, 15, 30, and 45 min after intravenous ovine CRH administration. ACTH and cortisol delta (peak-baseline) and area under the curve (AUC) were compared by study group and assessed for association with race and menstrual and non-menstrual pain severity. HPA axis responses did not differ among the racially diverse groups or in those with pain compared with healthy volunteers. However, when stratified by race, ACTH delta (129.9 +/- 130.7 vs. 52.5 +/- 66.0 pg/mL; p = 0.003), ACTH AUC (4813 +/- 4707 vs. 2290 +/- 2900 min*pg/mL; p = 0.013), and cortisol delta (26.3 +/- 21.5 vs. 13.2 +/- 9.7 mug/mL; p = 0.005) were significantly higher in black (n = 10) than predominately white (non-black) subjects (n = 44; 39/44 white). In analyses among primarily white (non-black) women, greater menstrual pain severity was associated with blunted ACTH delta (p = 0.015) and cortisol delta (p = 0.023), and greater non-menstrual pain severity with blunted cortisol delta (p = 0.017).
Neuroendocrine abnormalities in women with chronic pelvic pain may differ by pain manifestations and may vary by race. The higher HPA axis response in black women merits investigation in pelvic pain studies stratified by race. In white (non-black) women experiencing pain, a blunted response was related to pain severity suggesting pain affects women independently of endometriosis lesions.

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2020

Tailoring of neurosurgical ablative procedures in the management of refractory cancer pain.

Introduction
Neurosurgical ablative procedures can offer immediate and effective pain relief for patients suffering from refractory cancer pain. However, choosing the appropriate procedure for each patient may not be straightforward and warrants an interdisciplinary approach. The purpose of the current study was to evaluate the outcome of patients with cancer who were carefully selected for neurosurgical intervention by a dedicated interdisciplinary team composed of a palliative physician and nurse practitioner, a pain specialist and a neurosurgeon. Methods A retrospective review was carried out on all patients who underwent neurosurgical ablative procedures in our institute between March 2015 and September 2019. All patients had advanced metastatic cancer with unfavorable prognosis and suffered from intractable oncological pain. Each treatment plan was devised to address the patients' specific pain syndromes. Results A
total of 204 patients were examined by our service during the study period. Sixty-four patients with localized pain and nineteen patients with diffuse pain syndromes were selected for neurosurgical interventions, either targeted disconnection of the spinothalamic tract or stereotactic cingulotomy. Substantial pain relief was reported by both groups immediately (cordotomy: Numerical Rating Scale (NRS) 9 >=1, p=0.001, cingulotomy: NRS 9 >=2, p=0.001) and maintained along the next 3-month follow-up visits. Conclusions An interdisciplinary collaboration designated to provide neurosurgical ablative procedures among carefully selected patients could culminate in substantial relief of intractable cancer pain. Trial registration number IR0354-17.

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Year of Publication 2020

700.

Quality of life outcomes in patients undergoing surgery for locally recurrent rectal cancer.

Glyn T., Frizelle F.

Embase

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[Article]

AN: 2007063853

Background: Survival has been considered the key outcome measure for cancer patients, however quality of life (QoL) is increasingly being considered as an important outcome measure.

Method(s): The Cochrane Central Register of Controlled Trials, MEDLINE, Embase and CINAHL were searched using medical subject headings. Reference lists of identified studies, clinicaltrials.gov and the WHO International Clinical Trials Registry were also searched. All clinical trials which included recurrent rectal cancer and QoL were identified, with restrictions to human, since 2000 and English language.

Result(s): 16 publications were identified. The studies were quite heterogeneous with regard to the patients included, tools used to assess QoL, times when QoL is assessed and comparator groups; they were further limited by small sample size. Many studies reported combined data with local advanced rectal cancer.

Conclusion(s): Patients with recurrent rectal cancer have impaired QoL. Surgery further impairs their QoL, for between 6 and 9 months. The dimensions affected include urinary, and sexual function, fecal incontinence, pelvic pain, muscular skeletal function, and employment. Predictors of poor post operative QoL are poor preoperative QoL, female, and need for a boney resection. Patients who receive an R0 resection have better QoL than those after a R1 or R2 resection.
701.

Sucrase Breath Testing in Children Presenting With Chronic Abdominal Pain.
Rathod S., Friesen C.A., Radford K., Colombo J.M.
Embase
[Article]
AN: 2005632596
Sucrase deficiency has been implicated in chronic abdominal pain. Testing for sucrase deficiency generally involves invasive procedures or lengthy clinical visits, but now noninvasive kits that allow home testing are available to test for sucrase deficiency. In order to assess feasibility and utility of at-home testing, we reviewed our experience in 75 consecutive patients. All patients seen in the abdominal pain clinic had histories obtained in a standardized fashion and all had sucrase breath tests completed at home utilizing a commercially available kit. Testing was completed by 46 patients (61.3%). Tests were abnormal indicating sucrase deficiency in 34.8% of those completing testing. No symptoms were predictive of a positive test although there were trends of an association of an abnormal test with diarrhea and bloating. Our findings suggest that sucrase deficiency occurs frequently enough that more widespread testing and/or an empiric trial of sucrose and starch restriction should be considered.
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2020
702.

Introduction: Glycosaminoglycans (GAGs) are involved in the pathogenesis of several urologic chronic diseases. Thus, GAGs replenishment therapy is widely reported as a therapeutic tool for chronic pelvic pain (CPP) conditions such as interstitial cystitis/bladder pain syndrome (IC/BPS) and prostate pain syndrome/chronic prostatitis. In this article we reviewed the current status of evidence on the clinic applications of glycosaminoglycans (GAGs) in the CPP.
Evidence Acquisition: A literature search from inception was performed according to the Preferred Reporting Items for Systematic Reviews and Meta-analysis statement to identify clinical trials, randomized controlled trials, meta-analyses, and guidelines.
Evidence Synthesis: A total of 29 papers were identified regarding the use of GAGs in CPP.
Conclusion(s): GAGs replenishment therapy results are encouraging in chronic forms of pelvic pain even though well-powered randomized clinical trials are needed to better comprehend the exact role of this treatment.
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703.

Introduction: Inhibitors of fatty acid amide hydrolase (FAAH) increase the levels of endocannabinoids and have shown analgesic and anti-inflammatory activity in animal models. ASP3652 is a peripherally acting FAAH inhibitor in development for the treatment of chronic bladder and pelvic pain disorders. Here we describe the safety, pharmacokinetics, and pharmacodynamics of single and multiple oral doses of ASP3652 administered in healthy non-elderly and elderly male and female volunteers.
Method(s): Study 1 was a combined single-ascending dose and food-effect study in which ASP3652 was given as single doses (1-600 mg) or matching placebo in healthy subjects. Study 2 was a multiple ascending dose study in which ASP3652 or matching placebo was administered in multiple oral doses (10-300 mg bid and 600 mg qd for 14 days) to healthy subjects. In both studies, the levels of ASP3652, FAAH, endocannabinoids (eCBs) and safety were evaluated. Result(s): ASP3652 was readily absorbed to reach Cmax at 1 h after a single dose. Steady state was reached within 3 days after the start of multiple dosing. The Cmax and AUC of ASP3652 increased in a slightly more than dose-proportional manner after a single dose of ASP3652 at 30-600 mg. There was some accumulation (15-38%) based on Cmax and AUC12h upon multiple doses. Cmax was 47% lower in combination with food. There was no significant effect of gender or age on the pharmacokinetics of ASP3652. FAAH activity was inhibited in a dose-dependent manner in all dose groups after single and multiple doses of ASP3652, paralleled by an increase in plasma levels of anandamide (AEA). The incidence of adverse events following multiple doses was similar across all treatment groups including the placebo group. Conclusion(s): Single and multiple doses of ASP3652 were safe and well tolerated and increased endogenous cannabinoid plasma levels.

PMID 32681461

Benzodiazepines suppress neuromodulatory effects of pudendal nerve stimulation on rat bladder nociception.


BACKGROUND: Neuromodulation, as a therapeutic modality for pain treatment, is an alternative to opioid therapies and therefore receiving increased interest and use. Neuromodulation at a peripheral nerve target, in the form of bilateral electrical pudendal nerve stimulation (bPNS), has been shown to reduce bladder hypersensitivity in rats and anecdotally reduces pain in humans with pelvic pain of urological origin. Recent studies have identified a role for spinal gamma-aminobutyric acid (GABA) receptors in this effect. Concomitant medication use, such as benzodiazepines, could alter responses to neuromodulation, and so before the development of a clinical trial to confirm translation of this potential therapy, the potential interactions between acute and chronic use of benzodiazepines and bPNS were examined in a preclinical model.

METHOD(S): Bladder hypersensitivity was produced by neonatal bladder inflammation in rat pups coupled with a second inflammatory insult as an adult. Diazepam (1-5 mg/kg intraperitoneal [i.p.]) or vehicle was administered acutely (with or without bPNS) and chronically (5 mg/kg subcutaneous [s.c.] daily for 2 weeks before the final experiment). bPNS was delivered as
bilateral biphasic electrical stimulation of the mixed motor/sensory component of the pudendal nerves. Visceromotor responses (VMRs; abdominal muscle contractile responses to urinary bladder distension [UBD]) were used as nociceptive end points. Due to the profound effects of diazepam, the effect of midazolam (0.5-1.0 mg/kg i.p.) on VMRs and bPNS effects was also studied. 

RESULT(S): Diazepam and midazolam both produced a dose-dependent, flumazenil-reversible inhibition of VMRs to UBD. bPNS resulted in statistically significant inhibition of VMRs to UBD in hypersensitive rats that had received vehicle injections. Select doses of diazepam and midazolam suppressed the inhibitory effect of bPNS on VMRs. 

CONCLUSION(S): This study suggests that inhibitory effects of bPNS on bladder pain could be suppressed in subjects receiving benzodiazepine therapy, suggesting that potential clinical testing of pudendal nerve stimulation for the treatment of painful bladder syndromes may be confounded by the use of benzodiazepines. Clinical assessment of other forms of neuromodulation should also be screened for impacts of benzodiazepines. 

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705. 

Possible Role of the Posterior Compartment Peritoneectomy, as a Part of the Complex Surgery, Regarding Recurrence Rate, Improvement of Symptoms and Fertility Rate in Patients with Endometriosis, Long-Term Follow-Up. 
Abesadze E., Sehouli J., Mechsner S., Chiantera V. 
Embase 

Study Objective: Beside the pain, there are 2 further problems in the management of endometriosis: the high recurrence rate (10% per year) and the high rate of impaired fertility. The objective of this study was to investigate the pathogenesis of these 2 factors. 

Design(s): This is a retrospective cohort study, and the aim is to evaluate the complete excision of endometriotic lesions, including the posterior compartment of the peritoneum, with regard to postoperative outcome, focusing on relieving pain, increasing fertility rate, and decreasing recurrence rate. 

Setting(s): Charite-University Clinic, Department of Gynaecology, Endometriosis research Centre. 
Patient(s): Fifty-four patients were enrolled in this study, with severe deep infiltrating endometriosis (scored by ENZIAN) and superficial endometriosis, as well as endometriomas (revised American Society for Reproductive Medicine [rASRM] I = 3; II = 15; III = 10; and IV = 26).
Intervention(s): Posterior compartment peritonectomy (visible endometriotic lesions and inflamed altered peritoneum) was performed in all patients as part of a complex surgery: complete excision of endometriosis.

Measurements and Main Results: Postoperative outcomes were evaluated, based on the postoperative follow-up (up to 5 years) of 54 investigated patients. In 36 women (66%) preoperative complaints were eliminated. Furthermore, of 28 women seeking improved fertility, pregnancy was reported in 13 cases (46%). In 7 (54%) cases pregnancy occurred spontaneously, and in the remainder with assisted fertilization. In addition, long-term follow-up demonstrated a recurrence rate in 1.8% of patients.

Conclusion(s): Overall, the number of complaints was significantly reduced. Only in the case of reproductive-aged women with ongoing postoperative complaints was it important to preserve the uterus. Although this pilot study on systematic posterior peritonectomy showed improvement in recurrence and fertility rate, the main question remains: will this surgical technique achieve better results and outcomes in the future? This has to be addressed in a prospective randomized study.

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706.

Phase 1 Trial of Concurrent Gemcitabine and Cisplatin with Image Guided Intensity Modulated Radiation Therapy for Locoregionally Advanced Cervical Carcinoma.
Embase
[Article]
AN: 2005992000
Purpose: The use of concurrent doublet chemotherapy with radiation for locoregionally advanced cervical cancer (LACC) is limited by gastrointestinal and hematologic toxicity. By reducing radiation dose to bowel and bone marrow, image guided intensity modulated radiation therapy (IG-IMRT) may improve chemotherapy tolerance. The goal of this study was to determine whether IG-IMRT could lead to improved tolerance to concurrent cisplatin and gemcitabine for LACC. Methods and Materials: We conducted an open-label, nonrandomized, prospective phase 1 dose escalation trial at a tertiary academic cancer center (ClinicalTrials.gov identifier: NCT01554410). We enrolled patients with stage IB-IVA cervical cancer, with either an intact cervix or posthysterectomy with residual/recurrent pelvic or paraortic nodal involvement, undergoing radical pelvic or extended field chemoradiation therapy. Treatment consisted of chemoradiation with IG-IMRT (45-47.6 Gy, 25-28 fractions to the pelvis +/- paraortic nodes with
simultaneous nodal boost to 53.2-59.4 Gy, 28 fractions) plus 5 cycles of concurrent weekly cisplatin 40 mg/m2 with escalating doses of gemcitabine (50, 75, 100, or 125 mg/m2). Cohorts were separated prerегистration according to whether the patient received pelvic or extended field IG-IMRT and whether gemcitabine followed (CG) or preceded (GC) cisplatin delivery. Dose-limiting toxicity (DLT) events were monitored up to 30 days after chemoradiation therapy. The primary endpoint was maximum tolerated dose (MTD) resulting in DLT probability <=20%. Result(s): Between February 2011 and June 2019, 35 patients were registered. Overall, 7 patients (20.0%) experienced DLTs. For the pelvic field cohort, the estimated MTD was 100 mg/m2 with GC sequencing, which is higher than the previously reported MTD for this regimen. The extended field cohort was closed after 2 of 3 patients experienced a DLT at the first dose level.

Conclusion(s): IG-IMRT can permit higher doses of concurrent gemcitabine with cisplatin and pelvic radiation for LACC. However, acute toxicity remains a factor with this regimen, depending on radiation volume and chemotherapy sequencing.

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Ramaseshan A.S., O'Sullivan D.M., Steinberg A.C., Tunitsky-Bitton E.


Background: Postoperative opioid prescription patterns play a key role in driving the opioid epidemic. A comprehensive system toward pain management in surgical patients is necessary to minimize overall opioid consumption.

Objective(s): This study aimed to evaluate the efficacy of a pain management model in patients undergoing pelvic reconstructive surgery by measuring postdischarge narcotic use in morphine milligram equivalents.
Study Design: This is a prospective clinical practice study that included women undergoing inpatient pelvic reconstructive surgery from December 2018 to June 2019 with overnight stay after surgery. As a routine protocol, all the patients followed an enhanced recovery after surgery protocol that included a preoperative multimodal pain regimen. Brief Pain Inventory surveys were collected preoperatively and on postoperative day 1. Brief pain inventory and activities assessment scale scores were collected at postoperative week 1 and postoperative weeks 4-6 after surgery. Patients were discharged with 15 tablets of an oral narcotic using an electronic prescription for controlled substances software platform, which is mandated in the state of Connecticut for all controlled substances, prescriptions, and refills. Patients were called at postoperative week 1 and postoperative weeks 4-6 to answer questions regarding their pain, the number of remaining narcotic tablets, and patient satisfaction regarding pain management. Patient electronic medical records and the Connecticut Prescription Monitoring and Reporting System were reviewed to determine whether patients received narcotic refills. Primary outcome was postdischarge narcotic use measured in morphine milligram equivalents. Secondary outcomes evaluated refill rate, brief pain inventory and activities assessment scale scores, and patient satisfaction with pain management. Descriptive statistics were described as mean and standard deviation and median and interquartile range. Bivariate comparisons used Spearman's rho (rho) with alpha=0.05.

Result(s): A total 113 patients were enrolled; the median (interquartile range) morphine milligram equivalent prescribed (including refills) was 112.5 (112.5-112.5). The median postdischarge narcotic use was 24.0 (0-82.5) morphine milligram equivalent, which is equivalent to fewer than 4 oxycodone (5 mg) tablets. About 75% of our participants required fewer than 11 oxycodone tablets. The median unused morphine milligram equivalent was 90.0 (45-112.5). 81.4% (92/113), and 83.2% (94/113) of patients at postoperative week 1 and postoperative weeks 4-6, respectively, reported being satisfied or extremely satisfied with their postdischarge pain control. About 88.5% (100/113) of patients felt that the number of opioids they were discharged with was sufficient for their pain needs at the postoperative 1 and postoperative weeks 4-6 time points. At postoperative weeks 4-6, 19.5% of patients said that they filled the narcotic prescription but did not use any of the pills. The overall refill rate was 10.6% (12/113). All patients who needed a refill described the refill process as easy. In-hospital narcotic use was not predictive of postdischarge narcotic use (rho=0.065, P=.495). Patients reported median brief pain inventory scores for "average pain" of 0 (no pain) at postoperative week 1 and postoperative weeks 4-6; however, the scores did not clinically correlate with postdischarge narcotic use. Activities assessment scale scores were not correlated with postdischarge narcotic use.

Conclusion(s): Most patients after pelvic reconstructive surgery used fewer than 11 oxycodone (5 mg) tablets, averaging less than 4 tablets, with a third of patients not requiring any opioids. Pain and activities scores did not correlate with narcotic use. A minimal number of opioids can be prescribed because the secure electronic prescribing system allows for convenient electronic refill if required. Our practical and comprehensive pre- and postoperative protocol for pain management minimizes opioid consumption in addition to maximizing patient satisfaction.

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Effects of an Individualized Comprehensive Rehabilitation Program on Impaired Postural Control in Women With Chronic Pelvic Pain: A Randomized Controlled Trial.
Embase
[Article]
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Objective: To assess the effectiveness of an individualized comprehensive rehabilitation program (ICPR) on impaired postural control, pain, self-perceived health status, and functionality in women with chronic pelvic pain.
Design(s): Randomized controlled trial.
Setting(s): Women with chronic pelvic pain were recruited from the Gynecology Department of the University Hospital San Cecilio in Granada, Spain.
Participant(s): Participants (N=38) who were randomly divided into 2 groups.
Intervention(s): The intervention group received an 8-week ICRP, and the control group received a leaflet with ergonomic information.
Main Outcome Measure(s): The main outcomes included were postural control (Mini Balance Evaluation Systems [Mini BESTest] and timed Up and Go [TUG]), pain (Brief Pain Inventory), self-perceived health status (EuroQol 5 dimensions [EQ-5D]), and functionality (Oswestry Disability Index [ODI]).
Result(s): Significant differences were found between groups in the Mini BESTest and TUG scores with large effect sizes. The Brief Pain Inventory, EQ-5D, and ODI also presented significant differences in the between-groups analysis, with better scores in the intervention group after treatment. In the follow-up analysis, significant differences were found between groups in the Mini BESTest (P<.001), the cognitive TUG subscale (P=.032), interference of pain (P<.001), anxiety and depression (P=.001), and visual analog scale EQ-5D (P=.026) subscales, as well as the ODI (P<.001).
Conclusion(s): Our results show significant improvements on postural control, pain, self-perceived health status, and functionality in women with chronic pelvic pain who received an 8-week ICRP.
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Year of Publication 2020
Pelvic floor muscle training for preventing and treating urinary and faecal incontinence in antenatal and postnatal women.
Woodley S.J., Lawrenson P., Boyle J.D., Morkved S., Kernohan A., Hay-Smith E.J.C.
Embase
[Review]
AN: 632442193
Background: About one-third of women have urinary incontinence (UI) and up to one-tenth have faecal incontinence (FI) after childbirth. Pelvic floor muscle training (PFMT) is commonly recommended during pregnancy and after birth for both preventing and treating incontinence. This is an update of a Cochrane Review previously published in 2017.
Objective(s): To assess the effects of PFMT for preventing or treating urinary and faecal incontinence in pregnant or postnatal women, and summarise the principal findings of relevant economic evaluations.
Search Method(s): We searched the Cochrane Incontinence Specialised Register, which contains trials identified from the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, MEDLINE In-Process, MEDLINE Epub Ahead of Print, CINAHL, ClinicalTrials.gov, WHO ICTRP, and handsearched journals and conference proceedings (searched 7 August 2019), and the reference lists of retrieved studies.
Selection Criteria: We included randomised or quasi-randomised trials in which one arm included PFMT. Another arm was no PFMT, usual antenatal or postnatal care, another control condition, or an alternative PFMT intervention. Populations included women who, at randomisation, were continent (PFMT for prevention) or incontinent (PFMT for treatment), and a mixed population of women who were one or the other (PFMT for prevention or treatment).
Data Collection and Analysis: We independently assessed trials for inclusion and risk of bias. We extracted data and assessed the quality of evidence using GRADE.
Main Result(s): We included 46 trials involving 10,832 women from 21 countries. Overall, trials were small to moderately-sized. The PFMT programmes and control conditions varied considerably and were often poorly described. Many trials were at moderate to high risk of bias. Two participants in a study of 43 pregnant women performing PFMT for prevention of incontinence withdrew due to pelvic floor pain. No other trials reported any adverse effects of PFMT. Prevention of UI: compared with usual care, continent pregnant women performing antenatal PFMT probably have a lower risk of reporting UI in late pregnancy (62% less; risk ratio (RR) 0.38, 95% confidence interval (CI) 0.20 to 0.72; 6 trials, 624 women; moderate-quality evidence). Antenatal PFMT slightly decreased the risk of UI in the mid-postnatal period (more than three to six months’ postpartum) (29% less; RR 0.71, 95% CI 0.54 to 0.95; 5 trials, 673 women; high-quality evidence). There was insufficient information available for the late postnatal period (more than six to 12 months) to determine effects at this time point (RR 1.20, 95% CI 0.65 to 2.21; 1 trial, 44 women; low-quality evidence). Treatment of UI: compared with usual care, there is no evidence that antenatal PFMT in incontinent women decreases incontinence in late pregnancy (very low-quality evidence), or in the mid-(RR 0.94, 95% CI 0.70 to 1.24; 1 trial, 187 women; low-quality evidence), or late postnatal periods (very low-quality evidence). Similarly, in postnatal women with persistent UI, there is no evidence that PFMT results in a difference in UI at more than six to 12 months postpartum (RR 0.55, 95% CI 0.29 to 1.07; 3 trials; 696 women; low-quality evidence). Mixed prevention and treatment approach to UI: antenatal PFMT in women with or without UI probably decreases UI risk in late pregnancy (22% less; RR 0.78, 95% CI 0.64 to 0.94; 11 trials, 3307 women; moderate-quality evidence), and may reduce the risk slightly in the mid-postnatal period (RR 0.73, 95% CI 0.55 to 0.97; 5 trials, 1921 women; low-quality evidence). There was no evidence that antenatal PFMT reduces the risk of UI at late postpartum (RR 0.85, 95% CI 0.63 to 1.14; 2 trials, 244 women; moderate-quality evidence) or late postnatal period (RR 0.88, 95% CI 0.71 to 1.09; 3 trials, 826 women; moderate-quality evidence). Faecal incontinence: eight trials reported FI outcomes. In postnatal women with persistent FI, it was uncertain whether PFMT reduced incontinence in the late postnatal period compared to usual
care (very low-quality evidence). In women with or without FI, there was no evidence that antenatal PFMT led to a difference in the prevalence of FI in late pregnancy (RR 0.64, 95% CI 0.36 to 1.14; 3 trials, 910 women; moderate-quality evidence). Similarly, for postnatal PFMT in a mixed population, there was no evidence that PFMT reduces the risk of FI in the late postnatal period (RR 0.73, 95% CI 0.13 to 4.21; 1 trial, 107 women, low-quality evidence). There was little evidence about effects on UI or FI beyond 12 months’ postpartum. There were few incontinence-specific quality of life data and little consensus on how to measure it. Authors’ conclusions: This review provides evidence that early, structured PFMT in early pregnancy for continent women may prevent the onset of UI in late pregnancy and postpartum. Population approaches (recruiting antenatal women regardless of continence status) may have a smaller effect on UI, although the reasons for this are unclear. A population-based approach for delivering postnatal PFMT is not likely to reduce UI. Uncertainty surrounds the effects of PFMT as a treatment for UI in antenatal and postnatal women, which contrasts with the more established effectiveness in mid-life women. It is possible that the effects of PFMT might be greater with targeted rather than mixed prevention and treatment approaches, and in certain groups of women. Hypothetically, for instance, women with a high body mass index (BMI) are at risk of UI. Such uncertainties require further testing and data on duration of effect are also needed. The physiological and behavioural aspects of exercise programmes must be described for both PFMT and control groups, and how much PFMT women in both groups do, to increase understanding of what works and for whom. Few data exist on FI and it is important that this is included in any future trials. It is essential that future trials use valid measures of incontinence-specific quality of life for both urinary and faecal incontinence. In addition to further clinical studies, economic evaluations assessing the cost-effectiveness of different management strategies for FI and UI are needed.

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Repetitive transcranial magnetic stimulation for chronic prostatitis/ chronic pelvic pain syndrome:
A prospective pilot study.
Nikkola J., Holm A., Seppanen M., Joutsi T., Rauhala E., Kaipia A.
Embase
Purpose: To evaluate the feasibility, efficacy, and safety of repetitive transcranial magnetic stimulation (rTMS) in patients with treatment-resistant chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS).

Method(s): Eleven patients with CP/CPPS were enrolled in this prospective clinical study. rTMS was performed for 5 consecutive days in 20-minute sessions. Patients were evaluated at baseline, after treatment, and at 1, 4, 8, and 12 weeks after the last session with questionnaires concerning pain (numerical rating scale [NRS], the National Institutes of Health Chronic Prostatitis Symptom Index [NIH-CPSI], and the Short Form-36 [SF-36]), urinary symptoms (NIH-CPSI, Danish Prostatic Symptom Score [DAN-PSS-1]), quality of life (NIH-CPSI, SF-36), and psychometrics (Beck Depression Index [BDI]). Telephone-based interviews were used to evaluate side effects, subjective response, and changes in drug consumption.

Result(s): All patients completed the planned treatment and follow-up according to protocol. No patients experienced serious side effects or significant pain increase during or after treatment. Mild transient tension headache responsive to oral pain medication was reported by 2 patients. Decreased pain was observed on the NRS after treatment and at 1 and 8 weeks (P = 0.019, P = 0.006, P = 0.042, respectively) and on the NIH-CPSI pain domain at 1 week (P = 0.04). Improvement in lower urinary tract symptoms was observed after treatment in the NIH-CPSI urinary domain (P = 0.02) but not with the DAN-PSS-1. No significant changes in the BDI were observed. Nine patients reported a positive overall subjective response (82%) and 6 patients (55%) were able to reduce pain medication. Higher age was associated with lower NRS scores after treatment (R = 0.605, P = 0.048) and at 8 weeks (R = 0.659, P = 0.028).

Conclusion(s): rTMS for patients with CP/CPPS seemed to be well tolerated, at least moderately effective in pain reduction, and might be of interest in patients with chronic pelvic pain resistant to conventional treatment. These findings remain to be confirmed by a randomized trial.

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Effect of investigative laparoscopy on bladder pain syndrome: a prospective cohort trial.


Introduction and hypothesis: Chronic pelvic pain is a debilitating condition, and establishing both an etiology and a successful management plan is challenging. Bladder pain syndrome (BPS) is...
one such etiology, with some studies reporting a prevalence of up to 50% in women with chronic pelvic pain (Van De Merwe et al. Eur Urol 53: 60-67, 2008; Cervigni and Natale Int J Urol 21: 85-88, 2014). This study aimed to assess the impact that investigative laparoscopy with treatment of endometriosis has on bladder pain syndrome in women with and without endometriosis.

Method(s): A prospective cohort study was conducted with participants recruited from a tertiary gynecology unit and the private rooms of participating gynecologists. Women included were those scheduled for laparoscopy for investigation of pelvic pain of > 6 months, aged 18-40 years. Each patient completed a preoperative questionnaire, and a standardized study operative report was used to collect laparoscopy findings. Any endometriosis found was treated with excisional surgery. Patients were then reviewed with the same questionnaire at 3, 6 and 12 months post-surgery.

Result(s): A total of 150 patients were included in the trial. Seventy-five percent of patients (n = 112/150) were diagnosed with endometriosis. Of them, 43% (n = 48/112) also had BPS. The overall BPS rate was 43% (n = 64/150). At 12 months, there was a significant reduction in overall pain and pelvic pain in all groups. Of the women with BPS, there was no difference in symptom score reduction between those with endometriosis treated and those without endometriosis. BPS resolved in 42% of women 12 months post-laparoscopy, regardless of whether endometriosis was diagnosed and treated or not. Of the women without BPS preoperatively, 14% developed de novo BPS at 12 months, regardless of whether endometriosis was diagnosed and treated or not. Conclusion(s): Our findings show that BPS improves in the 12 months after investigative laparoscopy and treatment of endometriosis for chronic pelvic pain, regardless of presence or absence of endometriosis.

Reliability and validity of Five Times Sit to Stand Test in pregnancy-related pelvic girdle pain.

Yenisehir S., Citak Karakaya I., Sivaslioglu A.A., Ozen Oruk D., Karakaya M.G.

Background: Pelvic girdle pain (PGP) is a common musculoskeletal disorder during pregnancy, and functional mobility evaluation is very important in reflecting the treatment effects.

Objective(s): To investigate reliability and validity of Five Times Sit-to-Stand (5TSS) test in pregnant women with and without PGP.
Design(s): A cross-sectional observational study.
Method(s): One hundred sixty-seven women in the second or third trimester of pregnancy participated in two assessments one week apart. The 5TSS and Timed Up & Go (TUG) tests were used to assess functional mobility, in a randomized sequence, by two independent raters. Time to complete the tests were recorded. Perceived pain and difficulty during functional mobility tests were marked on two Visual Analogue Scales. Following tests of functional mobility, seven clinical tests were used to classify the subjects as with or without PGP.

Result(s): The 25% of subjects had PGP. Inter-rater reliability of 5TSS was excellent for subjects with and without PGP (ICC = 0.999, 95% CI = 0.999-1.000; ICC = 0.999, 95% CI = 0.999-0.999, respectively). Test-retest reliability of 5TSS was also very high for subjects with and without PGP (ICC = 0.986, 95% CI = 0.959-0.995; ICC = 0.828, 95% CI = 0.632-0.920, respectively). The 5TSS scores were positively correlated with TUG scores (r = 0.420, p = 0.006 and r = 0.404, p = 0.000, respectively). The subjects reported higher pain (95% CI = 0.322-0.824) and difficulty (95%CI = 0.500-1.042) during 5TSS than the TUG test.

Conclusion(s): The 5TSS test is a reliable and valid functional mobility outcome measure in pregnant women with and without PGP. Further psychometric properties of the measure such as responsiveness, should be investigated in the future.

Epidemiology of injuries connected with dance: A critical review on epidemiology.
Rinonapoli G., Graziani M., Ceccarini P., Razzano C., Manfreda F., Caraffa A.
Embase
Medicinski Glasnik. 17(2) (pp 256-264), 2020. Date of Publication: August 2020.
[Review]
AN: 2004719582
The aim of this review was to identify all types of injuries connected to the gestures of dancers and understand the associated bi-omechanical patterns. This is the first step in the definition of a prevention program that lacks in this kind of athletic activity. A search of Medline/PubMed, EMBASE, and the Cochrane database from 1990 to 2019 using the search terms "dance and injuries" and "dance and injuries and epidemiology" initially resulted in 601 citations. A total of 16 articles were eligible for a review. All health problems that lead to stop the activity of a dancer are classified as "dancer's injuries". They were divided in acute and overuse injuries, the first being traumatic and the latter ones microtraumatic. The anatomical region most affected by injuries in
dance was clearly the ankle and foot. It can be inferred that professional and pre-professional dancers had a higher prevalence of back injuries in comparison to amateur dancers, while amateurs suffered more frequently from hip/groin/thigh injuries. Doctors, teachers, sport trainers and dancers themselves, all those who contribute to the dancer's performance, should know the most prevalent dancers' injuries. Moreover, they should know the prevention procedures, in order to minimize the risk of injury and recurrences.

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Ultrasound-guided bilateral quadratus lumborum block vs. Intrathecal morphine for postoperative analgesia after cesarean section: A randomized controlled trial.
Salama E.R.

Korean Journal of Anesthesiology. 73(2) (pp 121-128), 2020. Date of Publication: April 2020. [Article]
AN: 2004135053

Background: Adequate pain control after cesarean section (CS) is crucial for mothers caring for newborns, and early ambulation to avoid thromboembolism and chronic abdominal and pelvic pain. This randomized controlled trial compared the efficacy of quadratus lumborum block (QLB) and intrathecal morphine (ITM) for analgesia after CS.

Method(s): Ninety women at >= 37 weeks pregnancy scheduled for elective CS were enrolled. All patients received spinal anesthesia and post-operative QLB. They were randomly allocated to Control (anesthesia: 0.1 ml saline, QLB: 24 ml saline), ITM (anesthesia: 0.1 mg morphine, QLB: 24 ml saline), or QLB groups (anesthesia: 0.1 ml saline, QLB: 24 ml 0.375% ropivacaine). Integrated analgesia score (IAS) and numerical rating scale (NRS) scores at rest and during movement, morphine requirements in the first 48 h, time to first morphine dose and morphine-related side effects were recorded.

Result(s): IASs and NRS scores at rest and during movement were significantly lower in QLB and ITM group than in Control group. Moreover, IASs and NRS scores at rest and during movement were lower in QLB group than in ITM group. Time to first morphine dose was significantly longer in QLB group than in ITM and Control group. Furthermore, morphine requirements in the first 48 h were significantly lower in QLB group than ITM and Control group. Incidence of morphine-related side effects was significantly higher in ITM group than in QLB and Control group.

Conclusion(s): QLB and ITM are effective analgesic regimens after CS. However, QLB provides better long-lasting analgesia and reduced total postoperative morphine consumption.

Contrast-enhanced ultrasound-guided celiac plexus neurolysis in patients with upper abdominal cancer pain: initial experience.


[Article]

AN: 2004578049

Objectives: The purpose of this study was to determine the efficacy and safety of contrast-enhanced ultrasound (CEUS)-guided celiac plexus neurolysis (CPN) in patients with upper abdominal cancer pain.

Method(s): Thirty-five patients with upper abdominal cancers tortured by intractable upper abdominal pain underwent CEUS-guided CPN with ethanol. The pain alleviation and opioid intake were observed and evaluated during a 3-month follow-up after CPN. The dispersion of alcohol around the aorta was evaluated on 3D-CEUS. Complications were assessed during CPN and at follow-up.

Result(s): All of the 35 patients' CPN was successfully achieved. Pain relief was observed in 28 (80%), 20 (57.1%), 27 (77.1%), 20 (57.1%), and 10 (29.4%) patients immediately, 1 day, 1 month, 2 months, and 3 months after CPN, respectively. The agent dispersion around the aorta on CEUS images of 28 patients who showed pain relief was at least 90 degree of the circumference around the aorta. The median duration of pain alleviation was 2.7 months (95% confidence interval [CI], 2.5-2.9). Less than half of the patients had minor complications including irritant pain at the puncture site (8 of 35; 22.9%), diarrhea (4 of 35; 11.4%), nausea and vomiting (3 of 35; 8.6%), and post-procedural hypotension (1 of 35; 2.9%).

Conclusion(s): CEUS-guided CPN is a safe and effective method to alleviate refractory upper abdominal pain in patients with upper abdominal cancers. CEUS image allows the visualization of puncture path and observation of drug dispersion. The pain relief is relevant to the dispersion of neurolytic agent around the aorta. Key Points: * CEUS-guided celiac plexus neurolysis (CPN) is feasible and easy. * It allows direct visualization of the diffusion of the neurolytic agent in the retroperitoneal anatomic space. * CEUS-guided CPN improves safety of CPN by clearly delineating the needle path.

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Preoperative predictors and a prediction score for perception of improvement after mesh prolapse surgery.
Chattot C., Deffieux X., Lucot J.-P., Fritel X., Fauconnier A.
Embase
[Article]
AN: 627846261
Introduction and hypothesis: Pelvic organ prolapse (POP) surgery using a mesh has a complication rate of 26%, and an estimated 10% of those operated on do not consider it brings improvement. The objective of this study was to identify preoperative predictors of improvement after POP repair with mesh to develop a predictive score.
Method(s): This is a secondary analysis of the randomized multicenter trial PROSPERE, which compared morbidity after prolapse repair with mesh according to the vaginal or laparoscopic approach. Improved women [PGI-I score at 1-year follow-up = 1 (much better) or 2 (better)] were compared with unimproved women. Two hundred fifty-five women were included to derive the prediction score based on multiple logistic regression. An internal validation by bootstrapping estimated the unbiased performance of the model.
Result(s): Criteria independently related to improvement were: (1) cystocele stage > II [OR: 2.93 95% CI (1.22-7.04), p = 0.015]; (2) preoperative expectation related to bulge symptom improvement [OR: 2.57 95% CI (1.07-6.04), p = 0.031] and (3) absence of chronic pelvic pain [OR: 4.55 95% CI (1.77-11.46), p = 0.001]. A score (scored from 0 to 11) was constructed from the aOR of the predictive model: the ROC-AUC of the score was 0.75, and a score >= 9 predicted a 97% chance of improvement (95% CI 92-99), with a specificity of 85% (95% CI 68-94). The ROC-AUC corrected for optimism by the bootstrap procedure was 0.70.
Conclusion(s): This score could be used by surgeons in preoperative counseling of women.
PMID 31115611 [https://www.ncbi.nlm.nih.gov/pubmed/?term=31115611]

Chuang Y.-C., Meng E., Chancellor M., Kuo H.-C.

Embase

Aims: Extracorporeal shock wave therapy (ESWT) inhibited bladder inflammation and pain in preclinical studies. We assessed ESWT for the treatment of refractory interstitial cystitis/bladder pain syndrome (IC/BPS).

Method(s): This double-blind, randomized, placebo-controlled physician-initiated study enrolled 54 patients with IC/BPS. The patients were assigned to ESWT (N = 24; 2000 shocks, frequency of 3 Hz, and maximum total energy flow density 0.25 mJ/mm2) once a week for 4 weeks at suprapubic bladder area or placebo (N = 25; shock wave setting without energy transmission). The primary endpoint was the average changes in O'Leary-Sant symptom scores (OSS) between baseline and 4 weeks after treatment. Secondary endpoints included visual analog scale (VAS, 0-10) for pain, the average changes of variables in a 3-day voiding diary, and global response assessment of patient satisfaction.

Result(s): At 4 weeks posttreatment, both groups were associated with a statistically significant decrease in OSS and VAS pain scale. However, there were no difference in mean change between ESWT vs placebo groups. A significantly higher proportion of patients on ESWT responded as improved in the VAS >= 3 vs placebo (P = .035). At 12 weeks posttreatment, improvement in the VAS >= 3 was 57.1% vs 19.0% (ESWT vs placebo; P = .011). The finding was associated with an improvement in frequency - 1.0 +/- 2.3 vs 0.7 +/- 3.2 (ESWT vs placebo; P = .065). No significant adverse events were found in either group.

Conclusion(s): A reduction in pain was discovered in this trial assessing ESWT in patients with IC/BPS but OSS, which was the primary outcome parameter, was not improved.

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IxEkizumab improves secondary lesional signs, pain and sexual health in patients with moderate-to-severe genital psoriasis.

Merola J.F., Ghislain P.-D., Dauendorffer J.N., Potts Bleakman A., Brnabic A.J.M., Burge R., Riedl E.

Embase
Date of Publication: 01 Jun 2020.
[Article]
AN: 2004203125
Background: Epithelial surface disruption in genital psoriatic lesions may manifest as erosions, fissures and/or ulcers, causing pain and significantly impacting a patient's sexual health.
Objective(s): To evaluate the impact of erosions, fissures and/or ulcers in genital psoriatic lesions on pain and sexual activity in patients with moderate-to-severe genital psoriasis (GenPs) and treatment responses to ixekizumab vs. placebo until Week 12.
Method(s): This post hoc subgroup analysis of patients presenting with and without erosions, fissures and/or ulcers in genital lesions from a phase IIIb multicentre, randomized, double-blind, placebo-controlled study (IXORA-Q; NCT02718898) in 149 adults with moderate-to-severe GenPs treated with subcutaneous ixekizumab (80 mg every 2 weeks; n = 75) or placebo (n = 74) evaluated outcomes for clinician-rated GenPs severity (static Physician's Global Assessment of Genitalia; sPGA-G) and patient-reported genital pain and itch (Genital Psoriasis Symptoms Scale; GPSS) and sexual health (Genital Psoriasis Sexual Frequency Questionnaire; GenPs-SFQ).
Result(s): At baseline, 38% (n = 57) of patients presented with genital erosions, fissures and/or ulcers independent of overall body surface area involvement (<10% or >=10%). These signs were associated with higher scores for disease severity (sPGA-G) and pain (GPSS) but not sexual health (GenPs-SFQ). Complete resolution of these signs was observed in 62% of ixekizumab-treated patients (25% for placebo) at Week 1 and 83% (21% for placebo) at Week 12. Patients treated with ixekizumab reported significant improvements in pain, itch, disease severity and sexual health over 12 weeks compared to placebo and irrespective of the presence/absence of genital erosions, fissures and/or ulcers at baseline.
Conclusion(s): IxEkizumab led to rapid and sustained resolution of erosions, fissures and/or ulcers and significant improvements in GenPs severity, genital pain and sexual health. IxEkizumab may help to improve the well-being of patients with GenPs.
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PMID 31919919 [https://www.ncbi.nlm.nih.gov/pubmed/?term=31919919]
Proctalgia Syndromes: Update in Diagnosis and Management. Carrington E.V., Popa S.-L., Chiarioni G. Embase
Current Gastroenterology Reports. 22(7) (no pagination), 2020. Article Number: 35. Date of Publication: 01 Jul 2020. [Review] AN: 2005194365 Purpose of Review: Functional anorectal pain syndromes are a neglected yet often disabling clinical entity resulting in significant economic and psychological burden to the patient. The aim of this review is to update the practicing gastroenterologist/coloproctologist on the diagnosis and management of these complicated disorders. Recent Findings: The updated Rome foundation diagnostic criteria (Rome IV) for functional anorectal pain subgroups chronic proctalgia (levator ani syndrome and unspecified functional anorectal pain) and acute proctalgia (proctalgia fugax) on the basis of symptom duration and digital rectal examination findings. Chronic proctalgia is thought to be secondary to paradoxical pelvic floor contraction in many patients and biofeedback to improve the defecation effort has proven effective for over 90% in the short term. Unfortunately, management of proctalgia fugax remains challenging and treatment outcomes modest at best. Summary: A number of therapies to relax the pelvic floor may be employed to improve symptoms in functional anorectal pain syndromes; however, only biofeedback to improve defaecatory dynamics in patients with levator ani syndrome has proven effectiveness in a randomized setting. Further investigation of treatment approaches in proctalgia fugax is required. Copyright © 2020, Springer Science+Business Media, LLC, part of Springer Nature. PMID 32519087 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32519087] Status Embase Author NameID Chiarioni, Giuseppe; ORCID: https://orcid.org/0000-0002-9183-4750 Institution (Carrington) Department of Colorectal Surgery, St Vincent's University Hospital, University College Dublin, Dublin, Ireland (Popa) 2nd Medical Department, "Iuliu Hatieganu", University of Medicine and Pharmacy, Cluj-Napoca, Romania (Chiarioni) Division of Gastroenterology and Hepatology & UNC Centre for Functional GI and Motility Disorders, University of North Carolina at Chapel Hill, Chapel Hill, NC, United States (Chiarioni) Division of Gastroenterology of the University of Verona, Azienda Ospedaliera Universitaria Integrata di Verona, Verona, Italy
Progestogen-releasing intrauterine systems for heavy menstrual bleeding.
Bofill Rodriguez M., Lethaby A., Jordan V.
Embase
[Article]
AN: 632067372
Background: Heavy menstrual bleeding (HMB) impacts the quality of life of otherwise healthy women. The perception of HMB is subjective and management depends upon, among other factors, the severity of the symptoms, a woman's age, her wish to get pregnant, and the presence of other pathologies. Heavy menstrual bleeding was classically defined as greater than or equal to 80 mL of blood loss per menstrual cycle. Currently the definition is based on the woman's perception of excessive bleeding which is affecting her quality of life. The intrauterine device was originally developed as a contraceptive but the addition of progestogens to these devices resulted in a large reduction in menstrual blood loss: users of the levonorgestrel-releasing intrauterine system (LNG-IUS) reported reductions of up to 90%. Insertion may, however, be regarded as invasive by some women, which affects its acceptability.
Objective(s): To determine the effectiveness, acceptability and safety of progestogen-releasing intrauterine devices in reducing heavy menstrual bleeding.
Search Method(s): We searched the Cochrane Gynaecology and Fertility Specialised Register, CENTRAL, MEDLINE, Embase, PsycINFO and CINAHL (from inception to June 2019); and we searched grey literature and for unpublished trials in trial registers.
Selection Criteria: We included randomised controlled trials (RCTs) in women of reproductive age treated with LNG-IUS devices versus no treatment, placebo, or other medical or surgical therapy for heavy menstrual bleeding.
Data Collection and Analysis: Two authors independently extracted data, assessed risk of bias and conducted GRADE assessments of the certainty of evidence.
Main Result(s): We included 25 RCTs (2511 women). Limitations in the evidence included risk of attrition bias and low numbers of participants. The studies compared the following interventions. LNG-IUS versus other medical therapy. The other medical therapies were norethisterone acetate, medroxyprogesterone acetate, oral contraceptive pill, mefenamic acid, tranexamic acid or usual medical treatment (where participants could choose the oral treatment that was most suitable). The LNG-IUS may improve HMB, lowering menstrual blood loss according to the alkaline haematin method (mean difference (MD) 66.91 mL, 95% confidence interval (CI) 42.61 to 91.20; 2 studies, 170 women; low-certainty evidence); and the Pictorial Bleeding Assessment Chart (MD 55.05, 95% CI 27.83 to 82.28; 3 studies, 335 women; low-certainty evidence). We are uncertain whether the LNG-IUS may have any effect on women's satisfaction up to one year (RR 1.28, 95% CI 1.01 to 1.63; 3 studies, 141 women; I² = 0%, very low-certainty evidence). The LNG-IUS probably leads to slightly higher quality of life measured with the SF-36 compared with other medical therapy if (MD 2.90, 95% CI 0.06 to 5.74; 1 study: 571 women; moderate-certainty evidence) or with the Menorrhagia Multi-Attribute Scale (MD 13.40, 95% CI 9.89 to 16.91; 1 trial, 571 women; moderate-certainty evidence). The LNG-IUS and other medical therapies probably give rise to similar numbers of women with serious adverse events (RR 0.91, 95% CI 0.63 to 1.30; 1 study, 571 women; moderate-certainty evidence). Women using other medical therapy are probably more likely to withdraw from treatment for any reason (RR 0.49, 95% CI 0.39 to...
0.60; 1 study, 571 women, moderate-certainty evidence) and to experience treatment failure than women with LNG-IUS (RR 0.34, 95% CI 0.26 to 0.44; 6 studies, 535 women; moderate-certainty evidence). LNG-IUS versus endometrial resection or ablation (EA). Bleeding outcome results are inconsistent. We are uncertain of the effect of the LNG-IUS compared to EA on rates of amenorrhoea (RR 1.21, 95% CI 0.85 to 1.72; 8 studies, 431 women; I² = 21%; low-certainty evidence) and hypomenorrhoea (RR 0.98, 95% CI 0.73 to 1.33; 4 studies, 200 women; low-certainty evidence) and eumenorrhoea (RR 0.55, 95% CI 0.30 to 1.00; 3 studies, 160 women; very low-certainty evidence). We are uncertain whether both treatments may have similar rates of satisfaction with treatment at 12 months (RR 0.95, 95% CI 0.85 to 1.07; 5 studies, 317 women; low-certainty evidence). We are uncertain if the LNG-IUS compared to EA has any effect on quality of life, measured with SF-36 (MD -14.40, 95% CI -22.63 to -6.17; 1 study, 33 women; very low-certainty evidence). Women with the LNG-IUS compared with EA are probably more likely to have any adverse event (RR 2.06, 95% CI 1.44 to 2.94; 3 studies, 201 women; moderate-certainty evidence). LNG-IUS versus hysterectomy. We are uncertain whether the LNG-IUS has any effect on HMB compared with hysterectomy (RR for amenorrhoea 0.52, 95% CI 0.39 to 0.70; 1 study, 75 women; very low-certainty evidence). We are uncertain whether there is difference between LNG-IUS and hysterectomy in satisfaction at five years (RR 1.01, 95% CI 0.94 to 1.08; 1 study, 232 women; low-certainty evidence) and quality of life (SF-36 MD 2.20, 95% CI -2.93 to 7.33; 1 study, 221 women; low-certainty evidence). Women in the LNG-IUS group may be more likely to have treatment failure requiring hysterectomy for HMB at 1-year follow-up compared to the hysterectomy group (RR 48.18, 95% CI 2.96 to 783.22; 1 study, 236 women; low-certainty evidence). None of the studies reported cost data suitable for meta-analysis. Authors’ conclusions: The LNG-IUS may improve HMB and quality of life compared to other medical therapy; the LNG-IUS is probably similar for HMB compared to endometrial destruction techniques; and we are uncertain if it is better or worse than hysterectomy. The LNG-IUS probably has similar serious adverse events to other medical therapy and it is more likely to have any adverse events than EA.

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Status
Embase

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721.

Ultrasound-Guided Inactivation of Trigger Points Combined with Muscle Fascia Stripping by Liquid Knife in Treatment of Postherpetic Neuralgia Complicated with Abdominal Myofascial Pain Syndrome: A Prospective and Controlled Clinical Study.


Embase
Objective. To evaluate ultrasound-guided inactivation of myofascial trigger points (MTrPs) combined with abdominal muscle fascia stripping by liquid knife in the treatment of postherpetic neuralgia (PHN) complicated with abdominal myofascial pain syndrome (AMPS). Methods. From January 2015 to July 2018, non-head-and-neck PHN patients in the Pain Department, The First Affiliated Hospital of Soochow University, were treated with routine oral drugs and weekly paraspinal nerve block for two weeks. Patients with $2 < \text{VAS (visual analogue scale)} < 6$ were subjects of the study. They were assigned into control group 1 (C1, n = 33) including those with PHN and without myofascial pain syndrome (MPS) and control group 2 (C2, n = 33) including those with PHN complicated with MPS and observation group 1 (PL, n = 33) including those with PHN complicated with limb myofascial pain syndrome (LMPS) and observation group 2 (PA, n = 33) including those with PHN complicated with AMPS. All groups received zero-grade treatment: routine oral drugs and weekly paraspinal nerve block. PL and PA groups were also treated step by step once a week: primary ultrasound-guided inactivation of MTrPs with dry needling, secondary ultrasound-guided inactivation of MTrPs with dry and wet needling, and tertiary ultrasound-guided dry and wet needling combined with muscle fascia stripping by liquid knife. At one week after primary treatment, patients with a VAS score > 2 proceeded to secondary treatment. If the VAS score was <2, the treatment was maintained, and so on, until the end of the four treatment cycles. Pain assessment was performed by specialized nurses at one week after each treatment, including VAS score, McGill pain questionnaire (MPQ) score, pressure pain sensory threshold (PPST), and pressure pain tolerance threshold (PPTT). VAS score was used as the main index and VAS <2 indicated effective treatment. At 3 months after treatment, outpatient and/or telephone follow-up was performed. The recurrence rate was observed and VAS > 2 was regarded as recurrence. Results. At one week after primary treatment, the effective rate was 66.7% in PL group, significantly higher than that in PA group (15.2%, P<0.05). At one week after secondary treatment, the effective rate was 100% and 37.5% in PL and PA groups, respectively, with significant difference between the groups (P<0.05). The effective rate increased to 90.6% in PA group at one week after tertiary treatment. At one week after the end of treatment cycles, the scores of VAS and MPQ were significantly lower in C1, PL, and PA groups than in C2 group (P<0.05), while PPST and PPTT were significantly higher than in C2 group (P<0.05). There was no significant difference between C1 group and PL group (P>0.05). At follow-up at 3 months after treatment, the recurrence rate was low in each group, with no significant difference between the groups (P>0.05). Conclusion. About 57% of PHN patients with mild to moderate pain are complicated with MPS, and ultrasound-guided inactivation of MTrPs with dry and wet needling can effectively treat PHN patients complicated with LMPS. However, patients with PHN complicated with AMPS need to be treated with ultrasound-guided MTrPs inactivation combined with muscle fascia stripping by liquid knife as soon as possible.

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Li J., Dong L., Yan X., Liu X., Li Y., Yu X., Chang D.


This study aimed to evaluate the efficacy and safety of acupuncture for chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS). A search of PUBMED, EMBASE, Central Register of Controlled Trials (CENTRAL), Web of Science, Chinese Biomedicine Literature (CBM), China National Knowledge Infrastructure (CNKI), Wang-Fang Database, Chinese Scientific Journal Database (VIP), and other available resources was made for studies (up to February 2019). Searches were limited to studies published in English and Chinese. Only randomized controlled trials (RCTs) related to the efficacy and/or safety of acupuncture for CP/CPPS were included. Two investigators independently evaluated the quality of the studies. A total of 11 studies were included, involving 748 participants. The results revealed that compared with sham acupuncture (MD: -6.53 [95% CI: -8.08 to -4.97]) and medication (MD: -4.72 [95% CI: -7.87 to -1.56]), acupuncture could lower total NIH-CPSI score more effectively. However, there are no significant differences between acupuncture and sham acupuncture in terms of IPSS score. In terms of NIH-CPSI voiding domain subscore, no significant differences were found between acupuncture and medication. Compared with sham acupuncture (OR: 0.12 [95% CI: 0.04 to 0.40) and medication (OR: 3.71 [95% CI: 1.83 to 7.55]), the results showed favorable effects of acupuncture in improving the response rate. Acupuncture plus medication is better than the same medication in improving NIH-CPSI total score and NIH-CPSI pain domain subscore. In conclusion, the evidence suggests that acupuncture may be an effective intervention for patients with CP/CPPS. However, due to the heterogeneity of the methods and high risk of bias, we cannot draw definitive conclusions about the entity of the acupuncture's effect on alleviating the symptoms of CP/CPPS. The adverse events of acupuncture are mild and rare.

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Psychological factors and pain catastrophizing in men with chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS): A meta-analysis.
Huang X., Qin Z., Cui H., Chen J., Liu T., Zhu Y., Yuan S.
Embase
Translational Andrology and Urology. 9(2) (pp 485-493), 2020. Date of Publication: 01 Apr 2020.

[Article]
AN: 631986738
Background: Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) is a chronic disease with a variety of psychosocial and somatic symptoms. CP/CPPS has substantial health care costs with unclear etiology, which may be caused by psychosocial factors. Moreover, previous studies suggested that cognitive processes played a crucial role in the perception of somatic pain. Therefore, the aim of this meta-analysis was to analyze the psychosocial characteristics in men with CP/CPPS, especially the symptom of pain catastrophizing.

Method(s): Relevant publications were searched in different databases including PubMed, MEDLINE, EMBASE, Google Scholar and the Cochran Library using the search terms of "Chronic prostatitis", "Chronic pelvic pain syndrome", "Psychosocial" and "Catastrophizing". The prevalence of psychological factors and pain catastrophizing in men with CP/CPPS were extracted and calculated.

Result(s): Ten studies inclusive of 1,308 patients were included. Analysis of NIH-CPSI scores showed that the severity of CP/CPPS was 23.20 (95% CI: 21.13-25.28). The severity of pain catastrophizing was 13.81 (95% CI: 9.83-17.79) estimated by coping strategies questionnaire (CSQ), while the severity of pain catastrophizing was 24.83 (95% CI: 9.19-40.47) estimated by pain catastrophizing scale (PCS). The prevalence of psychosocial symptom was 0.43 (95% CI: 0.32-0.55), while the prevalence of pain catastrophizing was 0.26 (95% CI: 0.21-0.31).

Conclusion(s): The psychological factors and pain catastrophizing in men with CP/CPPS was serious. Furthermore, the prevalence of psychosocial symptom and pain catastrophizing was high. There might be a link between pain catastrophizing and somatic symptoms in CPPS. Thus, further prospective studies are needed to evaluate the importance of psychosocial factors in symptom severity of CP/CPPS.

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Publisher
AME Publishing Company (E-mail: info@amepc.org)
Year of Publication
2020
Is Distal Partial Salpingectomy with an Endoloop Ligature Safe, Fast, and Effective for Nonisthmic Tubal Ectopic Pregnancy in Low-Socioeconomic Status Countries.
Selim M.F., Abdou M.M.A.
Embase
AN: 631942476
Objective: Total salpingectomy is the gold standard treatment for tubal ectopic pregnancy. This procedure avoids the risks of persistent trophoblasts and recurrent ipsilateral tubal pregnancies but affects ovarian blood supply. Is distal partial salpingectomy, using an Endoloop Ligature (made with polydioxanone II a, violet monofilament; Ethicon, Somerville, NJ) an easy and fast way to remove the tubal fimbria, without producing a thermal destructive effect Is the procedure minimally associated with risks of persistent trophoblast and recurrent ipsilateral tubal pregnancies Should distal partial salpingectomy be recommended for nonisthmic tubal pregnancy, especially in countries of low socioeconomic status
Material(s) and Method(s): In this controlled, comparative observational trial, 54 women with ampullary or fimbrial tubal ectopic pregnancies underwent laparoscopic salpingectomy. The patients were divided into 2 groups of 27 patients each. Group 1 underwent distal partial salpingectomy, using an Endoloop Ligature and group 2 underwent the gold standard total salpingectomy, using bipolar diathermy. Primary outcomes were duration of operative procedure and intraoperative hemoglobin loss; secondary outcomes were recurrent ectopic pregnancy in the ipsilateral tube, persistent trophoblast tissues, and spontaneous intrauterine pregnancy later.
Result(s): Use of an Endoloop Ligature was associated with significantly shorter operating times and less intraoperative hemoglobin loss. No cases of recurrent ectopic pregnancies in the ipsilateral tubes or persistent trophoblast tissues were reported in both studied groups. Seventeen (62.9%) and 16 (59.2%) women achieved spontaneous intrauterine pregnancies during the follow-up period in both groups, respectively.
Conclusion(s): Performing distal partial salpingectomy using an Endoloop Ligature is a safe, rapid, and effective procedure, compared to electrosurgical total salpingectomy. Further studies are still needed to support distal partial salpingectomy as a recommended treatment. (J GYNECOL SURG 36:120)
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Publisher
Mary Ann Liebert Inc. (E-mail: info@liebertpub.com)
Year of Publication
2020
Predictors of psychological outcomes and the effectiveness and experience of psychological interventions for adult women with chronic pelvic pain: A scoping review.
Brooks T., Sharp R., Evans S., Baranoff J., Esterman A.
Embase
[Review]
AN: 2004413223
Objective: CPP affects approximately 15% of women worldwide and has significant psychological, physical and financial impact on the lives of sufferers. Psychological interventions are often recommended as adjuncts to medical treatment for women with chronic pelvic pain (CPP). This is as women with CPP experience higher rates of mental health concerns and difficulties coping with their pain.. However, recent systematic reviews have highlighted that the efficacy of psychological interventions is not conclusive in this population. This review aimed to identify predictors of mental health outcomes and effective psychological techniques and interventions in women with CPP to inform the development of future psychological therapies.
Method(s): Scoping review using the method outlined by Arskey & O'Malley (2005). Relevant databases, reference lists and grey literature were searched to identify effective mental health interventions and predictors of psychological outcomes for women with CPP.
Result(s): Methodological concerns made identifying predictors of mental health outcomes and effective psychological interventions difficult. However, cognitive behavioural therapy and Mensendieck therapy emerged as therapeutic interventions with the best evidence for women with CPP. A number of useful predictors of mental health outcomes and techniques included in effective interventions were identified.
Conclusion(s): The evidence provided in this review has the potential to inform future research directions and the development of targeted psychological interventions for women with CPP.
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Temporal Summation in Chronic Pelvic Pain.
Thompson H.D., Tang S., Jarrell J.F.
Embase
[Article]
Objective: This study sought to characterize central sensitization further among women with chronic pelvic pain by identifying temporal summation using a cotton-tipped applicator test that can be used at the bedside.

Method(s): A total of 36 women (18 with chronic pain and allodynia; 18 without pain) were recruited. Both groups were randomly assigned to receive 3 strokes of a benign stimulus on the abdomen at differing frequencies: 10, 30, or 100 seconds. Each group included 6 women. Pain was assessed using a rating scale of 1 to 10. Data were analyzed using the multivariate approach to repeated measures analysis of variance.

Result(s): The pattern of pain scores differed significantly between women with and without chronic pain (P = 0.002). Women with chronic pelvic pain and allodynia showed a statistically significant increase in pain with successive strokes of the cotton-tipped applicator (P = 0.012 for stroke 1 vs. 2, P = 0.026 for stroke 2 vs. 3, and P = 0.005 for stroke 1 vs. 3).

Conclusion(s): Women with chronic pelvic pain and allodynia showed significant worsening of pain with successive strokes of a cotton-tipped applicator. This finding indicates that pain wind-up and central sensitization are present in women with chronic pelvic pain and allodynia. Identification of summation is further evidence of neuroplasticity, which is helpful in innovative therapies for chronic pelvic pain.

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AN: 2004368978

Pain in Inflammatory Bowel Disease Is Not Improved During Hospitalization: The Impact of Opioids on Pain and Healthcare Utilization.
Berry S.K., Takakura W., Bresee C., Melmed G.Y.

Digestive Diseases and Sciences. 65(6) (pp 1777-1783), 2020. Date of Publication: 01 Jun 2020.

Background: Most patients with IBD experience pain, especially during acute disease exacerbations. Opioid use continues to be more prevalent in IBD than any other chronic gastrointestinal condition, and the majority of IBD patients consume narcotics during hospitalization despite the risks of infection and death.

Method(s): We performed a retrospective review of 57 subjects aimed at quantifying pain and opiate consumption for IBD-related admissions over a 3-month period. For each patient, the average and maximum of each day’s pain scores were used to measure changes in pain from admission to discharge using mixed model regression, with opiate use as a time-dependent covariate.
Result(s): The daily average pain score over the entire hospitalization was 4.23 +/- 2.09, and the
maximum pain score was 8.28 +/- 1.75. Among opioid users (n = 51), the daily average pain
score was 4.65 +/- 2.16 and the maximum pain score was 7.53 +/- 2.56. Across all cases from
admission to discharge, there was less than a 1-point change in daily average pain (-0.96 +/- 0.0009),
and no change in maximum pain (-0.89 +/- 3.59, p = 0.0671). Opioid users, a subset of the overall
cohort, had a similar less than one-point drop in daily average pain (-0.94 +/- 0.29, p = 0.0024) and no change in daily maximum pain scores (-0.81 +/- -0.47, p = 0.0914). Patients on average used 20 +/- 25 mg morphine equivalents per day. Opioid-naive
patients used similar doses to those who used opioids prior to admission (PTA). Almost half of all
cases (47%) were discharged with an opioid prescription, the majority (71%) of whom were not
on opioids PTA.
Conclusion(s): Pain in IBD is not well controlled through hospitalization, with less than a 1-point
change from admission to discharge, despite significant opioid consumption. Alternative
analgesic methods should be explored, given the significant impact of narcotics on long-term
outcomes including mortality and quality of life.
PMID 31654314 [https://www.ncbi.nlm.nih.gov/pubmed/?term=31654314]
Status Embase
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Publisher Springer
Year of Publication 2020

728.

Pumpkin seeds, centella asiatica, boswellia, helichrysum, acetate vitamin E, melaleuca
alternifolia and hyaluronic acid phytocomplex monotherapy effects in patients with chronic pelvic
pain syndrome.
Di Vico T., Durante J., Polito C., Tognarelli A., Canale D., Caglieresi C., Morelli G., Bartoletti R.
Embase
Minerva Urologica e Nefrologica. 72(2) (pp 236-242), 2020. Date of Publication: April 2020.
[Article]
AN: 2005764435
Background: Proxelan and antibiotics combined therapy was successfully previously used in the
treatment of symptoms of patients with chronic prostatitis. Aim of the present study was to
investigate the effects of Proxelan monotherapy on pain symptoms of patients with chronic
prostatitis (CP) or chronic pelvic pain syndrome (CPPS) in a prospective pilot study.
Method(s): Thirty consecutive patients with CP/CPPS symptoms younger than 50, without urinary
obstruction, total prostate-specific antigen (PSA) <4 ng/mL, negative microbiology testing on
prostate fluid and urethral swab, naive from other treatments during the previous three months
were enrolled in a pilot study. IPSS and NIH-CPSI questionnaires were administered to all the
patients. Patients could choose to be investigated regarding semen quality and IL6/IL8 seminal
markers for inflammatory disease prior and after the therapy course. Proxelan suppositories were
prescribed for each patient for a month with a daily dosage of 1 suppository at bed-time. The
The primary endpoint of the study included at least a 30% reduction of pain symptoms because similar results can be obtained in each previously investigated placebo group. Effects on semen parameters such as leukocytospermia, spermatozoa concentration and motility, cytokine levels were considered as secondary endpoints.

Result(s): Subjective pain relief was obtained in all the patients with significant decrease of NIH-CPSI pain items (P=0.04). Urinary symptoms, investigated by IPSS questionnaire, decreased significantly (P=0.04) as well as quality of life items (P=0.04). Leukocytospermia was found in 5/15 patients available for further investigations. IL6 decreased by 11.55% one month after the treatment while sperm motility resulted increased by 17.3%.

Conclusion(s): Proxelan monotherapy may represents a promising valid alternative to combined treatment with antibiotics in patients with CP/CPPS symptoms although the results obtained should be investigated in randomized controlled trials.

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Publisher
Edizioni Minerva Medica (E-mail: subscriptions.dept@minervamedica.it)

Year of Publication
2020

729.

New insights about chronic pelvic pain syndrome (CPPS).
Grinberg K., Sela Y., Nissanholtz-Gannot R.

Embase
Article Number: 3005. Date of Publication: 01 May 2020.

[Review]
AN: 2004250594

Background: Chronic pelvic pain syndrome (CPPS) is one of the common diseases in urology and gynecology. CPPS is a multifactorial disorder where pain may originate in any of the urogynecological, gastrointestinal, pelvic musculoskeletal, or nervous systems. The symptoms of CPPS appear to result from an interplay between psychological factors and dysfunction in the immune, neurological, and endocrine systems. The aim of this article was to present new insight about CPPS in order to raise awareness of nursing and medical staff in the identification and diagnosis of the syndrome and to promote an appropriate treatment for each woman who suffers from CPPS.

Method(s): A literature review about the factors associated with CPPS and therapeutic interventions for CPPS was conducted.

Result(s): CPPS represents a chronic pain syndrome that combines anatomic malfunction of the pelvic floor muscles with malfunction of pain perception linked with psychological and cognitive factors.

Conclusion(s): The therapeutic interventions in CPPS cases should, consequently, follow a multidisciplinary approach.

Copyright © 2020 by the authors. Licensee MDPI, Basel, Switzerland.
Modulating anxiety and functional capacity with anodal tDCS over the left dorsolateral prefrontal cortex in primary dysmenorrhea.


Background: Primary dysmenorrhea is a common and often debilitating condition affecting 40-90% of menstruating women. This condition reduces functionality, quality of life, and social activities. Transcranial direct current stimulation (tDCS) has been used in many chronic pain syndromes, with evidence of improved pain, functionality, and mood in women with primary dysmenorrhea. The objective of this study was to determine whether tDCS could offer clinical benefits on pain, anxiety, affectivity, and functionality in women with primary dysmenorrhea.

Method(s): This parallel, sham, randomized, double-blind trial was conducted with 26 women randomized into sham tDCS and active tDCS. Anodal tDCS was applied for 5 consecutive days over F3 corresponding to the left dorsolateral prefrontal cortex (DLPFC) and the cathode electrode over Fp2 for 20 min with an intensity of 2 mA. A numeric rating scale (NRS) was used to assess pain, anxiety, positive and negative affect, and submaximal aerobic performance during two consecutive menstrual cycles.

Result(s): No significant interaction was found between intervention and time on the NRS \(F(2,44) = 1.358, p = 0.26\), and a significant main effect of time \(F(2,44) = 4.446, p = 0.01\) was found. The active group showed a significant reduction in anxiety \(p = 0.03\) with a mean difference of 5.12 (95% CI 0.79 to 11.05). No significant differences in positive and negative affect were found \(p = 0.95\) and \(p = 0.15\), respectively. Submaximal aerobic performance was significantly greater in the active group \(F(2,21) = 5.591, p = 0.02\), with a mean difference of 70.87 (95% CI 8.53 to 133.21).

Conclusion(s): Anodal tDCS over the DLPFC seems to be an effective therapeutic approach for improving anxiety and functionality in women with primary dysmenorrhea.

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What urologists need to know about ketamine-induced uropathy: A systematic review.

Castellani D., Pirola G.M., Gubbiotti M., Rubilotta E., Gudaru K., Gregori A., Dellabella M.

Embase

[Review]
AN: 2004479240

Aims: Ketamine is a general anesthetic. Dissociative effects and low cost led ketamine becoming an illegal recreational drug in young adults. Ketamine-induced uropathy (KIU) is one of the complications observed in abusers. This study aimed to provide a systematic literature review on KIU clinical presentation, pathophysiology, and treatments.

Method(s): We performed the literature search in PubMed, Web of Science, Scopus, and Embase using the terms ketamine and bladder. English papers on human and animal studies were accepted.

Result(s): A total of 75 papers were selected. Regular ketamine users complain about severe storage symptoms and pelvic pain. Hydronephrosis may develop in long-term abusers and is correlated to the contracted bladder, ureteral stenosis, or vesicoureteral reflux due to ureteral involvement and/or bladder fibrosis. Cystoscopy shows ulcerative cystitis. Ketamine in urine might exert direct toxicity to the urothelium, disrupting its barrier function and enhancing cell apoptosis. The presence of ketamine/ions in the bladder wall result in neurogenic/IgE-mediated inflammation, stimulation of the inducible nitric oxide synthase-cytokines-cyclooxygenase pathway with persistent inflammation and fibrosis. Abstinence is the first therapeutic step. Anti-inflammatory drugs, analgesics and anticholinergics, intravesical instillation of hyaluronic acid, hydrodistension and intravesical injection of botulin toxin-A were helpful in patients with early-stage KIU. In patients with end-stage disease, the control of intractable symptoms and the increase of bladder capacity were the main recommendations to perform augmentation enterocystoplasty.

Conclusion(s): KIU is becoming a worldwide health concern, which should be taken into account in the differential diagnosis of ulcerative cystitis.

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Durations of intrauterine balloon therapy and adhesion reformation after hysteroscopic adhesiolysis: a randomized controlled trial.
Yang X., Li Y., Li T.-C., Xia E., Xiao Y., Zhou F., Song D., Zhou Q.

Research question: Does placing an intrauterine balloon for different durations (7, 14 or 28 days) affect the recurrence of intrauterine adhesions after hysteroscopic adhesiolysis? Design: Prospective randomized control trial involving 138 patients recruited over a 12-month period and followed up post-operatively for 15 months. The primary outcome measure was the rate of adhesion reformation at third-look hysteroscopy.

Result(s): At third-look hysteroscopy, 8 weeks after the initial hysteroscopy, the adhesion recurrence rate in women who had an intrauterine balloon for 28 days (20%) was significantly (P < 0.01) lower than that of women who had the balloon for 14 days (55%) or 7 days (36.8%).

Conclusion(s): Placing an intrauterine balloon for 28 days instead of 7 or 14 days after hysteroscopic adhesiolysis resulted in a greater reduction in the recurrence rate of adhesions. However, the study was underpowered to address whether the ongoing pregnancy rate could be improved by keeping the balloon in the uterine cavity for a longer period of time.

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Embase
International Urogynecology Journal. 31(4) (pp 793-797), 2020. Date of Publication: 01 Apr 2020. [Article]
AN: 2003383580
Introduction and hypothesis: Cystocele recurrence remains a major challenge. Anterior colporrhaphy (AC) offers variable success rates that are mostly poorer than native-tissue repairs in other compartments. We compared outcomes after the use of UpholdTM transvaginal mesh kit and AC.
Method(s): A retrospective external audit including patients after UpholdTM mesh implantation (2010-2016) analysed against previously published data obtained in identical fashion after AC at the same hospital (2002-2005). Patients underwent an interview, clinical examination and 4D-transabial ultrasound. Offline analysis was performed blinded against all other data.
Result(s): Of 264 patients after mesh and 242 patients after AC, we saw 82 (31%) and 83 (34%), after a median interval of 3.9 years (range 0.4-7.3). Mean age was 64 years (34-86), mean body mass index was 27.7 kg/m2 (15-56) and median vaginal parity 3 deliveries (1-9). AC and mesh groups significantly differed with regard to median follow-up interval (4.3 vs 3.2 years), mean age (61.3 +/- 12 vs 67.2 +/- 7.5 years), vaginal parity (3 vs 2), past instrumental delivery (20 out of 83 vs 36 out of 82) and concurrent hysterectomy, other prolapse repair or midurethral sling (35 out of 83 vs 1 out of 82 and 58 out of 83 vs 76 out of 82 and 12 out of 83 vs 29 out of 82 respectively). The mesh group had 9 cases of dyspareunia, 4 of chronic pelvic pain and 4 vaginal mesh exposures. Univariate comparison between groups for satisfaction and sonographic cystocele favoured mesh. However, point Ba, symptoms of prolapse and reoperation for prolapse were not significantly different. Associations were confirmed on multivariate analysis.
Conclusion(s): This analysis of two audit projects suggests that the transvaginal UpholdTM mesh kit may confer some advantages over AC for cystocele repair.
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Status Embase
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Publisher Springer
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Context: Patients with chronic pelvic pain (CPP) may have pain refractory to conventional pain management strategies. Neuromodulation could provide relief of pain.

Objective(s): To evaluate the benefits and harms of neuromodulation for CPP.

Evidence Acquisition: A comprehensive search of EMBASE, PUBMED, and SCOPUS was performed for the entire database to January 2018. Studies were selected, data were extracted, and quality was assessed by two independent reviewers. A meta-analysis was used to combine randomized controlled trials (RCTs); otherwise, a narrative analysis was used.

Evidence Synthesis: After screening 1311 abstracts, 36 studies including eight RCTs were identified, enrolling 1099 patients. Studies covered a broad range in terms of phenotypes of CPP and methods of neuromodulation. A meta-analysis was possible for percutaneous tibial nerve stimulation and transcutaneous electrical nerve stimulation, which showed improvement in pain. Only narrative synthesis was possible for other modalities (sacral nerve stimulation, spinal cord stimulation, intravaginal electrical stimulation, and pudendal nerve stimulation) which appeared to reduce pain in patients with CPP. Treatments generally improved quality of life but with variable reporting of adverse events. Many studies showed high risks of bias and confounding.

Conclusion(s): While electrical neuromodulation may improve symptoms in CPP, further work is needed with high-quality studies to confirm it.

Patient Summary: Neuromodulation may be useful in reducing pain and improving quality of life in patients with chronic pelvic pain, but more research is needed. Chronic pelvic pain (CPP) is chronic or persistent pain perceived in structures related to the pelvis of men and women. These individuals may suffer significant distress and detriment to their daily living and quality of life. Neuromodulation may provide an effective treatment option in patients with CPP refractory to standard treatment, reducing pain and improving quality of life with an acceptable rate of complications. However, study quality is insufficient for a more certain conclusion, and therefore larger-scale, well-designed, and powered randomized controlled trials with long-term outcomes are needed.

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Status
Embase

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2020
Psychological stress levels in women with endometriosis: Systematic review and meta-analysis of observational studies.
Brasil D.L., Montagna E., Trevisan C.M., la Rosa V.L., Lagana A.S., Barbosa C.P., Bianco B., Zaia V.
Embase

INTRODUCTION: Endometriosis is defined as the presence of endometrial-like tissue outside the uterus, associated with chronic and inflammatory reaction. Symptoms range from dysmenorrhea, dyspareunia, chronic pelvic pain, unexplained infertility to asymptomatic. The patients’ quality of life is affected by anxiety, depression and stress. We aimed to verify the prevalence and levels of psychological stress among women with endometriosis.

EVIDENCE ACQUISITION: The systematic review followed the PRISMA statement and the MOOSE guideline. Databases searched were MEDLINE, EMBASE, PsychNET and SciELO. The risk of bias was assessed with a modified Newcastle-Ottawa Scale. The meta-analysis of proportions used inverse variance method for pooling and random-effects model. For the stress levels we used the restricted maximum likelihood estimator for summary effects. Heterogeneity was assessed through I² and Q statistics. Publication bias was assessed through funnel plots. Meta-regression adopted a mixed-effects model, considering patient age, endometriosis staging, stress assessment tool and data collection as categorical moderators.

EVIDENCE SYNTHESIS: We included 15 studies encompassing 4,619 women with endometriosis. The overall prevalence of mild/high stress was 68% (95%CI:57%-79%), I²=98% and tau²=0.0228. The mean level of stress was 41.78% (95%CI =34.05%-49.51%), I²=99.9% and tau²=83.35. Meta-regression showed relationship with endometriosis staging.

CONCLUSION(S): This is the first meta-analysis exploring the association between endometriosis and psychological stress. The interdisciplinary management of the disease should expand the mental health support in this patient care, beyond pain management. Finally, the attitude of the medical team acknowledging the patients’ psychological stress may positively affect their treatment.

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Year of Publication
2020
Comparison of the Efficacy Between Transurethral Coagulation and Transurethral Resection of Hunner Lesion in Interstitial Cystitis/Bladder Pain Syndrome Patients: A Prospective Randomized Controlled Trial\[Formula presented].
Embase
[Article]
AN: 2004636799
In interstitial cystitis/bladder pain syndrome patients with Hunner lesion, either transurethral resection (TUR) or transurethral coagulation (TUC) of Hunner lesion is a definite treatment in terms of symptom improvement and quality of life. However, TUR of Hunner lesion is not superior in recurrence-free time to TUC, but may have a higher chance to develop bladder injury. Therefore, surgeons prefer a surgical method that they are familiar with, but less experienced surgeons may use TUC to reduce surgical complications. Background: Interstitial cystitis/bladder pain syndrome (IC/BPS) is a chronic condition characterized by chronic pelvic pain related to the bladder with no effective treatment options.
Objective(s): To evaluate the efficacy and safety of transurethral resection (TUR) and transurethral coagulation (TUC) as treatments for Hunner lesion (HL) in IC/BPS. Design, setting, and participants: A single-center, prospective, randomized controlled trial involving 126 patients with HL in IC/BPS.
Intervention(s): TUR or TUC. Outcome measurements and statistical analysis: Primary outcome was recurrence-free time after surgery. Secondary outcomes included change of the number of frequency, nocturia, urgency episodes in voiding diaries, O'Leary-Sant Interstitial Cystitis Symptom Index (ICSI) and Interstitial Cystitis Problem Index (ICPI), pelvic pain and urgency/frequency (PUF) symptom scale, and visual analog scale (VAS) for pain and risk factors for recurrence. Results and limitations: There were no differences in the recurrence-free time between treatment groups, a difference of 12.2 mo (95% confidence interval [CI], 11.1-17.6) for TUR, and a difference of 11.5 mo (95% CI, 9.03-16.1; \( p = 0.735 \)) for TUC. No difference was found in decreased mean daytime frequency, nocturia, urgency episodes, ICSI, ICPI, PUF symptom scale, and VAS for pain between both groups over 12 mo. Regardless of treatment types, there were significant improvements in all symptom questionnaires and pain compared with baseline (all, \( p < 0.05 \)). Treatment type (TUR or TUC), age, sex, previous history of hydrodistension, and number of Hls did not affect recurrence. Incidence of bladder injury was higher in the TUR group (7.9%) than in the TUC group (3.4%).
Conclusion(s): There was no difference in the recurrence-free time and effect on urinary symptoms, including pain between TUC and TUR, for HL. Taking into account procedure-related complications, the surgeon can choose the method with which he/she is most familiar and comfortable.
Patient Summary: In patients with bladder pain syndrome with Hunner lesions, both endoscopic resection and coagulation of the lesions are effective treatments.
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Quality of life in women with endometriosis: A narrative overview.
Embase
[Review]
AN: 2005624658
Endometriosis is a very complex condition and has a significant impact on the quality of life, psychological wellbeing and interpersonal relationships of affected women. Endometriosis symptoms progressively impair the woman's ability to carry out some daily activities and result in a perception of worsening health status and overall well-being. The impact of these symptoms has been only partially investigated, and further studies and clinical insights are needed to fully understand the extent of this condition. It has been shown that endometriosis is associated with considerable direct and indirect costs, comparable to those of major worldwide chronic diseases such as diabetes. In addition, endometriosis-related symptoms substantially interfere with the employment of affected women, resulting in many cases in several working days missed. In this scenario, the aim of this narrative review is to provide a general overview of the psychological and social impact of this disease, as well as the effects of different therapeutic options, on quality of life and general well-being.
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PMID 31755667 [https://www.ncbi.nlm.nih.gov/pubmed/?term=31755667]

Chronic pelvic pain syndrome: Highlighting medicinal plants toward biomolecules discovery for upcoming drugs formulation.


Embase
Phytotherapy Research. 34(4) (pp 769-787), 2020. Date of Publication: 01 Apr 2020.
[Review]
AN: 2003824263

Chronic pelvic pain syndrome (CPPS) can be triggered by a various types of gynecological, gastrointestinal, urological, and musculoskeletal disorders. Recently, the role of the central nervous system has proven to be an integral part on the development of any chronic pain syndrome, including CPPS. However, owing to the complex and heterogeneous etiology and pathophysiology of CPPS, the establishment of effective therapeutic interventions remains challenging for both physicians and patients. Nonetheless, recent studies have pointed that medicinal plants and their secondary metabolites can be effectively used in CPPS therapy, besides contributing to restore the patients' quality of life and potentiate the conventional CPPS management. In this sense, this review aims to provide a careful overview on the biomedical data for the use of medicinal plants use and their secondary metabolites on CPPS management.

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A prospective, single-centre, single-arm, open label study of the long term use of a gonadotropin releasing hormone agonist (Triptorelin SR, 11.25 mg) in combination with Tibolone add-back therapy in the management of chronic cyclical pelvic pain.

Alshehre S.M., Duffy S., Jones G., Ledger W.L., Metwally M.


AN: 631484401

Background: Chronic cyclic pelvic pain (CCPP) affects women's quality of life and pituitary downregulation is often used for symptomatic relief. However, prolonged suppression of ovarian function is associated with menopausal side effects and can lead to osteoporosis. Currently, the use of gonadotropin releasing hormone agonists (GnRHa) for treatment of CCPP is usually restricted to 6-9 months, limiting their efficacy. There is limited information regarding safety and efficacy with longer-term use. The aim of this study is to examine the safety and efficacy of long-term (24 months) pituitary down-regulation with the GnRHa (Triptorelin SR) with add-back therapy (ABT) using Tibolone for symptom relief in women with CCPP.

Method(s): A single-arm, prospective clinical trial at a Tertiary University Teaching Hospital of 27 patients receiving Triptorelin SR (11.25 mg) and Tibolone (2.5 mg). Outcomes measures were the safety of treatment assessed by clinical examination, haematological markers, liver and renal function tests and bone mineral density (BMD) at 12, 18 and 24 months as well as at 6 months post-treatment. Pain and health-related quality of life (HR-QoL) assessed using the endometriosis health profile (EHP-30) and chronic pain grade (CPG) questionnaires.

Result(s): There was no evidence for any significant harmful effects on any of the measured haematological, renal or liver function tests. Although results regarding the effect on BMD are not conclusive there is an increased risk of development of osteopaenia after 12 months of treatment. Pain and HRQoL assessments showed significant improvement during medication, but with deterioration after treatment cessation.

Conclusion(s): Long-term Triptorelin plus Tibolone add-back therapy in women suffering from CCPP does not appear to be associated with significant serious adverse events apart from the
A renal impairment subgroup analysis of the safety and efficacy of naldemedine for the treatment of opioid-induced constipation in patients with chronic non-cancer pain receiving opioid therapy. Webster L.R., Hale M., Yamada T., Wild J.E.

Purpose: Naldemedine, an oral, peripherally acting mu-opioid receptor antagonist approved for the treatment of opioid-induced constipation (OIC), is renally excreted. This subgroup analysis integrated data from 3 Phase 3 trials (COMPOSE-1, COMPOSE-2, COMPOSE-3) to evaluate the safety and efficacy of naldemedine in patients with renal impairment (RI).

Patients and Methods: Patients age 18-80 years with chronic non-cancer pain (CNCP) and OIC received oral naldemedine 0.2 mg or placebo once daily. RI subgroups consisted of patients with normal function (baseline glomerular filtration rate >=90 mL/min/1.73 m²), mild (>=60 to <90 mL/min/1.73 m²), and moderate (>=30 to <60 mL/min/1.73 m²) RI. Safety assessments based on <=12 weeks of treatment from all 3 studies included incidence of treatment-emergent adverse events (TEAEs). Efficacy was based on the proportion of responders in COMPOSE-1 and COMPOSE-2 only, defined as >=3 spontaneous bowel movements (SBMs)/week and a >=1-SBM/week increase from baseline for >=9 of 12 weeks and >=3 of the last 4 weeks.

Result(s): In total, 2328 patients were included in this analysis. The incidence of TEAEs was similar in the naldemedine and placebo groups (overall, 47.1% vs 45.6%; normal, 44.6% vs 43.6%; mild RI, 49.0% vs 44.7%; moderate RI, 46.6% vs 55.9%). GI-related TEAEs occurred more frequently in the naldemedine group versus placebo (overall, 21.8% vs 13.8%; normal, 21.6% vs 12.5%; mild RI, 22.6% vs 14.7%; moderate RI, 18.0% vs 14.2%). A significantly greater proportion of patients in the naldemedine 0.2 mg group were responders versus the placebo group (overall, 50.1% vs 34.1%, P<0.0001; normal, 52.0% vs 39.3%; mild RI, 48.3% vs 30.3%; moderate RI, 52.5% vs 31.7%).

Conclusion(s): This integrated analysis confirmed that OIC treatment with naldemedine 0.2 mg was generally well tolerated and effective in patients with CNCP and mild or moderate RI.
and efficacy results were consistent with the overall population. Clinicaltrials.gov Registration: COMPOSE-1: NCT01965158; COMPOSE-2: NCT01993940; COMPOSE-3: NCT01965652.

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Embase

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Publisher
Dove Medical Press Ltd. (PO Box 300-008, Albany, Auckland, New Zealand)

Year of Publication
2020

741.

Treatment algorithm for women with endometriosis in a certified Endometriosis Unit.

Embase
[Review]
AN: 2005527461

INTRODUCTION: Endometriosis is a chronic hormone-dependent disease affecting approximately 25-30% of women in the third and fourth decade. Despite its frequency, it is often detected late. The aim of this overview article was to present a standardized treatment algorithm for an interdisciplinary endometriosis consultation considering conservative and surgical approaches. EVIDENCE ACQUISITION: Despite the frequency of endometriosis and a high number of publications dealing with the disease there is a lack of evidence in literature for standardized treatment algorithms allowing a rational diagnostic and therapeutic approach. In May 2019 we did a literature search in Medline. While finding 26702 publications under the term "endometriosis" there was only one publication for the search term "endometriosis consultation treatment algorithm."

After screening the abstracts 144 publications in English, French or German language had been assessed as relevant for the diagnosis and therapy of endometriosis (143 overview articles and one guideline). EVIDENCE SYNTHESIS: Based on clinical evidence, we have developed a treatment algorithm for women with suspected endometriosis. The diagnosis includes a structured medical history with the identification of endometriosis-typical symptoms and a gynecological examination, if necessary additional examinations. The treatment algorithm is essentially divided into the phase of diagnosis and the phase of therapy as well as the prevention of recurrence or long-term treatment. A multi-professional team of visceral surgery, urology, nutritional medicine, physiotherapy and psychology can be consulted for support.

CONCLUSION(S): The treatment of endometriosis should be multiprofessional, standardized and reproducible during specialized consultations at certified centers. So far, there are few publications on a standardized and clinically proven treatment algorithm for women with suspected endometriosis. The presented treatment algorithm could be helpful in the diagnosis and treatment of endometriosis patients, even at other centers.

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Status
Embase
A comparative prospective study between caudal epidural and pudendal nerve block as a choice of anesthesia and post-operative pain relief in perineal surgeries.

Yasser H.N., Almubarak N.

Embase Systematic Reviews in Pharmacy. 11(1) (pp 149-158), 2020. Date of Publication: 2020.

AN: 2005166507

The regional anesthesia is well tolerated and reliable type of anesthesia in perineal surgery. Patients could be potentially benefited from nerve block by avoiding the complications of general anesthesia. Both Caudal and Pudendal nerve block are very applicable, safe, affordable and effective method, because both of them are much more less complications in comparison with other types of anesthesia like neuroaxial & GA. The aim of this comparative prospective study is to compare between Pudendal Nerve Block (PNB) and Caudal Epidural Block (CEB) as a choice of regional anesthetic technique in patients proposed for perineal surgeries (Anal surgeries, episiotomy and posterior vaginal wall repair). Patients and Methods This study was carried out in AlFaihha Teaching Hospital in Basra-Iraq duration of study between the date of February to October 2019, included 70 patients in both genders; all cases are randomly allocated into two groups who underwent different perineal surgeries. The first group (A) received PNB (N=35), and second group (B) received CEB (N=35). The pain score was evaluated according to the visual analogue score from (0 to 10) ascending according to the pain severity. Results The age of patients included in this study was between 17-45 years old. There was no significant statistical association between the age and gender regarding the choice of RA approach, the heart rate and the mean arterial pressure (MAP) have no statistically significant but the pudendal nerve block showed significantly associated with less changes in blood pressure readings and to a lesser extent heart rate in comparison with caudal block. The patients who underwent pudendal nerve block had a significantly lower pain scores rather than caudal block and P-value=0.03, which was lasting two hours postoperatively therefore P-value < 0.0001, which is highly significant. Conclusion In this observational comparative study that showed the Pudendal nerve block was more efficient for providing a good surgical anesthesia and post-operative pain relief than CEB based on Visual Analogue Score (VAS)
Clinical application of intravesical botulinum toxin type a for overactive bladder and interstitial cystitis.
Chen J.-L., Kuo H.-C.
Embase
[Review]
AN: 2003755312
After decades of clinical and basic science research, the clinical application of botulinum toxin A (Botox) in urology has been extended to neurogenic detrusor overactivity (NDO), idiopathic detrusor overactivity, refractory overactive bladder (OAB), interstitial cystitis/bladder pain syndrome (IC/BPS), lower urinary tract symptoms, benign prostatic hyperplasia, and neurogenic or non-neurogenic lower urinary tract dysfunction in children. Botox selectively disrupts and modulates neurotransmission, suppresses detrusor overactivity, and modulates sensory function, inflammation, and glandular function. In addition to motor effects, Botox has been found to have sensory inhibitory effects and anti-inflammatory effects; therefore, it has been used to treat IC/BPS and OAB. Currently, Botox has been approved for the treatment of NDO and OAB. Recent clinical trials on Botox for the treatment of IC/BPS have reported promising therapeutic effects, including reduced bladder pain. Additionally, the therapeutic duration was found to be longer with repeated Botox injections than with a single injection. However, the use of Botox for IC/BPS has not been approved. This paper reviews the recent advances in intravesical Botox treatment for OAB and IC/BPS.
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Year of Publication 2020

Safety and Efficacy of Naldemedine for the Treatment of Opioid-Induced Constipation in Patients with Chronic Non-Cancer Pain Receiving Opioid Therapy: A Subgroup Analysis of Patients >= 65 Years of Age.
Wild J., Webster L., Yamada T., Hale M.
Embase
Drugs and Aging. 37(4) (pp 271-279), 2020. Date of Publication: 01 Apr 2020.
[Article]
Background: Opioid-induced constipation (OIC), the most common side effect of opioid treatment, is under-recognized and undertreated in older patients. Naldemedine, an oral, peripherally acting mu-opioid receptor antagonist (PAMORA), is approved in Japan, the United States, and the European Union for treatment of OIC in adult patients.

Objective(s): This integrated analysis of three phase 3 trials (COMPOSE-1, COMPOSE-2, and COMPOSE-3) evaluated the safety and efficacy of naldemedine for up to 12 weeks in a subgroup of patients aged >= 65 years.

Method(s): Patients aged 18-80 years with chronic non-cancer pain for >= 3 months (treated with opioids for >= 3 months in COMPOSE-1 and COMPOSE-2) and OIC received oral naldemedine 0.2 mg or placebo once daily. Safety assessments included overall incidence of treatment-emergent adverse events (TEAEs), TEAEs in the gastrointestinal disorders System Organ Class, and TEAEs of opioid withdrawal or possible opioid withdrawal. Efficacy was based on the proportion of responders in COMPOSE-1 and COMPOSE-2, defined as having >= 3 spontaneous bowel movements/week and a >= 1-spontaneous bowel movement/week increase from baseline for >= 9 of 12 weeks and >= 3 of the last 4 weeks.

Result(s): A total of 14.8% (344/2328) of patients were aged >= 65 years in all studies. The incidence of TEAEs in naldemedine-treated patients aged >= 65 years (45.9%) was comparable to that in patients aged >= 65 years receiving placebo (51.6%) and in the overall naldemedine group (47.1%). The incidence of gastrointestinal disorders System Organ Class TEAEs in naldemedine-treated patients aged >= 65 years (20.2%) was also comparable to that in patients aged >= 65 years receiving placebo (16.1%) and in the overall naldemedine group (21.8%). The incidence of TEAEs of opioid withdrawal with naldemedine was 1.1% in patients aged >= 65 years and 1.0% overall, and the incidence of TEAEs of possible opioid withdrawal was 1.1% in patients aged >= 65 years and 1.7% overall. The proportion of responders was higher in naldemedine-treated patients versus placebo, both overall (50.1% vs 34.1%; p < 0.0001) and in those aged >= 65 years (51.8% vs 37.6%).

Conclusion(s): This integrated analysis confirmed that OIC treatment with naldemedine 0.2 mg was generally well tolerated and effective in patients aged >= 65 years with chronic non-cancer pain. Safety and efficacy results were consistent with the overall patient population.

ClinicalTrials.gov registration: NCT01965158, NCT01993940, NCT01965652.

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PMID 32086791 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32086791]
Background: There is a gap between pudendal neuralgia (PN) due to pudendal entrapment syndrome and PN without pudendal entrapment syndrome. The latter could have atypical symptoms.

Aim(s): Defining a rate of atypical PN from a clinical series of female patients with chronic pelvic-perineal pain.

Method(s): The atypical PN was defined as a pain not meeting clinical criteria for pudendal entrapment syndrome. The effect size was the rate of atypical PN. Such a rate was expected to be found among patients screened for enrollment in clinical series on pudendal neuropathic pain.

A systematic search was performed looking for clinical series on PN. Studies must report information on female patients, pelvic-perineal pain, at least a clinical criterion for diagnosing the pudendal neurogenic origin of pain, the proportion of patients with pain not meeting the clinical criterion/a for diagnosing the pudendal entrapment pain.

Result(s): From 2637 references, nine studies were included for qualitative analysis. Three of them were not suitable for data synthesis: one assessed the rate of PN after hip arthroscopy; second enrolled miscellaneous patients, a third investigated patients with gynecological diseases.

Six studies involved patients with suspicion of pudendal entrapment symptoms (205 patients observed), allowing data synthesis. One of these series was judged as being of good quality. The overall rate of atypical PN is 0.013 (95% confidence interval, 0.008-0.021), I² 0%. Further analysis suggests the risk of bias for all studies.

Conclusion(s): Atypical PN in females is low when clinical criteria for pudendal entrapment syndrome are applied.

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Status Embase

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Publisher John Wiley and Sons Inc. (P.O.Box 18667, Newark NJ 07191-8667, United States)

Year of Publication 2020

746.

MHealth: providing a mindfulness app for women with chronic pelvic pain in gynaecology outpatient clinics: qualitative data analysis of user experience and lessons learnt.

Ball E., Newton S., Rohricht F., Steed L., Birch J., Dodds J., Cantalapiedra Calvete C., Taylor S., Rivas C.

Objectives To determine whether a pre-existing smartphone app to teach mindfulness meditation is acceptable to women with chronic pelvic pain (CPP) and can be integrated into clinical practice within the National Health Service (NHS) CPP pathways, and to inform the design of a potential randomised clinical trial. Design A prestudy patient and public involvement (PPI) group to collect feedback on the acceptability of the existing app and study design was followed by a three-arm randomised feasibility trial. In addition, we undertook interviews and focus groups with patients and staff to explore app usability and acceptability. We also obtained participant comments on the research process, such as acceptability of the study questionnaires. Setting Two gynaecology clinics within Barts Health NHS, London, UK. Participants Patients with CPP lasting >=6 months with access to smartphone or personal computer and understanding of basic English. Intervention The intervention was mindfulness meditation content plus additional pain module delivered by a smartphone app. Active controls received muscle relaxation content from the same app. Passive (waiting list) controls received usual care. Main outcome measures Themes on user feedback, app usability and integration, and reasons for using/not using the app. Results The use of the app was low in both active groups. Patients in the prestudy PPI group, all volunteers, were enthusiastic about the app (convenience, content, portability, flexibility, ease of use). Women contributing to the interview or focus group data (n=14), from a ‘real world’ clinic (some not regular app users), were less positive, citing as barriers lack of opportunities/motivation to use the app and lack of familiarity and capabilities with technology. Staff (n=7) were concerned about the potential need for extra support for them and for the patients, and considered the app needed organisational backing and peer acceptance. Conclusion The opinions of prestudy PPI volunteers meeting in their private time may not represent those of patients recruited at a routine clinic appointment. It may be more successful to codesign/codevelop an app with typical users than to adapt existing apps for use in real-world clinical populations. Trial registration number ISRCTN10925965.
MEMPHIS: a smartphone app using psychological approaches for women with chronic pelvic pain presenting to gynaecology clinics: a randomised feasibility trial.
Forbes G., Newton S., Cantalapiedra Calvete C., Birch J., Dodds J., Steed L., Rivas C., Khan K., Rohricht F., Taylor S., Kahan B.C., Ball E.
Embase
[Article]
AN: 631252205

Objectives To evaluate the feasibility of a randomised trial of a modified, pre-existing, mindfulness meditation smartphone app for women with chronic pelvic pain. Design Three arm randomised feasibility trial. Setting Women were recruited at two gynaecology clinics in the UK. Interventions were delivered via smartphone or computer at a location of participants choosing. Participants Women were eligible for the study if they were over 18, had been experiencing organic or non-organic chronic pelvic pain for 6 months or more, and had access to a computer or smartphone. 90 women were randomised. Interventions Daily mindfulness meditation delivered by smartphone app, an active control app which delivered muscle relaxation techniques, and usual care without app. Interventions were delivered over 60 days. Primary and secondary outcome measures Outcomes included length of recruitment, follow-up rates, adherence to the app interventions, and clinical outcomes measured at baseline, two, three and 6 months. Results The target sample size was recruited in 145 days. Adherence to the app interventions was extremely low (mean app use 1.8 days mindfulness meditation group, 7.0 days active control). Fifty-seven (63%) women completed 6-month follow-up, and 75 (83%) women completed at least one postrandomisation follow-up. The 95% CIs for clinical outcomes were consistent with no benefit from the mindfulness meditation app; for example, mean differences in pain acceptance scores at 60 days (higher scores are better) were -2.3 (mindfulness meditation vs usual care, 95% CI: -6.6 to 2.0) and -4.0 (mindfulness meditation vs active control, 95% CI: -8.1 to 0.1). Conclusions Despite high recruitment and adequate follow-up rates, demonstrating feasibility, the extremely low adherence suggests a definitive randomised trial of the mindfulness meditation app used in this study is not warranted. Future research should focus on improving patient engagement. Trial registration numbers NCT02721108; ISRCTN10925965; Results.
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Pain relief and improvement in quality of life with 10 kHz SCS therapy: Summary of clinical evidence.
Sayed D., Kallewaard J.W., Rotte A., Jameson J., Caraway D.

Embase

CNS Neuroscience and Therapeutics. 26(4) (pp 403-415), 2020. Date of Publication: 01 Apr 2020.

[Review]

AN: 2004334882

Objective: Chronic pain is a prevalent condition which has a significant effect on the lives of those it impacts. High-frequency 10 kHz spinal cord stimulation (10 kHz SCS) has been shown to provide paresthesia-free pain relief for a wide variety of pain indications. This article summarizes the current and emerging data as they relate to the clinical use of the therapy in various pain syndromes.

Method(s): A literature search was conducted using the PubMed electronic database using keywords related to 10 kHz SCS. The database was queried from 2013 to May 2019. Articles reporting clinical studies that included human subjects permanently treated with 10 kHz SCS (Senza system) were included in the review. Recent and relevant conference proceedings known to the authors were also included.

Result(s): The selected literature demonstrated significant evidence for the efficacy of 10 kHz SCS in treating chronic back and leg pain (CBLP), including a randomized, controlled trial as well as prospective and retrospective studies. One-year follow-up responder rates (pain relief >=50%) ranged from 60% to 80%. Other studies and case series showed promising outcomes in specific conditions, including nonsurgical refractory back pain, neuropathic limb pain, complex regional pain syndrome, chronic widespread pain, chronic pelvic pain, and intractable headache. Subgroup analyses also pointed toward the potential of 10 kHz SCS being successful when low-frequency SCS has failed. The vast majority of these studies reported improved quality of life (QOL) metrics and/or reduced opioid consumption.

Conclusion(s): Level I evidence already exists for the efficacy of 10 kHz SCS in treating CBLP, supported by real-world clinical experience. Other studies demonstrate the potential of the therapy across a range of chronic pain etiologies, although larger confirmatory studies are recommended. Overall, the literature suggests that the therapy is associated with improved QOL as well as reduced opioid consumption.

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Status Embase

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749.

Effects of treatment with eluxadoline on abdominal pain in patients with IBS-D: Additional post hoc analyses of Phase 3 trials.
Lembo A.J., Covington P.S., Dove L.S., Andrae D.A.
Embase
Neurogastroenterology and Motility. 32(4) (no pagination), 2020. Article Number: e13774. Date of Publication: 01 Apr 2020.
[Article]
AN: 2004154469

Background: Recurring abdominal pain is a characteristic and often unpredictable and debilitating symptom of irritable bowel syndrome with diarrhea (IBS-D). Measuring the effects of IBS-D treatments on abdominal pain remains a significant challenge in clinical trials. Here, we aimed to examine the effect of eluxadoline through various post hoc analyses.

Method(s): Data from two eluxadoline Phase 3 trials were pooled over 26 weeks, comparing eluxadoline 100 mg twice daily to placebo. Worst abdominal pain (WAP) was measured daily on a 0-10 scale. WAP responder criteria were prospectively defined as a >=30% improvement in daily WAP score on >=50% of days. Pairwise, two-sided Cochran-Mantel-Haenszel tests assessed treatment effects. Cumulative distribution functions were used to plot WAP response rates using variations on the response criteria. Key results: Of 1615 patients with IBS-D (66% female, mean age 46 years), 806 received eluxadoline and 809 received placebo; 48.3% and 44.0% were WAP responders (>=30% improvement), respectively (P value not significant). When the response threshold was increased to 50% daily WAP improvement from baseline, a significantly greater percentage of eluxadoline-treated patients versus placebo-treated patients were WAP responders (38.7% vs 32.5%, respectively; P =.009). At Week 26, average WAP changes from baseline were -3.4 and -3.0 points, respectively (P =.002). Conclusions and Inferences: Despite small effect sizes, eluxadoline demonstrated consistent and sustained improvement in WAP compared to placebo across a range of prospective and post hoc analyses. Assessing WAP response across a range of measures is important for fully understanding a treatment's efficacy.

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Embase

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SOMA-trial: Surgery or medication for women with an endometrioma? Study protocol for a randomised controlled trial and cohort study.


Embase

STUDY QUESTIONS: The objective of this study is to evaluate the effectiveness and cost-effectiveness of surgical treatment of women suffering from pain due to an ovarian endometrioma when compared to treatment with medication (analgesia and/or hormones). The primary outcome is defined as successful pain reduction (-30% reduction of pain) measured by the numeric rating scale (NRS) after 6 months. Secondary outcomes include successful pain reduction after 12 and 18 months, quality of life, affective symptoms, cost-effectiveness, recurrence rate, need of adjuvant medication after surgery, ovarian reserve, adjuvant surgery and budget impact. WHAT IS KNOWN ALREADY: Evidence suggests that both medication and surgical treatment of an ovarian endometrioma are effective in reducing pain and improving quality of life. However, there are no randomised studies that compare surgery to treatment with medication. STUDY DESIGN, SIZE, DURATION: This study will be performed in a research network of university and teaching hospitals in the Netherlands. A multicentre randomised controlled trial and parallel prospective cohort study in patients with an ovarian endometrioma, with the exclusion of patients with deep endometriosis, will be conducted. After obtaining informed consent, eligible patients will be randomly allocated to either treatment arm (medication or surgery) by using web-based block randomisation stratified per centre. A successful pain reduction is set at a 30% decrease on the NRS at 6 months after randomisation. Based on a power of 80% and an alpha of 5% and using a continuity correction, a sample size of 69 patients in each treatment arm is needed. Accounting for a drop-out rate of 25% (i.e. loss to follow up), we need to include 92 patients in each treatment arm, i.e. 184 in total. Simultaneously, a cohort study will be performed for eligible patients who are not willing to be randomised because of a distinct preference for one of the two treatment arms. We intend to include 100 women in each treatment arm to enable standardization by inverse probability weighting, which means 200 patients in total. The expected inclusion period is 24 months with a follow-up of 18 months. PARTICIPANTS/MATERIALS, SETTING, METHODS: Premenopausal women (age >= 18 years) with pain (dysmenorrhoea, pelvic pain or dyspareunia) and an ovarian endometrioma (cyst diameter >= 3 cm) who visit the outpatient clinic will make up the study population. Patients with signs of deep endometriosis will be excluded. The primary outcome is successful pain reduction, which is defined as a 30% decrease of pain on the NRS at 6 months after randomisation. Secondary outcomes include successful pain reduction after 12 and 18 months, quality of life and affective symptoms, cost-effectiveness (from a healthcare and societal perspective), number of participants needing additional surgery, need of adjuvant medication after surgery, ovarian reserve and recurrence rate of endometriomas. Measurements will be performed at baseline, 6 weeks and 6, 12 and 18 months after randomisation. STUDY FUNDING/COMPETING INTEREST(S): This study is funded by ZonMw, a Dutch organization for Health Research and Development, project number 80-85200-98-91041. The Department of Reproductive Medicine of the Amsterdam UMC location VUMc has received several research and
educational grants from Guerbet, Merck KGaA and Ferring not related to the submitted work. B.W.J. Mol is supported by a NHMRC Practitioner Fellowship (GNT1082548) and reports consultancy for ObsEva, Merck KGaA and Guerbet. V. Mijatovic reports grants from Guerbet, grants from Merck and grants from Ferring outside the submitted work. All authors declare that they have no competing interests concerning this publication. TRIAL REGISTRATION NUMBER: Dutch Trial Register (NTR 7447, http://www.trialregister.nl). TRIAL REGISTRATION DATE: 2 January 2019 DATE OF FIRST PATIENT’S ENROLMENT: First inclusion in randomised controlled trial October 4, 2019. First inclusion in cohort May 22, 2019.

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Pelvic endometriosis: Refer to the surgeon at the right moment: Pelvic endometriosis: When refer to the surgeon?.

Pecout M., Jean Dit Gautier E., Doucede G., Collinet P., Rubod C.

Embase


[Article]

AN: 2005044418

Background: As endometriosis is not a single condition but different morphological types, it is easy to conceive that its management allow for a diversity of approaches. The objective of this literature review is about a simplified pathway through care for patients with endometriosis, and to target the right time for surgical treatment.
Method(s): Through a literature and references review, the different surgical care arrangements according to attainment, to symptoms and to the patients demands and expectations are reviewed.

Result(s): An existing literature and recommendations synthesis has been done, and it was found that an optimum medical or surgical care rely on a multidisciplinary approach. Asymptomatic patients should not have surgery, and the medical treatment precede surgical treatment in numerous indications. In case of a surgical need, the right moment is determined by the recommendations, as noted in this article. Different aspects are necessary, the symptomatology, the intend to be pregnant and the recurrence of lesions in particular, but also the use of medically assisted reproduction or not.

Conclusion(s): In order to optimize the surgical treatment of patients with endometriosis, it is advisable to not refer these patients to the surgeon not too soon and not too late, furthermore if he’s an expert. In all cases the treatment is multidisciplinary, and the most difficult cases are referred to multidisciplinary consultative reunion. The surgical treatment relies on "centre of expertise" existence for some specific forms of deep endometriosis. The surgical treatment is a question of both pathology and timing. Brief summary: In order to optimize the surgical treatment of endometriosis, it is advisable to refer patients to the surgeon at the right moment.

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PMID 32028037 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32028037]

Zhou L., Chen Y., Gao J., Shankar S., Zhang G.
Reproductive Sciences. 27(3) (pp 793-805), 2020. Date of Publication: 01 Mar 2020.
[Article]
AN: 2004339239

Endometriosis is a common reproductive system disease worldwide that mainly causes chronic pelvic pain and infertility. Despite its high prevalence, the diagnosis of some patients with endometriosis is delayed for several years, which may be because the gold standard for diagnosis is an expensive and invasive surgical assessment by laparoscopy or laparotomy. Circulating microRNAs (miRNAs) play an important role in a wide range of diseases, including endometriosis, and have been discovered to be potential diagnostic markers. This meta-analysis, which was designed to investigate the diagnostic value of circulating miRNAs for endometriosis, summarizes miRNA articles that met a set of inclusion criteria. Using a bivariate model, we calculated the sensitivities, specificities, and area under the curve (AUC) values of individual miRNAs and miRNA panels. The pooled diagnostic sensitivity, specificity, positive likelihood ratio (PLR), negative likelihood ratio (NLR), diagnostic odds ratio (DOR), and area under the receiver operating characteristic (AUROC) curve were 0.86 (95% CI 0.79-0.90), 0.88 (95% CI 0.80-0.93), 7.05 (95% CI 4.20-11.84), 0.16 (95% CI 11-0.24), and 0.93, respectively. Taken together, these
findings indicate that circulating microRNAs may serve as potential noninvasive biomarkers of endometriosis.

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Status Embase

Institution (Zhou, Chen, Gao, Zhang) Department of Gynaecology, First Affiliated Hospital, Harbin Medical University, Harbin, Heilongjiang 150001, China (Shankar) Department of Neurology Biomedical Science, University of Pittsburgh, Pittsburgh, PA 15260, United States

Publisher Springer

Year of Publication 2020

753.


Embase


[Article]

AN: 2002778669

Purpose: We aimed to investigate the comparative efficacy of terazosin and baclofen in young men with chronic orchialgia using National Institutes of Health Chronic Prostatitis Symptom Index measurement.

Patients and Methods: Of 499 young men with chronic orchialgia, 255 received a daily 2 mg terazosin at bedtime and 244 received 10 mg baclofen during a period of 3 months. A daily 10-min hot-tub hip-bath rest was administered for all patients. Moreover, all patients with grade 3 and 18 patients with grade 2 varicocele underwent varicocelectomy. The National Institutes of Health Chronic Prostatitis Symptom Index score was assessed at baseline and 3 months later.

Result(s): Both terazosin and baclofen groups experienced a significant reduction in mean National Institutes of Health Chronic Prostatitis Symptom Index score (24.78 and 24.81 at baseline to 19.68 and 19.60 after the treatment for terazosin and baclofen groups, respectively). However, there was no significant difference between the groups with regard to post-treatment National Institutes of Health Chronic Prostatitis Symptom Index score after adjustment for the pre-treatment score (p = 0.987). A total of 85 patients (33.4%) in terazosin group and 74 patients (30.3%) in baclofen group underwent varicocelectomy. Addition of the varicocelectomy to the treatment as a multimodal approach had no further improvement in the National Institutes of Health Chronic Prostatitis Symptom Index score.

Conclusion(s): Although a significant reduction was observed in mean National Institutes of Health Chronic Prostatitis Symptom Index score for both terazosin and baclofen groups, there was no significant difference between the treatments. Moreover, addition of varicocelectomy to terazosin or baclofen could not significantly decrease National Institutes of Health Chronic Prostatitis Symptom Index score; thus, varicocelectomy may not be appropriate for men who have some success with medical management. Further randomized studies are warranted.

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PMID 31476980 [https://www.ncbi.nlm.nih.gov/pubmed/?term=31476980]
The effect of acupressure applied to points LV4 and LI4 on perceived acute postpartum perineal pain after vaginal birth with episiotomy: a randomized controlled study.
Solt Kirca A., Kanza Gul D.

Purpose: Acupressure can be used for alleviating perineal pain sustained after a vaginal birth with episiotomy. To evaluate if a 10-min acupressure application relieved perineal pain after vaginal birth with episiotomy and if the analgesic effect was maintained for up to 120 min.

Method(s): A randomized controlled trial was conducted from January to May 2019 with 120 women. The participants were over 18 years old, had an episiotomy and experienced perineal pain >= 4, had not received anti-inflammatory medication or analgesics after childbirth, and were randomized to receive acupressure or ice-pack application on the perineum for 10 min or standard care.

Result(s): Immediately post-intervention, the women in the experimental groups had a significantly higher decrease in perineal pain. Within 120 min, there was a significant difference in the pain levels between the three groups. Each method (acupressure, ice package and control group) is evaluated for 30 min (VAS 3), 60 min (VAS 4) and 120 min (VAS 5). Comparing these 3 methods the acupressure has significantly reduced pain after the application (VAS 3 3.20 +/- 1.28 vs. 3.77 +/- 0.93, respectively, VAS 4 2.65 +/- 1.33 vs. 3.5 +/- 1.37 vs. 4.62 +/- 0.97, respectively, VAS 5 2.02 +/- 1.44 vs. 3.5 +/- 1.37 vs. 4.57 +/- 0.93, respectively, p < 0.05)

Conclusion(s): Effective pain relief is achieved by applying acupressure for 10 min to the perineum and is maintained between 30, 60, and 120 min.

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PMID 31989291 [https://www.ncbi.nlm.nih.gov/pubmed/?term=31989291]
Another Therapeutic Role for Intravesical Botulinum Toxin: Patients with Long-stay Catheters and Refractory Bladder Pain and Catheter Bypass Leakage.
Young M.J., Osman N.I., Phillips L., Mangera A., Reid S.V., Inman R.D., Chapple C.R.
Embase
European Urology Focus. 6(2) (pp 339-343), 2020. Date of Publication: 15 March 2020.
[Article]
AN: 2001234784

Background: Botulinum neurotoxin (BotN) is used to treat detrusor overactivity (DO) refractory to medical treatment. Catheterised patients with symptoms of bladder spasm and catheter bypass leakage are challenging to manage and the efficacy of BotN is not established.

Objective(s): To review our experience using intravesical BotN to treat refractory bladder pain and catheter bypass leakage in patients with long-term indwelling catheters. Design, setting, and participants: We carried out a review of data prospectively collected for patients with indwelling urethral or suprapubic catheters receiving BotN for the treatment of bladder spasms and catheter bypass leakage in a UK tertiary centre. An unvalidated structured questionnaire was used to ascertain quality of life (QoL) outcomes. Outcome measurements and statistical analysis: Qualitative data were collected for patient-reported symptoms and QoL. Paired Student t tests were applied for statistical analysis. Results and limitations: Of the 54 catheterised patients who received BotN, 14 (26%) were male and 40 (74%) were female. The mean follow-up was 38 mo. Of the patients, 34 (63%) had a neurological aetiology and 94% had experienced failure of medical therapy before BotN administration. The BotN starting dose was 100 or 200 U and 17 patients (31%) required dose escalation. All 34 neurogenic and six non-neurogenic patients started on 200 U. After treatment, 63% of patients managed their catheter with intermittent drainage and 37% managed on free drainage; 51 patients (94%) reported that their symptoms were controlled and 38% reported being treated for a urinary tract infection following BotN. Patients reported a mean improvement in QoL of 7.7/10 following BotN, while 83% reported a significant reduction in urine leakage ($p = 0.0001$).

Conclusion(s): Outpatient intravesical BotN is safe and efficacious for patients with long-term catheters suffering from bladder pain and catheter bypass leakage.

Patient Summary: Outpatient administration of intravesical botulinum toxin is a safe and effective treatment for patients with a long-term indwelling catheter with bothersome urine storage symptoms. Attention should be paid to urine microbiology results before treatment to ensure appropriate prophylactic antibiotic treatment to reduce the incidence of urinary tract infections. Outpatient intravesical botulinum toxin administration is a safe and effective treatment for patients with long-term indwelling catheters with bothersome storage symptoms. Attention should be paid to urine microbiology results before treatment to ensure appropriate prophylactic antibiotic treatment to reduce the incidence of urinary tract infections.
Effects of exercise therapy for pregnancy-related low back pain and pelvic pain: A protocol for systematic review and meta-analysis.
Hu X., Ma M., Zhao X., Sun W., Liu Y., Zheng Z., Xu L.
[Review] AN: 631046877
Background:Pregnancy-related low back pain (PLPB) and pelvic pain (PP) are common in pregnancy. In spite of its high prevalence rate, treatment of the disorder is a challenging topic. Women commonly utilize complementary exercise therapies such as yoga, motor control exercises, breathing exercises, core stability exercise, pelvic stability exercise, and so on to manage their symptoms. However, it is currently unknown whether exercise produces more beneficial effects than other treatment in patients with PLPB and PP. The aim of this study is to explore the therapeutic effect of exercise for pregnancy-related low back pain and PP.
Method(s):This review will only include randomized controlled trials. Published articles from July 1999 to July 2019 will be identified using electronic searches. Search strategy will be performed in 3 English databases, 1 Chinese database, and the World Health Organization International Clinical Trials Registry Platform. Two reviewers will screen, select studies, extract data, and assess quality independently. The methodological quality including the risk of bias of the included studies will be evaluated using a modified assessment form, which is based on Cochrane assessment tool and Physiotherapy Evidence Database scale. Review Manager Software (Revman5.3) will be used for heterogeneity assessment, generating funnel-plots, data synthesis, subgroup analysis, and sensitivity analysis. We will use GRADE system to evaluate the quality of our evidence.
Result(s):We will provide some more practical and targeted results investigating the effect of exercise therapy (ET) for PLPB and PP in the current meta-analysis. Meanwhile, we will ascertain study progress of ET for PLPB and PP and find out defects or inadequacies of previous studies, so that future researchers could get beneficial guidance for more rigorous study.
Conclusion(s):The stronger evidence about PLPB and PPs rehabilitative effect and safety will be provided for clinicians and policymakers.
Systematic review registration:PROSPERO CRD 42017075099.
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PMID 32011431 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32011431]
Efficacy and safety of acupuncture on relieving abdominal pain and distension for acute pancreatitis: A protocol for systematic review.
Zhu X., Yang L., Li X., Zhu F., Li Z., Craemer A., Xiong Y., Lan Y., Zhao Y., Wu J.
[Review]
AN: 631011226
Introduction: The purpose of this study is to evaluate the efficacy and safety of acupuncture on relieving abdominal pain and distension in acute pancreatitis. Methods and analysis: We will electronically search PubMed, MEDLINE, Embase, Web of Science, the Cochrane Central Register of Controlled Trial, China National Knowledge Infrastructure, China Biomedical Literature Database, China Science Journal Database, and Wanfang Database from their inception. Furthermore, we will manually retrieve other resources, including reference lists of identified publications, conference articles, and gray literature. The clinical randomized controlled trials or quasi-randomized controlled trials related to acupuncture treating acute pancreatitis will be included in the study. The language is limited to Chinese and English. Research selection, data extraction, and research quality assessment will be independently completed by 2 researchers. Data will be synthesized using a fixed effects model or random effects model depending on the heterogeneity test. The overall response rate and the visual analog scale score will be the primary outcomes. The time of first bowel sound, the time of first defecation, the length of hospitalization, acute physiology and chronic health evaluation II score, and the adverse events will also be assessed as secondary outcomes. RevMan 5 (version 5.3) statistical software will be used for meta-analysis, and the level of evidence will be assessed by Grading of Recommendations Assessment, Development, and Evaluation. Continuous data will be expressed in the form of weighted mean difference or standardized mean difference with 95% confidence intervals, whereas dichotomous data will be expressed in the form of risk ratios with 95% confidence intervals. Ethics and dissemination: The protocol of this systematic review does not require ethical approval because it does not involve humans. We will publish this article in peer-reviewed journals and present at relevant conferences. PROSPERO registration number: CRD42019147503.
Copyright © 2020 the Author(s). Published by Wolters Kluwer Health, Inc.
PMID 32080079 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32080079]
Identification of Predictive Factors in Endometriosis for Improvement in Patient Quality of Life. Comptour A., Pereira B., Lambert C., Chauvet P., Gremeau A.-S., Pouly J.-L., Canis M., Bourdel N.


[Article] AN: 2002209081

Study Objective: To investigate predictive factors for change in quality of life (QOL) between pre- and postoperative periods in patients with endometriosis.

Design(s): A prospective and multicenter cohort study.

Setting(s): Five districts including a tertiary referral center and private and general public hospitals.

Patient(s): Nine hundred eighty-one patients aged 15 to 50 years underwent laparoscopic treatment (preferred approach) for endometriosis between January 2004 and December 2012.

Intervention(s): Laparoscopic treatment for endometriosis. All revised American Fertility Society stages were included.

Measurements and Main Results: QOL was evaluated using the 36-Item Short Form Survey questionnaire. Factors influencing changes for each 36-Item Short Form Survey domain score between t0 (before surgery) and 1 year after surgery were predicted on the basis of univariate and multivariable analyses. The effect size (ES) method was used to measure changes in QOL. Univariate analysis revealed that 47% of stage IV endometriosis patients presented an improvement in the postoperative Physical Component Summary (PCS) score (ES >= 0.8) versus 26%, 31.3%, and 27.5% of patients with stage I, II, and III, respectively (p <.001). Forty-four percent and 38% of patients with chronic pelvic pain (CPP) presented an improvement in postoperative PCS and Mental Component Summary scores (ES > 0.8) versus 23% and 24% of patients without CPP, respectively (p <.001). Multivariable analysis (ES > 0.8 vs ES < 0) revealed that women with CPP were more likely to experience greater improvement in postoperative PCS and Mental Component Summary scores than women without CPP (relative risk [RR] = 2.7; 95% confidence interval [CI], 1.7-4.4; p <.001 and RR = 1.8; 95% CI, 1.2-2.8; p <.01, respectively). Accordingly, fertile patients were more likely to show higher rates of improvement in the postoperative PCS score than infertile patients (RR = 1.8; 95% CI, 1.1-3.1; p <.05).

Conclusion(s): Patients presenting with severe endometriosis and who experience higher levels of pain are more likely to show improvement in QOL after surgery. CPP is the most significant independent predictive factor for changes in QOL scores.

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PMID 31146030 [https://www.ncbi.nlm.nih.gov/pubmed/?term=31146030]
Voluntary exercise improves voiding function and bladder hyperalgesia in an animal model of stress-induced visceral hypersensitivity: A multidisciplinary approach to the study of urologic chronic pelvic pain syndrome research network study.
Sanford M.T., Yeh J.-C., Mao J.J., Guo Y., Wang Z., Zhang R., Holschneider D.P., Rodriguez L.V.

Objective: The underlying mechanism of interstitial cystitis/bladder pain syndrome (IC/BPS) is not well understood and evaluation of current therapeutic interventions has not identified any generally effective treatments. Physical activity has shown beneficial effects on individuals suffering from chronic pain. Anxiety-prone rats exposed to water avoidance stress (WAS) develop urinary frequency and lower bladder sensory thresholds with high face and construct validity for the study of IC/BPS. The aim of this study was to evaluate the role of chronic voluntary exercise on urinary frequency, voiding function, and hyperalgesia in animals exposed to WAS.

Material(s) and Method(s): Twenty-six female Wistar-Kyoto rats were exposed to WAS and thereafter randomized to either voluntary exercise for 3 weeks or sedentary groups. Voiding parameters were assessed at baseline, post-WAS, and weekly for 3 weeks. Before euthanasia, the animals underwent cystometrogram (CMG), external urinary sphincter electromyography, and assessment of visceromotor response (VMR) to isotonic bladder distension (IBD).

Result(s): WAS exposure resulted in adverse changes in voiding parameters. Compared with sedentary animals, animals in the voluntary exercise group had improved voiding parameters during metabolic cage and CMG testing, as well as improved bladder sensory thresholds as determined by VMR during IBD.

Conclusion(s): Voluntary exercise in an animal model of chronic stress leads to improvement in voiding function and visceral bladder hyperalgesia.

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Hui J., Seko K., Shrikhande G., Ahmed T., Hill C., Reutter C., Shrikhande A.

Embase
Neurourology and Urodynamics. 39(2) (pp 658-664), 2020. Date of Publication: 01 Feb 2020.

[Article]
AN: 2003817851

Introduction: Urological chronic pelvic pain syndrome (UCPPS) represents a group of pain symptoms relating to patients with pelvic pain for which treatment is largely unsatisfactory. The objective of this study is to analyze the effects of a novel treatment strategy in males suffering from UCPPS.

Method(s): This retrospective, institutional review board-approved study analyzed eight male patients aged 24 to 61 with UCPPS. All the patients had a trial of antibiotic therapy, NSAIDs, and pelvic floor physical therapy before the study. The Visual Analog scale (VAS) and Functional Pelvic Pain scale (FPPS) were collected pretreatment. While continuing physical therapy, patients underwent weekly ultrasound-guided pelvic floor trigger point injections to the iliococcygeus, pubococcygeus, and puborectalis with lidocaine 1%. Concomitantly, patients received peripheral nerve hydrodissection performed on the pudendal nerve and the posterior femoral cutaneous nerve. The first two injections combined 1% lidocaine with dexamethasone, while the next four injections consisted of 1% lidocaine with traumeel (a homeopathic, plant-derived anti-inflammatory medication). At the 6-week follow-up, each patient retook the VAS and FPPS.

Result(s): The mean age of our patients was 31.8 years and the average duration of symptoms of the UCPPS was 21 months. Pretreatment, the mean VAS was 3.3 (STD 1.7) and the mean VAS posttreatment was 1.8 (STD 1.4); P <.05; 95% CI, 0.73 to 2.27. The mean FPPS pretreatment was 11.0 (STD 8.0) and the mean FPPS posttreatment was 6.3 (STD 5.3); P <.05; 95% CI, 0.03 to 9.22.

Conclusion(s): Our results show promise for a novel, nonopioid-based treatment for UCPPS.
761.

Treating irritable bowel syndrome through an interdisciplinary approach.
Nelkowska D.D.
Embase
[Review]
AN: 2003438039
Irritable bowel syndrome (IBS) is a functional disorder with a multifactorial etiology and a complex clinical picture. The recent discovery of the dysregulation of the gut-brain axis as an important pathogenetic mechanism for the development of IBS is a kind of breakthrough in the understanding of IBS and prevalent comorbidities. Nevertheless, IBS treatment still causes many problems and often turns out to be ineffective or brings only short-term effects in reducing symptom severity. In reference to the characteristics of IBS, including new findings regarding etiopathogenesis, an interdisciplinary treatment approach is proposed and the roles of medical and psychological interventions are underlined. The literature search was conducted using electronic databases with a focus on the latest publications. The review may be useful for matching the best strategy of IBS management.
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Status
Embase
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(In Nelkowska) Institute of Psychology, Kazimierz Wielki University, Bydgoszcz, Poland
Publisher
Hellenic Society of Gastroenterology (E-mail: hsg@hol.gr)
Year of Publication
2020

762.

Prospective Evaluation of the Posterior Tissue Envelope and Anterior Capsule After Anterior Total Hip Arthroplasty.
McLawhorn A.S., Christ A.B., Morgenstern R., Burge A.J., Alexiades M.M., Su E.P.
Embase
[Article]
AN: 2003585797
Background: Femoral exposure for direct anterior approach (DAA) total hip arthroplasty (THA) invariably requires posterior soft tissue releases. Released posterior structures cannot be repaired. The purpose of this study is to describe the frequency and anatomic consequences of DAA THA posterior soft tissue releases and to compare the appearance of the anterior capsule between a group of patients who had capsulotomy and repair versus capsulectomy.
Method(s): Thirty-two DAA THA patients underwent metal artifact reduction sequence magnetic resonance imaging at discharge and 1-year follow-up. Seventeen had underwent capsulotomy and repair and 15 capsulectomy. A radiologist blinded to intraoperative data scored each metal
artifact reduction sequence magnetic resonance imaging. Anterior capsular integrity, status of the piriformis and conjoint tendons, and muscle atrophy were graded. Descriptive statistics were performed to analyze results.

Result(s): Immediately postoperatively, 75% of piriformis tendons were intact and 38% of conjoint tendons were intact. At 1 year, 97% had an intact piriformis and conjoint tendon, although many were in continuity through scar with the capsule. The posterior capsule directly contacted bone in all patients. At 1 year, none of the patients who underwent capsulotomy with repair had persistent anterior capsule defects, while 27% in the capsulectomy group had persistent defects.

Conclusion(s): Posterior capsule and conjoint tendon releases were commonly performed during DAA THA, yet continuity with bone was frequently achieved at 1 year. In this study, capsulotomy with repair resulted in no anterior capsular defects when compared with capsulectomy. These results may support improved THA stability observed after DAA with capsular repair despite posterior soft tissue releases.

Level of Evidence: Level III, prospective cohort study.

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PMID 31679976 [https://www.ncbi.nlm.nih.gov/pubmed/?term=31679976]

Factors associated with persistent pain after childbirth: a narrative review.
Komatsu R., Ando K., Flood P.D.

A systematic literature search was performed to identify studies that reported risk factors for persistent pain after childbirth. Many studies have sought to identify risk factors for post-delivery pain in different populations, using different methodologies and different outcome variables. Studies of several different but interrelated post-partum pain syndromes have been conducted. Factors strongly and specifically associated with persistent incisional scar pain after Caesarean delivery include a coexisting persistent pain problem in another part of the body and severe acute postoperative pain. For persistent vaginal and perineal pain, operative vaginal delivery and the magnitude of perineal trauma have been consistently linked. History of pregnancy-related and pre-pregnancy back pain and heavier body weight are robust risk factors for persistent back pain after pregnancy. Unfortunately, limitations, particularly small samples and lack of a priori sample size calculation designed to detect specific effect sizes for risk of persistent pain outcomes, preclude definitive conclusions about many other predictors and the strength of outcome associations. In future studies, assessments of specific phenotypes using a rigorous analysis with appropriate predetermined sample sizes and validated instruments are needed to allow elucidation of stronger and reliable associations. Interventional studies targeting the most robustly
associated, modifiable risk factors, such as acute post-partum pain, may lead to solutions for the prevention and treatment of these common problems that impact a large population.

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Status

Embase

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Publisher

Elsevier Ltd

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2020

764.

Is Endometriosis More Common and More Severe Than It Was 30 Years Ago?.

Ghiasi M., Kulkarni M.T., Missmer S.A.

Embase


[Review]

AN: 2004361888

Objective: Current estimates of endometriosis prevalence and incidence are highly variable, leading to uncertainty regarding true endometriosis frequency or validity of quantified changes over time. We present a comprehensive review of the prevalence, incidence, and stage of endometriosis worldwide as reported over the past 30 years.

Data Sources: We conducted a systematic search of observational studies using the PubMed, Web of Science, EMBASE, and CINAHL databases to identify research papers published in English between January 1989 and June 2019. Search terminologies were limited to titles containing endometriosis and prevalence or incidence, or epidemiology, or frequency, or occurrence, or statistics. Methods of Study Selection: Two independent reviewers screened abstracts for study eligibility, and data from included studies were abstracted. Tabulation, Integration, and Results: Overall, 69 studies describing the prevalence and/or incidence of endometriosis met the inclusion criteria. Among these, 26 studies involved general population samples, 17 of which were from regional/national hospitals or insurance claims systems. The other 43 studies were conducted in single clinic or hospital settings. Prevalence estimates for endometriosis widely varied from 0.2% to 71.4% depending on the population sampled. The prevalence reported in general population studies ranged from 0.7% to 8.6%, whereas that reported in single clinic- or hospital-based studies ranged from 0.2% to 71.4%. When defined by indications for diagnosis, endometriosis prevalence ranged from 15.4% to 71.4% among women with chronic pelvic pain, 9.0% to 68.0% among women presenting with infertility, and 3.7% to 43.3% among women undergoing tubal sterilization. A meta-regression was conducted with year as the predictor of prevalence. No trend across time was observed among "general population in country/region" studies (beta = .0.04, p = .12) or among "single hospital or clinic" studies (beta = .0.02, p = .34); however, a decrease over time was observed among general population studies abstracted from health systems or insurance systems (beta = -.0.10, p = .005).

Conclusion(s): As with all human studies, population sampling and study design matter. Heterogeneity of inclusion and diagnostic criteria and selection bias overwhelmingly account for variability in endometriosis prevalence estimated across the literature. Thus, it is difficult to
conclude if the lack of observed change in frequency and distribution of endometriosis over the past 30 years is valid.

Identifying the Problems of Randomized Controlled Trials for the Surgical Management of Endometriosis-associated Pelvic Pain.
Budden A., Ravendran K., Abbott J.A.

Objective: To report on randomized controlled trials (RCTs) that examine the surgical treatment of endometriosis-associated pelvic pain and to highlight their strengths and weaknesses.

Data Sources: We performed a systematic review of English-language, full-text articles addressing the surgical management of pain symptoms associated with endometriosis. The terms endometriosis, pain, surgery, laparoscopy, plasma, and laser were used for searches in Cochrane, MEDLINE, EMBASE, and clinical trial databases. Additional studies were identified from references in electronically located articles. Methods of Study Selection: A literature search was conducted by 2 authors, and abstracts were independently screened for inclusion, with the resolution of any discrepancy by a third author. Randomized studies that reported pain before and after surgery were eligible for inclusion. Supporting data from nonrandomized trials were used for discussion. The Cochrane risk-of-bias assessment was performed on included studies.

Tabulation, Integration, and Results: Search results for available articles from 1996 to October 2019 revealed 594 potential studies, with 20 studies meeting the final inclusion criteria. Comparative studies of surgery vs no surgery for an effect on pain, surgical approach, the effect of different locations of disease on pain, nerve-dividing techniques for pain, and nerve-sparing effects for pain were studied. RCTs reported a substantial reduction in pain compared with no surgery in up to 80% of women; however, up to a third of women in these studies reported a placebo response. There was no evidence of a difference in pain reduction with the mode of surgery (laparoscopy, laparotomy, or robot-assisted laparoscopy). There is limited evidence stating that excision is superior to ablative surgery; however, there are confounders in the reporting of disease location and depth and the pain symptoms most affected. We need to
reconsider the hypothesis that disc excision results in fewer complications and has superior outcomes to those of segmental resection in light of the first RCT on this subject. Nerve-dividing surgery for pain has been demonstrated to be of no value for uterosacral nerve ablation and/or division and of limited (if any) value for presacral neurectomy.

Conclusion(s): Although surgical RCTs have always been difficult to undertake, there are 16 RCTs on endometriosis-associated pain. Ethical considerations, the equipoise of surgeons and participants, and follow-up duration are important parameters in establishing RCTs. In addition, we must be willing to accept and adopt the evidence when it does demonstrate a particular outcome, such as the fact that surgical uterosacral nerve disruption does not improve pain or that disc excision does not substantially reduce complications compared with segmental resection for bowel disease, as suggested by previous nonrandomized studies. If we accept that a well-conducted RCT provides best-quality evidence, then we should at least be open to the possibility that our long-held views may be challenged and changed with new science in our practice.

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Status Embase

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766.

A Systematic Review of Tissue Sampling Techniques for the Diagnosis of Adenomyosis.
Movilla P., Morris S., Isaacson K.

Embase


[Review] AN: 2003306049

Objective: Evaluate the accuracy of tissue sampling techniques for the diagnosis of adenomyosis.

Data Sources: Systematic Review via MEDLINE and the Cochrane Library searches. Methods of Study Selection: Review performed utilizing the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines, utilizing MeSH terms and keywords including "Adenomyosis/diagnosis" or "Adenomyosis/pathology" or "Myometrium/pathology" and "Biopsy" or "Hysteroscopy" or "Laparoscopy." Articles initially screened by title and abstract to include relevant studies with reference lists cross-referenced to find additional studies. Articles related to the diagnosis of uterine malignancy or studies in which tissue sampling was obtained through excisional surgical procedures were excluded from the review. Tabulation, Integration, and Results: Fourteen studies were identified describing tissue sampling techniques to diagnose adenomyosis, with a total of 1909 patients, from 12 different countries, involving 6 different continents. Tissue sampling techniques were categorized based on (1) biopsy approach as either
intrauterine and extrauterine and (2) techniques that were validated or not validated with a confirmatory hysterectomy pathology. Overall, there was significant heterogeneity in the tissue sampling techniques including intrauterine sampling obtained through hysteroscopic biopsy or resection and extrauterine tissue sampling obtained with needle biopsy by a percutaneous, transvaginal, laparoscopic, or ex-vivo approach. Sensitivity of these techniques varied significantly based on technique, tissue sampling location and the number of biopsies obtained, and was as low as 22.2% for an ultrasound-guided transvaginal biopsy of suspicious uterine lesions (4 biopsies per patient) and was as high as 97.8% for a laparoscopic guided myometrial biopsy of suspicious uterine lesions (10 biopsies per patient). Specificity for the identified tissue sampling techniques was more homogeneous ranging from 78.5% to 100% for all methods identified. The positive predictive value and negative predictive value ranges were 75.9% to 100% and 46.4% to 80% respectively among all tissue sampling techniques identified with confirmatory hysterectomy pathology.

Conclusion(s): Because of the heterogeneity of the tissue sampling techniques, diverse patient populations, and significant conflicting recommendations, no conclusive recommendation on the optimal tissue sampling technique can be made. However, it would be reasonable to limit uterine tissue sampling for confirmatory diagnosis of adenomyosis in patients with a suspicion of adenomyosis based on both symptom profile and pelvic ultrasound, where a planned diagnostic laparoscopy for either infertility or pelvic pain has already been contemplated and scheduled, and where the confirmatory results may be of clinical benefit in discussing the prognosis of recurrent postoperative symptoms and guide any future treatment recommendations.

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Status Embase
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No differences in the prevalence and intensity of chronic postsurgical pain between laparoscopic hysterectomy and abdominal hysterectomy: A prospective study.
Jin J., Min S., Peng L., Du X., Zhang D., Ren L.
Embase
[Article]
AN: 2003551412
Objective: To compare the prevalence and characteristics of chronic postsurgical pain (CPSP) between laparoscopic hysterectomy (LH) and abdominal hysterectomy (AH) groups 3, 6, and 12 months after surgery, and to assess the impact of pain on the activities of daily living (ADL) of patients.
Method(s): The demographic characteristics, intraoperative clinical factors, and postoperative pain score were collected prospectively in patients scheduled for elective LH or AH for benign disease at our institution from July 2014 to June 2015. Patients were interviewed by telephone
and followed up for pain assessment 3, 6, and 12 months after surgery. The prevalence, intensity, and specific locations of pain, as well as analgesic administration and impact on the ADL, were included in the questionnaire.

Result(s): The results from 406 patients (225 patients in the LH group and 181 patients in the AH group) were obtained. Three months after surgery, the prevalence of CPSP was 20.9% in the LH group and 20.4% in the AH group. At 6 months, the prevalence of pain declined to 11.6% in the LH group and 9.4% in the AH group. At 12 months after surgery, only 13 (5.8%) patients in the LH group and 11 (6.1%) patients in the AH group complained about persistent pain. The prevalence of CPSP, as well as the average numerical rating scale pain scores at rest and during movement, during 12 months after surgery were not significantly different between the groups. CPSP after hysterectomy exhibited a negative impact on the ADL.

Conclusion(s): The prevalence and intensity of CPSP were not significantly different between patients undergoing LH or AH within 12 months after surgery. A tendency towards a reduction in chronic pain over time was documented. Chronic post-hysterectomy pain exhibited a negative impact on the ADL.
Result(s): WAS exposure in sedentary animals (WAS/no-EX) increased voiding frequency and decreased urinary volumes per void. Exercise exposure in WAS animals (WAS/EX) resulted in a progressive decline in voiding frequency back to the baseline, as well as increased urinary volumes per void. Within the micturition circuit, WAS/EX compared to WAS/no-EX demonstrated a significantly lower rCBF response to passive bladder distension in Barrington’s nucleus that is part of the spinobulbospinal voiding reflex, as well as in the periaqueductal gray (PAG) which modulates this reflex. Greater rCBF was noted in WAS/EX animals broadly across corticolimbic structures, including the cingulate, medial prefrontal cortex (prelimbic, infralimbic areas), insula, amygdala, and hypothalamus, which provide a ‘top-down’ decision point where micturition could be inhibited or triggered. WAS/EX showed a significantly greater positive brain functional connectivities compared to WAS/no-EX animals within regions of the extended reflex loop (PAG, Barrington’s nucleus, intermediodorsal thalamic nucleus, pons), as well as within regions of the corticolimbic decision-making loop of the micturition circuit, with a strikingly negative correlation between these pathways. Urinary frequency was positively correlated with rCBF in the pons, and negatively correlated with rCBF in the cingulate cortex.

Conclusion(s): Our results suggest that chronic voluntary exercise may decrease urinary frequency at two points of control in the micturition circuit. During the urine storage phase, it may diminish the influence of the reflex micturition circuit itself, and/or it may increase corticolimbic control of voiding. Exercise may be an effective adjunct therapeutic intervention for modifying the urinary symptoms in patients with UCPPS.

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769.

Role of transvaginal ultrasound-guided biopsy in gynecology. Mascilini F., Quagliozi L., Moro F., Moruzzi M.C., De Blasis I., Paris V., Scambia G., Fagotti A., Testa A.C.
Embase
[Article] AN: 629737353
Background Ultrasound-guided biopsy is an easy technique for obtaining tissue samples. It is commonly used for different types of tumors, such as breast and prostate cancers, in order to plan early and adequate treatment. Objective To evaluate the indications, adequacy, and safety of transvaginal ultrasound-guided biopsy in women with pelvic lesions suspected of gynecologic malignancy. Methods A retrospective study including all patients who had undergone transvaginal ultrasound-guided biopsy between April 2015 and May 2018 was carried out at the division of gynecologic oncology. Inclusion criteria were the presence at imaging of abdominal or pelvic tumors in patients considered not ideal candidates for primary gynecological surgery, or the origin
and/or nature of the tumor was unclear and further management required histological verification. Patients with planned surgery were excluded from the study. Transvaginal biopsies were performed with a 18 G/25 cm core-cut biopsy needle and histology was obtained. Tru-cut biopsies were performed using an automatic biopsy gun with a 18 G/25 cm core-cut biopsy needle. Results are presented as absolute frequency (percentage) for nominal variables and as median (range) for continuous variables. Results A total of 62 women were analyzed. An adequate sample for histological analysis was obtained in all cases. Histopathological examinations showed 24 (38.7%) benign lesions (fibrosis, inflammation, uterine or ovarian myoma) and 38 (61.3%) malignant tumors, distributed as follows: 34 (89.5%) malignant gynecological lesions and 4 (10.5%) non-gynecological malignant tumors. Among the malignant lesions, there were 12/38 (31.6%) primary tumors, 24/38 (63.2%) recurrent tumors, and 2/38 (5.3%) metastases from non-genital cancer. Ten patients eventually underwent surgery. Final histology was not in agreement with the results from transvaginal ultrasound-guided biopsy in 2 of 10 patients (20%); in particular, benign disease at transvaginal ultrasound-guided biopsy was malignant at final histology (two cases of recurrence of cervical cancer). Three patients (4.8%) had pain during the procedure, which was controlled by oral analgesic therapy and lasted for no longer than 10 min. No major complications were registered. Conclusions Transvaginal ultrasound-guided biopsy is a minimally invasive method to obtain adequate material for histological diagnosis and could avoid unnecessary surgical procedures, costly CT-guided procedures, or prolonged waiting times.

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Year of Publication 2020

Stabilization exercise affects function of transverse abdominis and pelvic floor muscles in women with postpartum lumbo-pelvic pain: a double-blinded randomized clinical trial study.

Ehsani F., Sahebi N., Shanbezhadeh S., Arab A.M., ShahAli S.

International Urogynecology Journal. 31(1) (pp 197-204), 2020. Date of Publication: 01 Jan 2020. [Article]

AN: 627387964

Introduction and hypothesis: Lumbo-pelvic pain (LPP) is a common disorder in women after pregnancy due to ligament laxity and postural changes. Transverse abdominis (TrA) and pelvic floor muscle (PFM) activity is important for lumbo-pelvic stability. The purpose of this study was to compare the effect of stabilization exercise (SE) and general exercise (GE) on TrA and PFM muscle activity and pain intensity in women with postpartum LPP.

Method(s): A randomized controlled trial study was conducted on 68 women with postpartum LPP. Patients were randomly divided into two groups of stabilization exercise (SE) and general exercise (GE) and received either SE or GE exercise for 8 weeks three times a week. Ultrasound
imaging was utilized to measure the thickness change of TrA muscles during abdominal
hollowing (AH) and bladder base displacement. These measurements were used as an indicator
of TrA and PFM muscle activity. Pain intensity, thickness changes of the TrA muscle and bladder
base displacement were measured pre- and post-intervention.
Result(s): The results showed that there was no significant difference in pain relief after
intervention between groups. The differences in TrA and PFM activity between groups were
significant (P < 0.05). PFM and TrA muscle activity was significantly increased after SE in women
with postpartum LPP (P < 0.05).
Conclusion(s): SE improved both PFM and TrA muscle function more than GE in women with
postpartum LPP. However, the clinical outcome of pain relief was not greater in the SE group.
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31016337 [https://www.ncbi.nlm.nih.gov/pubmed/?term=31016337]
Embase
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Year of Publication
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771.

Identifying Preoperative Factors Associated with Nonresponders in Women Undergoing
Comprehensive Surgical Treatment for Endometriosis.
Ghai V., Jan H., Shakir F., Kent A.
Embase
Journal of Minimally Invasive Gynecology. 27(1) (pp 141-147), 2020. Date of Publication: January
2020.
[Article]
AN: 2001832751
Study Objective: To examine whether existing quality of health outcome measures can be used to
predict or have an association with nonresponse surgery for endometriosis.
Design(s): Retrospective cohort study.
Setting(s): Single endometriosis referral center.
Patient(s): Women (n = 198) undergoing surgery for endometriosis.
Intervention(s): Validated health questionnaires and visual analogue scales.
Measurements and Main Results: Patients were given validated health questionnaires, including
Endometriosis Health Profile 30, Gastrointestinal Quality of Life Index, EuroQol-5, Hospital
Anxiety and Depression Scale, preoperatively and at 12 months after full surgical excision of
endometriosis. Visual analogue scales were also used that measured dyschezia, dysmenorrhea,
dyspareunia, and chronic pelvic pain. Surgical management was dependent on severity of
disease. Superficial disease was treated by laparoscopic peritoneal excision or laser ablation.
Deep infiltrating disease involving the bowel was excised completely together with laparoscopic bowel surgery (shave, disc, or segmental resection) with/without concomitant total hysterectomy and bilateral salpingo-oophorectomy. Nonresponders were defined as women who failed to demonstrate an improvement in pain scores 12 months postoperatively. We examined preoperative and postoperative questionnaires, visual analogue scores, and other variables such as age at onset of symptoms, type of surgery, and the presence of postoperative complications comparing responder and nonresponder women to identify the factors associated with nonresponse. Of 102 women treated for superficial endometriosis, 25 (24.51%) were nonresponders. No factors were associated with nonresponse at 12 months. Of 96 women treated for severe endometriosis involving the bowel, 10 (10.41%) were nonresponders. Nonresponders had significantly less preoperative pain (p =.031) and feeling of control (p =.015) than responders. There was no association between nonresponders and women who underwent a hysterectomy with bilateral salpingo-oophorectomy or those with complications. Radical bowel surgery (resection) was associated with nonresponders.

Conclusion(s): Minimal preoperative factors are associated with nonresponse for women having surgery for endometriosis. The severity of pain experienced by women with endometriosis may be used to predict their response to surgery.

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772.

Precision oncotherapy based on liquid biopsies in multidisciplinary treatment of unresectable recurrent rectal cancer: a retrospective cohort study.
Embase
[Article]
AN: 2003474768
Background: Third line innovative systemic treatments and loco-regional chemotherapy by hypoxic pelvic perfusion (HPP) have both been proposed for the treatment of unresectable not responsive recurrent rectal cancer (URRC). In the present study, we have compared the safety and efficacy of HPP/target therapy, using drug regimens selected by liquid biopsy precision oncotherapy, to third-line systemic therapy based on tissue specimens precision oncotherapy. Method(s): HPP/target therapy regimens were selected based on precision oncotherapy, including assays for chemosensitivity and viability, and qRT-PCR for tumor-related gene
expression. In the control group, systemic third-line and further lines of therapy were defined according to clinical and biological parameters.

Result(s): From 2007 to 2019, 62 URRC patients were enrolled, comprised of 43 patients in the HPP/target-therapy group and 19 patients in the systemic therapy control group. No HPP related complications were reported and the most common adverse events were skin and bone marrow toxicity. In the HPP/target-therapy group, the ORR was 41.8% whereas in the systemic therapy control group was 15.8%. DCR of the HPP/target-therapy group was significantly improved over the systemic therapy group (P = 0.001), associated with a PFS of 8 vs 4 months (P = 0.009), and OS of 20 vs 8 months (P = 0.046).

Conclusion(s): The present data indicate that in URCC patients, the integration of HPP/target-therapy and precision oncotherapy based upon liquid biopsy is as effective and efficacious as third-line treatment in local disease control and, therefore, deserves to be further assessed and compared to conventional systemic treatments in future prospective randomized trials.

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Status Emtree
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773.

The effectiveness and safety of acupoint catgut embedding for the treatment of primary dysmenorrhea: A protocol for systematic review and meta-analysis.
Wang X., Wang N., Liang J., Xu Y., Chen G.

[Article]
AN: 633490846

BACKGROUND: Primary dysmenorrhea (PD), also regarded as functional dysmenorrhea, refers to dysmenorrhea without obvious organic lesions in the reproductive system. It accounts for more than 90% of dysmenorrhea and seriously affects womens life and work. Previous studies have proved that acupoint catgut embedding therapy is effective and safe for PD patients. It could relieve the pain rapidly and work for a long time in multiple mechanisms. This protocol aims to evaluate the effectiveness and safety of acupoint catgut embedding therapy on PD
systematically. With the latest published evidence, a systematic review and meta-analysis of catgut embedding for patients with PD would be carried out in this study.

METHOD(S): All randomized controlled trials (RCTs) related to acupoint catgut embedding therapy on PD will be searched in the following electronic databases: PubMed, Cochrane Library, EMBASE, Wed of Science, Chinese National Knowledge Infrastructure (CNKI), Chongqing VIP Database, Wanfang Database, and Chinese Biomedical Literatures Database (CBM), from inception to September 2020. The primary outcomes contain visual analog scale (VAS), dysmenorrhea symptom score, and clinical effectiveness rate, while the secondary outcomes consist of adverse events and the recurrence rate. Two reviewers will independently perform data selection, data synthesis, and quality assessment. Assessment of risk of bias and data synthesis would be performed with Review Manager 5.3 software.

RESULT(S): This systematic review will summarize the current and high-quality evidence of acupoint catgut embedding therapy on PD.

CONCLUSION(S): This systematic review aims to offer the latest persuasive evidence for clinical practitioners that using acupoint catgut embedding therapy on PD is effective and safe.

PROSPERO REGISTRATION NUMBER: CRD42020156362.

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Year of Publication
2020

774.

Management of chronic testicular pain due to thoracolumbar junction syndrome: A pilot study.
Aoun F., Malek E., Kazan D., Albisinni S., Peltier A., Bollens R., Roumeguere T.

Embase
Progres en urologie : journal de l'Association francaise d'urologie et de la Societe francaise d'urologie. 30(2) (pp 114-118), 2020. Date of Publication: 01 Feb 2020.

[Article]
AN: 630719393

INTRODUCTION: Thoracolumbar dysfunction (TLD) had been evoked as a possible etiology of chronic testicular pain. Our study investigated the efficacy of osteopathic diagnosis and treatment of TLD in men with chronic testicular pain.

METHOD(S): Patients suffering from testicular pain were examined for thoracolumbar dysfunction and enrolled in a prospective trial if they have both conditions. Following standardized examination, all patients were prescribed 1 to 3 osteopathic treatment sessions, usually at weekly interval. Treatment success was evaluated using the Visual Analog scale and durability was assessed by regular follow-up. Patient satisfaction was also assessed. Comparison of pain improvement was done using Wilcoxon matched-pairs signed-ranks test. Logistic regression was used to assess for risk factors of success. A P<0.001 was used for significance.

RESULT(S): Out of 62 patients enrolled, 41 patients (median age 32 years, IQR 24-37) were suffering from chronic testicular pain and TLD. 37 of the 41 participants completed the treatment and follow-up according to the plan. Patients underwent a median of 2 osteopathic treatment sessions (range 1-3). Overall, pain disappeared completely in 25 patients (67.5%) and improvement was noted in 7 patients (18.9%). After initial improvement, two patients experienced
relapse at their last visit (5.4%). Five patients (13.5%) had no improvement of their symptoms after osteopathic treatment. Statistically, improvement was significant with a P<0.001 and on logistic regression, site of pain and duration of pain were the sole predictors of failure. 

CONCLUSION(S): TLD is a pathology that should be considered in the differential diagnosis in patients with chronic testicular pain and osteopathic manipulation of the spine appears to be an effective treatment option.

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775.


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Progres en urologie : journal de l'Association francaise d'urologie et de la Societe francaise d'urologie. 30(4) (pp 198-204), 2020. Date of Publication: 01 Mar 2020.

[Article]
AN: 630731774

PURPOSE: To evaluate the effect of alpha-blocker treatment prior to transrectal ultrasound-guided prostate biopsy (TRUS-Bx) on voiding functions, pain scores and health-related quality-of-life outcomes. MATERIALS AND METHODS: From January 2018 to April 2019, a total of 112 patients underwent TRUS-Bx due to elevated prostate-specific antigen (PSA) or abnormal digital rectal examination findings. Patients were divided into 2 groups depending on whether they received pharmacological treatment before biopsy. Group 1 consisted of patients with no alpha-blocker treatment prior to biopsy and Group 2 consisted of patients who received Tamsulosin for one week before biopsy continuing for one week after biopsy. Voiding function was evaluated three times using the validated International Prostate Symptom Score (IPSS) and uroflowmetry (maximal flow rate (Qmax) and residual volume (PVR)). The Turkish version of the Medical Outcomes Study Short Form 36-item Questionnaire (SF-36) was used to assess health-related quality of life. Pain scores were rated according to the Visual Analogue Scale (VAS) just after the biopsy procedure.

RESULT(S): Mean IPSS and Qmax on the post-biopsy 7 day were significantly in favor of Group 2 (P<0.001, P=0.004). Although post-biopsy day 7 PVR was similar between the groups, DELTA1 PVR was significantly in favor of Group 2 (P=0.004). Mean VAS score was 2.7+/−2.3 for the
Tamsulosin group and 4.2+/-2.2 for the control group (P=0.001). There was no significant difference between two groups according to baseline and postoperative 1st month SF-36 scores.

CONCLUSION(S): Alpha-blocker therapy prior to TRUS-Bx is effective in preventing voiding dysfunction and biopsy-related pain in patients undergoing TRUS-Bx.

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PMID
31983605 [https://www.ncbi.nlm.nih.gov/pubmed/?term=31983605]
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Publisher
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Hurt K., Zahalka F., Halaska M., Rakovicova I., Krajcova A.
Embase
European journal of physical and rehabilitation medicine. 56(2) (pp 169-174), 2020. Date of Publication: 01 Apr 2020.
[Article]
AN: 630626503
BACKGROUND: Currently, there are no effective therapy strategies for idiopathic, non-organic vulvodynia in women. ESWT (extracorporeal shock wave therapy) is a nonsurgical/noninvasive technique widely used to treat musculoskeletal diseases, muscle spasticity and hypertonia, renal and biliary calculi and urological disorders. AIM: We examined the effects of ESWT on vulvodynia in women. DESIGN: A prospective, randomized, double-blind, placebo-controlled study was conducted between 2015 and 2018 following a feasibility study. SETTING: Obstetrics and Gynecology Hospital departments. POPULATION: The study included 62 women with vulvodynia for at least 3 months.
METHOD(S): The women were randomly assigned to either a treatment group (N.=31) or a placebo group (N.=31). The patients in the treatment group received perineally applied ESWT weekly (3000 pulses each for four consecutive weeks). The energy flux density was 0.25 mJ/mm², frequency 4 Hz, focus zone 0-30 mm, therapeutic efficacy 0-90 mm, stand-off II. The device used was a standard electromagnetic shock wave unit with a focused shock wave handpiece. The position of the shock wave transducer was changed six times after every 500 pulses. Patients in the placebo group underwent the same treatment procedure, but the handpiece was provided with a placebo stand-off that disabled energy transmission. Subjective pain was self-evaluated by each patient using two tools before and after treatment: a 10 cm linear visual analogue scale (VAS, 0-10) and a cotton-swab test (CST, Goetsch scale 0-4). Follow-ups were done 1, 4, and 12 weeks post-ESWT.
RESULT(S): In all, 61 women completed the study. We tested for differences in the VAS and CST within and between the treatment and placebo groups. The testing was between before treatment and particular follow-up. We found significant changes in the treatment group. Reductions in VAS (P<0.01) and CST (P<0.01) were observed at all three follow-ups. At all assessments, pain reduction was always >30%. In the placebo group there were no statistically significant changes between before and after treatment. There were no differences between the
treatment and placebo groups before treatment but statistically significant differences at all three follow-ups (VAS P<0.01; CST P<0.01).

CONCLUSION(S): ESWT seems to reduce pain perception in our treatment group. Thus, we are encouraged to explore this technique further. CLINICAL REHABILITATION IMPACT: The method is easily replicable, inexpensive, and without known side effects.

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Zimmermann R., Cumpanas A., Miclea F., Janetschek G.

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In the original publication, affiliation b was listed as Department of Urology, Medical School, University of Timisoara, Timisoara, Romania. The authors would like it to be noted that the correct institution name for this affiliation is the Victor Babes University of Medicine and Pharmacy. Conflicts of interest: The authors have nothing to disclose.
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Endometriosis and pain in the adolescent- striking early to limit suffering: A narrative review.
Sieberg C.B., Lunde C.E., Borsook D.
[Review]
AN: 2004352744
Endometriosis, a condition in which uterine tissue grows outside the uterus, is a debilitating disease, affecting millions of women and costing the United States approximately $78 billion annually in pain-related disability. It is also the leading cause of chronic pelvic pain (CPP), which is often unresponsive to existing treatments. Adolescent women with the disease are at particular risk as there are often significant diagnostic delays, which in turn can exacerbate pain. Research and treatment guidelines for adolescents with endometriosis are largely based on studies for adult women due to the limited number of studies focusing on adolescents. The current paper critically reviews the literature as it pertains to endometriosis pathophysiology, mechanisms contributing to CPP, and treatment implications and recommendations with a focus on gaps related to adolescents.
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Contemporary oncologic outcomes of second induction course BCG in patients with nonmuscle invasive bladder cancer.
Daniels M.J., Barry E., Schoenberg M., Lamm D.L., Bivalacqua T.J., Sankin A., Kates M.
[Article]
AN: 2002174912
Purpose: According to the 2016 American Urological Association (AUA) guidelines for nonmuscle invasive bladder cancer (NMIBC), clinicians should offer a 2nd intravesical induction course of
Bacillus Calmette-Guerin (BCG) to patients with persistent or recurrent Ta or CIS disease after a 1st BCG induction course. However, evidence for a 2nd course is limited, and some patients forego a 2nd induction of BCG in favor of a clinical trial or alternate intravesical therapy. We sought to investigate contemporary oncologic outcomes of a 2nd induction course of BCG in a multi-institutional cohort.

Material(s) and Method(s): Three hundred fifty-three patients who received full induction BCG for NMIBC since 2001 at 2 institutions were identified. Patients were categorized as receiving primary 6-week induction therapy or subsequent 2nd 6-week induction therapy for patients who recurred or persisted. The baseline differences in demographic and tumor characteristics were compared between the 2 groups, and Kaplan-Meier curves were constructed to assess high-grade recurrence free survival (HgRFS) among both groups. Univariable logistic regression was used to determine factors associated with recurrence after 2nd course BCG Results: A total of 353 patients received 1st induction BCG (BCG1) and 116 patients received a 2nd induction course (BCG2). Maintenance therapy was given to 117 (33.1%) patients after BCG1 and 43 (37.1%) patients after BCG2. Both cohorts were similar in demographics including age, sex, and race. Pathologic stage before treatment differed as BCG1 patients were more likely to have T1 (40.8% vs. 25%) and less likely to have CIS (13.9% vs. 33.6%) (P < 0.001). Complete response (CR) 3 months after BCG1 was observed in 276 patients (78.2%) and 104 patients (89.7%) after BCG2. Responses remained durable, with 36-month CR of 54.7% in BCG1 and 65.6% in BCG2. Progression to MIBC was identified in 1.4% of BCG1 patients vs. 3.4% in BCG2 patients (P = 0.17). Pathologic stage before BCG2 does not predict progression to MIBC (P = 0.21) after BCG2. The time interval between the 1st and 2nd induction of BCG was not significantly associated with response to 2nd induction BCG (P = 0.47). Maintenance therapy after BCG2 was associated with decreased recurrence after 2nd induction course of BCG.

Conclusion(s): A 2nd course of BCG is efficacious with a durable HgRFS, validating the recommendations of the 2016 AUA guidelines.

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Pelvic-sacral tendon-regulation needling technique of acupuncture combined with manipulative reduction in treatment of postpartum pelvic girdle pain: a randomized controlled trial.

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AN: 637589425
OBJECTIVE: To observe the effect on postpartum pelvic girdle pain treated with the combined therapy of pelvic-sacral tendon-regulation needling technique of acupuncture and manipulative reduction and the simple manipulative therapy.
METHOD(S): A total of 80 patients with postpartum pelvic girdle pain were randomized into an observation group and a control group, 40 cases in each one. In the control group, the manipulative reduction was simply adopted. In the observation group, on the base of the treatment as the control group, the pelvic-sacral tendon-regulation needling technique of acupuncture was applied at Mingmen (GV 4), Dachangshu (BL 25), Yaoyangguan (GV 3), Ciliao (BL 32), Zhongliao (BL 33), Huantiao (GB 30) and Yanglingquan (GB 34). In either group, the treatment was given once every two days, three times a week and 3 treatments taken as one course. Totally, 3 courses of treatment were required. The clinical therapeutic effect was compared in the patients between the two groups. The changes in the scores of the pain visual analogue scale (VAS), Oswestry dysfunction index (ODI) and Japanese Orthopaedic Association (JOA), as well as the pelvic floor distress inventory-short form 20 (PFDI-20), the pelvic floor impact questionnaire (PFIQ-7) and the sex life index (the frequency of intercourse and orgasm) were recorded in the patients of the two groups before and after treatment.
RESULT(S): The total effective rate was 95.0% (38/40) in the observation group, higher than 77.5% (31/40) in the control group (P<0.01). After treatment, the scores of VAS, ODI, PFDI-20 and PFIQ-7 were lower than those before treatment respectively in the patients of the two groups (P<0.01). JOA score and the sex life index were increased after treatment as compared with those before treatment in the two groups (P<0.01). The difference value of each of the above indexes in the observation group was higher than the control group (P<0.01).
CONCLUSION(S): The combined therapy of pelvic-sacral tendon-regulation needling technique of acupuncture and manipulative reduction effectively alleviates pain and improves the muscle strength of pelvic floor muscle fibers in the patients with postpartum pelvic girdle pain. Its therapeutic effect is better than that of the simple manipulative therapy.
PMID 32270638 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32270638]
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dropped off in the herb-separated moxibustion group, 4 cases dropped off in the waiting-list group). Herb-separated moxibustion was applied at hypogastrium and lumbosacral area for 30 min in the herb-separated moxibustion group, once a week for 3 months, and oral ibuprofen sustained-release capsule was given to relieve pain when necessary. Excepting giving ibuprofen sustained-release capsule when necessary, no more intervention was adopted in the waiting-list group. Before and after treatment and in 3 months follow-up, visual analogue scale (VAS) score, days of dysmenorrhea, total dose of oral painkiller were observed.

RESULT(S): Compared before treatment, the VAS scores after treatment and in follow-up were decreased in the herb-separated moxibustion group (P<0.05), and were less than those in the waiting-list group (P<0.05); the days of dysmenorrhea and the total doses of oral painkiller after treatment and in follow-up were decreased in the herb-separated moxibustion group (P<0.05), and were less than those in the waiting-list group (P<0.05).

CONCLUSION(S): Herb-separated moxibustion can effectively improve dysmenorrhea symptom and shorten dysmenorrhea days in patients with ovarian endometriosis.

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Pulsed Radiofrequency of the Sacral Roots Improves the Success Rate of Superior Hypogastric Plexus Neurolysis in Controlling Pelvic and Perineal Cancer Pain.
Embase Pain physician. 23(2) (pp 149-157), 2020. Date of Publication: 01 Mar 2020.
[Article]
AN: 631350810
BACKGROUND: Superior hypogastric plexus neurolytic (SHP-N) block is the mainstay management for pelvic cancer pain of visceral origin when oral opioids fail due to inefficacy or intolerance to side effects. Unfortunately, SHP-N has the potential to control pelvic pain in 62%-72% of patients at best, because chronic pelvic pain may assume additional characteristics other than visceral.

OBJECTIVE(S): Combining SHP-N with pulsed radiofrequency (PRF) of the sacral roots might block most of the pain characteristics emanating from the pelvic structures and improve the success rate of SHP-N in controlling pelvic and perineal cancer pain. STUDY DESIGN: This study was a prospective randomized controlled clinical trial. SETTINGS: The research took place in the interventional pain unit of a tertiary center in the university hospital.

METHOD(S): Fifty-eight patients complaining of cancer-related chronic pelvic and perineal pain were randomized to either the PRF + SHP group (n = 29), which received SHP-N combined with PRF of the sacral roots S2-4, or the SHP group (n = 29), which received SHP-N alone. The outcome variables were the percentage of patients who showed a > 50% reduction in their Visual Analog Scale (VAS) pain score, the VAS pain score, and global perceived effect evaluated during a 3-month follow-up period.

RESULT(S): The percentage of patients who showed a > 50% reduction in their VAS pain score was significantly higher in the SHP + PRF group compared to the SHP group when assessed at one month (92.9% [n = 26] vs 57.7% [n = 15]; P = .003) and 3 months (85.7% [n = 24] vs 53.8%
[n = 14]; P = .01) post procedure, respectively. However, no significant difference was observed between the 2 groups at the 6-month evaluation (SHP + PRF [57.1% (n = 16)] vs SHP [50% (n = 13)]; P = .59). There was a statistically significant reduction of VAS in the SHP + PRF group in comparison to the SHP group at one month (2.8 +/- 0.9 vs 3.5 +/- 1.2 [mean difference, -0.7 (95% confidence interval [CI], -1.29 to -0.1), P = .01]), 2 months (2.8 +/- 0.9 vs 3.5 +/- 1.2 [mean difference, -0.64 (95% CI, -1.23 to -0.05), P = .03]), and 3 months (2.7 +/- 1 vs 3.4 +/- 1.2 [mean difference, -0.67 (95% CI, -1.29 to -0.05)], P = .03) post procedure, respectively; however, the 2 groups did not significantly differ at 2 weeks, 4, 5, and 6 months post procedure. Regarding postprocedural analgesic consumption, there were trends towards reduced opioid consumption at all postprocedural measured time points in the SHP+PRF group compared to the SHP group; these differences reached statistical significance at 2 months (median, 30 [interquartile range (IQR), 0.00-30] vs median, 45 [IQR, 30-90]; P = .046) and 3 months (median, 0.00 [IQR, 0.00-30] vs median, 30 [IQR, 0.00-67.5]; P = .016) post procedure, respectively. LIMITATIONS: The study follow-up period is limited to 6 months only.

CONCLUSION(S): SHP-N combined with PRF of the sacral roots (S2, 3, 4) provided a better analgesic effect than SHP-N alone for patients with chronic pelvic and perineal pain related to pelvic cancer. TRIAL REGISTRY: ClinicalTrials.gov. NCT03228316. KEY WORDS: Pelvic pain, pulsed radiofrequency, sacral roots, superior hypogastric plexus.

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examined the clinical effectiveness, cost-effectiveness, and evidence-based guidelines regarding the use of mindfulness training (published in June 2019)9 and yoga (published in July 2019)10 for chronic pain management in adults. The report on mindfulness found insufficient evidence to draw conclusions about its potential clinical effectiveness.9 The report on yoga found evidence from one randomized study suggesting that yoga plus conventional treatment with analgesics was effective for reducing chronic pelvic pain, while conventional treatment with analgesics alone was not.10 No economic evaluations were identified in either report.9,10 Notably, both reviews focused on comparing mindfulness or yoga with or without pharmacotherapy to pharmacotherapy alone (e.g., opioids, nonsteroidal anti-inflammatory drugs, acetaminophen). 9,10 To inform policy decisions, further exploration of mindfulness or yoga compared with no treatment may provide additional insight on the clinical and cost-effectiveness of these complementary and alternative medicine therapies for management of chronic non-malignant pain. The aim of this report is to summarize the evidence regarding both the clinical effectiveness and cost-effectiveness of the use of mindfulness training or yoga for the management of chronic non-malignant pain. Copyright © 2019 Canadian Agency for Drugs and Technologies in Health.

Injectable Botulinum Toxin for Pelvic Pain: A Review of Clinical Effectiveness, Cost-Effectiveness, and Guidelines
Wells C, Farrah K
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[Review]
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Gynecological conditions of the pelvic floor region can include vulvodynia (vulvar pain lasting at least 3 months with no identifiable cause),1 vaginismus (or genito-pelvic pain or penetration disorder, the inability to achieve non-painful vaginal penetration of any kind),2 endometriosis (in which cells of the endometrium grows outside of the uterus), and provoked vestibulodynia (localized pain in the vulvar vestibule caused by physical contact). 3 Gynecological conditions of the pelvic floor region are generally considered to occur as a result of a multifactorial process that includes genetics, hormonal changes, inflammation, musculoskeletal issues (such as hypertonic muscles), neurologic mechanisms, psychosocial factors (often related to sexual functioning), and structural issues (such as perineal descent), but etiologies are often unknown.1,4,5 First-line treatments for these conditions include physiotherapy, dilation therapy, sex counseling, psychotherapy, or a combination of therapies.2,6 Increasingly, botulinum toxin has become an alternative therapy option for individuals with pelvic pain.6 Botulinum toxin is a toxin produced by the Clostridium bacteria.6 Botulinum toxin is used in neuromuscular disorders, ophthalmic disorders, chronic pain, cosmetic and dermatological applications, pelvic floor disorders,
gastrointestinal disorders, and spasticity. In pelvic pain, it is typically injected into the muscle, where it inhibits release of acetylcholine, causing blockage of muscle spasms. Pelvic pain disorders can affect an individual's feelings of self worth, quality of life, sexual functioning, psychological well being, and relationships. According to a 2017 cross-sectional study, the average hospital-associated cost of chronic pelvic pain (pelvic and perineal pain, dysmenorrhea, or dyspareunia) in Canada amounted to C$25 million per year between 2008 and 2012. Many cases of pelvic pain go undiagnosed, as patients often do not report sexual dysfunction, and it has been reported that patients with vulvodynia had the condition for an average of 7 years before seeking help. Additionally, as vulvodynia is not well understood, individuals with the condition may wait an average of 5 years to receive a diagnosis after seeking treatment. There is uncertainty regarding the of effectiveness of botulinum toxin for some chronic pelvic pain conditions. The purpose of this report is to evaluate the evidence regarding the clinical effectiveness and safety of botulinum toxin compared with other treatments or placebo for patients with chronic pelvic floor dysfunction and pain. Evidence regarding the cost-effectiveness of botulinum toxin for pelvic pain was also sought to support decision making. Evidence-based recommendations were sought to provide guidance on the use of botulinum toxin for these conditions.

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Injectable Botulinum Toxin for Pelvic Pain: A Review of Clinical Effectiveness, Cost-Effectiveness, and Guidelines


INTRODUCTION: Chronic pelvic pain syndrome (CPPS) is a complex disorder that affects a large proportion of all men. A limited understanding of its etiology and pathogenesis is reflected by the absence of effective therapies. Although CPPS is deemed clinically non-infectious with no well-defined etiological role for microbes, bacteria is readily isolated from both healthy and patient prostate secretion and urine samples. Our laboratory has previously demonstrated that a specific gram-negative bacterial isolate can induce CPPS-like symptoms in mice. Here we aimed to expand on these findings examining the role of gram-positive patient-derived bacteria in CPPS.

METHODS: A retrospective analysis of bacterial cultures from CPPS patients from a single center was performed. Gram-positive bacteria were isolated from the expressed prostatic secretion (EPS) of three CPPS-patients (pain inducers, PI) and one from a healthy volunteer (non-pain inducer, NPI). These bacteria were inoculated intra-urethrally in two mouse backgrounds and analyzed for their ability to induce tactile allodynia, voiding dysfunction, and colonize the murine prostate. Host immune responses to bacterial instillation were analyzed by flow cytometry.
RESULTS: PI strains (Staphylococcus haemolyticus 2551, Enterococcus faecalis 427, and Staphylococcus epidermidis 7244) induced and maintained tactile allodynia responses (200% increase above baseline) for 28 days in NOD/ShiLtJ mice. Conversely the healthy subject derived strain (Staphylococcus epidermidis NPI) demonstrated no significant pelvic allodynia induction. Intra-urethral inoculation of the four bacterial strains into C57BL/6 mice did not induce significant increases in pain responses. Infected NOD/ShiLtJ displayed significant voiding dysfunction compared to their control counterparts. Colony counts of prostate tissues from both NOD/ShiLtJ and C57BL/6 mice at day 28 demonstrated that bacterial strains colonized equally well, including NPI. We also determined that mechanistically, the patient-isolates induced prostate inflammation specifically involving T-cells and monocytes.

CONCLUSIONS: Gram-positive isolates from CPPS patients showed enhanced ability to induce tactile allodynia compared to a single taxonomically similar gram-positive strain isolated from a healthy control. Responses were shown to be dependent on host genetic background and not on colonization differences between strains.

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Benetti-Pinto CL, Mira TAA, Yela DA, Teatin-Juliano CR, Brito LGO
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Revista Brasileira de Ginecologia e Obstetricia. 41(9):564-574, 2019 Sep.
[Journal Article. Systematic Review]
Ui: 31546278
OBJECTIVE: To assess the efficacy of non-surgical treatment for adenomyosis.
DATA SOURCES: A search was performed by two authors in the Pubmed, Scopus, and Scielo databases and in the grey literature from inception to March 2018, with no language restriction.
SELECTION OF STUDIES: We have included prospective randomized studies for treating symptomatic women with adenomyosis (abnormal uterine bleeding and/or pelvic pain) diagnosed by ultrasound or magnetic resonance imaging.
DATA COLLECTION: Studies were primarily selected by title and abstract. The articles that were eligible for inclusion were evaluated in their entirety, and their data was extracted for further processing and analysis.
DATA SYNTHESIS: From 567 retrieved records only 5 remained for analysis. The intervention groups were: levonorgestrel intrauterine system (LNG-IUS)(n = 2), dienogest (n = 2), and letrozole (n = 1). Levonorgestrel intrauterine system was effective to control bleeding when compared to hysterectomy or combined oral contraceptives (COCs). One study assessed chronic pelvic pain and reported that LNG-IUS was superior to COC to reduce symptoms. Regarding dienogest, it was efficient to reduce pelvic pain when compared to placebo or goserelin, but less effective to control bleeding than gonadotropin-releasing hormone (GnRH) analog. Letrozole was as efficient as GnRH analog to relieve dysmenorrhea and dyspareunia, but not for chronic pelvic pain. Reduction of uterine volume was seen with aromatase inhibitors, GnRH analog, and LNG-IUD.
CONCLUSION: Levonorgestrel intrauterine system and dienogest have significantly improved the control of bleeding and pelvic pain, respectively, in women with adenomyosis. However, there is insufficient data from the retrieved studies to endorse each medication for this disease. Further randomized control tests (RCTs) are needed to address pharmacological treatment of adenomyosis.
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somente 5 permaneceram para analise. Os grupos de intervencao foram: sistema intrauterino de levonorgestrel (SIU-LNG) (n = 2), dienogest (n = 2), e letrozol (n = 1). O SIU-LNG foi efetivo no controle do sangramento quando comparado a histerectomia ou aos contraceptivos orais combinados (COCs). Um estudo avaliou a dor pelvica cronica e relatou que o SIU-LNG foi superior ao COC para reduzir os sintomas. Em relacao ao dienogest, este foi eficiente em reduzir a dor pelvica quando comparado ao placebo ou a goserelina, mas foi menos eficaz no controle do sangramento do que o analogo do hormonio liberador de gonadotropina (GnRH). O letrozol foi tao eficiente quanto o analogo do GnRH para aliviar a dismenorreia e a dispareunia, mas nao para a dor pelvica cronica. Reducao do volume uterino foi observada com inibidores de aromatase, analogo de GnRH, e SIU-LNG. CONCLUSao:: O SIU-LNG e dienogest apresentaram bons resultados para o controle de sangramento e dor pelvica, respectivamente, em mulheres com adenomiose. No entanto, nao ha dados suficientes para endossar cada medicacao para tratar essa doença. Futuros estudos randomizados sao necessarios para avaliar o tratamento farmacologico da adenomiose.

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Year of Publication
2019
How Does Myofascial Physical Therapy Attenuate Pain in Chronic Pelvic Pain Syndrome?

Grinberg K, Weissman-Fogel I, Lowenstein L, Abramov L, Granot M

Background: Chronic pelvic pain syndrome (CPPS) is a multifactorial disorder comprising structural and functional muscular abnormalities, a dysfunctional pain system, and psychological distress. Myofascial physical Therapy (MPT) that is targeted at improving pelvic muscle functioning is considered a first line nonpharmacological treatment for CPPS, although the precise mechanisms that lead to symptoms alleviation have not yet been elucidated.

Purpose: This longitudinal study aimed to examine the local and systemic effects of MPT intervention, including biopsychophysiological processes, among CPPS patients.

Methods: The study included 50 CPPS women. Morphologic assessment of the levator ani and quantitative sensory testing of the pain system were applied alongside with evaluation of pain-related psychological factors using designated questionnaires. All measures were evaluated both before and after MPT in 39 patients. The long-term effects of MPT were evaluated by clinical pain reports obtained at 3 and 9 months following MPT that were compared with a nontreated group of 11 untreated CPPS women.

Results: Along with an improvement in the clinical pain intensity (p = 0.001) and sensitivity to experimental pain tests (p = 0.001) following MPT, the results also indicate that MPT has anatomical, psychological, and social therapeutic effects (p = 0.04; p = 0.001; p = 0.01, respectively). Furthermore, clinical pain evaluation at 3 and 9 months after MPT revealed a significant improvement in women who received treatment (p = 0.001).

Conclusions: The findings of this pilot study suggest multisystemic (direct and indirect anatomical, neurophysiologival, and psychological) effects of MPT on the multifactorial pain disorder of CPPS and therefore place MPT as a mechanism-based intervention.

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Scarneciu I, Bungau S, Lupu AM, Scarneciu CC, Bratu OG, Martha O, Tit DM, Aleya L, Lupu S

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[Clinical Trial. Journal Article. Multicenter Study]

UI: 31499170

The purpose of this study is to evaluate the efficacy of intra-vesical instillations with hyaluronic acid (HA) in relieving lower urinary tract irritation symptoms in patients with urinary tract infections (UTIs) and bladder pain syndrome/interstitial cystitis (BPS/IC). This research, conducted in Romania, includes 30 patients with UTIs (Group I) and 24 with BPS/IC (Group II) as defined by European Association of Urology (EAU) Diagnostic Criteria. Data were collected prospectively, using pre- and post-treatment questionnaires for pelvic pain with a symptom scale for urination and frequency as well as visual analog scale (VAS) pain quizzes. At follow-up visits, at an average of 20 months, a significant improvement in urinary bladder pain, day-time urinary frequency and quality of life was observed in Group I patients. Group II patients experienced significant improvement in urinary bladder pain, urgency, nocturia and quality of life at the 15-month follow-up visit. Eighteen patients (75%) showed a complete response to intravesical HA instillations and required no further treatment. Our study demonstrates that intravesical HA instillations may be considered as an important treatment component, with long term positive effects in therapeutic strategy for optimal results in uncomplicated recurrent UTIs and BPS/IC, with good compliance and minimal side effects.

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Clinico-pathological features of gynecological myopericytoma: a challenging diagnosis in an exceptional location.
Borella F, Lucchino F, Bertero L, Ribotta M, Castellano I, Carosso A, Cosma S, Katsaros D, Benedetto C
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Myopericytomomas (MPC) are rare mesenchymal tumors, originating from the perivascular myoid cells. They predominantly occur in the skin and superficial soft tissues of the extremities, while visceral involvement is rare. Histological features and clinical course are usually benign. To the best of our knowledge, MPC is still an uncharacterized tumor entity of the female internal genital tract. We describe three MPC cases involving the female internal genital tract: (1) a uterine wall MPC arising in a 49-year-old woman with progressive pelvic/abdominal pain; (2) a cervix MPC of a 49-year-old woman who presented with metorrhagia, and (3) a MPC presenting as a simple ovarian cyst in a 26-year-old woman with pain located in the left iliac fossa. All patients were surgically treated, and recurrence occurred in two cases. The histological and immunohistochemical findings, supporting the diagnosis of MPC, are presented; in particular, one case showed characteristics pointing towards an uncertain biological behavior/low-grade malignancy. A literature search was conducted to identify previous reports of gynecological MPC and for possible alternative diagnoses. Leiomyoma, epithelioid leiomyoma, angioleiomyoma, perivascular epithelioid cell tumor, solitary fibrous tumor, and low-grade endometrial stromal sarcoma should be considered in the differential diagnosis. Awareness of possible occurrence of this rare neoplasm in the female genital tract is important to reach a correct diagnosis in the
spectrum of mesenchymal tumors. Considering the risk of recurrence, we recommend careful evaluation of surgical margins and complete surgical removal whenever possible.

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Chronic pelvic pain (CPP) is a pain syndrome that is very difficult to treat. The effectiveness of CPP treatment remains low despite the use of integrated approaches. That is why it is necessary to search for new treatment approaches and methods. Surgical neuromodulation has recently been used increasingly often to treat CPP.
OBJECTIVE: To evaluate the effectiveness of different types of neurostimulation in patients with chronic pelvic pain.
MATERIAL AND METHODS: Thirty-two patients were treated at the N.N. Burdenko National Scientific and Practical Center for Neurosurgery. All the patients were diagnosed with CPP and transferred to the Center because of unsatisfactory results of earlier treatment. The mean
duration of pain was 8.6 years (range: 1-31 years). Pain intensity and the neuropathic component of the pain syndrome were assessed using the conventional scales and questionnaires (VAS, LANSS, Pain Detect, and DN4). The levels of anxiety, depression, and catastrophic pain were also assessed. The effect of pain on quality of life was evaluated using the modified Brief Pain Inventory (BPI). All the selected patients underwent trial lead implantation at the first stage. Sacral root stimulation was used in 15 patients (unilateral one in 8 patients and bilateral one in 7 patients); three patients underwent spinal cord stimulation; 14 patients were treated with combined neurostimulation.

RESULTS: In 27 (84.37%) patients, the trial period was regarded as positive and the systems were implanted for chronic neurostimulation. After one year of stimulation, the mean VAS score for pain intensity was 3.53 (compared to 8.61 before the surgery). Regarding quality of life, the most significant effects of treatment were as follows: the number of pain paroxysms was reduced; physical self-maintenance, social life, sleep, and sexual activity were improved; and daily physical activity was increased.

Abdominal trunk muscle weakness and its association with chronic low back pain and risk of falling in older women.


BACKGROUND: Previous studies have indicated that trunk muscle strength decreases with chronic low back pain, and is associated with poor balance, poor functional performance, and falls in older adults. Strengthening exercises for chronic low back pain are considered the most effective intervention to improve functional outcomes. We developed an innovative exercise device for abdominal trunk muscles that also measures muscle strength. The correlation between muscle weakness, as measured by our device, the presence of chronic low back pain, and decreased physical ability associated with a risk of falling were evaluated in older women.

METHODS: Thirty-eight elderly women, who could walk without support during daily activities and attended our outpatient clinic for treatment of chronic low back pain, knee or hip arthritis, or osteoporosis, were included in this study. Anthropometric measurements were performed. Grip power and one-leg standing time with eyes open were measured, and abdominal trunk muscle strength was measured using our device. History of falling in the previous 12 months was noted. Subjects with chronic low back pain (visual analog scale score >= 20 mm) for over 3 months were assigned to the low back pain group (n = 21). The remaining subjects formed the non-low back pain group (n = 17).

RESULTS: Abdominal muscle strength of subjects in the low back pain group, and with history of falling, was significantly lower compared with that of subjects in the non-low back pain group, and in subjects without a history of falling, respectively. There was a moderate positive correlation between abdominal trunk muscle strength and one-leg standing time with eyes open.

CONCLUSION: We measured abdominal muscle strength in older women with chronic low back pain using our device, and it was significantly lower than that of those without chronic low back pain. Muscle weakness was associated with a history and risk of falling.
[Analysis on the dominant diseases treated with spreading moxibustion therapy based on randomized controlled trials]. [Chinese]


OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article]

UI: 31099231

OBJECTIVE: To analyze the indications and dominant diseases of the spreading moxibustion therapy.

METHODS: By retrieving 7 databases of both Chinese and English version, such as CNKI, WANFANG, VIP and PubMed, the eligible articles of randomized controlled trials (RCTs) treated with spreading moxibustion therapy were collected. The number of annual publications, the number of each disease system, the indications and dominant diseases involved in the related articles were analyzed statistically, as well as the number of cases and the corresponding clinical effective rates.

RESULTS: A total of 182 articles were included, including 40 indications for the spreading moxibustion and covering 9 major disease systems. Specially, the indications in the motor system were maximal in number, accounting for 17.50% (7/40) of the total number of indications. The number of indications in the digestive system was on the second top, accounting for 15.00% (6/40). The dominant diseases were mainly distributed in motor system, respiratory system, nervous system and gynecological system. There were 3 dominant diseases in motor system, i.e. ankylosing spondylitis, back pain and rheumatoid arthritis; 1 dominant disease, i.e. chronic obstructive pulmonary disease in the respiratory system, 1 dominant disease, i.e. primary dysmenorrheal in the gynecological system and 1 dominant disease, i.e. post-stroke paralysis in the nervous system.

CONCLUSION: At present, the indications of the spreading moxibustion therapy are widely distributed and the dominant diseases are concentrated, representatively by ankylosing spondylitis. But, the indications and the dominant diseases of spreading moxibustion are changeable dynamically and the disease spectrum of spreading moxibustion needs to be further explored.
OBJECTIVE: The aim of this article was to describe the diagnostic and therapeutic value of transcranial stimulation in pelvic and perineal disorders.

METHODS: A literature review (Medline database and Google scholar) with no time limit was performed using keywords: "transcranial direct stimulation", "transcranial magnetic stimulation", "neurogenic bladder", "urinary incontinence", "Parkinson disease", "multiple sclerosis", "stroke", "muscle spasticity", "pelvic pain", "visceral pain".

RESULTS: Twelve articles have been selected. Transcranial magnetic or electrical stimulation is a noninvasive neuromodulation technique widely used to establish brain maps to highlight causal relationships between brain and function. Regarding pelvic-perineal disorders, repeated transcranial stimulation has shown significant effects for the treatment of overactive bladder in Parkinson's disease (P<0.05) and multiple sclerosis, but also for the treatment of refractory chronic pelvic pain (P=0.026). Finally, therapeutic effects have also been demonstrated in irritable bowel syndrome. No evidence of efficacy was found on genito-sexual disorders.

CONCLUSION: Data from the literature suggest that transcranial stimulation is a noninvasive treatment that may have a role in the management of pelvic and perineal disorders. Its promising field of action would require prospective and randomized studies on a larger scale.

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The role of nutraceutical medications in men with non bacterial chronic prostatitis and chronic pelvic pain syndrome: A prospective non blinded study utilizing flower pollen extracts versus bioflavonoids.


OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Clinical Trial, Phase I. Clinical Trial, Phase II. Comparative Study. Journal Article. Randomized Controlled Trial]
UI: 30655636

INTRODUCTION: Chronic prostatitis (CP)/chronic pelvic pain syndrome (CPPS) represents a challenge for the urologist, since the therapeutic efficacy does not always result in a satisfactory quality of life for the patients. Often the side effects of the medications used (antiinflammatories, antibiotics, alpha blockers) far outweighs the benefits gained with their admission. The choice of nutraceutical medications is preferred for their effectiveness, that has been accepted and proven by the scientific community, and for the low incidence of side effects. The objective of this study to compare the therapeutic efficacy of the flower pollen extracts (Deprox R) versus Bioflavonoids in terms of reduction of symptoms, and in the average waiting time of the variation of the National Institute of Health Chronic Prostatitis Symptom Index (NIH-CPSI), and to evaluate the quality of life improvement of the patients affected by CP/CPPS.

METHODS: Among the 68 patients presented with prostatic symptoms to the Hospital "Umberto I" in Rome, Italy between March 2016 and June 2016, 54 patients met the clinical diagnosis of CP/CPPS (class IIIa or IIb according to the NIH classification). The patients were assigned to either treatment with Deprox R or quercetin based on a randomization scheme previously
determined. The NIH-CPSI, IPSS, QoL questionnaires were administered. Every patient underwent bacterial cultures and trans-rectal ultrasound.

RESULTS: There was a statistically significant improvement of the NIH-CPSI score and QoL in the Deprox R group (p = < 0.0001 and p = 0.003 respectively). The average waiting time of the variation of the National Institute of Health Chronic Prostatitis Symptom Index (NIH-CPSI) was statistically significant (p = 0.0019). In the absence of efficacy of the "conventional" medications, which also carries significant side effects, the dietary supplements may represent a valid alternative.

CONCLUSIONS: DEPROX R has demonstrated a significant improvement of the symptoms and quality of life of patients diagnosed with by CP/CPPS. Furthermore, there was a statistical difference in the average waiting time of the variation of the NIH-CPSI score without side effects as compared to the bioflavonoids complex with quercetin.
Probiotics for Children With Recurrent Abdominal Pain.
Newlove-Delgado T, Abbott RA, Martin AE
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid
MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Research Support, Non-U.S. Gov't. Systematic Review]
Ui: 30592480
Clinical Question: Do dietary interventions, such as probiotics, improve pain in children with recurrent abdominal pain?
Clinical Application: Compared with placebo, children who were treated with probiotic preparations were more likely to experience improvement in pain in the short term (odds ratio, 1.63; 95% CI, 1.07-2.47), suggesting that clinicians could consider probiotics as part of a holistic management strategy in recurrent abdominal pain.

Elagolix for endometriosis: all that glitters is not gold.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid
MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Research Support, Non-U.S. Gov't]
Ui: 30551159
Elagolix, an orally active non-peptidic GnRH antagonist, has been approved by the Food and Drug Administration for the management of moderate to severe pain associated with endometriosis. As the degree of ovarian suppression obtained with elagolix is dose-dependent, pain relief may be achieved by modulating the level of hypo-oestrogenism while limiting side effects. Elagolix may thus be considered a novelty in terms of its endocrine and pharmacological properties but not for its impact on the pathogenic mechanisms of endometriosis, as the target of
this new drug is, yet again, alteration of the hormonal milieu. Given the oestrogen-dependent nature of endometriosis, a reduction of side effects may imply a proportionate decrease in pain relief. Furthermore, if low elagolix doses are used, ovulation is not consistently inhibited, and patients should use non-hormonal contraceptive systems and perform serial urine pregnancy tests to rule out unplanned conception during periods of treatment-induced amenorrhoea. If high elagolix doses are used to control severe pain for long periods of time, add-back therapies should be added, similar to that prescribed when using GnRH agonists. To date, the efficacy of elagolix has only been demonstrated in placebo-controlled explanatory trials. Pragmatic trials comparing elagolix with low-dose hormonal contraceptives and progestogens should be planned to verify the magnitude of the incremental benefit, if any, of this GnRH antagonist over currently used standard treatments. The price of elagolix may impact on patient adherence and, hence, on clinical effectiveness. In the USA, the manufacturer AbbVie Inc. priced elagolix (OrilissaTM) at around $10 000 a year, i.e. $845 per month. When faced with unaffordable treatments, some patients may choose to forego care. If national healthcare systems are funded by the tax payer, the approval and the use of a new costly drug to treat a chronic condition, such as endometriosis, means that some finite financial resources will be diverted from other areas, or that similar patients will not receive the same level of care. Thus, defining the overall 'value' of a new drug for endometriosis also has ethical implications, and trade-offs between health outcomes and costs should be carefully weighed up.

Version ID
1

Status
MEDLINE

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Year of Publication
2019


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OBJECTIVES: To determine whether diffusion-weighted magnetic resonance imaging (DWMRI), a noninvasive procedure, can contribute to the diagnosis of bladder pain syndrome/interstitial cystitis (BPS/IC).

METHODS: The pelvic DWMRI of patients with chronic pelvic pain syndrome was selected between January 2012 and June 2017. A radiologist analyzed the bladder wall signal; he was blinded to the patients’ clinical data. According to the 2008 European Society for the Study of Bladder Pain Syndrome/Interstitial Cystitis criteria, 2 groups of patients were determined: BPS/IC and no BPS/IC. The association between BPS/IC and the wall signal intensity was compared.

RESULTS: In the 106 patients included, 82 had criteria for BPS/IC and 24 did not. A significant difference in the distribution of the signal was found between the 2 groups (p = 0.01). High signal intensity of the bladder wall was related to the presence of a BPS/IC with a sensitivity of 28% and a specificity of 88%. No signal intensity of the bladder wall was related to the absence of a BPS/IC with a sensitivity of 96% and a specificity of 29%.

CONCLUSIONS: In -DWMRI, high bladder wall signal intensity helps to affirm a BPS/IC, whereas the absence of signal helps to exclude the diagnosis. Further studies are needed to confirm these preliminary results.

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1

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Clinical Overview and Considerations for the Management of Opioid-induced Constipation in Patients With Chronic Noncancer Pain. [Review]
Viscusi ER
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Review]
UI: 30289777
OBJECTIVES: Opioid analgesics may be associated with chronic adverse effects, such as opioid-induced constipation (OIC). Available and emerging prescription medications for OIC in patients with chronic noncancer pain are described, including concerns and challenges associated with OIC management.
METHODS: Narrative review.
RESULTS: OIC is characterized by a change in bowel habits and defecation patterns that occurs when initiating opioid therapy and is associated with reduced bowel frequency, straining, sensation of incomplete evacuation, and/or patient distress related to bowel habits. Prescription medications are indicated when OIC persists despite conservative approaches (eg, increased fiber and fluid intake, exercise, over-the-counter laxatives and stool softeners). Phase 3 studies have demonstrated the efficacy of peripherally acting micro-opioid receptor antagonists (PAMORA; methylnaltrexone, naloxegol, naldemedine), and a chloride channel activator (lubiprostone) for improving OIC in patients with chronic noncancer pain. Although head-to-head studies are lacking, a meta-analysis demonstrated that mu-opioid receptor antagonists were more effective than placebo for the treatment of OIC. The most common adverse effects associated with prescription medications for OIC are gastrointestinal related (eg, nausea, diarrhea, abdominal pain, or distention), with most being mild or moderate in severity. Therapy currently in development for OIC includes the PAMORA axelopran.
DISCUSSION: Health care providers should be aware of this complication in patients receiving opioids and should monitor and address constipation-related symptoms to optimize pain management and improve patient quality of life.

The Evolving Role of Long-Term Pharmacotherapy for Opioid-Induced Constipation in Patients Being Treated for Noncancer Pain. [Review]
Bowers BL, Crannage AJ
Nationally, the prescription of opioids for acute and chronic pain is increasing. As opioid use continues to expand and become of increased concern for health-care practitioners, so do the adverse effects and long-term management of those effects. Opioid-induced constipation (OIC) presents a unique challenge because tolerance does not develop to this particular adverse effect, making chronic pain management a delicate balance between relieving pain and preventing long-term adverse effects such as constipation and dependence. Several agents have been developed for the treatment of OIC in patients with chronic noncancer pain on the basis of short-term studies of 12 weeks or less. However, chronic pain management often extends beyond this 12-week boundary, resulting in health-care professionals questioning the safety and efficacy of continued treatment with OIC agents. This review evaluates available literature on long-term treatment of OIC in patients with chronic noncancer pain with lubiprostone, naloxegol, and methylnaltrexone as well as preliminary results of the recently completed naldemedine long-term trial, COMPOSE-3.

Altered musculoskeletal mechanics as risk factors for postpartum pelvic girdle pain: a literature review. [Review]
Sakamoto A, Gamada K

[Purpose] The aim of this literature review was to detect the factors associated with pelvic girdle pain persisting for over 3 months in the postpartum period. [Methods] We performed a broad literature search for eligible studies published before May 1, 2018 using electronic databases and processed the data using a review process. [Results] In the initial online search, we identified 12,174 potential studies. Finally, 22 studies met the specified criteria and were included for examination of risk factors for persistent pelvic girdle pain after delivery. Pain intensity and disability during pregnancy were risk factors for pelvic girdle pain persisting for over 6 months after delivery. The active straight leg raising test predicted the risk of persistent pelvic girdle pain after delivery. Dysfunction of the pelvic floor muscles was also a risk factor for persistent pelvic girdle pain. [Conclusion] Pain intensity and disability during pregnancy, positive provocation tests, active straight leg raising test, and musculoskeletal mechanics were positively associated with pelvic girdle pain persisting for over 3 months after delivery.

Krakhotkin D.V., Chernylovskiy V.A., Bakurov E.E., Sperl J.

Therapeutic Advances in Urology. 11 (pp 1-9), 2019. Date of Publication: 2019.

Background: The aim of this work was to evaluate the influence of UPOINT-guided (Urinary, Psychosocial, Organ-specific, Infection, Neurologic/systemic, Tenderness of skeletal muscles) multimodal therapy in patients with chronic prostatitis (CP)/chronic pelvic pain syndrome (CPPS) on the dynamic values of the National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI) score.

Patients and methods: In our study we investigated 110 patients aged 26-68 years with CP/CPPS. We performed digital rectal examination (DRE), pre- and post-massage test (PPMT) urine culture, urine analysis, transrectal ultrasound investigation of prostate, antibiotic susceptibility testing. We divided the patients into the intervention group and the control group which was followed up without any therapy. For the intervention group we offered multimodal therapy based on each predominated positive phenotype. For the urinary phenotype, patients in intervention group received 10 mg alfuzosin. For organ-specific and tenderness domains, the patients of the intervention group received 63 mg Cernilton and 1 g Quercetin. For infection control, the patients of the intervention group received antimicrobial agents according to the results of the post-massage urine culture, antibiotic susceptibility testing and a high level of contamination >105 colony-forming units (CFU)/ml. Microbiological assessment of PPMT urine culture was conducted with aerobic and anaerobic methods of cultivation.

Results: The 110 patients had an average age of 43.9 +/- 11.1 years and a median duration of symptoms of 6.21 +/- 1.8 months. Of these, 11 patients did not complete the trial and therefore in quantitative terms, the distribution of patients was as follows: 54 in the intervention group and 45 in the control group. The average total NIH-CPSI score before treatment was 29.8 +/- 6.1 in both groups. The mean NIH-CPSI of the pain, urinary, and quality of life (QOL) subscores before treatment was 15.1 +/- 3.0, 7.4 +/- 1.4 and 8.1 +/- 2.1, respectively in...
both groups. After 6 weeks the PPMT urine culture of patients of the intervention group showed
the absence or low-level contamination of microorganisms. After conducting the treatment, the
mean total NIH-CPSI score in the intervention and control groups was 13.9 +/- 2.8 (p = 0.025)
and 29.8 +/- 5.8 (p = 0.18), respectively. The average NIH-CPSI pain subscore in the intervention
and control group after treatment was 6.7 +/- 1.4 (p = 0.018) and 15.1 +/- 2.8 (p = 0.21),
respectively. The mean NIH-CPSI urinary subscore after treatment in the intervention and control
group was 3.22 +/- 1.07 (p = 0.045) and 7.4 +/- 1.2 (p = 0.15), respectively. The average NIH-
CPSI QOL subscore after treatment in the intervention and control group was 3.87 +/- 1.28 (p =
0.015) and 8.1 +/- 1.9 (p = 0.35). After multimodal therapy, the prevalence of different UPOINT-
positive domains in the patients of both intervention groups did not exceed 14%.
Conclusion(s): The UPOINT clinical phenotypes significantly changed after multimodal treatment,
including antibiotics, phytotherapy and alpha-blockers in patients with CP/CPPS. This
combination of treatment showed a decreasing total NIH-CPSI score and an elevation of QOL in
patients.

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Status
In-Process

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2019

804.

Efficacy and safety of ASP1707 for endometriosis-associated pelvic pain: the phase II
randomized controlled TERRA study.
D’Hooghe T., Fukaya T., Osuga Y., Besuyen R., Lopez B., Holtkamp G.M., Miyazaki K., Skillern
L.

Embase

AN: 2017408978

STUDY QUESTION: Does the GnRH antagonist, ASP1707, reduce endometriosis-associated
pelvic pain? SUMMARY ANSWER: ASP1707 significantly reduced endometriosis-associated
pelvic pain in a dose-related manner WHAT IS KNOWN ALREADY: GnRH agonists are an
effective therapeutic option for endometriosis that is refractory to non-steroidal anti-inflammatory
drugs, oral contraceptives, and progestins. However, GnRH agonists cause complete
suppression of estradiol (E2), resulting in hypoestrogenic side-effects such as bone loss that may
increase the future risk of osteoporotic fractures. STUDY DESIGN, SIZE, DURATION: This was a
Phase II, multicenter, double-blind, randomized, parallel-group, placebo-controlled study
conducted in 540 women from 04 December 2012 to 30 July 2015 in Europe and Japan. A
sample size of 504 (84 subjects per group) was calculated to provide >=80% power to detect a
dose-related treatment effect among placebo and ASP1707 doses in change from baseline in
pelvic pain, assuming different dose-response curves after 12 weeks of treatment.

PARTICIPANTS/MATERIALS, SETTING, METHODS: Of 912 women with endometriosis-associated pelvic pain screened, 540 were enrolled, and 532 received >=1 dose of study drug (placebo, n = 88; ASP1707 3 mg, n = 86; ASP1707 5 mg, n = 91; ASP1707 10 mg, n = 90; ASP1707 15 mg, n = 88; leuprorelin, n = 89) for 24 weeks. MAIN RESULTS AND THE ROLE OF CHANCE: After 12 weeks of treatment with ASP1707, the mean (95% CI) changes in numeric rating score (NRS) for overall pelvic pain (OPP) were -1.56 (-1.91, -1.21), -1.63 (-1.99, -1.27), -1.93 (-2.27, -1.60), -2.29 (-2.64, -1.94), and -2.13 (-2.47, -1.79) for placebo, ASP1707 3 mg, ASP1707 5 mg, ASP1707 10 mg, and ASP1707 15 mg, respectively. Mean (95% CI) changes in NRS for dysmenorrhea were -1.50 (-2.00, -1.00), -2.72 (-3.22, -2.21), -2.85 (-3.33, -2.38), -3.97 (-4.46, -3.48), and -4.18 (-4.66, -3.70), respectively. Mean (95% CI) changes in NRS for non-menstrual pelvic pain (NMPP) were -1.53 (-1.88, -1.19), -1.51 (-1.87, -1.16), -1.80 (-2.14, -1.47), -2.03 (-2.37, -1.68), and -1.86 (-2.20, -1.52), respectively. Statistically significant dose-related treatment effects in reduction in NRS for OPP (P = 0.001), dysmenorrhea (P < 0.001), and NMPP (P = 0.029) were observed after 12 weeks among ASP1707 doses and were maintained through 24 weeks. Serum estradiol and bone mineral density decreased dose dependently with ASP1707 through 24 weeks, however, to a lesser extent than with leuprorelin. LIMITATIONS, REASON FOR CAUTION: This study was not powered for pairwise comparison of each ASP1707 group versus placebo. WIDER IMPLICATIONS OF THE FINDINGS: All doses of ASP1707 reduced serum E2 levels to within the target range and to a lesser extent than leuprorelin. ASP1707 is a potential alternative treatment to leuprorelin for endometriosis-associated pelvic pain with lower impact on bone health. STUDY FUNDING/COMPETING INTEREST(S): This study was funded by Astellas Pharma Inc. T.D’.H is Vice President and Head of Global Medical Affairs Fertility at Merck, Darmstadt, Germany since October 1, 2015. At the time that the TERRA study was conducted, he served as Principal Investigator in his role as Coordinator of the Leuven University Fertility Center. Since October 2015, T.D’.H has left Leuven University Hospital Gasthuisberg, but continues to serve as Professor in Reproductive Medicine and Biology at KU Leuven (University of Leuven) Belgium and at the Dept of Obstetrics, Gynecology and Reproduction at Yale University, New Haven, USA. T. Fukaya and Y. Osuga report personal consulting fees from Astellas Pharma Inc. during the conduct of the study and outside the submitted work. G.M. Holtkamp, and L. Skillern are employed by Astellas Pharma Europe B.V.; K. Miyazaki is employed by Astellas Pharma Inc.; B. Lopez, was a biostatistician for Astellas Pharma Europe B.V. during conduct of the study; R. Besuyen was a contract Associate Director of Medical Science for Astellas during conduct of the study.

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Effectiveness comparisons of acupuncture for chronic prostatitis/chronic pelvic pain syndrome: A Bayesian network meta-analysis protocol.
[Article]
AN: 633967100
Background: Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) is a common urinary system disease in the male population. Recent studies have shown that acupuncture can alleviate the pain caused by CP/CPPS to a certain extent and improve the quality of life of patients. This study used a network meta-analysis (NMA) to compare the effectiveness and safety of different forms of acupuncture on CP/CPPS. Methods and analysis: We will search for PubMed, Cochrane Library, AMED, EMBASE, WorldSciNet; Nature, Science online and China Journal Full-text Database, China Biomedical Literature CD-ROM Database, and related randomized controlled trials (RCTs) included in the China Resources Database. The time is limited from the construction of the library to December 2018. The quality of the included RCTs will be evaluated with the risk of bias tool and evidence will be evaluated by grading of recommendations assessment, development, and evaluation. STATA 13.0 and WinBUGS 1.4.3 through the GeMTC package will be used to perform a NMA to synthesize direct and indirect evidence.
Result(s): The results of this NMA will be submitted to a peer-reviewed journal for publication.
Copyright © 2019 the Author(s).
Status In-Process
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Efficacy and safety of moxibustion in patients with chronic prostatitis/chronic pelvic pain syndrome: A systematic review protocol.
Background: Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) is a common urogenital disease. Moxibustion is a complementary treatment option for CP/CPPS. This systematic review will assess the efficacy and safety of moxibustion as a sole or add-on therapy for CP/CPPS.

Method(s): We will retrieve randomized controlled trials (RCTs) of moxibustion for CP/CPPS from the following databases: PubMed, EMBASE, Cochrane Central Register of Controlled Trials, VIP, Chinese Biomedical Database, China National Knowledge Infrastructure Database, Wanfang Data, Chinese Medicine Database System, Google Scholar, Clinicaltrials.gov, and China Clinical Trial Registry from their inception to March 9, 2019, without language restrictions. RCTs comparing moxibustion with active drugs or moxibustion + drugs with these same drugs alone will be included. Primary outcomes will be the change in the total score of the National Institutes of Health's Chronic Prostatic Inflammatory States Index (NIH-CPSI) after moxibustion treatment. Secondary outcomes will include the scores of the individual NIH-CPSI domains, response to treatment of CP/CPPS, leucocyte and phosphatidylcholine corpuscle count in prostatic fluid, incidence of adverse events (AEs), and incidence of moxibustion-related AEs. The Cochrane risk of bias tool will be used for evaluating the risk of bias of individual trials. Heterogeneity will be detected by the Cochran Q test and I-square test. A random-effects model will be used to pool data in the meta-analysis. Risk ratio and weighted or standardized mean difference will be used as the effect measures. Three sets of subgroup analyses will be performed to explore the sources of heterogeneity. Where appropriate, we will assess the likelihood of publication bias based on funnel plots and quantitative tests.

Result(s): This study will produce the systematic review evidence regarding moxibustion for treating CP/CPPS based on current RCTs.

Conclusion(s): This study will provide a clear basis for understanding the efficacy and adverse reactions of moxibustion treatment for CP/CPPS.

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Status In-Process

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Background and aims Bariatric surgery remains a mainstay for treatment of morbid obesity. However, long-term adverse outcomes include chronic abdominal pain and persistent opioid use. The aim of this review was to assess the existing data on prevalence, possible mechanisms, risk factors, and outcomes regarding chronic abdominal pain and persistent opioid use after bariatric surgery. Methods PubMed was screened for relevant literature focusing on chronic abdominal pain, persistent opioid use and pharmacokinetic alterations of opioids after bariatric surgery. Relevant papers were cross-referenced to identify publications possibly not located during the ordinary screening. Results Evidence regarding general chronic pain status after bariatric surgery is sparse. However, our literature review revealed that abdominal pain was the most prevalent complication to bariatric surgery, presented in 3-61% of subjects with health care contacts or readmissions 1-5 years after surgery. This could be explained by behavioral, anatomical, and/or functional disorders. Persistent opioid use and doses increased after bariatric surgery, and 4-14% initiated a persistent opioid use 1-7 years after the surgery. Persistent opioid use was associated with severe pain symptoms and was most prevalent among subjects with a lower socioeconomic status. Alteration of absorption and distribution after bariatric surgery may impact opioid effects and increase the risk of adverse events and development of addiction. Changes in absorption have been briefly investigated, but the identified alterations could not be separated from alterations caused solely by excessive weight loss, and medication formulation could influence the findings. Subjects with persistent opioid use after bariatric surgery achieved lower weight loss and less metabolic benefits from the surgery. Thus, remission from comorbidities and cost effectiveness following bariatric surgery may be limited in these subjects. Conclusions Pain, especially chronic abdominal, and persistent opioid use were found to be prevalent after bariatric surgery. Physiological, anatomical, and pharmacokinetic changes are likely to play a role. However, the risk factors for occurrence of chronic abdominal pain and persistent opioid use have only been scarcely examined as have the possible impact of pain and persistent opioid use on clinical outcomes, and health-care costs. This makes it difficult to design targeted preventive interventions, which can identify subjects at risk and prevent persistent opioid use after bariatric surgery. Future studies could imply pharmacokinetic-, pharmacodynamics-, and physiological-based modelling of pain treatment. More attention to social, physiologic, and psychological factors may be warranted in order to identify specific risk profiles of subjects considered for bariatric surgery in order to tailor and optimize current treatment recommendations for this population.

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Status Article-in-Press
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Year of Publication
2019
Results of purified micronized flavonoid fraction in the treatment of categorized type III chronic pelvic pain syndrome: a randomized controlled trial.
Sahin A., Kutluhan M.A., Yildirim C., Urkmez A., Akan S., Verit A.
Embase
[Article]
AN: 629601470
Objectives: The management of chronic pelvic pain syndrome (CPPS) is controversial because of the unclear pathogenesis of this disease. In one theory, prostatitis has been proposed to be associated with pelvic venous diseases such as varicocele and hemorrhoids, dilatation of the Santorini plexus. In this study, we investigated the effect of micronized flavonoid fraction (an agent used in venous insufficiency) in the treatment of type III CPPS.
Method(s): Patients diagnosed with type III chronic prostatitis were randomized and divided into 3 groups. Group 1 consisted of patients using antibiotics+anti-inflammatory+alpha-blocker (n=47), Group 2 consisted of patients using antibiotics+anti-inflammatory+purified micronized flavonoid fraction (n=45), and Group 3 consisted of patients using only purified micronized flavonoid fraction (n=35).
Result(s): The mean age of the patients was 32.93+/-.70 (range; 23-44) years. There was a statistically significant difference between the groups in terms of the 6th month NIH -CPSI (National Institute of Health Chronic Prostatitis Symptom Index) total scores (p=.000). Also, it was found that NIH-CPSI total scores at month 12 in Group 3 were significantly higher than those in Group 1 and 2 (p1=.000, p2=.002). NIH-CPSI total scores at month 12 in Group 2 were significantly higher than those in Group 1 (p=.000).
Conclusion(s): The use of purified micronized flavonoid will decrease prostatic inflammation occurring due to increased perineal venous return. It can also be preferred as part of multimodal therapy because of its profile with relatively less side effects and being more affordable compared with alpha-blockers.
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Year of Publication 2019

809.

The outcome of fertility sparing and non-fertility sparing surgery for the treatment of adenomyosis. A systematic review and meta-analysis.
Mikos T., Lioupis M., Anthoulakis C., Grimbizis G.F.
Embase
OBJECTIVE: The purpose of this systematic review is to identify the operative issues and specific dysmenorrhoea and menorrhagia outcomes in women who had fertility sparing surgery, as well as the expected outcome for extirpative disease. DATA SOURCES: PROSPERO (ID No 125692). Search for eligible studies up to 31 March 2019 on Medline/PubMed (1966-2019), Scopus/Elsevier (1950-2019) and Google Scholar (up to 2019). The search terms applied for the search strategy were: adenomyosis, adenomyomas, uterus-sparing surgery, fertility sparing surgery, pain, dysmenorrhoea, menorrhagia, uterine volume, adenomyotic volume, case-control studies, cohort studies, prospective studies. METHODS OF STUDY SELECTION: 443 studies were initially identified. EXCLUSION CRITERIA: (a) inadequate description of pre-operative adenomyosis or absence of post-operative histology confirmation of adenomyosis, (b) no statement of use of a standardized instrument for measurement of pain, bleeding, or adenomyotic/uterine volume, (c) follow-up <12 months post-operatively, (d) study population <20 women, (e) non-English language. TABULATION, INTEGRATION AND RESULTS: Nineteen studies with a total of 1843 patients with adenomyosis were included. Twelve studies were further analyzed in the meta-analysis. Complete excision of adenomyosis is related with improvement in pain, menorrhagia, and the reduction of uterine volume by a factor of 6.2, 3.9, 2.3, respectively; the partial excision of adenomyosis is related with improvement in pain, menorrhagia, and reduction of uterine volume by a factor of 5.9, 3.0, and 2.9, respectively; the studies with a mixed volume of patients with complete and partial excision of adenomyosis report improvement in pain, menorrhagia, and reduction of uterine volume by a factor of 4.0, 6.3, and 5.1, respectively. CONCLUSION(S): In conclusion, the surgical treatment of adenomyosis results in satisfactory control of the pain and bleeding, as well as in the reduction of the uterine volume. Further research is warranted in order to investigate the long-term control of symptoms, to identify any parameters related to the recurrence of adenomyosis, as well as in order to compare the conservative surgical treatment of adenomyosis with other treatment options.

A randomized, double-blind, placebo-controlled trial of onabotulinumtoxinA trigger point injections for myofascial pelvic pain.

810.

A randomized, double-blind, placebo-controlled trial of onabotulinumtoxinA trigger point injections for myofascial pelvic pain.
BACKGROUND: Pelvic pain is estimated to effect 15% of women, and onabotulinumtoxinA is used to treat a variety of pain disorders. However, the data on the use of onabotulinumtoxinA for the treatment of women with myofascial pelvic pain is limited.

OBJECTIVE(S): To compare the effect of onabotulinumtoxinA versus placebo injections to the pelvic floor muscles in women with myofascial pelvic pain. STUDY DESIGN: This was a double-blind, randomized, placebo-controlled trial in women with myofascial pelvic pain. Women >=18 years were eligible if they reported pain >=6 on a 10-point visual analog scale (VAS) >=50% of the time and had pain on palpation >=6 on the VAS in >=1 of 6 pelvic floor muscle groups. Participants were randomly allocated to a pelvic floor injection of 200 units of onabotulinumtoxinA or 20 mLs of saline. All participants started 8 weeks of physical therapy 4 weeks after the injection. Participants completed validated questionnaires at baseline, 2, 4, and 12 weeks after injection. At each visit, a urogynecologist who was blinded to treatment arm performed a clinical examination with palpation of the left and right sides of 6 pelvic floor muscle groups. The primary outcome was change in participant-reported pain on palpation of the most painful pelvic floor muscle at 2 weeks. Analyses were intention-to-treat.

RESULT(S): We consented 60 women. One participant was lost to follow-up after she was consented; therefore, we randomized 59 women. The groups had similar demographic and clinical characteristics. With regard to the primary outcome, there was no significant difference between the intervention and placebo groups in the change in participant-reported pain on palpation of the most painful pelvic floor muscle at 2 weeks. There were no significant differences in participant-reported pain on palpation for any muscle group at 4 or 12 weeks. At 4 and 12 weeks, participants in the intervention group reported greater declines in overall pelvic pain on the VAS compared to the placebo group, though these differences were not statistically significant (both p=0.16). Using the Patient Global Impression of Improvement index, participants in the intervention group were more likely to report their symptoms were improved at 4 and 12 weeks compared to the placebo group, though this difference was significant only at 4 weeks (p=0.03 and p=0.10, respectively). At 2 weeks, the placebo group had a significant improvement in the Pelvic Floor Distress Inventory score compared to the intervention group (p=0.01); however, this difference did not persist at 4 (p=0.19) or 12 weeks (p=0.11). At 2 weeks, the most common adverse event was constipation in the intervention and placebo groups, with 10.1% reporting de novo constipation. This was followed by urinary incontinence in the intervention group (22%) and urinary tract infection (9%) in the placebo group.

CONCLUSION(S): Pelvic floor onabotulinumtoxinA injections for myofascial pelvic pain were not more effective than saline injections at decreasing muscle pain on palpation. Despite this, participants who received onabotulinumtoxinA were more likely than those who received saline to report improvement, albeit not statistically significant, in their overall pelvic floor pain at 4 and 12 weeks.

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A Narrative Review of Musculoskeletal Impairments Associated with Non-specific Chronic Pelvic Pain.
Harris-Hayes M., Spitznagle T., Probst D., Foster S.N., Prather H.
Embase
[Review]
AN: 628460868
The purpose of this narrative review was to present and review the evidence of the relationship of musculoskeletal impairments found in people with non-specific chronic pelvic pain (CPP). The musculoskeletal impairments assessed in this review include pelvic floor muscle: performance, resting state, strength, activation, posture and movement patterns. A search was performed systematically using PubMed, Cochrane, CINAHL, Embase, and Web of Science databases from 1998 to 2018 to identify studies reporting the relationship of non-specific CPP and musculoskeletal impairments of the hip, pelvis and trunk. The search resulted in 2106 articles that were screened by 2 authors. Remaining articles were screened by an additional 2 authors for inclusion in this review. Thirty-one articles remained after initial screening. Full text publications were reviewed and an additional 25 articles were excluded. Six additional articles were located through review of the reference lists of included articles. The final review included 12 publications. Seven of these studies were cross-sectional cohorts or a case-control comparing patients with CPP to asymptomatic controls. One cohort study included patients with CPP alone. The remaining studies were treatment studies. The level of evidence for the studies included in this review was low at levels 4 and 5. We were unable to make clear conclusions regarding the relationships of musculoskeletal impairments and CPP because validity and use of terms and assessments were inconsistent. Further research is needed with standardized definitions and measurements to better understand the musculoskeletal system as it relates to nonspecific CPP.
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Characterizing Anxiety at the First Encounter in women presenting to the urogynaecology clinic: the CAFE Study.
Embase
[Article]
AN: 628353510
BACKGROUND: Clinically based anxiety questionnaires measure 2 forms of anxiety known as state anxiety and trait anxiety. State anxiety is temporary and is sensitive to change, while trait anxiety is a generalized propensity to be anxious.
OBJECTIVE(S): Our study aims to characterize the reasons for anxiety among women presenting for an initial consultation for their pelvic floor disorders, to measure change in participant state anxiety after the visit, and to correlate improvement in anxiety with visit satisfaction. STUDY DESIGN: All new patients presenting to our tertiary Urogynaecology clinic were invited to participate. Following consent, participants completed pre- and post-visit questionnaires. Providers were blinded to pre and post-visit questionnaire responses. The pre-visit questionnaires included the Pelvic Floor Distress Inventory (PFDI), Generalized Anxiety Disorder-7 (GAD-7) and the 6 item short form of the Spielberg State Trait Anxiety Inventory (STAI-Y6). Participants were also asked to list their pre-visit anxieties. The post-visit questionnaires comprised of the STAI-Y6, patient global impression of improvement (PGI-I) of participant anxiety, patient satisfaction, and the participant's perception of whether her anxiety was address during the visit. The anxieties listed by participants were then reviewed independently by 2 of the authors and categorized. A separate panel arbitrated when there were disagreements among anxiety categories.
RESULT(S): Fifty primarily Caucasian (66%) women with a median age of 53 years (IQR: 41-66) completed the study. The visit diagnoses included: stress urinary incontinence (54%), urge urinary incontinence (46%), myofascial pain (28%), pelvic organ prolapse (20%), and recurrent urinary tract infection (12%). Less than a quarter (22%) of participants had a history of anxiety diagnosis. The average pre-visit STAI-Y6 score was 42.9 (SD=11.98) which decreased by an average of 12.60 points post-visit (95% CI: -16.56 to -8.64, p<.001). Post-visit decreased anxiety was associated with improvements in the PGI-I anxiety (p<.001) and participants' perception that their anxiety symptoms were completely addressed (p=.045). The most reported causes for consultation related anxiety were: lack of knowledge of diagnosis and ramifications, personal or social issues, and fear of the physical exam. Participants reported that improvements in anxiety were related to patient education and reassurance, medical staff appreciation and acceptable treatment plan. Participants reporting complete satisfaction demonstrated a greater decrease in post-visit STAI scores compared to participants not reporting complete satisfaction (p=.045). Changes in the STAI-Y6 score were not associated with the PFDI (p=.35) or GAD-7 scores (p=.78).
CONCLUSION(S): Women with the highest satisfaction following their initial Urogynaecology visit also demonstrate the largest decreases in anxiety following the visit. Changes in anxiety scores were not correlated with the PFDI or with measures of generalized anxiety (GAD-7). Recognizing and addressing patient anxiety may help physicians better treat their patients and improve overall patient satisfaction.
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Effect of ear acupuncture on pregnancy-related pain in the lower back and posterior pelvic girdle: a multicentre randomised clinical trial.
Vas J., Cintado M.C., Aranda-Regules J.M., Aguilar I., Rivas Ruiz F.
Embase
[Article]
AN: 627624270
INTRODUCTION: Ear acupuncture carried out in primary care by trained midwives, with no specialist training in acupuncture, may be effective in alleviating pregnancy-related lower back and/or posterior pelvic girdle pain (LBPGP). The objective of this study was to assess the effect of ear acupuncture associated with standard obstetric care, in the primary care setting, on LBPGP experienced by pregnant women. MATERIAL AND METHODS: This four-group, multicentre, randomised controlled trial was conducted at 18 public primary care centres in three regions in Spain, with the participation of 220 pregnant women at 24-36 weeks of gestation, aged 18 years or more, diagnosed with pregnancy-related LBPGP and who had not previously received ear acupuncture. The trial was conducted from March 2014 to December 2016. Participants were randomly assigned (1:1:1:1) to receive standard obstetric care plus two sessions (over two weeks) of verum ear acupuncture, or non-specific ear acupuncture, or placebo ear acupuncture, or standard obstetric care alone. The primary outcome was change in pain intensity, assessed using a visual analogue scale (0 to 100 mm) from baseline to the end of treatment (T2). Secondary outcomes included change or presence of pain at 3 months (T3) and at one year (T4) postpartum, and changes in responses to the Roland Morris disability questionnaire (RMDQ) and Short Form-12 Health Survey (SF-12) at the end of treatment.
RESULT(S): 55 women were randomised to each group, and 205 completed the study. With respect to baseline values, the reduction in pain intensity among the verum ear acupuncture group vs. Standard obstetric care was significantly greater, both at T2 (65.8%, 95%CI: 56.2-75.3 vs. 25.1%, 95%CI: 15.3-34.9) and at T3 (93.8%, 95%CI: 88.7-99.0 vs. 67.9%, 95%CI 55.3-80.5). Moreover, significant changes were found in the verum ear acupuncture group vs. standard obstetric care at T2, in reduced RMDQ scores (70.9%, 95%CI: 61.8-80.1 vs. 21.2%, 95%CI: 8.6-33.7) and in increased SF-12 scores on the physical scale (40.5%, 95%CI: 31.5-49.4 vs. 8.1%, 95%CI: 0.8-15.5).
CONCLUSION(S): After two weeks' treatment, ear acupuncture, applied by midwives, and associated with standard obstetric care significantly reduces lumbar and pelvic pain in pregnant women, improves quality of life and reduces functional disability. This article is protected by copyright. All rights reserved.
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Status Article-in-Press
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A longitudinal analysis of urologic chronic pelvic pain syndrome flares in the MAPP research network.

Embase

OBJECTIVE: To describe the frequency, intensity, and duration of urologic chronic pelvic pain syndrome symptom exacerbations ("flares"), as well as risk factors for these features, in the Multidisciplinary Approach to the Study of Chronic Pelvic Pain Epidemiology and Phenotyping longitudinal study. PARTICIPANTS AND METHODS: Current flare status ("urologic or pelvic pain symptoms that are much worse than usual") was ascertained at each bi-weekly assessment. Flare characteristics, including start date, and current intensity of pelvic pain, urgency, and frequency (scales of 0-10), were assessed for participants’ first three flares and at three randomly selected times when they did not report a flare. Generalized linear and mixed effects models were used to investigate flare risk factors.

RESULT(S): Of the 385 eligible participants, 24.2% reported no flares, 22.9% reported 1 flare, 28.3% 2-3 flares, and 24.6% >=4 flares, up to a maximum of 18 during the 11-month follow-up (median incidence rate=0.13/bi-weekly assessment, range=0.00-1.00). Pelvic pain (mean=2.63 point increase) and urologic symptoms (mean=1.72) were both significantly worse during most flares (60.6%), with considerable within-participant variability (26.2-37.8%). Flare duration varied from 1-150 days (94.3% within-participant variability). In adjusted analyses, flares were more common, symptomatic, and/or longer-lasting in female participants and those with worse non-flare symptoms, bladder hypersensitivity, and chronic overlapping pain conditions.

CONCLUSION(S): In this foundational flare study, we found that pelvic pain and urologic symptom flares were common, but variable in frequency and manifestation. We also identified sub-groups of participants with more frequent, symptomatic, and/or longer-lasting flares for targeted flare management/prevention and further study. This article is protected by copyright. All rights reserved.

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Robotic single-site endometriosis resection using near-infrared fluorescence imaging with indocyanine green: a prospective case series and review of literature.
Jayakumaran J., Pavlovic Z., Fuhrich D., Wiercinski K., Buffington C., Caceres A.
Embase
[Article]
AN: 627179838
We present our preliminary experience comparing robotic near-infrared fluorescence (NIRF) imaging using indocyanine green (ICG) to 2D laparoscopic white light (WL) and 3D robotic WL illumination, in their ability to visually detect endometriosis lesions during a robotic endometriosis resection procedure in a single center. A total of twenty women were screened and seven of them with symptomatic endometriosis were included in this prospective case series. The mean patient age was 33 years with the mean body mass index being 28.6 kg/m2. The NIRF-ICG imaging technique enabled visualization of a statistically significant higher number of lesions compared to that of robotic and laparoscopic WL (13.4 vs 7.4 vs 4.7, p=0.012). In addition, we explored the extent of quality of life (QoL) measures of these women affected by endometriosis using the validated QoL RAND Short Form Health Survey questionnaire and Numeric Pain Rating Scale. The largest reduction of quality of life was measured for the domains of social functioning (3.28 SD, 95% CI 45.7-61.5, p=0.001), physical limitations (3.04 SD, 95% CI 15.1-44.3, p=0.0002), and physical functioning (3.02 SD, 95% CI 48.7-64.1, p=0.0002), respectively. There was a
significant reduction in the postoperative mean pain score as indicated by the pain rating of 0.57 +/- 0.78 (p=0.0005). We also performed a literature search to review other cases that describe the potential benefits of robotic NIRF-ICG imaging in the visual detection of peritoneal and deep endometriosis. Our study results demonstrate that the ICG fluorescence system may potentially be useful for more complete intraoperative endometriosis lesion detection and excision. Large multicenter trials with larger sample sizes and across surgeons of differing experience levels are needed to investigate the clinical utility, reproducibility and long-term outcomes of the use of this technology for patients with debilitating endometriosis.

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816.

Neuromodulatory effects of pudendal nerve stimulation on bladder hypersensitivity are present in opioid-pretreated rats.


Embase
[Article]
AN: 629295741
Background and objectives Bilateral electrical pudendal nerve stimulation (bPNS) reduces bladder hypersensitivity in rat models and anecdotally reduces pain in humans with pelvic pain of urologic origin. Concomitant opioids are known to alter responses to neuromodulation in some systems. So prior to the development of a clinical trial for purposes of regulatory approval, the preclinical interaction between opioids and stimulation effectiveness was examined. Methods Bladder hypersensitivity was produced by neonatal bladder inflammation in rat pups coupled with a second inflammatory insult as an adult. Morphine was administered acutely (1-4 mg/kg intraperitoneal) or chronically (5 mg/kg subcutaneously daily for 2 weeks prior to the terminal experiment). bPNS consisted of bilateral biphasic electrical stimulation of the mixed motor/sensory component of the pudendal nerves. Visceromotor responses (VMR; abdominal...
muscle contractile responses to urinary bladder distension (UBD)) were used as nociceptive endpoints. Results Morphine produced a dose-dependent inhibition of VMRs to UBD that was naloxone reversible. bPNS resulted in statistically significant inhibition of VMRs to UBD in hypersensitive rats that had received acute or chronic subcutaneous morphine injections. Conclusions This study suggests that inhibitory effects of bPNS can still be evoked in subjects who are receiving opioid therapy, thus giving guidance to potential clinical trials seeking regulatory approval for the treatment of chronic bladder pain.

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817.

Treatment of urethral pain syndrome (UPS) in Sweden.
Ivarsson L.B., Lindstrom B.E., Olovsson M., Lindstrom A.K.
Embase
[Article]
AN: 2003956210

Background Urethral Pain Syndrome (UPS) in women is a recurrent urethral pain without any proven infection or other obvious pathology. There are few studies on UPS, and evidence-based treatment is lacking. The primary aim was to study what treatments are used, and to compare the treatment tradition of UPS in Sweden in 2018, with what was used in 2006. Methods A questionnaire on the treatment of women with UPS was sent to all public gynecology, urology, gynecologic oncology and venereology clinics, and one public general practice in each county in Sweden in 2018. Private practice clinics in gynecology responded to the survey in 2017. Findings Of 137 invited clinics in 2018, 99 (72.3%) responded to the survey. Seventy-seven (77.8%) of them saw women with UPS and 79.2% (61/77) of these clinics treated the patients using 19 different treatment methods. Local corticosteroids and local estrogens were the methods most used. Treatments were similar in gynecology and urology clinics in 2006 and 2018, although strong corticosteroids had increased in use in the treatment regimens of 2018. More than half of the clinics used antibiotics. Interpretation Since there is no evidence-based treatment of UPS, a wide spectrum of treatments is used, and different specialties use different treatment strategies. Despite the lack of proven infection, a large number of clinics also treated the syndrome with antibiotics. There is thus a need for well-designed randomized controlled clinical trials to find evidence-based treatments of UPS.

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INTRODUCTION: Wandering spleen (WS) is a rare and generally acquired condition, resulting from abnormal ligamentous laxity failing to fixate the spleen in its normal location in the left upper quadrant, thus leading to its migration to the pelvis due to gravity. Such migration leads to an elongated vascular pedicle, which is prone to torsion causing splenic infarction; thus, a prompt surgical intervention is recommended. Since this adverse event affects childbearing women or children, it is crucial to choose the most appropriate surgical strategy, such as splenectomy or splenopexy, both effective and widely diffused options. The aim of this paper is to perform a literature review on WS reports treated by surgery. We also present a case of symptomatic WS migrated in pelvis in a young female treated by splenectomy.

EVIDENCE ACQUISITION: All relevant articles from 1895 up to December 2017 were identified by literature searches in PubMed, Scopus and Google Scholar. EVIDENCE SYNTHESIS: A total of 376 patients treated with surgical approach for WS were identified. The most common presentations were abdominal pain and abdominal mass, and approximately half of the patients had an acute clinical onset. Radiology is essential for the diagnosis. Surgical strategy changed over the time; splenectomy is the most reported treatment although in the last years there is an increasing trend towards a more conservative strategy, preferring splenopexy or a laparoscopic approach.

CONCLUSION(S): Surgery is the gold standard strategy, and laparoscopic approach is recommended, for the treatment of wandering spleen. Both splenopexy or splenectomy are effective and safe surgical options.
Repetitive transcranial magnetic stimulation therapy (Rtms) for endometriosis patients with refractory pelvic chronic pain: A pilot study.
Monange A.P., Moisset X., Chauvet P., Gremeau A.-S., Comptour A., Canis M., Pereira B., Bourdel N.
Embase
[Article]
AN: 2002182612
Endometriosis concerns more than 10% of women of reproductive age, frequently leading to chronic pelvic pain. Repetitive transcranial magnetic stimulation (rTMS) over the primary motor cortex (M1) induces an analgesic effect. This effect on chronic pelvic pain is yet to be evaluated. The objective of this study was to assess the feasibility and effect of rTMS to reduce pain and improve quality of life (QoL) in patients with chronic pelvic pain due to endometriosis. This pilot, open-labelled prospective trial examined treatment by neuronavigated rTMS over M1, one session per day for 5 consecutive days. Each session consisted of 1,500 pulses at 10 Hz. We assessed tolerance, pain change and QoL until 4 weeks post treatment with a primary endpoint at day 8. Twelve women were included. No patients experienced serious adverse effects or a significant increase in pain. Nine women reported improvement on the Patient Global Impression of Change with a reduction in both pain intensity and pain interference (5.1 +/- 1.4 vs. 4.1 +/- 1.6, p = 0.01 and 6.2 +/- 2.1 vs. 4.2 +/- 1.5, p = 0.004, respectively). rTMS appears well tolerated and might be of interest for patients suffering from chronic pelvic pain for whom other treatments have failed. A randomized controlled trial is mandatory before proposing such treatment.
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Embase
Institution
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Behavioural and neural responses to aversive visceral stimuli in women with primary dysmenorrhoea.


Embase
[Article]
AN: 623825686

Background: Chronic pelvic pain, in particular dysmenorrhoea, is a significant yet unresolved healthcare problem in gynaecology. As interoceptive sensitivity and underlying neural mechanisms remain incompletely understood, this functional magnetic resonance imaging (fMRI) study assessed behavioural and neural responses to visceral stimuli in primary dysmenorrhoea (PMD).

Method(s): Women with PMD (N = 19) without psychological comorbidity and healthy women (N = 20) were compared with respect to visceral sensory and pain thresholds, and to neural responses to individually calibrated mildly painful and painful rectal distensions implemented during scanning. Trial-by-trial ratings of perceived intensity were accomplished with visual analogue scales (VAS).

Result(s): Although women with dysmenorrhoea reported significantly higher chronic pain intensity and pain interference with daily life activities (p < 0.01, assessed with the West Haven-Yale Multidimensional Pain Inventory), there were no differences between groups in visceral sensitivity and mean trial-by-trial VAS ratings were virtually identical. Analysis of neural responses revealed activation in brain regions previously shown to be involved in the processing of visceral stimuli with differences between painful and mildly painful stimulation, but no group differences were found even when using a liberal statistical threshold.

Conclusion(s): Dysmenorrhoea patients show unaltered perceptual and neural responses to experimental interoceptive stimuli. Despite limited sample size, these negative results argue against a generalized sensitization towards interoceptive stimuli in patients without psychological comorbidities. Future studies should clarify the role of psychosocial factors in central sensitization using more pain region-specific models in larger and clinically more heterogeneous samples.

Significance: Despite higher chronic pain and pain interference with daily life activities, women with primary dysmenorrhoea do not differ from healthy women with respect to visceral sensitivity or neural processing of aversive interoceptive stimuli induced by rectal distensions. Generalized sensitization may be present only in subgroups with pronounced psychosocial or psychiatric disturbances.

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Status
Embase

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The characteristics of women recommended a laparoscopy for chronic pelvic pain at a tertiary institution.


Embase


Date of Publication: February 2019.

[Article]

AN: 626452399

Background: Clinician and patient factors impact on the management of chronic pelvic pain (CPP) with medical, surgical or combined approaches possible, although none have proven superior.

Aim(s): To understand the characteristics of women offered laparoscopic pelvic surgery for CPP.

Material(s) and Method(s): We performed an observational study of women referred with CPP. They were asked to complete a study questionnaire regarding their symptoms, medical history, quality of life and pain catastrophisation. Examination and ultrasound findings were collected from patient records. Gynaecologists who recommended a laparoscopy completed a survey detailing their reasoning at the time of booking. The outcomes were investigated using a Cox proportional hazards ratio (HR) model.

Result(s): Of 211 participants, 59 (28%) were booked for laparoscopic surgery during the study timeframe. Factors increasing the rate of laparoscopy included severe dysmenorrhoea (Cox HR = 1.94; P = 0.017), unsuccessful trial of hormonal therapy (Cox HR = 1.81; P = 0.044), prior abdominal surgery (Cox HR = 1.79; P = 0.030), prior pelvic laparoscopy (Cox HR = 2.00; P = 0.007) and past diagnosis of endometriosis (Cox HR = 5.44; P = 0.010). Abnormal vaginal examination (Cox HR = 2.86; P = 0.019) and ultrasound probe tenderness (Cox HR = 2.52; P < 0.001) also increased the likelihood of surgery. Surgical and non-surgical patients did not differ in family history, quality of life or pain catastrophisation. Of gynaecologists' questionnaires, 75% were returned. Results indicated they were most influenced by the severity or duration of pain and least by examination or ultrasound findings.

Conclusion(s): The characteristics of women booked for surgery were in keeping with the features evidence suggests increases the risk of pathology. There were some discrepancies between patient characteristics elicited in the questionnaires and those indicated by gynaecologists to influence their decision.

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Status

Embase

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Institution
Intravesical injections of platelet-rich plasma is effective and safe in treatment of interstitial cystitis refractory to conventional treatment-A prospective clinical trial.

Jhang J.-F., Lin T.-Y., Kuo H.-C.

Embase

Aims: Current treatments for interstitial cystitis/bladder pain syndrome (IC/BPS) are usually unsuccessful in achieving long-term bladder pain relief and irritable symptom improvement. This study investigated the clinical efficacy of platelet-rich plasma (PRP) intravesical injections on IC/BPS patients refractory to conventional therapies.

Method(s): Forty patients received four monthly intravesical injections of 10 mL PRP extracted from 50 mL of whole blood. The primary end-point was Global Response Assessment (GRA) at 3 months after the 4th PRP injection. Secondary endpoints included changes in O'Leary-Sant symptom score (OSS), visual analog scale (VAS) of pain, daily frequency, nocturia, functional bladder capacity (FBC), maximum flow rate, voided volume, post-void residual volume (PVR) from baseline to 3 months after the 4th PRP injection.

Result(s): All 40 patients (37 women and 3 men, aged 55.5 +/- 11.1 years) completed the four injections and follow-up visits. GRA improved after the 1st PRP injection and the satisfaction persists till the primary end-point. The success rate was 45%, 52%, 70%, 70%, and 67.5% after the 1st, 2nd, 3rd, 4th, and 3 months after the 4th PRP injection, respectively. OSS and VAS also significantly decreased. The PVR did not change after repeated PRP injections, FBC increased, frequency, and nocturia were decreased after PRP injections. All patients were free of urinary tract infection or difficulty urinating.

Conclusion(s): The study demonstrated that repeated intravesical injections of autologous PRP can increase bladder capacity and provide IC symptom improvement in patients with IC/BPS refractory to conventional therapy. Autologous PRP injection is safe and effective in selected patients.
Sacral neuromodulation treating chronic pelvic pain: A meta-analysis and systematic review of the literature.
Embalse
[Article]
AN: 626815583
Introduction and hypothesis Sacral neuromodulation (SNM) is gaining popularity as a treatment option for chronic pelvic pain (CPP). Our hypothesis is that SNM is effective in improving CPP.
Methods A systematic search was conducted through September 2018. Peer-reviewed studies using pre- and postpain intensity scores were selected. The primary outcome was pain improvement on a 10-point visual analog scale (VAS) (adjusted or de novo) in patients with CPP. Secondary outcomes included comparing SNM approaches and etiologies and evaluating lower urinary tract symptoms (LUTS). Results Fourteen of 2175 studies, evaluating 210 patients, were eligible for further analysis. The overall VAS pain score improvement was significant [weighted mean difference (WMD) -4.34, 95% confidence interval (CI) = -5.22, to -3.64, p < 0.0001]]. Regarding SNM approach, both standard and caudal approaches had significant reduction in pain scores: WMD -4.32, CI 95%= -5.32, to -3.31 (p < 0.001) for the standard approach, compared with WMD -4.63, 95% CI = -6.57 to -2.69 (P < 0.001), for the caudal approach (p = 0.75). While significant improvement in pain was observed both in patients with and without interstitial cystitis/bladder pain syndrome (IC/BPS), the observed improvement was lower in patients with (WMD-4.13, CI 95%-5.36 to -2.90 versus without (WMD-5.72, CI 95%=-6.18, to -5.27) IC/BPS (p = 0.02). SNMwas effective in treating voiding symptoms (frequency, urgency, nocturia) associated with IC/BPS (all p < 0.01). Conclusions SNM is an effective therapy for CPP in both IC/BSP and non-IC/BSP patients, with better results in non-IC/BSP patients. Outcomes of the antegrade caudal approach were comparable with the standard retrograde approach.
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Effect of Essential Oil on Patients with Chronic Prostatitis/Chronic Pelvic Pain Syndrome: A Pilot Randomized Controlled Trial.
Embase
Chinese Journal of Integrative Medicine. 25(2) (pp 91-95), 2019. Date of Publication: 01 Feb 2019.
[Article] AN: 622524726
Objective: To evaluate the efficacy and safety of essential oil treatment for type III chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS).
Method(s): A randomized controlled trial was conducted from December 2014 to October 2015. Seventy type III CP/CPPS patients were assigned to the essential oil group (35 cases) or almond placebo oil control group (35 cases) by a random number table. The oil was smeared by self-massage on the suprapubic and sacral region once a day for 4 weeks. The National Institutes of Health Chronic Prostatitis Syndrome Index (NIH-CPSI) and expressed prostatic secretions (EPS) were examined. The primary outcome was NIH-CPSI pain domain. The secondary outcomes included other NIH-CPSI domains and laboratory examinations of EPS. Adverse events were also observed.
Result(s): Sixty-six subjects completed the full 4-week treatment. There was no significant difference between almond oil control and essential oil groups in terms of the total score of NIH-CPSI, pain, quality of life and urination domain scores of NIH-CPSI and EPS examinations (P>0.05). In the essential oil group, pain between rectum and testicles (perineum) in the domain of pain or discomfort was significantly reduced at week 2 and week 4 compared with almond oil control group (P<0.01). No serious adverse events occurred.
Conclusion(s): The essential oil may reduce the pain or discomfort in the perineum region in patients with CP/CPPS. (Registration No. ChiCTR-IPR-14005448).
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Status Embase
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Publisher Chinese Journal of Integrated Traditional and Western Medicine Press
Year of Publication 2019
Intraoperative superior hypogastric plexus block for postoperative pain following gynecological laparotomies.
Subramanian V., Aggarwal S., Kale S., Parthasarathy A.H., Batra A.
Embase
Anaesthesia, Pain and Intensive Care. 23(2) (pp 157-161), 2019. Date of Publication: 2019.
[Article]
AN: 2002930428
Background & Objectives: The superior hypogastric plexus block (SHPB) has been extensively used for treating pelvic cancer pain and chronic pelvic pain, but not as a modality of postoperative analgesia. Currently, postoperative analgesia following gynecological laparotomies is managed mainly by parenteral NSAIDS, opioids or by epidural block. We propose that the intraoperative superior hypogastric plexus block could be a safe and an effective method for managing postoperative pain in patients undergoing gynecological laparotomies. Methodology: It was a prospective randomized case control study. Sixty female patients of ages 18-60 y belonging to ASA grade 1 and 2 undergoing gynecological laparotomies were allocated equally into two groups, study and control group. Both groups received general anesthesia. At the end of surgery, the Study Group received. Postoperative pain was assessed with VAS score, patient's vital parameters and amount of morphine consumed by patient controlled analgesia at 0, 2, 6, 12, 24 and 48 h.
Result(s): The VAS score for pain showed significant difference between Study Group and Control Group at 0 h (p = 0.033), 2 h (p < 0.0001), 6 h (p < 0.0001), 12 h (p < 0.0001) and 24 h (p = 0.003) but not at 48 h (p = 0.085). This showed that the block was more effective up to 24 h. There was significant difference of 33.6% (p < 0.0001) in morphine consumption between study (36.03 mg) and control (54.33 mg) groups.
Conclusion(s): We conclude that superior hypogastric plexus block is a simple, safe and effective without any major complications and has a short learning curve. It has a high success rate for majority of gynecological laparotomies.
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Publisher
Faculty of Anaesthesia, Pain and Intensive Care, AFMS
Year of Publication
2019

Restrictive strategy versus usual care for cholecystectomy in patients with gallstones and abdominal pain (SECURE): a multicentre, randomised, parallel-arm, non-inferiority trial.
Embase
Background: International guidelines advise laparoscopic cholecystectomy to treat symptomatic, uncomplicated gallstones. Usual care regarding cholecystectomy is associated with practice variation and persistent post-cholecystectomy pain in 10-41% of patients. We aimed to compare the non-inferiority of a restrictive strategy with stepwise selection with usual care to assess (in)efficient use of cholecystectomy.

Method(s): We did a multicentre, randomised, parallel-arm, non-inferiority study in 24 academic and non-academic hospitals in the Netherlands. We enrolled patients aged 18-95 years with abdominal pain and ultrasound-proven gallstones or sludge. Patients were randomly assigned (1:1) to either usual care in which selection for cholecystectomy was left to the discretion of the surgeon, or a restrictive strategy with stepwise selection for cholecystectomy. For the restrictive strategy, cholecystectomy was advised for patients who fulfilled all five pre-specified criteria of the triage instrument: 1) severe pain attacks, 2) pain lasting 15-30 min or longer, 3) pain located in epigastrium or right upper quadrant, 4) pain radiating to the back, and 5) a positive pain response to simple analgesics. Randomisation was done with an online program, implemented into a web-based application using blocks of variable sizes, and stratified for centre (academic versus non-academic and a high vs low number of patients), sex, and body-mass index. Physicians and patients were masked for study-arm allocation until after completion of the triage instrument. The primary, non-inferiority, patient-reported endpoint was the proportion of patients who were pain-free at 12 months’ follow-up, analysed by intention to treat and per protocol. A 5% non-inferiority margin was chosen, based on the estimated clinically relevant difference. Safety analyses were also done in the intention-to-treat population. This trial is registered at the Netherlands National Trial Register, number NTR4022.

Finding(s): Between Feb 5, 2014, and April 25, 2017, we included 1067 patients for analysis: 537 assigned to usual care and 530 to the restrictive strategy. At 12 months’ follow-up 298 patients (56%; 95% CI, 52.0-60.4) were pain-free in the restrictive strategy group, compared with 321 patients (60%, 55.6-63.8) in usual care. Non-inferiority was not shown (difference 3.6%; one-sided 95% lower CI -8.6%; p=0.316). According to a secondary endpoint analysis, the restrictive strategy resulted in significantly fewer cholecystectomies than usual care (358 [68%] of 529 vs 404 [75%] of 536; p=0.01). There were no between-group differences in trial-related gallstone complications (40 patients [8%] of 529 in usual care vs 38 [7%] of 536 in restrictive strategy; p=0.16) and surgical complications (74 [21%] of 358 vs 88 [22%] of 404, p=0.77), or in non-trial-related serious adverse events (27 [5%] of 529 vs 29 [5%] of 526).

Interpretation(s): Suboptimal pain reduction in patients with gallstones and abdominal pain was noted with both usual care and following a restrictive strategy for selection for cholecystectomy. However, the restrictive strategy was associated with fewer cholecystectomies. The findings should encourage physicians involved in the care of patients with gallstones to rethink cholecystectomy, and to be more careful in advising a surgical approach in patients with gallstones and abdominal symptoms.

Funding(s): The Netherlands Organization for Health Research and Development, and CZ healthcare insurance.

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Acupuncture for pain caused by prostate cancer: Protocol for a systematic review.

Wang J., Lei Y., Bao B., Yu X., Dai H., Chen F., Li H., Wang B.


[Review]
AN: 633924742

Background: Prostate cancer is a male malignant tumor disease with high prevalence in recent years. Patients with advanced prostate cancer are more likely to have bone metastasis and strong bone pain, and even lead to pathological fracture, which has a serious impact on the quality of life of patients. Acupuncture has good clinical efficacy in treating pain caused by prostate cancer. This review hopes to adopt meta-analysis to evaluate the efficacy and safety of acupuncture in the treatment of pain caused by prostate cancer and provides evidence for its application in clinical practice. Methods and analysis: We will search for PubMed, Cochrane Library, AMED, EMBase, WorldSciNet, Nature, Science online and China Journal Full-text Database (CNKI), China Biomedical Literature CD-ROM Database (CBM), and related randomized controlled trials included in the China Resources Database. The time is limited from the construction of the library to November 2018. We will use the criteria provided by Cochrane 5.1.0 for quality assessment and risk assessment of the included studies, and use the Revman 5.3 and Stata 13.0 software for meta-analysis of the effectiveness, recurrence rate, and symptom scores of epididymitis. Ethics and dissemination: This systematic review will evaluate the efficacy and safety of acupuncture for pain caused by prostate cancer. Owing to the fact that all of the data used in this systematic review and meta-analysis have been published, this review does not require ethical approval. Furthermore, all data will be anonymously analyzed during the review process trial.

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Status
Embase
Institution
Somatocognitive therapy of women with provoked vulvodynia: A pilot study.
Haugstad G.K., Wojniusz S., Kirschner R., Kirste U., Lilleheie I., Haugstad T.S.

Embase
[Article]
AN: 629033121

Provoked vestibulodynia (PVD) is a common persistent pain state among women in the Western world, causing dyspareunia, psychological distress and challenges against fertility. Therapies aimed at relieving pain (physiotherapy) and psychological distress (psychotherapy) are often recommended, sometimes in multimodal combinations. We have previously developed somatocognitive therapy (SCT) as a multimodal intervention, administered by a physiotherapist, to a different group of patients with gynecological pain, i.e. chronic (unprovoked) pelvic pain (CPP, also referred to as low abdominal pain). In a randomized, controlled study this intervention was shown to reduce pain experience and improve motor function or body awareness. Here we present the results of a clinical follow-up pilot study with 30 women with PVD, applying SCT administered by third year bachelor students in physiotherapy. Main outcome was pain experience, secondary outcomes were psychological distress and motor functions of the patients.

Thirty women diagnosed with PVD were recruited from a tertiary university hospital clinic of gynecology, and included in the follow-up pilot study at an out-patient physiotherapy clinic. Each patient participated in 10-14 therapy sessions over 6 weeks. The students were supervised by an experienced physiotherapist with extensive background in this clinical area, who also performed two clinical sessions with each of the patients at the end of the treatment period. Before therapy, the patients were evaluated for pain experience (visual analogue scale of pain, VAS), psychological distress (Tampa scale of kinesiophobia, TSK) and General Health Questionnaire (GHQ-30) as well as body function (standardized Mensendieck test, SMT). Statistical analyzes were performed by using the average +/- standard deviation, statistical significance of changes calculated by means of the t-test. Average pain score before therapy were 7.77 +/- 1.98, after 6 weeks of intervention 4.17 +/- 2.07 and at 6 months' follow-up 1.66 +/- 1.08 (average +/- standard deviation), changes being significant below p < 0.01 level. Secondary outcome variables assessing psychological distress and sub optimal motor patterns were also significantly improved. For example, anxiety and depression scores were reduced by approximately 40%, and respiration pattern score improved by almost 80%. Multimodal somatocognitive therapy reduced levels of pain and psychological distress, and improved motor functions in women with PVD after 6 weeks of interventions. All variables were further improved at 6 months' follow-up. Thus, somatocognitive therapy may be a useful treatment option for patients with PVD. However, there are limitations to this study, since there was no control group, and suboptimal blinding during assessment of the data. Somatocognitive therapy may be a useful tool when treating PVD patients. More studies, in particular RCTs, should be performed to further evaluate this intervention and corroborate the results from this pilot study.
Implementation of the uterine fibroids Option Grid patient decision aids across five organizational settings: a randomized stepped-wedge study protocol.


Embase
[Article]
AN: 629212376

BACKGROUND: Uterine fibroids are non-cancerous overgrowths of the smooth muscle in the uterus. As they grow, some cause problems such as heavy menstrual bleeding, pelvic pain, discomfort during sexual intercourse, and rarely pregnancy complications or difficulty becoming pregnant. Multiple treatment options are available. The lack of comparative evidence demonstrating superiority of any one treatment means that choosing the best option is sensitive to individual preferences. Women with fibroids wish to consider treatment trade-offs. Tools known as patient decision aids (PDAs) are effective in increasing patient engagement in the decision-making process. However, the implementation of PDAs in routine care remains challenging. Our aim is to use a multi-component implementation strategy to implement the uterine fibroids Option GridTM PDAs at five organizational settings in the USA.

METHOD(S): We will conduct a randomized stepped-wedge implementation study where five sites will be randomized to implement the uterine fibroid Option Grid PDA in practice at different time points. Implementation will be guided by the Consolidated Framework for Implementation Research (CFIR) and Normalization Process Theory (NPT). There will be a 6-month pre-implementation phase, a 2-month initiation phase where participating clinicians will receive training and be introduced to the Option Grid PDAs (available in text, picture, or online formats), and a 6-month active implementation phase where clinicians will be expected to use the PDAs with patients who are assigned female sex at birth, are at least 18 years of age, speak fluent English or Spanish, and have new or recurrent symptoms of uterine fibroids. We will exclude postmenopausal patients. Our primary outcome measure is the number of eligible patients who receive the Option Grid PDAs. We will use logistic and linear regression analyses to compare
binary and continuous quantitative outcome measures (including survey scores and Option Grid use) between the pre- and active implementation phases while adjusting for patient and clinician characteristics. DISCUSSION: This study may help identify the factors that impact the implementation and sustained use of a PDA in clinic workflow from various stakeholder perspectives while helping patients with uterine fibroids make treatment decisions that align with their preferences. TRIAL REGISTRATION: Clinicaltrials.gov, NCT03985449. Registered 13 July 2019, https://clinicaltrials.gov/ct2/show/NCT03985449.

PMID 31477140 [https://www.ncbi.nlm.nih.gov/pubmed/?term=31477140]

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Publisher NLM (Medline)

Year of Publication 2019

830.

Physiotherapy interventions for patients with chronic pelvic pain: A systematic review of the literature.
Fuentes-Marquez P., Cabrera-Martos I., Valenza M.C.
Embase Physiotherapy theory and practice. 35(12) (pp 1131-1138), 2019. Date of Publication: 01 Dec 2019.
[Article]
AN: 630181987

Objective: To summarize the available scientific evidence on physiotherapy interventions in the management of chronic pelvic pain (CPP).

Data Sources: A systematic review of randomized controlled trials was performed. An electronic search of MEDLINE, CINAHL, and Web of Science databases was performed to identify relevant randomized trials from 2010-2016. Study Selection: Manuscripts were included if at least one of the comparison groups received a physiotherapy intervention. Studies were assessed in duplicate for data extraction and risk of bias using the Physiotherapy Evidence Database scale PEDro.
Data Extraction and Synthesis: Eight of the studies screened met the inclusion criteria. Four manuscripts studied the effects of electrotherapy including intravaginal electrical stimulation, short wave diathermy, respiratory-gated auricular vagal afferent nerve stimulation, percutaneous tibial nerve stimulation, and sono-electro-magnetic therapy with positive results. Three studies focused on manual assessing the efficacy of myofascial versus massage therapy in two of them and ischemic compression for trigger points.

Conclusion(s): Although physiotherapy interventions show some beneficial effects, evidence cannot support the results. Heterogeneity in terms of population phenotype, methodological quality, interpretation of results, and operational definition result in little overall evidence to guide treatment.

PMID 29757068 [https://www.ncbi.nlm.nih.gov/pubmed/?term=29757068]
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Publisher NLM (Medline)
Year of Publication 2019

Efficacy of Radial Extracorporeal Shock Wave Therapy for Chronic Pelvic Pain Syndrome: A Nonrandomized Controlled Trial.
Zhang Z.-X., Zhang D., Yu X.-T., Ma Y.-W.
Embase
[Article]
AN: 626581747
This study aims to determine the effect of radial extracorporeal shock wave therapy (rESWT) versus drug when treating chronic pelvic pain syndrome (CPPS; type III B chronic prostatitis). The study included 45 participants with CPPS, divided into two groups: Group I comprised 25 participants, who were treated with rESWT (3,000 pulses each; pressure: 1.8-2.0 bar; frequency: 10 Hz) once a week; Group II consisted of 20 participants who received a combination of an alpha-blocker and an anti-inflammatory agent. Participants were treated for 8 weeks. The assessments were done before treatment, after the fourth and eighth rESWT, and 3 months after the end of treatment by Visual Analogue Scale (VAS) for pain, National Institutes of Health-developed Chronic Prostatitis Symptom Index (NIH-CPSI), International Prostate Symptom Score (IPSS), quality of life (QoL), and International Index of Erectile Function-5 (IIEF-5). Both groups of participants showed statistically significant improvement in all the assessments ( p < .001) after the treatment, with significantly better results in Group I in NIH-CPSI ( p < .001). The recurrence rate of symptoms in Group I at 3 months after end of treatment was much lower than that in Group II (4% vs. 50%, p < .001). This prospectively nonrandomized, control study revealed perineal rESWT as a new therapy option for CPPS with statistically significant effects in comparison to drugs at least for 3 months after cessation of treatment.

PMID 30486723 [https://www.ncbi.nlm.nih.gov/pubmed/?term=30486723]
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Publisher
Thermal and Mechanical Pain Thresholds of Women With Provoked Localized Vulvodynia: A Pilot Study.
Embase
[Article]
AN: 626530245
Context: Vulvodynia is a chronic pain condition defined as vulvar pain lasting at least 3 months in the absence of gross anatomic or neurologic findings. Provoked, localized vulvodynia (PLV), a subtype of vulvodynia, is characterized by vestibular pain in response to light touch. The cause of PLV remains largely unknown, and triggering events have yet to be determined.
Objective(s): To evaluate vestibular and peripheral experimental pain thresholds in patients with PLV to further define the somatosensory profile of these patients.
Method(s): After informed consent was provided, eligible participants completed a questionnaire and underwent quantitative sensory testing at the forearm and posterior vestibule. Detection and pain thresholds to thermal (cold and heat) and mechanical (pressure) stimuli were measured.
Result(s): Seventeen participants with PLV and 16 control participants were included. Participants in the PLV group scored lower on the patient health questionnaire 9 (PHQ-9) compared with those in the control group (P<.05) and had higher ratings of self-reported genital pain with sex (P<.001) and daily activity (P<.05). Forearm pain thresholds to cold (P<.01) and heat (P<.01) stimuli were also lower in the PLV group compared with those in the control group. Vestibular pain thresholds to cold (P<.05) and pressure (P<.01) stimuli were also lower in the PLV group.
Conclusion(s): Lower scores on the PHQ-9 and higher self-reported genital pain ratings of patients with PLV highlight the significant impact of this poorly understood condition on quality of life. Quantitative sensory testing results demonstrated that vestibular cold allodynia may be a somatosensory feature of PLV. Reduced forearm pain thresholds in these patients suggest altered sensory processing at extrapelvic sites, although it is unclear whether these measurements are related to central sensitization.
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Chimeric Antigen Receptor T-cell (CAR T) therapy for hematologic and solid malignancies: Efficacy and safety-A systematic review with meta-Analysis.
Yu W.-L., Hua Z.-C.
Chimeric antigen receptors T cells (CAR T) had been used for treating various tumor patients in clinic, and owned an incredible efficacy in part of malignancies. However, CAR T therapy remains controversial due to doubts about its efficacy and safety in the clinical treatment of various malignancies. A total of 997 tumor patients from 52 studies were included in this review. Eligible studies were searched and reviewed from the databases of PubMed, Web of Science, Wanfang and Clinicaltrials.gov. Then meta-analysis and subgroup analysis were used to investigate the overall response rate (ORR), complete response rate (CRR), common side effect rate (CSER) and relapse rate (RR) of CAR T therapy for patients in clinical researches, respectively. The results further confirmed that CAR T therapy had a higher response rate for hematologic malignancies. More importantly, CAR T therapy had a higher CSER in patients with hematologic malignancies, and it had a similar RR in patients with different malignancies. Cell cultured without the addition of IL-2 and total administration less than 108 cells were recommended. This study offers a reference for future research regarding the application in solid and hematologic malignancies, side effects and relapse, and even the production processes of CAR T cells.

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Publisher
MDPI AG
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2019

834.

Multicolumn spinal cord stimulation for predominant back pain in failed back surgery syndrome patients: A multicenter randomized controlled trial.
Embase
[Article]
AN: 628794798
Despite optimal medical management (OMM), low back pain (LBP) can be disabling, particularly after spinal surgery. Spinal cord stimulation (SCS) is effective in reducing neuropathic leg pain; however, evidence is limited for LBP. This prospective, open-label, parallel-group trial randomized (1:1) failed back surgery syndrome (FBSS) patients with predominant LBP to SCS plus OMM (SCS group) or OMM alone (OMM group) at 28 sites in Europe and the Americas. If trial stimulation was successful, a multicolumn SCS system was implanted. Outcomes were assessed at baseline (before randomization) and at 1, 3, 6, and 12 months after randomization. Patients could change treatment groups at 6 months. The primary outcome was the proportion of patients with >=50% reduction in LBP (responder) at 6 months. Secondary outcomes included
change in pain intensity, functional disability, and health-related quality of life (HRQoL). The results are posted at ClinicalTrials.gov under registration number NCT01697358. In the intent-to-treat analysis, there were more responders in the SCS group than in the OMM group (13.6%, 15/110 vs 4.6%, 5/108, difference 9% with 95% confidence interval 0.6%-17.5%, P = 0.036) at 6 months. The SCS group improved in all secondary outcomes compared with the OMM group. The OMM group only improved in HRQoL. In the SCS group, 17.6% (18/102) experienced SCS-related adverse events through 6 months, with 11.8% (12/102) requiring surgical reintervention. Adding multicolour SCS to OMM improved pain relief, HRQoL, and function in a traditionally difficult-to-treat population of failed back surgery syndrome patients with predominant LBP. Improvements were sustained at 12 and 24 months.

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A Comparison of Mindfulness-Based Cognitive Therapy Vs Cognitive Behavioral Therapy for the Treatment of Provoked Vestibulodynia in a Hospital Clinic Setting.

[Article]
AN: 2001964424
Introduction: Chronic and distressing genito-pelvic pain associated with vaginal penetration is most frequently due to provoked vestibulodynia (PVD). Cognitive behavioral therapy (CBT) significantly reduces genital pain intensity and improves psychological and sexual well-being. In
general chronic pain populations, mindfulness-based approaches may be as effective for improving pain intensity as CBT.

Aim(s): To compare mindfulness-based cognitive therapy (MBCT) with CBT in the treatment of PVD.

Method(s): To ensure power of 0.95 to find medium effect size or larger in this longitudinal design, we enrolled 130 participants. Of these, 63 were assigned to CBT (mean age 31.2 years), and 67 to MBCT (mean age 33.7 years). Data from all participants who completed baseline measures were analyzed, with intent-to-treat analyses controlling for years since diagnosis.

Main Outcome Measure(s): Our primary outcome was self-reported pain during vaginal penetration at immediate post-treatment and at 6 months' follow-up. Secondary endpoints included pain ratings with a vulvalgesiometer, pain catastrophizing, pain hypervigilance, pain acceptance, sexual function, and sexual distress.

Result(s): There was a significant interaction between group and time for self-reported pain, such that improvements with MBCT were greater than those with CBT. For all other endpoints, both groups led to similar significant improvements, and benefits were maintained at 6 months. Clinical Implications: Mindfulness is a promising approach to improving self-reported pain from vaginal penetration and is as effective as CBT for several psychological endpoints. Strength & Limitations: A strength of the present study was the robust sample size (n = 130 women) who had received confirmed clinical diagnoses of PVD.


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Status Embase

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Publisher Elsevier B.V. (Netherlands)

Year of Publication 2019

836.

Vulvodynia, "A Really Great Torturer": A Mixed Methods Pilot Study Examining Pain Experiences and Drug/Non-drug Pain Relief Strategies.

Embase

[Article]
AN: 2002105826

Background: Women with vulvodynia, a chronic pain condition, experience vulvar pain and dyspareunia. Few studies examine the range and combination of treatment strategies that women are actually using to reduce vulvodynia.
Aim(s): To describe pain experiences and pain relief strategies of women with vulvodynia.
Method(s): Convenience sample, 60 women with vulvodynia (median age 32.5 [interquartile range (IQR) 8.5] years; 50 white, 10 racial/ethnic minorities) completed PAINReportIt and reported use of drugs and alcohol and responded to open-ended questions. Univariate descriptive statistics and bivariate inferential tests were used to describe average pain intensity scores, alcohol use, smoking, number of pain relief strategies, and their associations. Women's open-ended responses about their pain experiences and drug and non-drug pain relief strategies (NDPRS) were analyzed for patterns.

Outcome(s): Our mixed methods analysis connected data from pain measures, prescribed treatments and self-reported behaviors with women's free responses. This enabled nuanced insights into women's vulvodynia pain experiences.

Result(s): Women's descriptions of their pain and suffering aligned with their reported severe pain and attempts to control their pain, with a median pain intensity of 6.7 (IQR 2.0) despite use of adjuvant drugs (median 2.0 [IQR 2.0]), and opioids (median 1.0 [IQR 2.0]). 36 women (60%) used alcohol to lessen their pain. 26 women (43%) listed combining analgesics and alcohol to relieve their pain. 30 women (50%) smoked cigarettes. 54 women (90%) used >=1 NDPRS. The mean number of NDPRS used was 2.1 +/- 1.3 (range 0-6). The 5 most common NDPRS from women's comments were herbal medicine (40%), acupuncture (27%), massage (22%), hypnosis (15%), and mental healthcare (13%).

Clinical Implications: Severe pain in women with vulvodynia may be a clinical indicator of those at higher risk of combining prescription pain medications with alcohol, which are all central nervous system depressants and may potentiate overdose.

Strengths and Limitations: This pilot study demonstrated that the mixed methods approach to help understand the complexity of vulvodynia was feasible. We identified data showing a reliance on a high-risk mix of prescriptions and alcohol to reduce vulvodynia pain and a high prevalence of cigarette smoking. However, as a pilot study, these results are considered preliminary; the sample may not be representative. Perhaps only women at the extreme end of the pain continuum participated, or women took the survey twice because identifiers were not collected.


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Embase Journal of Sexual Medicine. 16(10) (pp 1490-1505), 2019. Date of Publication: October 2019. [Article]

AN: 2002662309

Introduction: Low-intensity shockwave therapy (LISWT) has been investigated for the treatment of uroandrological disorders including erectile dysfunction (ED), Peyronie’s disease (PD) and chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) with controversial findings.

Aim(s): To review the evidence on LISWT for ED, PD, and CP/CPPS and provide clinical recommendations on behalf of the European Society of Sexual Medicine.

Method(s): Medline and Embase databases were searched for randomized clinical trials (RCTs), meta-analyses and open-label prospective or retrospective studies investigating the effect of LISWT on ED, PD, or CP/CPPS.

Outcome(s): The panel provided statements on clinically relevant questions concerning LISWT: (i) treatment efficacy, (ii) treatment protocol, (iii) clinical indications, and (iv) safety. The level of evidence was provided according to the Oxford 2011 criteria and graded using the Oxford Centre for Evidence-Based Medicine recommendations.

Result(s): 11 RCTs and 5 meta-analyses investigated LISWT for ED. RCTs provided controversial results on the efficacy of LISWT and were affected by high heterogeneity and the small number of patients included. Pooled-data analysis showed an overall positive effect in terms of erectile function improvement but reported small estimates and included a largely heterogeneous cohort of patients. 4 RCTs and 1 meta-analysis assessed LISWT for PD. All trials showed positive findings in terms of pain relief but no effect on penile curvature and plaque size. Inclusion criteria vary widely among studies, and further investigation is needed. 5 RCTs investigated LISWT for CP/CPPS. Data showed a possible effect on pain relief, although there is no evidence supporting that pain relief was maintained or any improvement in pain over time.

Clinical Implications: LISWT needs to be further investigated in the context of sexual medicine and is almost but not yet ready for clinical practice. Strengths and limitations: All studies have been evaluated by a panel of experts providing recommendations for clinical practice.

Conclusion(s): LISWT is a safe and well-tolerated procedure but its efficacy for the treatment of ED is doubtful and deserves more investigation. Patients reporting pain associated with PD may benefit from LISWT, although no effect is expected on disease progression. LISWT is not a primary treatment for CP/CPPS, but it may be considered as an option to relieve pain.


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838.

Investigating the effect of Eye Movement Desensitization and Reprocessing on pain intensity in patients with primary dysmenorrhea: A protocol for a randomized controlled trial.

Valedi S., Alimoradi Z., Moradibaglooei M., Pakpour A.H., Ranjbaran M., Chegini V.

Embase

Background: Unpleasant experience with the previous menstruation can increase the sensitivity to pain which may lead to moderate to severe pain in patients with dysmenorrhea. Eye movement desensitization and reprocessing (EMDR) is a psychological method to alleviate the distress from unpleasant memories and related events and can be used for other conditions such as anxiety, depression, and chronic pain. This protocol was designed to investigate the effect of EMDR therapy on pain intensity in patients with dysmenorrhea.

Methods/Design: A randomized clinical trial was designed in compliance with the Consolidated Standards of Reporting Trials (CONSORT). Female students who have moderate to severe primary dysmenorrhea (based on a visual analogue scale [VAS] score of at least 4 for two consecutive months) and who live in dormitories at Qazvin University of Medical Sciences in Qazvin, Iran will be invited to participate in the study. The total sample size will be 88 girls, who will be randomly assigned to intervention (N = 44) and control (N = 44) groups. EMDR therapy will be performed for the intervention group, while the control group can use sedative or other pain relief methods as their routine. There will be six treatment sessions, which will be held twice a week. The duration of each session is 30-90 min, according to the convenience of each participant. The data will be collected using the demographic characteristics questionnaire, the VAS, the Subjective Units of Anxiety or Distress Scale (SUD), and the Validity of Cognition Scale (VOC). The data on pain intensity due to primary dysmenorrhea in both groups will be collected at 1 and 2 months before the intervention (to identify eligible participants) and 1 and 2 months after the intervention (follow-ups). Data will be analyzed by using SPSS version 25 software and analysis of variance (ANOVA) with repeated measures with appropriate post hoc tests. A P value of less than 0.05 will be considered significant.

Discussion(s): The results are expected to provide the information on the efficacy of EMDR therapy to manage moderate to severe pain in patients with primary dysmenorrhea. Ethics and dissemination: The research proposal is approved by the human ethics committee of Qazvin University of Medical Sciences (IR.QUMS.REC.1397.100). The results of this trial will be submitted for publication in a peer-reviewed research journal. Trial registration: IRCT20180823040851N1. Registered on 6, October 2018.

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Excision versus colorectal resection in deep endometriosis infiltrating the rectum: 5-year follow-up of patients enrolled in a randomized controlled trial.

Roman H., Tuech J.-J., Huet E., Bridoux V., Khalil H., Hennetier C., Bubenheim M., Brinduse L.A. Embase


STUDY QUESTION: Is there a difference in functional outcomes and recurrence rate between conservative versus radical rectal surgery in patients with large deep endometriosis infiltrating the rectum 5 years postoperatively?

SUMMARY ANSWER: No evidence was found that long-term outcomes differed when nodule excision was compared to rectal resection for deeply invasive endometriosis involving the bowel.

WHAT IS KNOWN ALREADY: Functional outcomes of nodule excision and rectal resection for deeply invasive endometriosis involving the bowel are comparable 2 years after surgery. Despite numerous previously reported case series enrolling patients managed for colorectal endometriosis, long-term data remain scarce in the literature.

STUDY DESIGN, SIZE, DURATION: From March 2011 to August 2013, we performed a two-arm randomized trial, enrolling 60 patients with deep endometriosis infiltrating the rectum up to 15 cm from the anus, measuring >20 mm in length, involving at least the muscular layer in depth, and up to 50% of rectal circumference. Among them, 55 women were enrolled at one tertial referral centre in endometriosis, using a randomization list drawn up separately for this centre. Institute review board approval was obtained to continue follow-up to 10 years postoperatively. One patient requested to stop the follow-up 2 years after surgery.

PARTICIPANTS/MATERIALS, SETTING, METHODS: Patients underwent either nodule excision by shaving or disc excision, or segmental resection. Randomization was performed preoperatively using sequentially numbered,
opaque, sealed envelopes, and patients were informed of randomization results. The primary endpoint was the proportion of patients experiencing one of the following symptoms: constipation (1 stool/>5 consecutive days), frequent bowel movements (>=3 stools/day), anal incontinence, dysuria or bladder atony requiring self-catheterization 24 months postoperatively. Secondary endpoints were values taken from the Knowles-Eccersley-Scott-symptom questionnaire (KESS), the gastrointestinal quality of life index (GIQLI), the Wexner scale, the urinary symptom profile (USP) and the Short Form 36 Health Survey (SF36). MAIN RESULTS AND THE ROLE OF CHANCE: Fifty-five patients were enrolled. Among the 27 patients in the excision arm, two were converted to segmental resection (7.4%). One patient managed by segmental resection withdrew from the study 2 years postoperatively, presuming that associated pain of other aetiologies may have jeopardized the outcomes. The 5 year-recurrence rate for excision and resection was 3.7% versus 0% (P = 1), respectively. For excision and resection, the primary endpoint was present in 44.4% versus 60.7% of patients (P = 0.29), respectively, while 55.6% versus 53.6% of patients subjectively reported normal bowel movements (P = 1). An intention-to-treat comparison of overall KESS, GIQLI, Wexner, USP and SF36 scores did not reveal significant differences between the two arms 5 years postoperatively. Statistically significant improvement was observed shortly after surgery with no further improvement or impairment recorded 1-5 years postoperatively. During the 5-year follow-up, additional surgical procedures were performed in 25.9% versus 28.6% of patients who had undergone excision or resection (P = 0.80), respectively. LIMITATIONS, REASONS FOR CAUTION: The presumption of a 40% difference concerning postoperative functional outcomes in favour of nodule excision resulted in a lack of power for demonstration of the primary endpoint difference. WIDER IMPLICATIONS OF THE FINDINGS: Five-year follow-up data do not show statistically significant differences between conservative and radical rectal surgery for long-term functional digestive and urinary outcomes in this specific population of women with large involvement of the rectum. STUDY FUNDING/COMPETING INTEREST(S): No specific funding was received. Patient enrolment and follow-up until 2 years postoperatively was supported by a grant from the clinical research programme for hospitals in France. The authors declare no competing interests related to this study. TRIAL REGISTRATION NUMBER: This randomized study is registered with ClinicalTrials.gov, number NCT 01291576. TRIAL REGISTRATION DATE: 31 January 2011. DATE OF FIRST PATIENT'S ENROLMENT: 7 March 2011. Copyright © 2019 The Author(s) 2019. Published by Oxford University Press on behalf of the European Society of Human Reproduction and Embryology. All rights reserved. For permissions, please e-mail: journals.permission@oup.com. PMID 31820806 [https://www.ncbi.nlm.nih.gov/pubmed/?term=31820806]
Abdominal pain and symptoms before and after Roux-en-Y gastric bypass.
Chahal-Kummen M., Blom-Hogestol I.K., Eribe I., Klungsoyr O., Kristinsson J., Mala T.
Ebase
BJS Open. 3(3) (pp 317-326), 2019. Date of Publication: 01 Jun 2019.
[Article]
AN: 2004361316
Background: Despite increased emphasis on patient-reported outcomes, few studies have focused on abdominal pain symptoms before and after Roux-en-Y gastric bypass (RYGB). The aim of this study was to quantify chronic abdominal pain (CAP) in relation to RYGB.
Method(s): Patients with morbid obesity planned for RYGB were invited to participate at a tertiary referral centre from February 2014 to June 2015. Participants completed a series of seven questionnaires before and 2 years after RYGB. CAP was defined as patient-reported presence of long-term or recurrent abdominal pain lasting for more than 3 months.
Result(s): A total of 236 patients were included, of whom 209 (88.6 per cent) attended follow-up. CAP was reported by 28 patients (11.9 per cent) at baseline and 60 (28.7 per cent) at follow-up (P < 0.001). Gastrointestinal Symptom Rating Scale (GSRS) scores (except reflux scores) and symptoms of anxiety increased from baseline to follow-up. Most quality of life (QoL) scores (except role emotional, mental health and mental component scores) also increased. At follow-up, patients with CAP had higher GSRS scores than those without CAP, with large effect sizes for abdominal pain and indigestion syndrome scores. Patients with CAP had more symptoms of anxiety, higher levels of catastrophizing and lower QoL scores. Baseline CAP seemed to predict CAP at follow-up.
Conclusion(s): The prevalence of CAP is higher 2 years after RYGB compared with baseline values.
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Status Ebase
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Year of Publication 2019

Is the endovascular embolization of tributaries of the internal iliac veins essential in the treatment of isolated pelvic-perineal reflux?
Aim: The aim of study was to investigate the opportunities of local phlebectomy in the elimination of isolated pelvic-perineal reflux (PPR), as well as to determine the feasibility of endovascular embolization of the tributaries of internal iliac veins in PPR. Clinical trial no. NCT01598051.

Material(s) and Method(s): The work is based on the results of examination and treatment of 43 female patients with varicose veins of the pelvis, perineum, and lower extremities. Patients had no signs of pelvic congestion syndrome (PCS). All patients underwent duplex ultrasound scanning (DUS) and ovariography with pelvic phlebography (OPP). For the elimination of PPR, local phlebectomy was performed in the major labia and perineal area, with maximal possible mobilization of the vessel within the operative wound (33 patients). In 10 patients with isolated varicose transformation of the superficial veins on the posterior thigh, mini-phlebectomy was performed using the Varady phlebectomy extractors. Results and discussion: The varicose syndrome of the external genitalia, perineum, and posterior thigh was successfully treated in 100% of patients. Findings suggest that thorough mobilization and excision of the veins of the pudendal labia, perineum, and subcutaneous veins of the thigh is a reliable method for eliminating the pathological reflux from the intrapelvic veins to the superficial veins of the perineum and lower extremities. No recurrences of vulvar, perineal varices or dilation of the veins of the lower extremities were observed in 100% of patients over the 3-year follow-up period.

Conclusion(s): Local phlebectomy is an effective technique for eliminating the isolated PPR in patients with varicose transformation of intrapelvic, vulvar, or perineal veins. Endovascular embolization of the tributaries of the internal iliac veins is not an essential component in the treatment of PPR. The present study has a limitation due to the absence of patients with PCS. The effectiveness of phlebectomy in the treatment of isolated PPR was studied.

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Status
Embase

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Publisher
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Year of Publication
2019
Objective: The purpose of this study was to investigate the feasibility of conducting a study examining the influence of individualized rehabilitation and chiropractic treatment, compared with individualized rehabilitation alone, in women with persistent dominating 1-sided pelvic girdle pain (PGP) 3 to 6 months after delivery.

Method(s): Women were recruited from an outpatient clinic at Stavanger University Hospital, Norway and in a private chiropractic clinic in Stavanger. Those with persistent, dominating 1-sided PGP were included in this pilot study. Those who met inclusion criteria were randomized into 2 groups, one group received individualized rehabilitation and chiropractic treatment and the other group women received individualized rehabilitation alone. Treatment was measured for 20 weeks.

Result(s): Of 330 consenting women who were recruited who reported pelvic pain during pregnancy, 68 reported PGP or low back pain, and 63 consented to fill in a questionnaire. Forty-seven women underwent a clinical examination 3 to 6 months after delivery. During the examination, the women were diagnosed into subgroups for PGP. After exclusion of the women with low back pain only, a total of 13 women were diagnosed with dominating 1-sided PGP and thus included in this study. Six were randomized to the individualized rehabilitation and chiropractic treatment group and 5 to the individualized rehabilitation alone group. After 20 weeks of intervention, both groups reported improvement in disability and pain, but not in general health status. No serious or long-lasting adverse events were registered after treatment or training.

Conclusion(s): We found that a study of this nature is feasible. However, the conditions of patient recruitment need to be considered carefully. We learned that a trial to investigate the effect of chiropractic treatment for PGP pain should include all subgroups of PGP to reach an acceptable sample size.

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843.

Effect of herb-partitioned moxibustion for primary dysmenorrhea: a randomized clinical trial.
Liu Y., Sun J., Wang X., Shi L., Yan Y.

Effect of herb-partitioned moxibustion for primary dysmenorrhea: a randomized clinical trial.
Liu Y., Sun J., Wang X., Shi L., Yan Y.

Effect of herb-partitioned moxibustion for primary dysmenorrhea: a randomized clinical trial.
Liu Y., Sun J., Wang X., Shi L., Yan Y.
OBJECTIVE: To observe the effect of herb-partitioned moxibustion (HPM) for primary dysmenorrhea.

METHOD(S): Six hundred and forty patients were randomized assigned (1:1) to HPM group and control group. Duration of treatment was 3 months with 3 month follow-up. The primary outcome was pain relief measured by visual analogue scale (VAS). The second outcomes were Cox Menstrual Symptom Scale (CMSS), menstrual pain duration and frequency of analgesics usage. The exploratory outcome included quality of life, RESULTS: After the 3-month treatment and follow-ups, the pain intensity measured by VAS was significantly reduced in both groups compared with baseline (P < 0.05), and it was significantly decreased in HPM group than that of control group (P < 0.001). The higher proportion of participants in the HPM group had a decrease of at least 50% in VAS at the end of treatment, as compared with the control group (P < 0.001).

At the 3rd and 6th month, the menstrual pain duration, CMSS score and frequency of analgesics usage in HPM group were significantly lower than those of control group (P < 0.05). After 3 month treatment and follow-ups, the scores of physical, psychological, social and environmental domains were significantly increased than baseline in both groups (P < 0.05), and the scores of physical, psychological and environmental domains were significantly higher in HPM group than those of control group (P < 0.05).

CONCLUSION(S): Herb-partitioned moxibustion reduced menstrual pain and improved quality of life, these were sustained for up to 3 months after treatment. Further research is needed to understand long term effect and the mechanism of the intervention.

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Prospective Randomized Trial Comparing HAL-RAR Versus Excisional Hemorrhoidectomy: Postoperative Pain, Clinical Outcomes, and Quality of Life.

Carvajal Lopez F., Hoyuela Alonso C., Juvany Gomez M., Troyano Escribano D., Trias Bisbal M.A., Martrat Macia A., Ardid Brito J.

Purpose. To compare outcomes of hemorrhoid artery ligation with recto-anal repair (HAL-RAR) and excisional hemorrhoidectomy (EH). The primary objective was to compare postoperative pain, and the secondary objectives were the following: symptom resolution rates, postoperative morbidity, recurrence, and changes in quality of life. Method. Prospective randomized controlled trial, including 40 patients with grades III-IV hemorrhoids who were allocated 1:1 to HAL-RAR and EH. Follow-up evaluation was performed at 15 days, 30 days, 6 months, 12 months, and then annually. Pain was measured using a Visual Analogic Scale and was self-recorded by patients.
Quality of life was measured with Short Form Survey-36 questionnaire. Results. Postoperative pain was lower in the HAL-RAR group during the first 30 postoperative days. Moreover, from day 7 onward more patients in the HAL-RAR group reported complete absence of pain (Visual Analogic Scale score = 0). Globally, symptom resolution was significantly higher (P = .03) in the HAL-RAR group at day 15. Bleeding resolution was observed earlier in the HAL-RAR group than in the EH group (P = .04), but no differences in the resolution of prolapse, itching, and soiling were observed during the 30-day follow-up. After a mean follow-up of 15 months (range 12-27 months), no differences in postoperative morbidity and no recurrences were observed. An improvement was observed in all sections evaluated by the Short Form Survey-36 questionnaire with both techniques. Conclusion. HAL-RAR provokes less postoperative pain during a shorter period than EH and achieves resolution of hemorrhoidal symptoms with less postoperative complaints. No differences in morbidity and recurrence rate were observed after 12 months of follow-up.

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Publisher
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Year of Publication
2019

845.

Onset of action of naldemedine in the treatment of opioid-induced constipation in patients with chronic noncancer pain: Results from 2 randomized, placebo-controlled, phase 3 trials.
Wild J., Yamada T., Ferreira J.C.A., Hale M.
Embase
[Article]
AN: 630957639
Opioid-induced constipation (OIC) is a common side effect of chronic opioid therapy. Previously, naldemedine, a peripherally acting -opioid receptor antagonist demonstrated efficacy in the treatment of OIC. In this exploratory analysis, the onset of action of naldemedine was evaluated in 2 identically designed phase 3, randomized, placebo-controlled trials. Proportion of patients experiencing a spontaneous bowel movement (SBM) within 24 hours of treatment initiation, time from initial dose to first SBM and weekly SBM frequency were assessed. Naldemedine was associated with significant increases in the proportion of patients experiencing an SBM at 4, 8, 12, and 24 hours after the initial dose compared with placebo (all P < 0.0001). Within 24 hours in both studies, statistically significantly (P < 0.0001) more patients treated with naldemedine compared with placebo experienced an SBM (61.2% vs 28.3% and 56.5% vs 33.6%, respectively). Median times to first SBM were significantly shorter in the naldemedine group vs placebo (COMPOSE-1, 16.1 vs 46.7 hours; COMPOSE-2, 18.3 vs 45.9 hours; P < 0.0001). Naldemedine was also associated with significant increases in weekly SBM frequency vs placebo within 1 week (P < 0.001). Most common treatment-emergent adverse events were
gastrointestinal-related (abdominal pain, diarrhea, and nausea). Treatment-emergent adverse events were reported most frequently on day 1, followed by a decrease from days 2 to 7. Naldemedine had a timely onset of effect, and gastrointestinal adverse events largely resolved within the first week. These findings should assist clinicians counseling patients with chronic noncancer pain on expectations when initiating naldemedine for OIC.

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Status Embase
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Publisher Lippincott Williams and Wilkins (E-mail: agents@lww.com)
Year of Publication 2019

846.

Assessment of the efficacy of Chinese patent medicine on treating pain caused by prostate cancer: A protocol for systematic review and meta analysis.
[Article]
AN: 630378486
Introduction With the development of economy and the acceleration of population aging, Prostate cancer (PCa) has presented a situation of high morbidity and mortality worldwide. The recent studies have shown that Chinese patent medicine combined with endocrine therapy in the treatment of prostate cancer not only plays a synergistic role in enhancing the efficacy. This review hopes to adopt meta-analysis to evaluate the efficacy and safety of Chinese patent medicine in the treatment of pain caused by prostate cancer and provides evidence for its application in clinical practice. Methods and analysis We will search for PubMed, Cochrane Library, AMED, EMBase, WorldSciNet; Nature, Science online and China Journal Full-text Database (CNKI), China Biomedical Literature CD-ROM Database (CBM), and related randomized controlled trials included in the China Resources Database. The time is limited from the construction of the library to June 2019. We will use the criteria provided by Cochrane 5.1.0 for quality assessment and risk assessment of the included studies, and use the Revman 5.3 and Stata13.0 software for meta-analysis of the effectiveness, recurrence rate, and symptom scores of pain caused by prostate cancer. Ethics and dissemination This systematic review will evaluate the efficacy and safety of Chinese patent medicine for pain caused by prostate cancer. Because all of the data used in this systematic review and meta-analysis has been published, this review does not require ethical approval. Furthermore, all data will be analyzed anonymously during the review process. Trial. Trial registration number PROSPERO CRD42019131544.
Copyright © 2019 the Author(s).
PMD 31860946
Status Embase
Acupuncture Augmentation of Lidocaine for Provoked, Localized Vulvodynia: A Feasibility and Acceptability Study.
Hullender Rubin L.E., Mist S.D., Schnyer R.N., Chao M.T., Leclair C.M.
Embase
[Article]
AN: 630561879
Objective The aim of the study was to assess the feasibility and acceptability of acupuncture’s augmentation of lidocaine therapy in the treatment of provoked localized vulvodynia (PLV). Materials and Methods For 12 weeks, women with moderate to severe PLV were randomized to either 18 sessions of traditional acupuncture (TA) or non-TA (NTA). All participants applied lidocaine 5% cream 4 times daily to the vestibule. Feasibility was assessed by recruitment, enrollment, assessment completion, and blinding. Acceptability was assessed by study visit attendance and satisfaction. The primary outcome was change in tampon test scores from baseline to week 12 and follow-up at week 24. Results Nineteen women enrolled and 14 completed the study. Five withdrew because of lidocaine reaction (n = 2), inability to insert tampon (n = 1), starting a new medication (n = 1), or change in vulvar diagnosis (n = 1). Participants in both groups reported pain reduction for 12 weeks. There was no statistically significant difference between groups. Women in the TA group (n = 7) experienced less pain from baseline to 12 weeks (mean difference [MD] = 42.4 +/- 19.4 and MD = 35.7 +/- 17.8 at week 24). In the non-TA group (n = 7), women experienced a within-group MD of 28.7 +/- 28.5 at 12 weeks and an MD of 36.7 +/- 17.7. Conclusions In this early-phase research, acupuncture augmentation of lidocaine was acceptable. The study procedures, with modifications, may be feasible for future investigation. Both acupuncture techniques showed a favorable effect; however, the contribution to pain relief is undetermined.
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Dissemination of Chlamydia from the reproductive tract to the gastrointestinal tract occurs in stages and relies on Chlamydia transport by host cells.

Howe S.E., Shillova N., Konjufca V.

Embase


[Article]
AN: 2004560870

Chlamydia trachomatis is a Gram-negative bacterial pathogen and a major cause of sexually transmitted disease and preventable blindness. In women, infections with C. trachomatis may lead to pelvic inflammatory disease (PID), ectopic pregnancy, chronic pelvic pain, and infertility. In addition to infecting the female reproductive tract (FRT), Chlamydia spp. are routinely found in the gastrointestinal (GI) tract of animals and humans and can be a reservoir for reinfection of the FRT. Whether Chlamydia disseminates from the FRT to the GI tract via internal routes remains unknown. Using mouse-specific C. muridarum as a model pathogen we show that Chlamydia disseminates from the FRT to the GI tract in a stepwise manner, by first infecting the FRT-draining iliac lymph nodes (ILNs), then the spleen, then the GI tract. Tissue CD11c+ DCs mediate the first step: FRT to ILN Chlamydia transport, which relies on CCR7:CCL21/CCL19 signaling. The second step, Chlamydia transport from ILN to the spleen, also relies on cell transport. However, this step is dependent on cell migration mediated by sphingosine 1-phosphate (S1P) signaling. Finally, spleen to GI tract Chlamydia spread is the third critical step, and is significantly hindered in splenectomized mice. Inhibition of Chlamydia dissemination significantly reduces or precludes the induction of Chlamydiaspecific serum IgG antibodies, presence of which is correlated with FRT pathology in women. This study reveals important insights in context of Chlamydia spp. pathogenesis and will inform the development of therapeutic targets and vaccines to combat this pathogen.

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Status

Embase

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Publisher

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Year of Publication

2019
New therapeutic approaches for endometriosis besides hormonal therapy.
Embase
[Review]
AN: 630562620
Objective: Endometriosis is a common gynecologic disease that frequently leading to chronic pelvic pain, severe dysmenorrhea, and subfertility. As first-line hormonal treatment can interfere with ovulation and may cause recurrent pelvic pain, exploration of new non-hormonal therapeutic approaches becomes increasingly necessary. This review aimed to evaluate the pre-clinical and clinical efficacy and safety of non-hormonal treatment for endometriosis.

Data sources: Databases including PubMed, Embase, Cochrane Library, SINOMED, ClinicalTrials.gov, and Google Scholar were searched up to October 2019, using search terms "endometriosis" and "non-hormonal therapy."

Study selection: Twenty-four articles were reviewed for analysis, including nine animal studies and 15 human trials; all were published in English.

Result(s): Twenty-four articles were identified, including 15 human trials with 861 patients and nine animal studies. Some agents have been evaluated clinically with significant efficacy in endometriosis-related pelvic pain and subfertility, such as rofecoxib, etanercept, pentoxifylline, N-palmitoylethanolamine, resveratrol, everolimus, cabergoline (Cb2), and simvastatin. Other drugs with similar pharmacological properties, like parecoxib, celecoxib, endostatin, rapamycin, quinagolide, and atorvastatin, have only been tested in animal studies.

Conclusion(s): Clinical data about most of the non-hormonal agents are not sufficient to support them as options for replacement therapy for endometriosis. In spite of this, a few drugs like pentoxifylline showed strong potential for real clinical application.

Craniosacral therapy for chronic pain: A systematic review and meta-analysis of randomized controlled trials.
Haller H., Lauche R., Sundberg T., Dobos G., Cramer H.
Objectives: To systematically assess the evidence of Craniosacral Therapy (CST) for the treatment of chronic pain.

Method(s): PubMed, Central, Scopus, PsycInfo and Cinahl were searched up to August 2018. Randomized controlled trials (RCTs) assessing the effects of CST in chronic pain patients were eligible. Standardized mean differences (SMD) and 95% confidence intervals (CI) were calculated for pain intensity and functional disability (primary outcomes) using Hedges' correction for small samples. Secondary outcomes included physical/mental quality of life, global improvement, and safety. Risk of bias was assessed using the Cochrane tool.

Result(s): Ten RCTs of 681 patients with neck and back pain, migraine, headache, fibromyalgia, epicondylitis, and pelvic girdle pain were included. CST showed greater post intervention effects on: Pain intensity (SMD =-0.32, 95%CI = [-0.61,-0.02]) and disability (SMD =-0.58, 95%CI = [-0.92,-0.24]) compared to treatment as usual; on pain intensity (SMD =-0.63, 95%CI = [-0.90,-0.37]) and disability (SMD =-0.54, 95%CI = [-0.81,-0.28]) compared to manual/non-manual sham; and on pain intensity (SMD =-0.53, 95%CI = [-0.89,-0.16]) and disability (SMD =-0.58, 95%CI = [-0.95,-0.21]) compared to active manual treatments. At six months, CST showed greater effects on pain intensity (SMD =-0.59, 95%CI = [-0.99,-0.19]) and disability (SMD =-0.53, 95%CI = [-0.87,-0.19]) versus sham. Secondary outcomes were all significantly more improved in CST patients than in other groups, except for six-month mental quality of life versus sham. Sensitivity analyses revealed robust effects of CST against most risk of bias domains. Five of the 10 RCTs reported safety data. No serious adverse events occurred. Minor adverse events were equally distributed between the groups.

Discussion(s): In patients with chronic pain, this meta-analysis suggests significant and robust effects of CST on pain and function lasting up to six months. More RCTs strictly following CONSORT are needed to further corroborate the effects and safety of CST on chronic pain.

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Status Embase
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Publisher BioMed Central Ltd. (E-mail: info@biomedcentral.com)
Year of Publication 2019
Therapeutic endoscopic treatment plus maintenance dimethyl sulfoxide therapy prolongs recurrence-free time in patients with Hunner type interstitial cystitis: A pilot study.
Otsuka A., Suzuki T., Matsushita Y., Watanabe H., Tamura K., Motoyama D., Ito T., Sugiyama T., Miyake H.
Embase
[Article]
AN: 630486178
Purpose: To evaluate whether hydrodistention with fulguration of Hunner lesions (HD/FUL) plus maintenance dimethyl sulfoxide (DMSO) therapy prolongs the recurrence-free time in patients with Hunner type interstitial cystitis (IC).
Method(s): The study enrolled patients with Hunner type IC who required repeat HD/FUL due to recurrence of IC symptoms after the first HD/FUL at our institution. All patients received a second HD/FUL plus maintenance DMSO therapy. The maintenance DMSO therapy was performed every 2 weeks for a total of 8 instillations, and then once every 4 weeks thereafter. The recurrence-free time from HD/FUL to therapeutic failure was estimated using the Kaplan-Meier method. The recurrence-free time between the first HD/FUL and second HD/FUL plus maintenance DMSO therapy was statistically compared using the log-rank test.
Result(s): A total of 21 patients (mean age, 66.3 +/- 10.8 years) with Hunner type IC were evaluated. The recurrence-free time for the second HD/FUL plus maintenance DMSO therapy was significantly longer than that for the first HD/FUL (P < 0.0001). The median recurrence-free time for the first HD/FUL was 10.1 months, while that for the second HD/FUL plus maintenance DMSO therapy has yet to be reached. The recurrence-free rate for the first HD/FUL was 81.0% at 6 months, 38.1% at 1 year, 9.5% at 2 years, and 4.8% at 3 years. In contrast, the rate for the second HD/FUL plus maintenance DMSO therapy was 100% at 6 months, 94.7% at 1 year, 82.6% at 2 years, and 82.6% at 3 years. There were no significant differences in efficacy between the first and second HD/FUL.
Conclusion(s): HD/FUL plus maintenance DMSO therapy clearly prolongs the recurrence-free time compared with HD/FUL alone in Hunner type IC.
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Publisher
Korean Continence Society (E-mail: lt11@inha.ac.kr)
Year of Publication
2019

852.

The Effect of Flavonoids on Chronic Prostatitis: A Meta-analysis of Published Randomized Controlled Trials.
Embase
[Review]
Objective: To assess the effect of flavonoids on chronic prostatitis, a meta-analysis of randomized controlled trials was performed.

Method(s): Through using subject word and random word, PubMed, Scopus, Web of Science, and Cochrane Library were searched for related records up to July 2018. The response rate and National Institutes of Health-Chronic Prostatitis Symptom Index (NIH-CPSI) were used to evaluate the therapeutic efficacy of the flavonoids. The Cochrane handbook for systematic reviews of interventions version was used to evaluate the quality of included studies. The model of determining odds ratio (OR) was chose according to the value of I².

Result(s): A total of 11 studies involving 975 subjects (experiment 516, control 459) were included. The overall OR of response rate was 0.31 (95%CI 0.11-0.89, P = 0.03). At the subgroup analysis, the OR of response rate of chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) was 0.57 (95%CI 0.18-1.77, P = 0.33), while the OR of response rate of chronic bacterial prostatitis (CBP) was 0.08 (95%CI 0.02-0.33, P = 0.0005). The OR of response rate of CP/CPPS (control was placebo) was 0.29 (95%CI 0.16-0.52, P < 0.0001). The overall OR of baseline NIH-CPSI was -0.1 (95%CI -0.61-0.41, P = 0.70). The overall OR of posttreatment NIH-CPSI was -6.96 (95%CI -8.32 -5.60, P < 0.00001).

Conclusion(s): This meta-analysis indicates that the flavonoids may be clinically beneficial through significantly improving the response rate and NIH-CPSI in chronic prostatitis patients and short-lasting antibiotics therapy in association with the flavonoids could be a better choose for CBP. Moreover, the flavonoids therapy has an excellent safety profile with minor adverse effects.

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Junctional zone endometrium alterations in gynecological and obstetrical disorders and impact on diagnosis, prognosis and treatment.

Tanos V., Balami S., Lingwood L.

Embase

Current Opinion in Obstetrics and Gynecology. 31(6) (pp 418-427), 2019. Date of Publication: 01 Dec 2019.

[Review]

AN: 629613179

Purpose of reviewTo investigate the JZE alterations in gynecological and obstetrical disorders and impact on diagnosis, prognosis and treatment. Recent findings JZE was found to be significantly extended in patients with endometriosis, leading to the conclusion that endometriosis is a primary disease of the uterus, much like adenomyosis. Statistical correlation was then
demonstrated between the severity of endometriosis and the depth of the adenomyosis infiltrates, hence the thickening of the JZE. Stem cells, predominantly found in the JZE were also found in histological sections of leiomyoma, suggested to be the origin of leiomyoma. This reservoir of JZE stem cells is influenced by different stressors leading to their differentiation into leiomyoma, endometriosis, adenomyosis or endometrial cancer, according to the stressor. The variability in presentation was hypothesized to be connected to genetic and epigenetic factors. JZE was also suggested to act as a barrier, stopping endometrial carcinoma cells invasion and metastasis. In addition, JZE plays a major role in conception, pregnancy and postpartum. Summary JZE is an important anatomical landmark of the uterus contributing to normal uterine function under the influence of ovarian hormones. Alterations of the JZE thickness and contractility can be used as pathognomonic clinical markers in infertility and chronic pelvic pain, for subendometrial and myometrial disorders, for example, adenomyosis and fibroids. Prospective randomized control trials will clarify the diagnostic steps, imaging modalities to follow and probably triage the patients between medical and surgical treatments.

Roles of lactose and fructose malabsorption and dietary outcomes in children presenting with chronic abdominal pain.

Posovszky C., Roesler V., Becker S., Iven E., Hudert C., Ebinger F., Calvano C., Warschburger P.


Intolerance to lactose or fructose is frequently diagnosed in children with chronic abdominal pain (CAP). However, the causal relationship remains a matter of discussion. A cohort of 253 patients, aged 7-12 years, presenting with unexplained CAP received standardized diagnostics. Additional diagnostic tests were performed based on their medical history and physical and laboratory investigations. Fructose and lactose hydrogen breath tests (H2 BT) as well as empiric diagnostic elimination diets were performed in 135 patients reporting abdominal pain related to the consumption of lactose or fructose to evaluate carbohydrate intolerance as a potential cause of CAP. Carbohydrate malabsorption by H2BT was found in 55 (41%) out of 135 patients. An abnormal increase in H2BT was revealed in 30% (35/118) of patients after fructose consumption and in 18% (20/114) of patients after lactose administration. Forty-six percent (25/54) reported pain relief during a diagnostic elimination diet. In total, 17 patients had lactose malabsorption, 29 fructose malabsorption, and nine combined carbohydrate malabsorption. Carbohydrate
intolerance as a cause of CAP was diagnosed at follow-up in only 18% (10/55) of patients with malabsorption after the elimination of the respective carbohydrate. Thus, carbohydrate malabsorption appears to be an incidental finding in children with functional abdominal pain disorders, rather than its cause. Therefore, testing of carbohydrate intolerance should only be considered in children with a strong clinical suspicion and with the goal to prevent long-term unnecessary dietary restrictions in children suffering from CAP.

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Year of Publication
2019

855.

The impact of preoperative anxiety, depression, and chronic pain on outcomes in abdominal wall reconstruction.
Embase
Hernia. 23(6) (pp 1045-1051), 2019. Date of Publication: 01 Dec 2019.
[Article]
AN: 2003789144
Purpose: An association of anxiety with surgical outcomes has been suggested, including with open ventral hernia repair (OVHR). This study examines the interaction of multiple comorbidities, including anxiety, depression, chronic pain, and hernia characteristics with outcomes after OVHR.
Method(s): Patients with anxiety were identified in an existing, prospectively collected, data set of OVHR with preoperative work-up including CT scans (2007-2018). A patient with a diagnosis or prescription for anxiolytics, anti-depressants, or narcotics was considered to have anxiety, depression, or chronic pain, respectively. Hernia characteristics were analyzed using 3D volumetric software. Univariate and multivariate analyses were performed to assess for the impact of anxiety on surgical outcomes.
Result(s): A total of 1178 OVHRs were identified. The diagnosis of anxiety (23.9%) was associated with female gender (29.1% females vs. 16.9% males, p = 0.002), depression (56.7 vs.
18.8%, p < 0.0001), preoperative chronic pain (43.6 vs. 26.9%, p < 0.0001), COPD, arrhythmia, history of MRSA, and sleep apnea (p <= 0.05 all values). Patients with anxiety had larger hernia volume and defect size, and were more likely to undergo component separation, with higher rates of wound complication and intervention for pain (p <= 0.05 all values). After multivariate analysis controlling for multiple potentially confounding factors, the comorbidities of anxiety, depression, and preoperative chronic pain were not found to be significantly associated with adverse outcomes.

Conclusion(s): The diagnosis of anxiety is associated with preoperative comorbidity, surgical complexity, and adverse outcomes after OVHR. However, when comorbidities are controlled for, the diagnosis of anxiety, depression or preoperative pain does not independently predict adverse outcomes. In this context, anxiety may be considered a marker of patient comorbidity in a complex patient population.

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Status Embase
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Publisher Springer (E-mail: springer@springer.it)
Year of Publication 2019

856.

Central Nervous System Changes in Pelvic Inflammation/Pain Patients.
Asiri M.D., Banjar R., Al-Qahtani W., Goodarzynejad H., Hassouna M.
Embase
Current Bladder Dysfunction Reports. 14(4) (pp 223-230), 2019. Date of Publication: 01 Dec 2019.
[Review]
AN: 2003806937
Purpose of Review: Centralized pain syndromes (CPS), including chronic pelvic pain (CPP) syndrome, are significant public health problems with prevalence more than diabetes, cancer, or cardiovascular disease. A variety of pathologies are linked with CPP syndrome; however, pain often continues without the presence of pathology, or when an underlying pelvic disease is found, the extent and severity of pain are disproportionate. Although this is not a systematic review, we performed a detailed literature search to identify relevant papers and to provide the available evidence for central changes in association with CPP syndrome. Recent Findings: Recent Advances in brain imaging techniques have provided more accurate data on gray matter volume, functional connectivity, and metabolite levels in the pain-relevant areas of the brain. The present evidence shows that like other chronic pain conditions, the CPP syndrome is associated with central nervous system (CNS) alterations. In particular, these include changes in brain structure, in the activity of both the hypothalamic-pituitary-adrenal (HPA) axis and the autonomic nervous system, and in the behavioral and central response to noxious stimulation.
Summary: A growing body of evidence, mostly from neuroimaging, suggests that for many patients with CPP, the pain may be associated to changes in both structure and function of the
The treatment of pain symptoms, even without the presence of identifiable pathology, may prevent the development or at least minimize the progression of long-term central changes. These findings support the use of new therapeutic strategies targeting the CNS for controlling of pain in CPP conditions.

Responsiveness and Minimal Important Change for Pain and Disability Outcome Measures in Pregnancy-Related Low Back and Pelvic Girdle Pain.
Ogollah R., Bishop A., Lewis M., Grotle M., Foster N.E.
Embase
[Article]
AN: 629046098
BACKGROUND: Pregnancy-related low back pain and pelvic girdle pain (LBP/PGP) are common and negatively impact the lives of many pregnant women. Several patient-based outcome instruments measure treatment effect, but there is no consensus about which measure to use with women who have these pain presentations.
OBJECTIVE(S): The objective was to compare the responsiveness of 3 outcome measures in LBP/PGP: Oswestry Disability Index-version 2.0 (ODI), Pelvic Girdle Questionnaire (PGQ), and 0 to 10 numerical rating scale for pain severity (NRS); and to estimate a minimal important change (MIC) for these measures in pregnancy-related LBP/PGP. DESIGN: This was a methodology study using data from a pilot randomized controlled trial.
METHOD(S): Women (N = 124) with pregnancy-related LBP/PGP were recruited to a pilot randomized controlled trial evaluating the benefit of adding acupuncture to standard care, of whom 90 completed an 8-week follow-up. Responsiveness was evaluated by examining correlation between change score and the external anchor (6-point global perceived effect scale) and by using receiver operating characteristic curve analysis. MIC was estimated using anchor-based methods.
RESULT(S): All measures showed good responsiveness, with areas under the receiver operating characteristic curve ranging from 0.77 to 0.90. The estimated MICs were 3.1, 11.0, 9.4, 13.3, and 1.3 for the ODI, PGQ-total, PGQ-activity, PGQ-symptoms, and NRS, respectively. All the measures, apart from ODI, had MICs larger than the measurement error. LIMITATIONS: The lack of an optimal "gold standard" or external criterion for assessing responsiveness and MIC was a limitation of this study.
CONCLUSION(S): All 3 outcome measures demonstrated good responsiveness. MICs were derived for each instrument. The PGQ at 8 weeks postrandomization was identified as an appropriate outcome measure for pregnancy-related LBP/PGP because it is specific to these pain presentations and assesses both activity limitations and symptoms. The NRS is an efficient, shorter alternative.
Traditional Chinese medicine on treating pain caused by prostate cancer: A systematic review and meta-analysis.
Embase Medicine. 98(44) (pp e17624), 2019. Date of Publication: 01 Nov 2019.
[Article]
AN: 629784865
INTRODUCTION: Prostate cancer is a male malignant tumor disease with high prevalence in recent years. Patients with advanced prostate cancer are more likely to have bone metastasis and have strong bone pain, and even lead to pathological fracture, which has a serious impact on the quality of life of patients. Traditional Chinese medicine has good clinical efficacy in treating pain caused by prostate cancer. This review hopes to adopt meta-analysis to evaluate the efficacy and safety of TCM in the treatment of pain caused by prostate cancer and provide evidence for its application in clinical practice. METHODS AND ANALYSIS: We will search for PubMed, Cochrane Library, AMED, EMBASE, WorldSciNet; Nature, Science online and China Journal Full-text Database (CNKI), China Biomedical Literature CD-ROM Database (CBM), and related randomized controlled trials included in the China Resources Database. The time is limited from the construction of the library to June 2019. We will use the criteria provided by Cochrane 5.1.0 for quality assessment and risk assessment of the included studies, and use the Revman 5.3 and Stata13.0 software for meta-analysis of the effectiveness, recurrence rate, and symptom scores of pain caused by prostate cancer. ETHICS AND DISSEMINATION: This systematic review will evaluate the efficacy and safety of TCM for pain caused by prostate cancer. Because all of the data used in this systematic review and meta-analysis has been published, this review does not require ethical approval. Furthermore, all data will be analyzed anonymously during the review process. TRIAL REGISTRATION NUMBER: PROSPERO CRD42019131544.
Effect of Fuyanshu Capsules combined with antibiotics on inflammatory factors in patients with pelvic inflammatory disease.

Feng X.-L., Jiang S., Chen J., Liu X., Zhang Y., Chen L.

Embase


To investigate the effect of Fuyanshu Capsules combined with Western medicine antibiotics on symptoms and inflammatory factors IL-10 and IL-1beta in patients with pelvic inflammatory disease and its possible mechanism. Totally 112 patients with pelvic inflammatory disease of damp-heat stagnation treated since April 2017 to April 2018 were randomly divided into treatment group( group A,57 cases) and control group( group B,55 cases). The treatment group was given Fuyanshu Capsules for 56 d, and levofloxacin hydrochloride tablets and metronidazole tablets for 14 d. The control group was given Fuyanshu Capsules as its analogue. The curative rate, effective rate and inefficiency, serum IL-10 and IL-1beta levels were compared between the two groups. The curative effect was evaluated with McCormack score and traditional Chinese medicine( TCM) syndrome score. The recurrence rate and chronic pelvic pain were followed up after one menstrual cycle. It was found that the curative rate and effective rate of group A were higher than those of group B after treatment. After 28 d of treatment, there was a difference in the effective rate of TCM syndrome score between group A and group B(62.71% vs 8.47%, P < 0.01). After 56 d of treatment, serum IL-10 increased, while IL-1beta decreased in group A, which was significantly different from that in group B (P<0.01). The recurrence rate of PID and chronic pelvic pain in group A were significantly lower than those in group B (P<0.01). The results showed that Fuyanshu Capsules combined with levofloxacin and metronidazole could alleviate the clinical symptoms and signs of chronic pelvic inflammation of damp-heat stagnation type, reduce the recurrence rate of pelvic inflammation, relieve pelvic pain, and alleviate the inflammation status of patients by regulating the expression of IL-10 and IL-1beta in peripheral serum.

PMID 31359734 [https://www.ncbi.nlm.nih.gov/pubmed/?term=31359734]
Physiotherapy management of patients with chronic pelvic pain (CPP): A systematic review.
Embase
Physiotherapy theory and practice. 35(6) (pp 516-532), 2019. Date of Publication: 01 Jun 2019. [Article]
AN: 626442114
INTRODUCTION: Chronic pelvic pain (CPP) is a common pain condition. However, treatment remains challenging. Musculoskeletal findings are frequent; therefore physiotherapy might be helpful. The purpose of this review was to evaluate the current evidence on physiotherapy in patients with CPP (PROSPERO registration number CRD42016037516).
METHOD(S): Six databases were searched and additional hand searches were performed. Two reviewers independently conducted the database search and selected studies using a two-step approach. The methodological quality was assessed applying the Critical Review Form - Quantitative Studies.
RESULT(S): A total of eight studies were included. Trigger point therapy was examined in four studies; two of which were randomized controlled trials. All studies indicate a significant change in pain measurement. The other four studies evaluated the effect of biofeedback, Thiele massage, Mensendieck somatocognitive therapy and aerobic exercises, whereas the last two were tested in controlled trials. All studies showed significant improvements in pain assessment.
CONCLUSION(S): The evidence currently available is sparse with methodological flaws, making it difficult to recommend a specific physiotherapy option. There is an urgent need for high-quality randomized controlled trials to identify the most effective physiotherapy management strategy for patients with CPP.
PMID 29589778 [https://www.ncbi.nlm.nih.gov/pubmed/?term=29589778]
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Publisher NLM (Medline)
Year of Publication 2019

Traditional Chinese medicine on treating chronic prostatitis/chronic pelvic pain syndrome: A systematic review and meta-analysis.
Xue Y., Duan Y., Gong X., Zheng W., Li Y.
Embase
Medicine. 98(26) (pp e16136), 2019. Date of Publication: 01 Jun 2019. [Article]
AN: 628602430
BACKGROUND: Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) is a common urinary system disease in the male population. Recent studies have shown that traditional Chinese medicine (TCM) can alleviate the pain caused by CP/CPPS to a certain extent and improve the quality of life of patients. In this systematic review, we aim to evaluate the
effectiveness and safety of TCM for chronic prostatitis/chronic pelvic pain syndrome. METHODS AND ANALYSIS: We will search for PubMed, Cochrane Library, AMED, EMBase, WorldSciNet; Nature, Science online and China Journal Full-text Database (CNKI), China Biomedical Literature CD-ROM Database (CBM), and related randomized controlled trials included in the China Resources Database. The time is limited from the construction of the library to May 2019. The quality of the included randomized controlled trials (RCTs) will be evaluated with the risk of bias (ROB) tool and evidence will be evaluated by Grading of Recommendations Assessment Development and Evaluation (GRADE). STATA 13.0 and Revman 5.3 will be used to perform a systematic review and meta-analysis to synthesize direct and indirect evidence. ETHICS AND DISSEMINATION: This systematic review will evaluate the efficacy and safety of TCM for treating chronic prostatitis/chronic pelvic pain syndrome. Because all of the data used in this systematic review and meta-analysis has been published, this review does not require ethical approval. Furthermore, all data will be analyzed anonymously during the review process trial. TRIAL REGISTRATION NUMBER: PROSPERO CRD42019131527.

PMID 31261537 [https://www.ncbi.nlm.nih.gov/pubmed/?term=31261537]

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Publisher NLM (Medline)

Year of Publication 2019

Does muscle energy technique have an immediate benefit for women with pregnancy-related pelvic girdle pain?.

Ceprnja D., Gupta A.

Embase

Physiotherapy research international : the journal for researchers and clinicians in physical therapy. 24(1) (pp e1746), 2019. Date of Publication: 01 Jan 2019.

[Article]

AN: 625944758

OBJECTIVE: Pregnancy-related pelvic girdle pain (PPGP) is a common and debilitating condition. Muscle energy techniques (METs) are used in the management of PPGP. This study aimed to determine the immediate effectiveness of a MET in the management of pain in women with PPGP within a single session of physiotherapy.

METHOD(S): This study was a randomized, crossover, sham-controlled trial. Women (N = 80), M (SD), 30 (5) years of age and 29 (5) weeks of gestation with PPGP were included in the study. All participants were treated with a MET and sham transcutaneous electrical nerve stimulation in a randomized order, followed by standard physiotherapy during a single physiotherapy session. The primary outcome measures were the self-report of pain using a visual analogue scale and function using the Timed Up and Go. The secondary outcome was the duration of single leg stance (SLS). Clinical measures were taken prior to the first intervention and immediately following each of the interventions, a total of four times.

RESULT(S): There was no statistically significant difference between scores for the visual analogue scale, Timed Up and Go, or duration of SLS between participants following the use of a MET, sham transcutaneous electrical nerve stimulation, or standard care, which was recorded after each intervention (p >= 0.72). There was a consistent and statistically significant (p value, mean difference) improvement in pain (p < 0.001, 2.6), function (p < 0.001, 1.0 s), and left SLS (p
< 0.001, 4.4 s) and right SLS (p < 0.001, 4.7 s) from baseline compared with each time of measurement thereafter.

CONCLUSION(S): The improvements measured may have been due to a placebo effect with the knowledge that care is being provided, mechanical unloading during the session, or familiarization with the test procedures. The mechanism(s) that led to improvements in pain and function remain unknown, however, does not preclude from women with PPGP being offered physiotherapy care.

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Publisher NLM (Medline)
Year of Publication 2019

A Pilot RCT Investigating the Effects of Targeted Compression on Athletes With Pelvic/Groin Pain.
Sawle L., Freeman J., Marsden J.
Embase Journal of sport rehabilitation. 28(2) (pp 133-143), 2019. Date of Publication: 01 Feb 2019. [Article]
AN: 626103147

CONTEXT: Athletic pelvic/groin pain is a common yet often challenging problem to both diagnose and manage. A new tool has been developed based on the clinical effects of applied force on the pelvis. Early findings indicate that this customized compression orthosis may have a positive effect on pelvic/groin pain and performance measures.

OBJECTIVE(S): To inform the design and test the practicality of procedures for a future definitively powered randomized controlled trial and to provide an estimate of the effect size of this orthosis on selected clinical and performance measures. DESIGN: Pilot randomized controlled trial with participants randomly allocated to an intervention or waiting-list control group. SETTING: The training location of each athlete. PARTICIPANTS: 24 athletes with subacute and chronic pelvic conditions were proposed to be recruited. INTERVENTION: A customized compression orthosis, delivering targeted compression to the pelvic girdle. OUTCOME MEASURES: Measures were the active straight leg raise (ASLR) test, squeeze test, broad jump, and the multiple single-leg hop-stabilization test.

RESULT(S): A total of 16 athletes completed the study. The invention group demonstrated moderate to large estimated effect sizes on the squeeze test and active straight leg raise tests (d=0.6-1.1) while wearing the orthosis. Small effect sizes (d=0.2) were seen on jump distance and the dominant leg balance score. Compared with the control group, the intervention group also showed moderate to large estimated effect sizes on the active straight leg raise measures (d=0.5-0.9) when wearing sports shorts.

CONCLUSION(S): The protocol was feasible. Effect sizes and recruitment/attrition rates suggest that the intervention holds promise and that a future definitively powered randomized controlled trial appears feasible and is indicated.
Exercise for the prevention and treatment of low back, pelvic girdle and lumbopelvic pain during pregnancy: a systematic review and meta-analysis.
Embase
British journal of sports medicine. 53(2) (pp 90-98), 2019. Date of Publication: 01 Jan 2019.

OBJECTIVE: The purpose of this review was to investigate the relationship between prenatal exercise, and low back (LBP), pelvic girdle (PGP) and lumbopelvic (LBPP) pain. DESIGN: Systematic review with random effects meta-analysis and meta-regression. DATA SOURCES: Online databases were searched up to 6 January 2017. STUDY ELIGIBILITY CRITERIA: Studies of all designs were eligible (except case studies and reviews) if they were published in English, Spanish or French, and contained information on the population (pregnant women without contraindication to exercise), intervention (subjective or objective measures of frequency, intensity, duration, volume or type of exercise, alone ["exercise-only"] or in combination with other intervention components [eg, dietary; "exercise + co-intervention"], comparator (no exercise or different frequency, intensity, duration, volume and type of exercise) and outcome (prevalence and symptom severity of LBP, PGP and LBPP).

RESULT(S): The analyses included data from 32 studies (n=52297 pregnant women). 'Very low' to 'moderate' quality evidence from 13 randomised controlled trials (RCTs) showed prenatal exercise did not reduce the odds of suffering from LBP, PGP and LBPP either in pregnancy or the postpartum period. However, 'very low' to 'moderate' quality evidence from 15 RCTs identified lower pain severity during pregnancy and the early postpartum period in women who exercised during pregnancy (standardised mean difference -1.03, 95%CI -1.58, -0.48) compared with those who did not exercise. These findings were supported by 'very low' quality evidence from other study designs.

CONCLUSION(S): Compared with not exercising, prenatal exercise decreased the severity of LBP, PGP or LBPP during and following pregnancy but did not decrease the odds of any of these conditions at any time point.

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Micronized Palmitoylethanolamide-Polydatin Reduces the Painful Symptomatology in Patients with Interstitial Cystitis/Bladder Pain Syndrome.

Cervigni M., Nasta L., Schievano C., Lampropoulou N., Ostardo E.

Embase

[Alice]
AN: 2004025560

Aims. To assess the efficacy of a micronized-palmitoylethanolamide-polydatin (m-PEA-Pol) based product on chronic pelvic pain and severity of other symptoms in interstitial cystitis/bladder pain syndrome (IC/BPS) patients refractory to conventional therapies. Methods. A pilot, open-label bicentric study was carried out involving 32 IC/BPS patients. Chronic, oral m-PEA-Pol treatment lasted 6 months. Bladder pain was evaluated using the visual analog scale, while changes from baseline in other urinary symptoms were evaluated by means of the O'Leary-Sant Interstitial Cystitis Symptom and Problem Index and the Pelvic Pain and Urgency/Frequency (PUF) symptom scale questionnaires. The generalized linear mixed model was used to evaluate significant mean changes across time. Results. A significant and progressive reduction of pain intensity was observed during m-PEA-Pol treatment (p<0.0001 for reduction over time). The effect was associated with a reduction in severity of patients' symptoms evaluated with the O'Leary-Sant questionnaire (p=0.0110 and p=0.0014 for cystitis symptoms and problem mean scores, respectively) and the PUF scale (p=0.0163 and p=0.0005 for symptom and bother mean scores, respectively). m-PEA-Pol therapy elicited a significant reduction over time in the urinary frequency evaluated with voiding diary (p=0.0005) and a small but not significant improvement of bladder capacity. Conclusions. These data highlight the potential benefit of m-PEA-Pol in patients with rare pathology such as IC/BPS and confirm the good safety profile of micronized PEA-based products.
Effect of one session of tDCS on the severity of pain in women with chronic pelvic pain. 
Divandari N., Manshadi F.D., Shokouhi N., Vakili M., Jaberzadeh S.
Embase
Journal of Bodywork and Movement Therapies. 23(3) (pp 678-682), 2019. Date of Publication: July 2019.
[Article]
AN: 2001737956
Aim: The present study aimed to investigate the effects of tDCS on pain score in women with Chronic Pelvic Pain (CPP).
Material(s) and Method(s): A total of 16 women with CPP participated in the present double-blind sham-controlled cross-over study. Each participant received a 20-min 0.3 MA of trans Cranial Direct Stimulation (tDCS) with a current density of 0.1 mA/cm². In addition to the pain intensity, the Quality of Life (QOL), disability, and depression statuses were assessed prior to and one week after the treatment. Shapiro-Wilks goodness-of-fit test for normality, dependent t-Test, and Wilcoxon Signed- Rank Test were used for data analysis. Values of p < .05 were considered statistically significant.
Finding(s): Active tDCS treatment was effective in the reduction of pain (p = .0001), improving QOL (208.938 > 193.313, P = .025), and the disability (22.375 < 30.375, P = .025). The results showed no effect of active or sham treatment on the depression (p >= .05).
Conclusion(s): The positive effects of active tDCS on CPP suggest the need to study the effect of this method on other types of chronic pain.
Effect of segmental stabilizing exercises augmented by pelvic floor muscles training on women with postpartum pelvic girdle pain: A randomized controlled trial.
Embase
[Article]
AN: 629399251
BACKGROUND: Pelvic girdle pain (PGP) is a significant problem that affects daily living activities in postpartum women.
OBJECTIVE(S): This study aimed to investigate the effect of stabilizing exercises with or without pelvic floor muscles (PFM) training on pain, functional disability, trunk range of motion (ROM) and PFM strength in women with PGP.
METHOD(S): Forty postpartum women participated in the study. Their age ranged from 25-35 years and their body mass index (BMI) was 25-29.9 kg/m2. They were randomly assigned into two groups equal in number. Group (A) received local stabilizing exercises, while group (B) received stabilizing exercises and PFM training. Pain, functional disability, trunk ROM and PFM strength have been evaluated using visual analogue scale (VAS), Oswestry Disability Index (ODI), Schober test and Kegel periniometer respectively.
RESULT(S): Both groups (A and B) revealed a significant decrease (p= 0.001) in pain and functional disability and a significant increase (p= 0.001) in trunk ROM and PFM strength. However, group (B) showed a significant decrease (p= 0.001) in pain, and functional disability and a significant increase in PFM strength when compared with group (A).
CONCLUSION(S): PFM training should be an essential part in rehabilitation programs of PGP postpartum.
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Status
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Publisher
IOS Press (Nieuwe Hemweg 6B, Amsterdam 1013 BG, Netherlands)
Year of Publication
2019
Transcranial magnetic stimulation and bladder function: A systematic review.
Nardone R., Versace V., Sebastianelli L., Brigo F., Golaszewski S., Christova M., Saltuari L.,
Trinka E.
Embase
[Article]
AN: 2002917892
Objective: We aimed at assessing the usefulness of motor evoked potentials (MEPs) for exploring
the integrity of striated sphincters and pelvic floor motor innervation in normal subjects and of
repetitive transcranial magnetic stimulation TMS (rTMS) in patients with neurogenic bladder
dysfunction.
Method(s): A systematic literature search was conducted using PubMed and Embase.
Result(s): We identified, reviewed and discussed 11 articles matching the inclusion criteria.
Conclusion(s): The assessment of MEPs could represent a useful tool in the investigation of
patients with urologic disorders. High frequency rTMS can improve detrusor contraction and/or
urethral sphincter relaxation in patients with multiple sclerosis and bladder dysfunction. Low
frequency (LF) rTMS seems to be an effective treatment of neurogenic lower urinary tract
dysfunctions in subjects with Parkinson's disease and possibly other neurodegenerative
disorders. Furthermore, rTMS might have the potential to restore bladder and bowel sphincter
function after incomplete spinal cord injury. LF rTMS could also relieve some symptoms of
bladder pain syndrome and chronic pelvic pain.
Significance: The clinical applicability of MEPs appears to be questionable, since a poor
reproducibility was detected for all pelvic floor muscles. The use of rTMS in this field is emerging
and the results of a few preliminary studies should be replicated in controlled, randomized studies
with larger sample sizes.
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PMID
31541980 [https://www.ncbi.nlm.nih.gov/pubmed/?term=31541980]
Pembrolizumab for patients with refractory or relapsed thymic epithelial tumor: An open-label phase II trial.
Embase
AN: 2002607438
PURPOSE Limited treatment options exist for patients with thymic epithelial tumor (TET) whose disease progresses after platinum-based chemotherapy. We conducted a phase II study of pembrolizumab in patients with TET to evaluate its efficacy and safety. METHODS Patients with histologically confirmed TET whose disease progressed after at least one line of platinum-based chemotherapy were eligible for the study. Patients were excluded if they had an active autoimmune disease requiring systemic treatment within the past year or documented history of clinically severe autoimmune disease. Patients received 200 mg of pembrolizumab intravenously every 3 weeks until tumor progression or unacceptable toxicity. The primary objective of response rate was assessed every 9 weeks by investigators. RESULTS Of 33 patients enrolled, 26 had thymic carcinoma and seven had thymoma. Of seven thymoma, two (28.6%; 95% CI, 8.2% to 64.1%) had partial response, and five (71.6%) had stable disease. Of 26 thymic carcinoma, five (19.2%; 95% CI, 8.5% to 37.9%) had partial response and 14 (53.8%) had stable disease. The median progression-free survival was 6.1 months for both groups. The most common adverse events of any grade included dyspnea (11; 33.3%), chest wall pain (10; 30.3%), anorexia (seven; 21.2%), and fatigue (seven; 21.2%). Five (71.4%) of seven patients with thymoma and four (15.4%) of 26 patients with thymic carcinoma reported grade $ 3 immune-related adverse events, including hepatitis (four; 12.1%), myocarditis (three; 9.1%), myasthenia gravis (two; 6.1%), thyroiditis (one; 3.0%), antineutrophil cytoplasmic antibody-associated rapidly progressive glomerulonephritis (one; 3.0%), colitis (one; 3.0%), and subacute myoclonus (one; 3.0%). CONCLUSIONS Pembrolizumab showed encouraging antitumor activity in patients with advanced TET. Given the high incidence of autoimmunity, additional studies are needed to identify those who can benefit from pembrolizumab without immune-related adverse events.
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Status Embase
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Botulinum toxin a valuable prophylactic agent for migraines and a possible future option for the prevention of hormonal variations-triggered migraines.


Embase

[Review]

Background: In 1989, Botulinum toxin (BoNT) was accepted by the FDA for the management of some ophthalmic disorders. Although it was initially considered a lethal toxin, in recent times, Botulinum toxin A (BoNT-A), which is the more used serotype, has expanded to cover different clinical conditions, primarily characterized by neuropathic pain, including migraines and headaches. Evidence suggests that migraines are influenced by hormonal factors, particularly by estrogen levels, but very few studies have investigated the prevalence and management strategies for migraines according to the hormonal status. The effects of several therapeutic regimens on migraines have been investigated, but the medications used varied widely in proven efficacies and mechanisms of action. BoNT-A is increasingly used in the management of migraine and several placebo-controlled trials of episodic and chronic migraine are currently underway. This paper is a review of the recently published data concerning the administration of BoNT-A in the prevention of chronic migraines. Considering the lack of population-based studies about the effectiveness of BoNT-A in the alleviation of premenstrual and perimenopausal migraines, this study proposes a new perspective of the therapeutic approach of migraine syndrome associated with menopausal transition and the premenstrual period.

Method(s): We selected the reviewed papers from CrossRef, PubMed, Medline, and GoogleScholar, and a total of 21 studies met our inclusion criteria.

Result(s): To date, no specific preventive measures have been recommended for menopausal women with migraines. BoNT-A often reduces the frequency and intensity of migraine attacks per month; the treatment is well tolerated and does not exhibit a significantly higher rate of treatment-related side effects. No population-based studies were conducted in order to highlight the role of BoNT-A in menopause-related migraines, neither in menstrual migraines.

Conclusion(s): There is a need for further research in order to quantify the real burden of menstrual and perimenopausal migraines and to clarify if BoNT-A could be used in the treatment of refractory postmenopausal and premenstrual migraines.

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Embase
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Year of Publication
2019
Flower pollen extract in association with vitamins (Deprox 500) versus serenoa repens in chronic prostatitis/chronic pelvic pain syndrome: A comparative analysis of two different treatments. Macchione N., Bernardini P., Piacentini I., Mangiarotti B., Del Nero A. 

Embase 
Anti-Inflammatory and Anti-Allergy Agents in Medicinal Chemistry. 18(2) (pp 151-161), 2019. Date of Publication: 2019. [Article] 
AN: 2002286727 
Objective: Chronic Prostatitis/Chronic Pelvic Pain Syndrome (CP/CPPS) is reported in the literature ranging from 1 to 14.2%. The aim of the present study was to assess the impact on patient's quality of life and symptoms of Flower pollen extract in association with vitamins (Deprox 500) in comparison with Serenoa repens 320 mg (Permixon 320 mg by Pierre Fabre) in patients with CP/CPPS. Methodology: All consecutive patients, with a diagnosis of CP/CPPS, referred to our center from January to August 2016, were screened to be enrolled in this single-center, randomized, controlled trial. The main outcome measure was the evaluation of IPSS/NIH-CPSI (International Prostatic Symptom Score/NIH-Chronic Prostatitis Symptom Index) score variation and the assessment of the quality of life and symptoms at the end of the therapy. The second outcome measure was the evaluation of the comorbidity role in the CP/CPPS therapy. 63 patients were analyzed; patients were randomized into two groups: 29 patients were treated with Deprox 500 2 tablets/day for 6 weeks and 34 patients with Serenoa repens 320 mg, 1 tablet/day for 6 weeks. 
Result(s): The mean score variation for IPSS was-12.7 +/- 4.3 in the Deprox 500 group and-7.8 +/- 4.7 in the Serenoa repens group (p=0.0005) while for NIH-CPSI was-17.3 +/- 3.1 in the Deprox 500 group and-13.6 +/- 4.8 in the Serenoa repens group (p=0.0016). By accounting only the symptoms part of NIH-CPSI questionnaire, the mean score variation reported was-11.5 +/- 2.5 in the Deprox 500 group and-9.02 +/- 4.0 in the Serenoa repens group (p=0.009321). Furthermore, analyzing the comorbidity subgroups, in patients with hypertension, the mean IPSS score variation was-14.3 +/- 3.2 in the Deprox 500 group and-9.02 +/- 4.0 in the Serenoa repens group. Conclusion(s): In conclusion, in patients with CP/CPPS, Deprox 500 improves IPSS and NIH-CPSI scores up to 74.5% and 84.5% respectively. Furthermore, in patients with hypertension, the antioxidant effect of Deprox 500 reduces the mean IPSS score of 82.7%.


Embase 
Obstetrical and Gynecological Survey. 74(4) (pp 232-240), 2019. Date of Publication: 01 Apr 2019. [Review]
Importance Endometriomas are a unique and complex representation of the classic phenotypes of endometriosis. Associated symptoms, high recurrence rate, and multimodal approach represent ongoing challenges in the management of this chronic disease. Objective To review current literature regarding medical and surgical management of endometriomas. Evidence Acquisition An extensive literature search including PubMed and Cochrane Library was performed. Review was performed using the following key words: "endometrioma," "cystectomy," "chronic pain," "infertility," "IVF," "menopause," "recurrence." All pertinent articles were assessed. The references of those articles were then reviewed, and additional publications were evaluated. Eligibility of the studies was first assessed on titles and abstracts. Full articles were then reviewed for all selected studies, and decision for final inclusion was made at that time. Conclusions and Relevance Cystectomy of ovarian endometriomas has been the first-line treatment for management for many years because it provides improved pain relief, reduces recurrence rates, and was thought to be favorable in in vitro fertilization. However, a growing body of evidence is demonstrating benefit, or at least no harm, in expectant management for asymptomatic patients with small, stable endometriomas. Medical management is often very effective and appropriate first line. When surgical intervention is appropriate, careful ovarian cyst excision with goal of ovarian tissue preservation and treatment of additional endometriosis by a trained surgeon can provide the patient the best long-term outcome and preservation of ovarian tissue and function. Target Audience Physicians from family medicine, obstetrics and gynecology, and reproductive endocrinology and infertility. Learning Objectives Following completion of this CME activity, physicians should be better able to accurately diagnose endometriomas; select appropriate medical management; determine when surgical intervention is warranted; and identify the importance of ovarian tissue-conserving surgical techniques.
Objective: The primary objective of this document is to clarify the indications for pelvic examination. Intended Users: Physicians, including gynaecologists, obstetricians, family physicians, and emergency physicians; nurses, including registered nurses and nurse practitioners; midwives, including midwives in clinical practice and midwifery trainees; medical trainees, including medical students, residents, and fellows; and all other health care providers who care for women. Target Population: This publication provides evidence and expert-based recommendations for pelvic examination in adult women (18 years and older) both with and without gynaecologic symptoms.

Outcome(s): This publication clarifies indications for pelvic examination in the context of recently published national task force statements on the utility of pelvic examination. We aim to ensure that women who have clinical indications for examination receive proper clinical investigation with minimal delays to diagnosis of treatable disease. Evidence: For this committee opinion, relevant studies were identified in PubMed and Medline using the following terms, either alone or in combination, with the search limited to English-language materials and human subjects and no publication date cut-off: pelvic examination, bimanual examination, speculum examination, rectovaginal examination, ovarian cancer screening, asymptomatic women, periodic health examination. The search was performed in May and June 2018. Relevant evidence was selected for inclusion in the following order: meta-analyses, systematic reviews, guidelines and national task force statements, randomized controlled trials, prospective cohort studies, observational studies, non-systematic reviews, case series, and reports. Additional articles were identified by cross-referencing the identified publications. A formal systematic review was not conducted for all topics discussed due to the paucity of evidence and number of different subtopics discussed. The total number of publications included in this review was 66. Validation Methods: The content and recommendations were drafted and agreed upon by the principal authors. The Boards of the Society of Gynecologic Oncology of Canada (SOC), the College of Family Physicians of Canada (CFPC), and the Society of Obstetricians and Gynaecologists of Canada (SOGC) approved the final draft for publication after review by their respective representative committees. The quality of evidence was rated using the criteria described in the Grading of Recommendations Assessment, Development and Evaluation (GRADE) methodology framework (Tables 1 and 2). The Summary of Findings is available upon request. Benefits, Harms, and Costs: This committee opinion should benefit all women with and without gynaecologic symptoms who present to gynaecologists and primary care practitioners. It will help guide practitioners in identifying indications for pelvic examination to reduce unnecessary examination with related potential harm while also increasing indicated examination to reduce delays in diagnosis of treatable gynaecologic conditions. Guideline Update: This SOGC Committee Opinion will be automatically reviewed 5 years after publication to determine if all or part of the committee opinion should be updated. However, this review may be performed earlier if new high-impact research is published in the interim.

SUMMARY STATEMENTS:
1. National and international statements and guidelines on pelvic examination should not be interpreted to suggest that the pelvic examination is irrelevant or noncontributory to physical assessment or that the pelvic examination in symptomatic women should be omitted.
2. Pelvic examination may include visual inspection, speculum examination, bimanual examination, single digit examination, and/or rectovaginal examination depending on the indication for examination.
3. No study published to date has adequately evaluated any component of the pelvic examination as a screening method for any type of malignant gynaecologic disease, except for the speculum examination for cervical cancer cytology screening. As such, any universal recommendations for or against pelvic examinations for other indications can only be made based on expert opinion and low-quality evidence.
4. In asymptomatic women at average risk for cervical cancer, cervical cytology screening reduces both the incidence of, and mortality from, cervical cancer by detecting pre-invasive, treatable lesions.
5. In asymptomatic women at average risk of malignancy, a visual and bimanual examination at the time of obtaining cervical cytology samples may add value to this screening manoeuvre: Women might not raise certain gynaecologic concerns until the time of pelvic examination; the examination provides an opportunity for patient education and practitioner skill maintenance; and, although inadequately studied to date, there may be positive effects on ovarian and vulvar malignancy that require further investigation. These potential benefits should be weighed against potential harms like patient discomfort and false positives/negatives that may
result in inappropriate reassurance or unnecessary investigations/interventions.

RECOMMENDATIONS: Symptomatic Women
1. Any woman with gynaecologic complaints including, but not limited to, vulvar complaints, vaginal discharge, abnormal premenopausal bleeding, postmenopausal bleeding, infertility, pelvic organ prolapse symptoms, urinary incontinence, new and unexplained gastrointestinal symptoms (abdominal pain, increased abdominal size/bloating, and difficulty eating/early satiety), pelvic pain, or dyspareunia should undergo appropriate components of the pelvic examination to identify benign or malignant disease (strong, low). 2. Health care providers may consider discussing the risks and benefits of performing a baseline pelvic examination including visual and bimanual examination prior to prescribing hormonal replacement therapy/menopausal hormonal treatment (weak, very low).

Asymptomatic Women
3. Health care practitioners should perform cervical cytology cancer screening in accordance with provincial/territorial guidelines (strong, strong). 4. There is insufficient evidence to guide recommendations on screening pelvic examination for noncervical gynaecologic malignancy or any benign gynaecologic disease in healthy, asymptomatic women with average risk of malignancy. However, health care practitioners may consider performing a screening pelvic examination including visual, speculum, and bimanual examinations in concert with cervical cytology sampling intervals as recommended by provincial/territorial guidelines. This practice may identify clinically important benign or malignant disease not recognized or reported by the patient (weak, very low). 5. In women over age 70 who no longer require screening with cervical cytology, health care practitioners should consider continuing periodic screening of asymptomatic women for vulvar disease with inspection of the vulva, perineum, and anus to identify benign or malignant disease unrecognized by this population. There is insufficient evidence to guide recommendations on frequency of this examination (weak, low). 6. Women with a personal history of gynaecologic malignancy, a genetic diagnosis that increases gynaecologic malignancy risk, or a history of in utero diethylstilbestrol exposure may benefit from more frequent screening pelvic examinations to identify early primary, recurrent, or metastatic malignancy in the absence of symptoms. Because there is inadequate evidence to define these screening intervals, they should be in accordance with provincial/territorial guidelines and expert opinion (weak, very low). 7. Non-invasive and self-collection screening options for chlamydia and gonorrhea are acceptable in asymptomatic women, but pelvic examination, including visual inspection, speculum examination, and bimanual examination, is required in the presence of symptoms to rule out pelvic inflammatory disease or tubo-ovarian abscess (strong, low). 8. No pelvic examination is required prior to prescription of hormonal contraception in a healthy woman with no gynaecologic symptoms (strong, low).

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PMID 31331610 [https://www.ncbi.nlm.nih.gov/pubmed/?term=31331610]
Non-pharmacological interventions for treating chronic prostatitis/chronic pelvic pain syndrome: a Cochrane systematic review.
Franco J.V.A., Turk T., Jung J.H., Xiao Y.-T., Iakhno S., Garrote V., Vietto V.
Embase
BJU International. 124(2) (pp 197-208), 2019. Date of Publication: August 2019.
[Review]
AN: 626038681

Objective: To assess the effects of non-pharmacological therapies for chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS).

Patients and Methods: We performed a comprehensive search using multiple databases, trial registries, grey literature and conference proceedings with no restrictions on the language of publication or publication status. The date of the latest search of all databases was August 2017. We included randomized controlled trials in men with a diagnosis of CP/CPPS. We included all available non-pharmacological interventions. Two review authors independently classified studies and abstracted data from the included studies, performed statistical analyses and rated quality of evidence (QoE) according to the Grading of Recommendations Assessment, Development and Evaluation methods. The primary outcomes were prostatitis symptoms and adverse events. The secondary outcomes were sexual dysfunction, urinary symptoms, quality of life, anxiety and depression.

Result(s): We included 38 unique studies in 3290 men with CP/CPPS across 23 comparisons, reporting outcomes mostly at short-term follow-up. Our analysis showed that acupuncture probably leads to clinically meaningful reduction in prostatitis symptoms compared with a sham procedure (mean difference [MD] in total National Institutes of Health - Chronic Prostatitis Symptom Index [NIH-CPSI] score -5.79, 95% confidence interval [CI] -7.32 to -4.26, moderate QoE). Acupuncture may result in little or no difference in adverse events (low QoE). Acupuncture may also lead to a clinically meaningful reduction in prostatitis symptoms compared with standard medical therapy (MD -6.05, 95% CI -7.87 to -4.24, two studies, 78 participants, low QoE).

Lifestyle modifications may be associated with a reduction in prostatitis symptoms compared with control (risk ratio for improvement in NIH-CPSI scores 3.90, 95% CI 2.20 to 6.92, very low QoE), but we found no information regarding adverse events. A physical activity programme may cause a small reduction in prostatitis symptoms compared with control (NIH-CPSI score MD -2.50, 95% CI -4.69 to -0.31, low QoE), but we found no information regarding adverse events. It was uncertain whether prostatic massage reduces or increases prostatitis symptoms compared with control (very low QoE) and we found no information regarding adverse events. Extracorporeal shockwave therapy reduces prostatitis symptoms compared with control (NIH-CPSI score MD -6.18, 95% CI -7.46 to -4.89, high QoE), but these results may not be sustained at medium-term follow-up (low QoE). This treatment may not be associated with a greater incidence of adverse events (low QoE). Transrectal thermotherapy, alone or in combination with medical therapy, may decrease prostatitis symptoms slightly when compared with medical therapy alone (NIH-CPSI score MD -2.50, 95% CI -3.82 to -1.18, low QoE). One included study reported that participants may experience transient adverse events.

Conclusion(s): Based on the findings with moderate to high QoE, this review found that some non-pharmacological interventions, such as acupuncture and extracorporeal shockwave therapy, are likely to result in a decrease in prostatitis symptoms and may not be associated with a greater incidence of adverse events. The QoE for most other comparisons was predominantly low. Future clinical trials should include a full report of their methods, including adequate masking, consistent assessment of all patient-important outcomes including potential treatment-related adverse events and appropriate sample sizes.

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Author NameID
Ovarian Reserve Following Laparoscopic Ovarian Cystectomy vs Cyst Deroofing for Endometriomas.


Embase
[Article]
AN: 2001172557

Study Objective: Because laparoscopic ovarian cystectomy of endometriomas is known to adversely impact patient ovarian reserve, the search for other techniques of surgical management is ongoing. The present study was undertaken to evaluate laparoscopic cyst deroofing as a feasible alternative.

Study Design: Prospective, randomized clinical trial (Canadian Task Force classification I).

Setting(s): University maternity hospital.

Patient(s): Women diagnosed with unilateral or bilateral ovarian endometriomas.

Intervention(s): Patients were managed with either laparoscopic ovarian cystectomy or cyst deroofing.

Measurements and Main Results: A total of 122 women with endometriomas were randomized to either laparoscopic cystectomy (group 1) or laparoscopic cyst deroofing (group 2). The primary endpoint was the effect on ovarian reserve based on changes in anti-Mullerian hormone (AMH) values. At 1 month postsurgery, anti-Mullerian hormone values were significantly decreased (p < .001) from preoperative values, from 4.25 +/- 0.87 ng/mL to 1.66 +/- 1.02 ng/mL in group 1 and from 4.2 +/- 1.69 ng/mL to 2.15 +/- 1.48 ng/mL in group 2. In addition, antral follicle count and ovarian volume decreased significantly (p < .001) in both groups by 1 month postsurgery. The decreases in these 3 parameters were more significant (p < .001) in group 1 than in group 2.

Conclusion(s): Laparoscopic cyst deroofing of endometriomas appears to be a promising alternative to laparoscopic cystectomy, with less postoperative decrease in ovarian reserve; however, the higher rate of endometrioma recurrence warrants future clinical research to determine the optimal surgical management of endometriomas.
876.


Objective To inform feasibility and design of a future randomised controlled trial (RCT) using brain functional MRI (fMRI) to determine the mechanism of action of gabapentin in managing chronic pelvic pain (CPP) in women. Design Mechanistic study embedded in pilot RCT. Setting University Hospital. Participants Twelve women (18-50 years) with CPP and no pelvic pathology (follow-up completed March 2014). Intervention Oral gabapentin (300-2700 mg) or matched placebo. Outcome measures After 12 weeks of treatment, participants underwent fMRI of the brain (Verio Siemens 3T MRI) during which noxious heat and punctate stimuli were delivered to the pelvis and arm. Outcome measures included pain (visual analogue scale), blood oxygen level dependent signal change and a semi-structured acceptability questionnaire at study completion prior to unblinding. Results Full datasets were obtained for 11 participants. Following noxious heat to the abdomen, the gabapentin group (GG) had lower pain scores (Mean: 3.8 [SD 2.2]) than the placebo group (PG) (Mean: 5.8 [SD 0.9]). This was also the case for noxious heat to the arm with the GG having lower pain scores (Mean: 2.6 [SD 2.5]) than the PG (Mean: 6.2 [SD 1.1]). Seven out of 12 participants completed the acceptability questionnaire. 71% (five out of seven) described their participation in the fMRI study as positive; the remaining two rated it as a negative experience. Conclusions Incorporating brain fMRI in a future RCT to determine the mechanism of action of gabapentin in managing CPP in women was feasible and acceptable to most women. Trial registration number ISRCTN70960777.
Methodological approaches to botulinum toxin for the treatment of chronic pelvic pain, vaginismus, and vulvar pain disorders.

Karp B.I., Tandon H., Vigil D., Stratton P.


[Review]

AN: 625854320

Introduction and hypothesis: Botulinum toxin (BoNT) is increasingly used for pain, especially with muscle spasm. We describe our methodology for BoNT treatment of chronic pelvic pain (CPP) in women and place it in the context of the literature on techniques for this use.

Method(s): Databases were searched using terms "botulinum toxin," "pelvic pain," and "vaginismus." Reports on vaginismus/vulvodynia/vestibulodynia (included if pelvic floor muscles were injected) were grouped as "vaginismus/vulvar pain disorders" (V/VPD). We analyzed the type of report, condition, toxin serotype/brand, dose/dilution, muscle selection, guidance technique, and anesthesia. Publications from the same authors without unique information were combined for specific analyses.

Result(s): Thirty-eight reports had analyzable information; many lacked complete information. Most were open-label prospective reports; there were four technical reports, one randomized comparison of doses and one placebo-controlled study of efficacy. Pelvic floor muscles were approached transvaginally, transperineally or transgluteally. BoNT brand/dose/dilution varied widely. Muscle localization techniques included anatomical landmarks only, electromyography, electrical stimulation with/without ultrasound, and fluoroscopy/CT scanning. Papers discussing analgesia utilized general anesthesia, conscious sedation with/without topical/local anesthesia, topical/local agent alone or pudendal block before or after injection. Cumulatively, 58-100% of patients with CPP and 71-100% of those with V/VPD improved. Serious adverse events (transient fecal incontinence/constipation, urinary incontinence/retention) were more frequent with higher doses.

Conclusion(s): BoNT can be safely and tolerably injected into pelvic floor muscles in women as an out-patient procedure. This study identifies methodological factors to be considered in future studies and the critical need for high-quality clinical trials for this emerging treatment.

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PMID 30617506 [https://www.ncbi.nlm.nih.gov/pubmed/?term=30617506]
Self-management in condition-specific health: A systematic review of the evidence among women diagnosed with endometriosis.

O'Hara R., Rowe H., Fisher J.

Embase


[Article]

AN: 628165224

Background: Endometriosis is a chronic condition, requiring long-term care as there is no cure. Self-management is the active participation of a person in managing their chronic condition and has been associated with improved knowledge, self-efficacy, performance of self-management tasks and some aspects of health status in interventions for other chronic diseases. The aim was to review the available evidence about the impact of self-management on condition-specific health among women with endometriosis.

Method(s): The Medline, PsycINFO, CinahlPlus, Web of Science and Scopus databases were searched and PRISMA guidelines were followed. Search terms were entered both as keywords and mapped to individual database subject headings. Inclusion criteria were: papers that reported investigations of any approach to self-management; among women (at least 18 years) diagnosed with endometriosis and published in English in a peer-reviewed journal. All study designs using quantitative or qualitative methods were eligible for inclusion. Two reviewers independently examined the quality of studies using standard criteria. The systematic review was registered with Prospero (CRD42016042028).

Result(s): A total of 1164 records were identified (after duplicates were removed), and 27 papers, reporting 19 studies met inclusion criteria. Two papers reported findings from RCTs of complementary therapies, seven reported survey data and 18 qualitative studies. No study had investigated all elements of self-management. Women with endometriosis utilise a range of self-care activities and complementary therapies to assist them to manage their symptoms. Women reported both positive and negative experiences with health care providers.

Conclusion(s): There is some evidence that self-care activities, complementary therapies and positive patient-healthcare provider relationships are important components of self-management for endometriosis. Self-management among women with endometriosis is an emerging field of research and no investigations of all elements of self-management, informed by a comprehensive definition and theoretical framework are available. Health and wellbeing outcomes and barriers and facilitators to self-management for women with endometriosis require further investigation.

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PMID
31216998 [https://www.ncbi.nlm.nih.gov/pubmed/?term=31216998]
Development and initial validation of an electronic personal assessment questionnaire for menstrual, pelvic pain and gynaecological hormonal disorders (ePAQ-MPH).

Gray T.G., Moores K.L., James E., Connor M.E., Jones G.L., Radley S.C.

Embase

[Article]
AN: 2002013230

Objective: Menstrual disorders, pelvic-pain and gynaecological hormonal conditions in women can have a significant impact on quality-of-life. Reliable assessment and monitoring of these intimate conditions is challenging. Patient reported outcome measures (PROMs) can be invaluable in providing objective assessment, but no comprehensive PROM assessing all of these conditions and their impact on quality of life is currently available. The purpose of this study was to develop and undertake initial psychometric testing of a comprehensive interactive electronic patient reported outcome measure for these conditions. Study design: A prototype electronic PROM (ePAQ-MPH) was developed following systematic literature review, semi structured interviews with 25 patients and expert panel review. Exploratory factor analysis was undertaken in 291 women attending a menstrual-disorders clinic; establishing a domain structure and enabling item reduction. Two validated PROMS (Women's Health Questionnaire and Menstrual Distress Questionnaire) were completed to assess criterion validity in 213 patients. Test-retest reliability was carried out in 30 women completing ePAQ-MPH at least one week apart. Patients' views on 'Value' and 'Burden' were assessed in 278 women using a validated 10-item survey measuring questionnaire utility (QQ-10). Confirmatory factor analysis (CFA) of the revised version of ePAQ-MPH following item reduction was undertaken in a different sample of 254 women.

Result(s): Exploratory factor analysis identified 18 domains (Cronbach's alpha > 0.7) and 30 redundant items. Test-retest analysis found acceptable intra-class correlations of 0.6-0.9 (p < 0.05). Eight domains were compared with Menstrual Distress Questionnaire showing moderate or strong correlation in seven domains. Ten domains were compared with Women's Health Questionnaire, six of which showed moderate correlation. Mean QQ-10 Value and Burden scores were 76 and 25, respectively (SD=15.8 and 15.5). The mean completion time for ePAQ-MPH was 31 min. CFA of the revised version 2 instrument with 15 domains showed good model fit.

Conclusion(s): Whilst wider psychometric testing of the revised version of ePAQ-MPH is required, including in different settings and in assessments of data quality and responsiveness, initial analysis provides some evidence for reliability, validity and acceptability of this multi-dimensional electronic PROM. ePAQ-MPH shows potential for both patient assessment and roles in service evaluation and research.

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Background: Dienogest has been shown to substantially improve endometriosis-associated symptoms such as debilitating chronic pelvic pain, and in turn, health-related quality of life (HRQoL). To date, there is no data on patient-reported outcomes reflecting the real-world practice in Asia where endometriosis is a relevant health, social and economic burden. This non-interventional, multi-center, prospective study aims to investigate the influence of dienogest on HRQoL.

Method(s): Asian women received dienogest (2 mg/daily) and were followed for 24 months. The effectiveness of dienogest to improve HRQoL and endometriosis-associated pelvic pain (EAPP) was assessed by patient-reported outcomes. HRQoL, especially the "pain" domain as primary endpoint, was evaluated with the Endometriosis Health Profile-30 (EHP-30) questionnaire. The numeric rating scale served to determine changes in the severity of EAPP. Within the presented interim analysis (data cut-off: 2017-11-27), the mean changes in EHP-30 and EAPP scores from baseline to 6 months upon availability of the data were evaluated. Treatment-emergent adverse events (TEAEs) and bleeding profiles were documented.

Result(s): Dienogest therapy decreased EHP-30 scores in all assessed domains (score 0-100, lower scores indicate better HRQoL). Primarily, the "pain" domain was improved in 78.4% of patients. EAPP was reduced (score 0-10, lower scores reflect less pain), highlighted by a mean reduction of the pain score by - 4.5 points. Patients with a higher EAPP score at baseline had an increased response to dienogest (- 6.2 points mean change) compared to patients with low baseline EAPP severity (- 1.4 points mean change). Both surgically and clinically diagnosed patients described comparable pain reduction, as well as women with or without prior treatment. Drug-related TEAEs were documented for 31.5% of patients, with amenorrhoea (5.9%) and metrorrhagia (6.1%) being the most common events. The bleeding pattern was changed upon
dienogest, characterized by decreased normal bleeding (84.2 to 28.8%) and increased amenorrhea (3.2 to 42.9%) at 6 months.

Conclusion(s): The data indicate an amelioration of HRQoL and EAPP upon dienogest therapy. No new safety signals were observed. Therefore, its use as first-line therapy for long-term management of debilitating and chronic endometriosis-associated pain represents an interesting option that remains to be further investigated. Trial registration: Name of registry: Clinical Trials Clinicaltrials.gov registration number: NCT02425462 Registration date: 2015-04-24. Registration timing: prospective.

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Status Embase

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2019

881.

Pregnancy-Related Pelvic Girdle Pain in Polish and Norwegian Women.
Starzec M., Truszcynska-Baszak A., Tarnowski A., Rongies W.

Embase

[Article]
AN: 2001993392

Objectives: The aim of the study was to assess prevalence of pelvic girdle pain (PGP) in Polish and Norwegian pregnant women.
Method(s): We enrolled 189 Polish and 75 Norwegian randomly selected pregnant women. The participants were 12 to 36 weeks pregnant. They filled in a self-administered questionnaire concerning their demographic data, pregnancy parameters, and the character and location of pain. To differentiate between various kinds of pain, pain maps were used. The participants could mark lumbar pain, PGP, or combined pain (PGP + lumbar pain). Based on pain locations, different subgroups of PGP were recognized. To assess the intensity and functional limitations related to PGP, the pain scale and the Pelvic Girdle Questionnaire were used.

Result(s): The prevalence of isolated PGP did not differ statistically between the groups, being declared by 17% of Polish women and 19% of Norwegian women (P =.074). Overall prevalence of PGP (together with combined pain) was reported more often by Norwegian women (56%) than Polish women (42%) (P =.043). The pain in all 3 pelvic joints was statistically more common in Norwegian women as well (P =.037). There were no other statistical differences in PGP subgroups between the participants. Mean values of the numeric pain scale were 4.87 for Poles and 4.88 for Norwegians, and of the Pelvic Girdle Questionnaire 32.67% and 41.76% for Poles and Norwegians, respectively. These differences were not statistically significant.

Conclusion(s): Isolated PGP has been reported by a similar percentage of Polish and Norwegian women. The severity of signs and symptoms of PGP is similar in both study groups.

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2019

Research Priorities in Pelvic Venous Disorders in Women: Recommendations from a Multidisciplinary Research Consensus Panel.
Embase
[Article]
AN: 2001671892
Pelvic venous disorders (PeVDs) in women can present with chronic pelvic pain, lower-extremity and vulvar varicosities, lower-extremity swelling and pain, and left-flank pain and hematuria. Multiple evidence gaps exist related to PeVDs with the consequence that nonvascular specialists rarely consider the diagnosis. Recognizing this, the Society of Interventional Radiology
Foundation funded a Research Consensus Panel to prioritize a research agenda to address these gaps. This paper presents the proceedings and recommendations from that Panel.

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883.

Novel Treatment of Experimental Autoimmune Prostatitis by Nanoparticle-Conjugated Autoantigen Peptide T2.


Embase

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[Article]

AN: 626296337

The exact etiology and pathogenesis of chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) are still unknown, as a result, available therapeutic options for patients are far from satisfactory. Therefore, there is a need to develop a valid therapeutic approach that can ameliorate the manifestations of CP/CPPS. Fifty male C57BL/6 mice were randomly divided into
five groups of ten mice each. All groups except naive were subcutaneously injected with 0.2 ml of T2 plus complete Freund adjuvant (CFA) on day 0 and 14 to generate valid CP/CPPS model. After successful CP/CPPS induction, model group was injected with 0.2 ml of normal saline while PLGA, PLGA-OVA, and PLGA-T2 groups were administered intravenously with 0.2 ml mixture of PLGA, PLGA-OVA, and PLGA-T2, respectively. Voiding behavior, pain threshold, and hematoxylin and eosin staining were used to assess micturition habits, pain intensity as well as prostate inflammation. Additionally, TNF-alpha, CRP, and IL-10 levels in plasma were measured by using ELISA kits. Mice administered with PLGA-T2 showed higher pain threshold, lower urine frequencies, mild edema, and inflammation in prostate tissue in comparison to other groups. Moreover, the expression of TNF-alpha and CRP levels was markedly decreased while IL-10 expression was increased in the PLGA-T2 treatment group as compared to the other groups. Our results showed that nanoparticles conjugated with autoantigen novel peptide T2 could successfully alleviate or even heal CP/CPPS to some extent in mice. This study provides an easy, useful, and economic tool for ameliorating the manifestations of CP/CPPS that will improve the therapeutic approaches.


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Status Embase

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Year of Publication 2019

Therapeutic areas of Li-ESWT in sexual medicine other than erectile dysfunction.

Fode M., Russo G.I., Verze P.

Embase

International Journal of Impotence Research. 31(3) (pp 223-230), 2019. Date of Publication: 01 May 2019.

[Review]

AN: 626112841

Low intensity extracorporal shock wave therapy (Li-ESWT) may induce tissue regeneration, neo-angiogenesis and improve endothelial function. This has shown promise in the treatment of erectile dysfunction (ED). The aim of this narrative review was to describe potential therapeutic areas of Li-ESWT in sexual medicine other than ED. An extensive literature search and review of the most recent guidelines revealed that Li-ESWT has been used in the treatment of Peyronie’s disease (PD) and is being investigated as a method of improving stem cell therapy. In PD, Li-ESWT has been shown to decrease pain but no clinically relevant benefits regarding plaque size or penile curvature have been shown in randomized clinical trials. For stem cell optimization, only two preclinical studies have been conducted within the realm of sexual medicine. These show
that application of Li-ESWT to the tissue after stem cell transplantation may increase the erectile response following cavernous nerve or diabetes damage. More research is needed to bring this concept from bench to bedside. In addition to this, Li-ESWT has shown promise in pelvic pain and its effects on testicles have been preliminarily investigated in preclinical studies.


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The Blind Leading the Not-So-Blind: A Meta-Analysis of Blinding in Pharmacological Trials for Chronic Pain.
Colagiuri B., Sharpe L., Scott A.
Embase
[Review]
AN: 2001285643
Patient blinding is a critical feature of double-blind placebo-controlled randomized controlled trials (RCTs). Yet, very little is known about practices for assessing and reporting blinding in chronic pain trials. We examined the rates and predictors of assessing blinding and its success in pharmacological RCTs for chronic pain. Four-hundred eight trials (n = 103,983 participant) were identified via a systematic search between 2006 and 2016. Only 23 RCTs (5.6%) reported assessing patient blinding. Larger sample size, reference to a CONSORT statement, and pharmaceutical sponsorship were associated with lower rates of assessing blinding and its success. A meta-analysis of the available data using Bang's Blinding Index indicated that blinding was not successful when combined across studies (g = 1.12, 95% confidence interval.92-2.01). Moderator analysis revealed that higher rates of adverse events and larger treatment effect sizes were associated with worse blinding outcomes, whereas including "don't know" responses seemed to improve blinding. Overall then, blinding is rarely reported and often fails in RCTs of pharmacological interventions for chronic pain. To address this finding, we recommend that all researchers conducting RCTs for chronic pain assess and report on the status of patient blinding when reporting the trial outcome.
Perspective(s): This meta-analysis examined patient blinding in pharmacological RCTs of chronic pain. The results indicated that blinding is rarely assessed and often fails. Some study characteristics were associated with lower rates of assessing blinding and its success, for example, pharmaceutical sponsorship and side effects. Implications and recommendations for chronic pain RCTs are discussed.
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PMID

Nicolian S., Butel T., Gambotti L., Durand M., Filipovic-Pierucci A., Mallet A., Kone M., Durand-Zaleski I., Dommergues M.

Objectives To assess the cost-effectiveness of acupuncture for pelvic girdle and low back pain (PGLBP) during pregnancy. Design Pragmatic-open-label randomised controlled trial. Setting Five maternity hospitals. Population Pregnant women with PGLBP. Method 1:1 randomization to standard care or standard care plus acupuncture (5 sessions by an acupuncturist midwife). Main outcome measure Efficacy: Proportion of days with self-assessed pain by numerical rating scale (NRS) <= 4/10. Cost effectiveness (societal viewpoint, time horizon: Pregnancy): Incremental cost per days with NRS <= 4/10. Indirect non-healthcare costs included daily compensations for sick leave and productivity loss caused by absenteeism or presenteeism. Results 96 women were allocated to acupuncture and 103 to standard care (total 199). The proportion of days with NRS <= 4/10 was greater in the acupuncture group than in the standard care group (61% vs 48%, p = 0.007). The mean Oswestry disability score was lower in the acupuncture group than with standard care alone (33 versus 38, DELTA = 5, 95% CI: 0.8 to 9, p = 0.02). Average total costs were higher in the control group (2947) than in the acupuncture group (2635, DELTA = -312, 95% CI: -966 to +325), resulting from the higher indirect costs of absenteeism and presenteeism. Acupuncture was a dominant strategy when both healthcare and non-healthcare costs were included. Costs for the health system (employer and out-of-pocket costs excluded) were slightly higher for acupuncture (1512 versus 1452, DELTA = 60, 95% CI: -272 to +470). Conclusion Acupuncture was a dominant strategy when accounting for employer costs. A 100% probability of cost-effectiveness was obtained for a willingness to pay of 100 per days with pain NRS <= 4.

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Botulinum toxin-treatment of localized provoked vulvodynia refractory to conventional treatment.
Hedebo Hansen T., Guldberg R., Meinert M.

Introduction: We wanted to evaluate the efficacy of botulinum toxin type A (botulinum toxin) treatment on vulvodynia refractory to conventional treatment.

Material(s) and Method(s): A follow-up study on botulinum toxin treatment was conducted at Aarhus University Hospital (n = 109). Seventy-nine completed the follow-up. The women included had localized provoked vulvodynia, refractory to first line treatment and were treated with 100*I.E. botulinum toxin electromyography (EMG) guided in the musculus levator ani in the period from March 2012 to May 2015(1). The outcome measures were: Dyspareunia, Negative Interference in Quality of Life (NIQL) and cotton swab test all rated on the numerical rating scale (NRS) and active vitae sexualis. Follow-up was conducted at six months.

Result(s): The women experienced significant improvements on, dyspareunia, which decreased to 5.82 from 7.82 (p < 0.01), NIQL to 6.19 from 7.88 (p < 0.01) and the cotton swab test to 5.50 from 6.81 (p < 0.01). No significant effect on Active Vitae Sexualis was found (p = 0.25).

Conclusion(s): Women injected with 100*I.E. botulinum toxin EMG guided, diagnosed with localized provoked vulvodynia refractory to conventional non invasive treatment, had a reduction in dyspareunia and improved quality of life. Injection of botulinum toxin had no significant effect on vitae sexualis. Randomized controlled trials are, however, much needed.

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Year of Publication 2019
Anatomical outcomes 1 year after pelvic organ prolapse surgery in patients with and without a uterus at a high risk of recurrence: a randomised controlled trial comparing laparoscopic sacrocolpopexy/cervicopexy and anterior vaginal mesh.

Bataller E., Ros C., Angles S., Gallego M., Espuna-Pons M., Carmona F.

Embase

Introduction and hypothesis: Few studies have compared the different approaches of mesh surgery in patients with severe pelvic organ prolapse (POP). In addition to laparoscopic sacrocolpopexy/cervicopexy (LSC-Cx), anterior vaginal mesh (AVM) may be an effective approach for correcting anterior vaginal wall associated with apical POP in women with advanced POP.

Method(s): A randomised controlled trial (RCT; January 2011 to March 2016) including 120 patients (60/group) with advanced symptomatic POP, with a predominant anterior vaginal wall descent stage III or greater in combination with a stage II or III apical defect (uterus or vaginal vault). Patients underwent four visits: baseline, 3, 6 and 12 months after surgery. The main outcome was anatomical success defined as anterior and posterior vaginal wall not descending beyond the hymen and vaginal apex descent no more than one third into the vagina. Secondary variables: PFDI, ICIQ-UI-SF, intraoperative variables, postoperative morbidity and complications.

Result(s): Anatomical success was achieved with LSC-Cx in 79% and with AVM in 76% (NS). No statistically significant differences were found among POP-Q anterior vaginal wall points between groups, whereas better results were obtained with LSC-Cx in posterior vaginal wall points and total vaginal length. Intraoperative outcomes were similar in the two groups, except for operating time (78.05 min LSC-Cx vs 44.28 min AVM). There were no statistically significant differences related to de novo stress urinary incontinence and dyspareunia. Worse results were found in the CRADI-8 in the LSC-Cx group, owing to constipation. Late postoperative complications and reinterventions were similar in the two groups.

Conclusion(s): No differences were found in the anatomical correction of anterior and apical POP. The LSC-Cx group presented better correction of posterior vaginal wall defects and a longer total vaginal length.


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Comparison of Voiding Dysfunction Phenotypes in Women with Interstitial Cystitis/Bladder Pain and Myofascial Pelvic Pain: Results from the ICEPAC Trial.
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[Article]
AN: 2001570121
Objective: To evaluate whether voiding parameters differ in patients with the common overlapping pelvic pain disorders, interstitial cystitis/bladder pain syndrome (IC/BPS), and myofascial pelvic pain (MPP).
Method(s): Uroflow and voiding diary assessed voiding phenotypes in this prospective cohort study (ICEPAC) of women comparing IC/BPS, IC/BPS +MPP, MPP, and healthy control (HC) subjects.
Result(s): In 36 HC, 24 IC/BPS, 37 IC/BPS + MPP, and 14 MPP subjects, the voiding diary measurements indicate lower voided volumes in IC/BPS and IC/BPS + MPP groups (185 +/- 24 mL, 169 +/- 20 mL, respectively) compared to HC and MPP groups (294 +/- 24 mL, 226 +/- 36 mL, respectively; P <.05, P <.05), as well as higher 24-hour voiding frequency (11.6 +/- 0.8 and 11 +/- 1.2 voids/24 hours, respectively; HC 7.1 +/- 0.5 voids/24 hours; P <.05, P <.05; MPP group 9 +/- 1.2 voids/24 hours; P <.05, P <.05). Uroflow showed higher HC average flow rate (12.87 +/- 0.92) compared to IC/BPS, IC/BPS+MPP, and MPP (8.31 +/- 1.20, 8.02 +/- 0.80, 8.17 +/- 1.38, respectively; P <.01, P <.01, P <.05) and peak flow rate (27.0 +/- 1.83) and IC/BPS, IC/BPS+MPP and MPP (16.20 +/- 2.2, 17.33 +/- 1.64, 17.21 +/- 2.69 respectively; P <.01, P <.01, P <.05).
Conclusion(s): This quantitative evaluation of voiding diary and uroflow metrics reveals distinct voiding phenotypes, which can aid in the diagnosis of chronic pelvic pain syndromes. Patients with IC/BPS had more pain with a full bladder despite similar overall pain scores. Peak and average flow rates do not provide any differentiating power between IC/BPS and MPP patients. A longer time to peak flow may favor MPP though this finding needs confirmation.
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Publisher
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Vulvodynia is a common, recurrent, vulvar pain condition with debilitating consequences for affected women's health and quality of life. The heterogeneity of women suffering from vulvodynia as well as its uncertain and likely multifactorial etiology pose a significant challenge to identifying any kind of “gold standard” treatment. Thus, treatment providers must be well versed in the various options and the evidence for each. In this review, we begin with pharmacological treatments, followed by non-pharmacological treatments, surgery, and finally multimodal treatments. For each approach, we briefly discuss the method, mechanism of action, and empirical support for the treatment. In sum, pharmacological treatments that may be beneficial but require further research include antinociceptive agents (lidocaine, capsaicin), anti-inflammatory agents (corticosteroids, interferon), neuromodulating medications (anticonvulsants and antidepressants), hormonal agents, and muscle relaxants (e.g., botulinum toxin). There is strong evidence to support and recommend non-pharmacological interventions including psychological therapy, pelvic floor physical therapy, as well as surgery (i.e., vestibulectomy for provoked vestibulodynia) for the treatment of vulvodynia. We conclude this review with a discussion of issues that may have hindered progress of treatment efficacy and effectiveness, and recommendations for moving the field forward.

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Objective The aim of the study was to compare the effectiveness of mindfulness-based group cognitive behavior therapy (M-gCBT) versus education support group therapy for the pain and distress associated with provoked localized vulvodynia. Materials and Methods Participants were randomized to M-gCBT or education support group therapy. Mindfulness-based group cognitive behavior participants attended 8 weekly sessions. Education support group participants received 8 weeks of online education with 3 in-person group visits. Vaginal insertion pain (tampon test) was the primary outcome. Secondary outcomes (Generalized Anxiety Disorder 7, Beck's Depression Index, Female Sexual Distress Scale, Female Sexual Function Index, and Pain Catastrophizing) were administered before intervention and at the completion of the study period, 3 months, and 6 months. Sample size was based on the ideal number for group dynamics of 6 to 12 participants per group. Results Participants were enrolled from August 1, 2016, to January 30, 2017. Thirty-two participants were enrolled and 31 were randomized: 14 to M-gCBT and 17 to education support. Baseline characteristics did not differ significantly. Vaginal insertion pain decreased in both groups but was not statistically different between groups (difference of 1.23; 95% CI = -0.52 to 2.98). At 6 months, participants in the M-gCBT group showed statistically significant improvement in the Female Sexual Function Index, Generalized Anxiety Disorder 7, and Beck's Depression Index compared with the education support group. Conclusions Mindfulness-based group cognitive behavior and education support group therapy are effective in reducing pain and distress. However, women in the M-gCBT program showed greater improvement in certain secondary outcomes, indicating that M-gCBT may offer some advantages in reducing distress associated with provoked localized vulvodynia.

Hormonal contraception in women with endometriosis: a systematic review.
Grandi G., Barra F., Ferrero S., Sileo F.G., Bertucci E., Napolitano A., Facchinetti F.

Objective: A systematic review was carried out of studies of women with endometriosis, to examine the evidence for efficacy of the use of hormonal contraception to improve disease-related pain and decrease postoperative risk of disease recurrence.
Method(s): A search of the Medline/PubMed and Embase databases was performed to identify all published English language studies on hormonal contraceptive therapies (combined hormonal contraceptives [CHCs], combined oral contraceptives [COCs], progestin-only pills [POPs] and progestin-only contraceptives [POCs]) in women with a validated endometriosis diagnosis, in comparison with placebo, comparator therapies or other hormonal therapies. Main outcome measures were endometriosis-related pain (dysmenorrhoea, pelvic pain and dyspareunia), quality of life (QoL) and postoperative rate of disease recurrence during treatment.

Result(s): CHC and POC treatments were associated with clinically significant reductions in dysmenorrhoea, often accompanied by reductions in non-cyclical pelvic pain and dyspareunia and an improvement in QoL. Only two COC preparations (ethinylestradiol [EE]/norethisterone acetate [NETA] and a flexible EE/drospirenone regimen) demonstrated significantly increased efficacy compared with placebo. Only three studies found that the postoperative use of COCs (EE/NETA, EE/desogestrel and EE/gestodene) reduced the risk of disease recurrence. There was no evidence that POCs reduced the risk of disease recurrence.

Conclusion(s): CHCs and POCs are effective for the relief of endometriosis-related dysmenorrhoea, pelvic pain and dyspareunia, and improve QoL. Some COCs decreased the risk of disease recurrence after conservative surgery, but POCs did not. There is insufficient evidence, however, to reach definitive conclusions about the overall superiority of any particular hormonal contraceptive.

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893.

The role of oxycodone/naloxone in the management of patients with pain and opioid-induced constipation.
Leppert W., Zajaczkowska R., Wordliczek J.

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[Article]
AN: 625925390

Introduction: Common opioid adverse effects (AE) of the gastrointestinal tract include opioid-induced constipation (OIC) and opioid-induced bowel dysfunction (OIBD) with traditional laxatives being of limited efficacy, having AEs and not addressing the pathophysiology of OIC or OIBD. Targeted treatment comprises of PAMORA (peripherally acting mu-opioid receptor antagonists) and a combination of an opioid receptor agonist with its antagonist, namely prolonged-release oxycodone with prolonged-release naloxone (OXN) tablets at a fixed ratio of 2:1. Oxycodone provides analgesia, whereas naloxone prevents binding or displaces it from opioid receptors
located in the gut wall. Areas covered: The authors review the role of OXN in the management of patients with pain and OIC. A literature search was performed using the search terms 'oxycodone/naloxone' and 'opioid-induced constipation' using the PubMed database up to October 2018. Expert opinion: OXN delivers analgesia comparable (or superior versus placebo and in observational studies) to oxycodone alone and other opioids with a limited or decreased disturbing effect on bowel function. OXN in daily doses of up to 160 mg/80 mg provides effective analgesia with little negative impact on bowel function. OXN may be successfully used in patients with chronic pain, to prevent or treat symptoms of OIC and OIBD.

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Effects of a brief pain and smoking cessation intervention in adults with chronic pain: A randomized controlled trial.
Michael Hooten W., LaRowe L.R., Zale E.L., Ditre J.W., Warner D.O.

Tobacco cigarette smokers with comorbid chronic pain experience greater difficulty quitting smoking relative to those without chronic pain. A brief smoking cessation intervention was developed to address smoking in the context of chronic pain to increase the intention to engage in smoking cessation treatment. The primary aim of this randomized controlled trial was to investigate the effects of a brief pain and smoking (BPS) cessation intervention on the willingness to consider quitting smoking in adults with chronic pain seeking treatment in a pain specialty outpatient clinic. Subjects randomized to the BPS intervention were 7.5 times more likely to endorse willingness to consider quitting smoking. Subjects who received the BPS intervention were also greater than 2.5 times more likely to report an interest in learning about cessation programs, and nearly 5 times more likely to endorse willingness to consider participating in an intensive smoking cessation program. Moreover, subjects who received the BPS intervention evinced a trend-level reduction in perceived difficulty of quitting smoking. These results contribute to a growing multidisciplinary literature examining pain-smoking interrelations and suggest that smokers with chronic pain may become more willing to consider engaging a cessation attempt as awareness increases about how continued smoking may interfere with the clinical outcomes of pain treatment. These results are also consistent with clinical practice guidelines for promoting intention to quit among smokers currently unwilling to engage a quit attempt by incorporating strategies aimed at identifying ambivalence about the continued use of tobacco.
Background: Non-muscle-invasive bladder cancer (NMIBC) has a significant risk of recurrence despite adjuvant intravesical therapy.

Objective(s): To determine whether celecoxib, a cyclo-oxygenase 2 inhibitor, reduces the risk of recurrence in NMIBC patients receiving standard treatment. Design, setting, and participants: BOXIT (CRUK/07/004, ISRCTN84681538) is a double-blinded, phase III, randomised controlled trial. Patients aged >=18 yr with intermediate- or high-risk NMIBC were accrued across 51 UK centres between 1 November 2007 and 23 July 2012.

Intervention(s): Patients were randomised (1:1) to celecoxib 200 mg twice daily or placebo for 2 yr. Patients with intermediate-risk NMIBC were recommended to receive six weekly mitomycin C instillations; high-risk NMIBC cases received six weekly bacillus Calmette-Guerin and maintenance therapy. Outcome measurements and statistical analysis: The primary endpoint was time to disease recurrence. Analysis was by intention to treat. Results and limitations: A total of 472 patients were randomised (236:236). With median follow-up of 44 mo (interquartile range: 36-57), 3-yr recurrence-free rate (95% confidence interval) was as follows: celecoxib 68% (61-74%) versus placebo 64% (57-70%; hazard ratio [HR] 0.82 [0.60-1.12], p = 0.2). There was no difference in high-risk (HR 0.77 [0.52-1.15], p = 0.2) or intermediate-risk (HR 0.90 [0.55-1.48], p = 0.7) NMIBC. Subgroup analysis suggested that time to recurrence was longer in pT1 NMIBC cases received six weekly bacillus Calmette-Guerin and maintenance therapy. Outcome measurements and statistical analysis: The primary endpoint was time to disease recurrence. Analysis was by intention to treat. Results and limitations: A total of 472 patients were randomised (236:236). With median follow-up of 44 mo (interquartile range: 36-57), 3-yr recurrence-free rate (95% confidence interval) was as follows: celecoxib 68% (61-74%) versus placebo 64% (57-70%; hazard ratio [HR] 0.82 [0.60-1.12], p = 0.2). There was no difference in high-risk (HR 0.77 [0.52-1.15], p = 0.2) or intermediate-risk (HR 0.90 [0.55-1.48], p = 0.7) NMIBC. Subgroup analysis suggested that time to recurrence was longer in pT1 NMIBC patients treated with celecoxib compared with those receiving placebo (HR 0.53 [0.30-0.94], interaction test p = 0.04). The 3-yr progression rates in high-risk patients were low: 10% (6.5-17%) and 9.7% (6.0-15%) in celecoxib and placebo arms, respectively. Incidence of serious cardiovascular events was higher in celecoxib (5.2%) than in placebo (1.7%) group (difference +3.4% [-0.3% to 7.2%], p = 0.07).

Conclusion(s): BOXIT did not show that celecoxib reduces the risk of recurrence in intermediate- or high-risk NMIBC, although celecoxib was associated with delayed time to recurrence in pT1 NMIBC patients. The increased risk of cardiovascular events does not support the use of celecoxib.
Patient Summary: Celecoxib was not shown to reduce the risk of recurrence in intermediate- or high-risk non-muscle-invasive bladder cancer (NMIBC), although celecoxib was associated with delayed time to recurrence in pT1 NMIBC patients. The increased risk of cardiovascular events does not support the use of celecoxib. Celecoxib did not reduce the overall risk of recurrence in intermediate- or high-risk non-muscle-invasive bladder cancer. Subgroup analysis reported that time to recurrence was significantly longer in pT1 patients treated with celecoxib, although cardiovascular events were higher.

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Development of a standardized, reproducible screening examination for assessment of pelvic floor myofascial pain.
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Background: Pelvic floor myofascial pain is common, but physical examination methods to assess pelvic floor muscles are defined poorly. We hypothesized that a simple, transvaginal pelvic floor examination could be developed that would be highly reproducible among providers and would adequately screen for the presence of pelvic floor myofascial pain.

Objective(s): The purpose of this study was to develop a simple, reproducible pelvic floor examination to screen for pelvic floor myofascial pain.

Study Design: A screening examination was developed by Female Pelvic Medicine & Reconstructive Surgery subspecialists and women's health physical therapists at our institution and tested in a simulated patient. We recruited 35 new patients who underwent examinations by
blinded, paired, independent examiners. Agreement was calculated with the use of percent agreement and Spearman's rank correlation coefficient.

Result(s): The final examination protocol begins with examination of the following external sites: bilateral sacroiliac joints, medial edge of the anterior superior iliac spine, and cephalad edge of the pubic symphysis (self-reported pain: yes/no). The internal examination follows with palpation of each muscle group in the center of the muscle belly, then along the length of the muscle proceeding counter-clockwise: right obturator internus, right levator ani, left levator ani, left obturator internus (pain on a scale of 0-10). Thirty-five patients were enrolled. Correlation was high at each external (0.80-0.89) and internal point (0.63-0.87; P<.0001).

Conclusion(s): Our newly developed, standardized, reproducible examination incorporates assessment of internal and external points to screen for pelvic floor myofascial pain. The examination is straightforward and reproducible and allows for easy use in clinical practice.

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Association between child maltreatment and central sensitivity syndromes: A systematic review protocol.
Chandan J.S., Thomas T., Raza K., Bandyopadhyay S., Nirantharakumar K., Taylor J.

Embase
BMJ Open. 9(2) (no pagination), 2019. Article Number: e025436. Date of Publication: 01 Feb 2019.
[Review]
AN: 626218528

Introduction A growing body of evidence is identifying the link between a history of child maltreatment and a variety of adverse health outcomes ultimately leading to significant social and healthcare burden. Initial work has identified a potential association between child maltreatment and the development of a selection of somatic and visceral central sensitivity syndromes: Fibromyalgia, chronic fatigue syndrome, temporomandibular joint disorder, chronic lower back pain, chronic neck pain, chronic pelvic pain, interstitial cystitis, vulvodynia, chronic prostatitis, tension-type headache, migraine, myofascial pain syndrome, irritable bowel syndrome and restless legs syndrome. Methods and analysis Primary electronic searches will be performed in the Embase, MEDLINE, PubMed, Scopus, PsycINFO, CINAHL and Cochrane Library databases.
and a number of Grey Literature sources including child protection and paediatric conference proceedings. Following independent screening of studies by two review authors, the Preferred Reporting Items for Systematic Reviews and Meta-Analyses template will be used to aid extraction. A meta-analysis will be conducted on the included case-control and cohort studies. The Newcastle-Ottawa grading system will be used to assess the quality of included studies. Results will be expressed as pooled ORs for binary data and mean differences for continuous data. Ethics and dissemination Ethics approval will not be required. The final results of the review and meta-analysis will be submitted for peer-review publication and also disseminated at relevant conference presentations.

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Does endometriosis affect professional life? A matched case-control study in Switzerland, Germany and Austria.
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AN: 625869373
Objectives Endometriosis is a gynaecological disease most commonly causing severe and chronic pelvic pain as well as an impaired quality of life. The aim of this study was to investigate if and how endometriosis affects choices regarding professional life as well as the quality of daily working life. Design, setting and participants In the context of a multicentre case-control study, we collected data from 505 women with surgically/histologically confirmed diagnosis of endometriosis and 505 matched controls. Study participants were recruited prospectively in hospitals and doctors' practices in Switzerland, Germany and Austria. Using a detailed questionnaire, the study investigated work-life and career choices of study participants. Main outcome measures Associations between endometriosis/disease symptoms and limitations in career development as well as ability to work. Results Women with endometriosis were less often able to work in their desired profession than women from the control group (adjusted OR=1.84, 95% CI: 1.15 to 2.94,
R 2 =0.029, p=0.001) and they had to take health-related limitations into consideration in their career decisions to a significantly higher degree than women in the control group (OR=4.79, 95% CI: 2.30 to 9.96, R 2 =0.063, p<0.001). Among women with endometriosis, chronic pain was significantly associated with increased sick leave (OR=3.52, 95% CI: 2.02 to 6.13, R 2 =0.072, p<0.001) as well as with loss of productivity at work (OR=3.08, 95% CI: 2.11 to 4.50, R 2 =0.087, p<0.001). Conclusions Endometriosis is associated with impairment of professional life, in particular with regard to career choices. Further research to develop strategies to support endometriosis-affected women in realising professional opportunities is recommended. Trial registration number NCT02511626; Pre-results. Copyright © Author(s) (or their employer(s)) 2019. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ. PMID 30782670 [https://www.ncbi.nlm.nih.gov/pubmed/?term=30782670] Status Embase Institution (Sperschneider, Kohl-Schwartz, Geraedts, Imthurn, Leeners) Department of Reproductive Endocrinology, University Hospital Zurich, Zurich, Switzerland (Sperschneider, Eberhard) Department of Gynaecology and Obstetrics, Canton Hospital Schaffhausen, Schaffhausen, Switzerland (Hengartner) Department of Applied Psychology, Zurich University of Applied Sciences, Zurich, Switzerland (Kohl-Schwartz) Division of Gynecological Endocrinology and Reproductive Medicine, University Women's Hospital, Bern, Switzerland, Switzerland (Rauchfuss) Department of Psychosomatics, Charite Berlin, Berlin, Germany (Woelfler) Department of Gynaecology, Endocrinology and Reproductive Medicine, Medical University Graz, Graz, Austria (Haeberlin) Department of Gynaecology and Obstetrics, Canton Hospital St. Gallen, St. Gallen, Switzerland (Von Orelli) Department of Gynecology and Obstetrics, Triemli Hospital Zurich, Zurich, Switzerland (Maurer) Department of Gynecology and Obstetrics, Canton Hospital Solothurn, Solothurn, United Kingdom (Imesch) Department of Gynaecology, University Hospital Zurich, Zurich, Switzerland Publisher BMJ Publishing Group (E-mail: subscriptions@bmjgroup.com) Year of Publication 2019 899.

observational study design. This was conducted using postal questionnaires that were sent to participants recruited to the multi-centre pain solutions in the emergency setting study. Patients with prior chronic pain states or opioid use were not studied. Questionnaires included the EQ5D, the Brief Pain Inventory and the Hospital Anxiety and Depression scale. Overall, 141 out of 286 (49% 95%CI 44-56%) patients were included in this follow-up study. Participants presenting with trauma were more likely to develop persistent pain than those presenting with abdominal pain, 45 out of 64 (70%) vs. 24 out of 77 (31%); 95%CI 24-54%, p < 0.001. There were no statistically significant associations between persistent pain and analgesic modality during hospital admission, age or sex. Across both abdominal pain and traumatic injury groups, participants with persistent pain had lower EQ5D mobility scores, worse overall health and higher anxiety and depression scores (p < 0.05). In the abdominal pain group, 13 out of 50 (26%) patients using patient-controlled analgesia developed persistent pain vs. 11 out of 27 (41%) of those with usual treatment; 95%CI for difference (control - patient-controlled analgesia) -8 to 39%, p = 0.183. Acute pain scores at the time of hospital admission were higher in participants who developed persistent pain; 95%CI 0.7-23.6, p = 0.039. For traumatic pain, 25 out of 35 (71%) patients given patient-controlled analgesia developed persistent pain vs. 20 out of 29 (69%) patients with usual treatment; 95%CI -30 to 24%, p = 0.830. Persistent pain is common 6 months after hospital admission, particularly following trauma. The study findings suggest that it may be possible to reduce persistent pain (at least in patients with abdominal pain) by delivering better acute pain management. Further research is needed to confirm this hypothesis.

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Status
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Publisher
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Year of Publication
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The Urinary Tract Microbiome: The Answer to All Our Open Questions?.
Magistro G., Stief C.G.
Embase
European Urology Focus. 5(1) (pp 36-38), 2019. Date of Publication: January 2019.
[Review]
AN: 2000913347
The urinary tract is not sterile. The discovery of the urinary microbiome suggests that any imbalance may have a relevant role in the development of symptoms in functional disorders such as interstitial cystitis, urinary urge incontinence, and chronic prostatitis/chronic pelvic pain syndrome. Context: The dogma of a sterile urinary tract persisted for over a century. With the advances in new high-throughput sequencing technologies and modified culture protocols for microbiome research, we have discovered a variable microbial spectrum in the urinary tract. Its relevance for health and disease is now under investigation.

Objective(s): To present the latest insights into the role of the urinary tract microbiome in functional disorders.

Evidence Acquisition: Medline, PubMed, the Cochrane database, and Embase were screened for randomised controlled trials, clinical trials, and reviews on the urinary tract microbiome.

Evidence Synthesis: The urinary tract is not sterile. Every individual harbours a complex microbial network in the urinary tract that is exposed to internal and external factors. Any imbalance in this network is likely to contribute to the development of lower urinary tract symptoms. Functional disorders such as interstitial cystitis, urinary urge incontinence, and chronic prostatitis/chronic pelvic pain syndrome, none of which include a bacterial origin for diagnosis, show features of an altered microbiome with specific dominating urotypes in contrast to urine from asymptomatic healthy individuals. The growing insights into the impact of the urinary microbiome on these entities may help in gaining a deeper understanding of the condition and may provide guidance for optimised management.

Conclusion(s): The urinary tract is not sterile. The discovery of the urinary microbiome suggests that any imbalance may have a relevant role in the development of symptoms in functional disorders.

Patient Summary: The urinary tract is naturally colonised with a specific microbial spectrum for which impairment may cause bothersome symptoms.

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Status Embase

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Year of Publication 2019

Antibiotics for treating urogenital Chlamydia trachomatis infection in men and non-pregnant women.


[Review] AN: 626073289

Background: The genital infection caused by Chlamydia trachomatis (CT) is a common sexually transmitted infection (STI) globally. The infection is mainly asymptomatic in women, thus it can produce infertility and chronic pelvic pain. In men infection is mainly symptomatic, but can evolve to prostatitis. Clinical practice guidelines for CT urogenital infections do not give any specific
recommendation about which antibiotic use as first option Objectives: To assess the efficacy and safety of antibiotic treatment for CT genital infection in men and non-pregnant women. 

Search Method(s): The Cochrane Sexually Transmitted Infections' (STI) Information Specialist developed the electronic searches in electronic databases (CENTRAL, MEDLINE, Embase and LILACS), and trials registers. We searched studies published from inception to June 2018. 

Selection Criteria: We included parallel, randomised controlled trials (RCTs) of men, and sexually-active, non-pregnant women with CT infection (urethritis or uterine cervicitis or asymptomatic), diagnosed by cell culture for CT, nucleic acid amplification tests (NAAT) or antigen-based detection methods, who had been treated with any of the antibiotic regimens recommended by any of the updated to 2013 CT Guidelines. 

Data Collection and Analysis: Four review authors screened evidence according to selection criteria and independently extracted data and assessed risk of bias. Two authors developed the 'Summary of findings' tables. We used a fixed-effect meta-analysis model for combining data where it was reasonable to assume that studies were estimating the same underlying treatment effect. We estimated the pooled risk ratio in order to establish the effects of the comparisons. Our primary outcomes were microbiological failure and adverse events, and our secondary outcomes were clinical failure, antimicrobial resistance and reinfection. 

Main Result(s): We selected 14 studies (2715 participants: 2147 (79.08%) men and 568 (20.92%) women). The studies were conducted mainly at STD clinics. Sample sizes ranged from 71 to 606 participants; follow-up was 29.7 days on average. For the comparison: azithromycin single dose versus doxycycline once or twice daily for 7 days, in men treated for CT, the risk of microbiological failure was higher in the azithromycin group (RR 2.45, 95% CI 1.36 to 4.41; participants = 821; studies = 9; moderate-quality evidence), but regarding clinical failure, the results showed that the effect is uncertain (RR 0.94, 95% CI 0.43 to 2.05; I² = 55%; participants = 525; studies = 3; low-quality evidence). Regarding adverse events (AE) in men there could be little or no difference between the antibiotics (RR 0.83, 95% CI 0.67 to 1.02; participants = 1424; studies = 6; low-quality evidence). About women treated for CT, the effect on microbiological failure was uncertain (RR = 1.71, 95% CI 0.48 to 6.16; participants = 338; studies = 5; very low-quality evidence). There were no studies assessing clinical failure or adverse events in women, however, we found that azithromycin probably has fewer adverse events in both genders (RR 0.83, 95% CI 0.71 to 0.98; I² = 0%; participants = 2261; studies = 9; moderate-quality evidence). 

For the second comparison: doxycycline compared to ofloxacin, for men treated for CT the effect on microbiological failure was uncertain (RR 8.53, 95% CI 0.43 to 167.38, I² not applicable; participants = 80; studies = 2; very low-quality evidence), as also it was on clinical failure (RR 0.85, 95% CI 0.28 to 2.62; participants = 36; studies = 1; very low-quality evidence). The effect of in women on clinical failure was uncertain (RR 0.94, 95% CI 0.39 to 2.25; I² = 39%; participants = 339; studies = 3; very low-quality evidence).Regarding adverse events, the effect in both men and women was uncertain (RR 1.02 95% CI 0.66 to 1.55; participants = 339 studies = 3; very low-quality evidence).The effect on microbiological failure in women and in men and women together, the effect on microbiological failure was not estimable. The most frequently AE reported were not serious and of gastrointestinal origin.No studies assessed antimicrobial resistance or reinfection in either comparison. Authors' conclusions: In men, regimens with azithromycin are probably less effective than doxycycline for microbiological failure, however, there might be little or no difference for clinical failure. For women, we are uncertain whether azithromycin compared to doxycycline increases the risk of microbiological failure. Azithromycin probably slightly reduces adverse events compared to doxycycline in men and women together but may have little difference in men alone. We are uncertain whether doxycycline compared to ofloxacin reduces microbiological failure in men or women alone, or men and women together, nor if it reduces clinical failure or adverse events in men or women. Based on the fact that women suffer mainly asymptomatic infections, and in order to test the effectiveness and safety of the current recommendations (azithromycin, doxycycline and ofloxacin), for CT infection, especially in low and middle income countries, future RCTs should be designed and conducted to include a large enough sample size of women, and with low risk of bias. It is also important that future RCTs include adherence, CT resistance to antibiotic regimens, and risk of reinfection as outcomes to be measured. In addition, it is important to conduct a network meta-analysis in order to evaluate all
those studies that included in one arm only the current antibiotic treatments for CT infection that are recommended by the updated clinical practice guidelines.

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Status Embase

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Publisher John Wiley and Sons Ltd (Southern Gate, Chichester, West Sussex PO19 8SQ, United Kingdom. E-mail: vgorayska@wiley.com)

Year of Publication 2019

Medical synopsis: Antioxidant supplementation may support reduction in pelvic pain in endometriosis.

East-Powell M., Reid R.

Embase

Advances in Integrative Medicine. 6(4) (pp 181-182), 2019. Date of Publication: December 2019.

[Article]

AN: 2003645179

Design: Randomised, placebo-controlled trial.

Participant(s): Women included in this trial were aged between 19 and 41 years and were recruited from Emory Clinic and Crawford Long Hospital, affiliated to Emory University School of Medicine in Atlanta, Georgia. The inclusion criteria included women with pelvic pain and a history of endometriosis and/or infertility. A total of 59 women were included in the trial.

Intervention(s): The total of 59 women were randomised into one of the two research arms of group A (n = 46) given vitamin E and vitamin C combinations or group B (n = 13) placebo pills. The interventions involved vitamin E 1200 IU (3 capsules of 400 mg each) and vitamin C 1000 mg (2 tablets of 500 mg each) daily for eight weeks prior to surgery. Comparator: A placebo arm of 13 women with endometriosis and/or infertility.

Setting(s): Emory University School of Medicine, Atlanta, Georgia, United States of America.

Conclusion(s): This trial identified that daily antioxidant supplementation with vitamin E and vitamin C for a period of eight weeks showed significance in reducing peritoneal inflammatory markers, which may be responsible for the development of pain in endometriosis. The trial also demonstrated that combination supplementation of vitamin E and vitamin C lowered chronic pelvic pain in women with endometriosis. The findings indicate that supplementation with nutritional medicines that interact with inflammatory processes may be of benefit to women with endometriosis and may be used in conjunction with other treatment regimens from their health care provider.

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Partners in crime: Ngf and bdnf in visceral dysfunction.
Coelho A., Oliveira R., Antunes-Lopes T., Cruz C.D.


Neurotrophins (NTs), particularly Nerve Growth Factor (NGF) and Brain-Derived Neurotrophic Factor (BDNF), have attracted increasing attention in the context of visceral function for some years. Here, we examined the current literature and presented a thorough review of the subject.

After initial studies linking of NGF to cystitis, it is now well-established that this neurotrophin (NT) is a key modulator of bladder pathologies, including Bladder Pain Syndrome/Interstitial Cystitis (BPS/IC) and Chronic Prostatitis/Chronic Pelvic Pain Syndrome (CP/CPPS). NGF is upregulated in bladder tissue and its blockade results in major improvements on urodynamic parameters and pain. Further studies expanded showed that NGF is also an intervenient in other visceral dysfunctions such as endometriosis and Irritable Bowel Syndrome (IBS). More recently, BDNF was also shown to play an important role in the same visceral dysfunctions, suggesting that both NTs are determinant factors in visceral pathophysiological mechanisms. Manipulation of NGF and BDNF improves visceral function and reduce pain, suggesting that clinical modulation of these NTs may be important; however, much is still to be investigated before this step is taken. Another active area of research is centered on urinary NGF and BDNF. Several studies show that both NTs can be found in the urine of patients with visceral dysfunction in much higher concentration than in healthy individuals, suggesting that they could be used as potential biomarkers. However, there are still technical difficulties to be overcome, including the lack of a large multicentre placebo-controlled studies to prove the relevance of urinary NTs as clinical biomarkers.

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Magnetic Resonance Imaging of Lesions in the Sacroiliac Joints for Differentiation of Patients With Axial Spondyloarthritis From Control Subjects With or Without Pelvic or Buttock Pain: A Prospective, Cross-Sectional Study of 204 Participants.


Embase
Arthritis and Rheumatology. 71(12) (pp 2034-2046), 2019. Date of Publication: 01 Dec 2019. [Article]
AN: 2003531511

Objective: To evaluate whether different types of sacroiliac (SI) joint lesions identified by magnetic resonance imaging (MRI) could differentiate axial spondyloarthritis (SpA) from conditions with buttock or pelvic pain attributable to other reasons, including postpartum women and healthy subjects.

Method(s): The study was designed as a prospective, cross-sectional study involving 204 participants, comprising patients with axial SpA (n = 41) and control groups of subjects with or without SI joint pain, including patients with lumbar disc herniation (n = 25), women with (n = 46) or without (n = 14) postpartum buttock/pelvic pain (having given birth within the preceding 4-16 months), hospital cleaning staff (n = 26), long-distance runners (n = 23), and healthy men (n = 29). Participants underwent clinical examination and MRI, and MRIs were evaluated in a blinded manner by 2 readers according to the Spondyloarthritis Research Consortium of Canada (SPARCC) SI joint inflammation and structural lesion scores. SPARCC score cutoff levels were defined as scores above a certain threshold. Primary analyses were based on reader agreement with regard to the presence of SI joint pathologic features on MRI ("concordant reads"). Sensitivity, specificity, and positive and negative predictive values were calculated.

Result(s): SI joint ankylosis and backfill were detected by MRI only in patients with axial SpA (32% and 37%, respectively), while bone marrow edema (BME) and fat lesions were seen in all non-axial SpA control groups (3-39% with BME and 4-14% with fat lesions). SI joint erosion was present only in patients with axial SpA and in women with postpartum buttock/pelvic pain (having given birth within the preceding 4-16 months), hospital cleaning staff (n = 26), long-distance runners (n = 23), and healthy men (n = 29). Participants underwent clinical examination and MRI, and MRIs were evaluated in a blinded manner by 2 readers according to the Spondyloarthritis Research Consortium of Canada (SPARCC) SI joint inflammation and structural lesion scores. SPARCC score cutoff levels were defined as scores above a certain threshold. Primary analyses were based on reader agreement with regard to the presence of SI joint pathologic features on MRI ("concordant reads"). Sensitivity, specificity, and positive and negative predictive values were calculated.

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Conclusion(s): BME and fat lesions were most pronounced in patients with axial SpA, but also occurred in other groups, particularly women with postpartum buttock/pelvic pain. Erosion above a certain SPARCC score threshold as well as backfill and ankylosis were highly specific for axial SpA.

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PMID
31309740 [https://www.ncbi.nlm.nih.gov/pubmed/?term=31309740]
Promise and the pharmacological mechanism of botulinum toxin A in chronic prostatitis syndrome.
Chen C.-H., Tyagi P., Chuang Y.-C.

Embase
[Review]
AN: 2004032969

Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) has a negative impact on the quality of life, and its etiology still remains unknown. Although many treatment protocols have been evaluated in CP/CPPS, the outcomes have usually been disappointing. Botulinum neurotoxin A (BoNT-A), produced from Clostridium botulinum, has been widely used to lower urinary tract dysfunctions such as detrusor sphincter dyssynergia, refractory overactive bladder, interstitial cystitis/bladder pain syndromes, benign prostatic hyperplasia, and CP/CPPS in urology. Here, we review the published evidence from animal models to clinical studies for inferring the mechanism of action underlying the therapeutic efficacy of BoNT in CP/CPPS. Animal studies demonstrated that BoNT-A, a potent inhibitor of neuroexocytosis, impacts the release of sensory neurotransmitters and inflammatory mediators. This pharmacological action of BoNT-A showed promise of relieving the pain of CP/CPPS in placebo-controlled and open-label BoNT-A and has the potential to serve as an adjunct treatment for achieving better treatment outcomes in CP/CPPS patients.

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Status
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Publisher
MDPI AG (Postfach, Basel CH-4005, Switzerland. E-mail: indexing@mdpi.com)

Year of Publication
2019
Significant, long-lasting pain relief in primary dysmenorrhea with low-dose naproxen sodium compared with acetaminophen: a double-blind, randomized, single-dose, crossover study.
Daniels S.E., Paredes-Diaz A., An R., Centofanti R., Tajaddini A.

Embase
Current Medical Research and Opinion. 35(12) (pp 2139-2147), 2019. Date of Publication: 02 Dec 2019.
[Article]
AN: 2002615839
Objectives: Many women experience menstrual cramps, which adversely affects quality-of-life. Both naproxen and acetaminophen are indicated to relieve menstrual pain. This study assessed the analgesic efficacy of a single, maximum non-prescription dose of naproxen sodium compared with that of acetaminophen in the treatment of primary dysmenorrhea.
Method(s): Healthy females with primary dysmenorrhea were included in our double-blind, randomized, crossover study (trial registration no. NCT03448536). When pain was moderate (>=5 on 0-10 numerical rating scale), subjects took a single dose of naproxen sodium (440 mg) and crossed over to acetaminophen (1000 mg) in the next cycle, or vice versa. Total pain relief over 12 h (TOTPAR0-12) was the primary outcome, while secondary outcomes included summed pain intensity differences (SPID) and TOTPAR scores throughout 12 h, and subject overall evaluation of treatment.
Result(s): The per protocol population (n = 189) used naproxen sodium (n = 170) and acetaminophen (n = 160). TOTPAR0-12 was significantly greater with naproxen sodium than acetaminophen (least-squares (LS) mean difference = 4.31; p < .001), and pain intensity was significantly lower (SPID0-12 LS mean difference = 9.80; p < .001). Some measures of pain intensity favoring naproxen sodium became significant at earlier time points (e.g. SPID4-6 LS mean difference = 1.49; p = .02). After 6 h post-dose, naproxen sodium was significantly more effective than acetaminophen, maintained for 12 h (SPID6-12 LS mean difference = 8.27; TOTPAR6-12 LS mean difference = 3.75; both p < .001). Significantly more subjects rated naproxen sodium as good-to-excellent (70.6%) vs acetaminophen (63.1%) (p = .002).
Conclusion(s): A single, maximum non-prescription dose of naproxen sodium was more effective than acetaminophen over 12 h.

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Chronic pain and fatigue in inflammatory bowel diseases: How do we handle this?. Chronische Schmerzen und Fatigue bei chronisch-entzündlichen Darmerkrankungen: Wie gehen wir damit um? <Chronische Schmerzen und Fatigue bei chronisch-entzündlichen Darmerkrankungen: Wie gehen wir damit um?>
Sonnenberg E., Biedermann L.
Embase
[Article]
AN: 2003516933
Many patients with inflammatory bowel disease (IBD) suffer from chronic pain and fatigue. Even when in remission, the quality of life is often restricted. Both of these subjects in our daily practice and the current research have received little attention so far. The studies on chronic pain in IBD which have been conducted are also very limited due to small numbers of patients. Therefore, it is not possible to give reliable therapy recommendations. There are very similar problems concerning the matter of fatigue in patients with IBD despite a great deal of new knowledge having been gained in recent years, especially on the possible origin of fatigue, which is currently presumed to be a multifactorial event. In addition to the microbiota, inflammatory processes, nutritional deficiencies as well as psychological reasons, factors like physical activity, smoking habits and overall nutrition seem to play a role in the evolution of fatigue. The therapeutic approaches are as complex as the factors contributing to its development, and large randomized, controlled trials are needed to be able to provide well-founded therapy recommendations.
Status
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Publisher
Springer Medizin (E-mail: kundenservice@springermedizin.de)
Year of Publication
2019

908.

Using botulinum toxin a for treatment of interstitial cystitis/bladder pain syndrome-possible pathomechanisms and practical issues.
Jhang J.-F.
Embase
[Review]
AN: 2004033043
Treatment for patients with interstitial cystitis/bladder pain syndrome (IC/BPS) is always challenging for urologists. The main mechanism of the botulinum toxin A (BoNT-A) is inhibition of muscle contraction, but the indirect sensory modulation and anti-inflammatory effect in the bladder also play important roles in treating patients with IC/BPS. Although current guidelines consider BoNT-A injection to be a standard treatment, some practical issues remain debatable. Most clinical evidence of this treatment comes from retrospective uncontrolled studies, and only two randomized placebo-control studies with limited patient numbers have been published. Although 100 U BoNT-A is effective for most patients with IC/BPS, the potential efficacy of 200 U
Botulinum neurotoxin A (BoNT-A) has not been evaluated. Both trigone and diffuse body BoNT-A injections are effective and safe for IC/BPS, although comparison studies are lacking. For IC/BPS patients with Hunner's lesion, the efficacy of BoNT-A injection remains controversial. Most patients with IC/BPS experience symptomatic relapse at six to nine months after a BoNT-A injection, although repeated injections exhibit a persistent therapeutic effect in long-term follow-up. Further randomized placebo-controlled studies with a larger number of patients are needed to support BoNT-A as standard treatment for patients with IC/BPS.
Cardiovascular phenotyping for personalized lifestyle treatments of chronic abdominal pain in Irritable Bowel Syndrome: A randomized pilot study.
Davydov D.M., Shahabi L., Naliboff B.
Embase
Neurogastroenterology and Motility. 31(12) (no pagination), 2019. Article Number: e13710. Date of Publication: 01 Dec 2019.

Background: Different physical exercise interventions for pain and other related symptoms largely follow non-personalized guidelines and show a high degree of variability in outcome. These interventions are considered to have different pathways toward improvement in autonomic regulation of energy metabolism. The current pilot study was conducted to assess the predictive value of individual cardiovascular (CV) activity markers at rest to predict clinical outcomes for two popular exercise-based interventions (walking and yoga) in patients with Irritable Bowel Syndrome (IBS).

Method(s): Twenty-seven adult participants with IBS were randomly assigned to a 16-biweekly Iyengar yoga or walking program. They completed pre- and post-treatment assessments on IBS symptom severity, affective and somatic complaints, and various measures of resting autonomic function including blood pressure (BP), heart rate and its variability, baroreceptor sensitivity (BRS) to activations and inhibitions with gains of brady- and tachycardiac baro-responses, and BP start points for these spontaneous baroreflexes.

Result(s): Pretreatment BRS was differentially related to clinical response for the treatment groups. Specifically, a significant decrease in pain severity was found in response to yoga for those participants who had lower resting BRS to activations, but decreased pain severity was associated with higher resting BRS for those in the walking group. The effect was not related to affective symptom relief. Other CV measures showed similar associations with clinical outcomes for both groups.

Conclusion(s): The data suggest therefore that CV based phenotypes may be useful in personalizing clinical interventions for IBS. They may also point to autonomic mechanisms that are targets for such interventions.

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Status Embase
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Institution

Embase International Urology and Nephrology. 51(12) (pp 2093-2106), 2019. Date of Publication: 01 Dec 2019.

Among one of the four category prostatitis, chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) is the disease with unknown etiology and having 90-95% prevalence in prostatitis. CP/CPPS poses adverse psychological effects and weakens the quality of life (QoL) of the patients. Due to its multifactorial etiology, various types of treatment are available with different management efficacies. The conventional treatment like anti-inflammatory medications, antibiotics, and alpha-blockers have given the lack of verified efficacy that has turned the patients to alternative therapies such as acupuncture because of its efficacy, safety, and high compliance. Acupuncture is an alternative management accepted in several countries and is commonly used in traditional Chinese medicine for chronic pain. Acupuncture had the effect of immune modulation, anti-inflammatory, and neuromodulation. For chronic prostatitis, acupuncture can improve pain symptoms and can bring better results about National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI), and QoL. This review will discuss the efficacy of acupuncture in the treatment of CP/CPPS and effect of acupuncture on NIH-CPSI total score and its domains: pain, voiding, and QoL, as well as its effect on different biomarkers of CPPS.

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A multicenter, prospective phase II trial of gemcitabine plus axitinib in patients with renal cell carcinoma with a predominant sarcomatoid component.

Park I., Lee H.J., Bae W.K., Yoon S., Lee J.L.

Embase

Investigational New Drugs. 37(6) (pp 1239-1246), 2019. Date of Publication: 01 Dec 2019.

[Article]

AN: 628273457

Introduction We conducted a multicenter, phase 2 trial using gemcitabine plus axitinib (GX) in patients with recurrent or metastatic sarcomatoid renal cell carcinoma (SRCC) to evaluate its efficacy and safety. Methods Patients with advanced RCC and a sarcomatoid component of >=25% on resected kidney or exclusive sarcomatoid carcinoma on needle biopsy were included. Patients received gemcitabine 1000 mg/m2 intravenously on days 1 and 8 of a 3-week cycle and axitinib 5 mg twice daily. Primary endpoint was objective response rate (ORR) according to the response evaluation criteria in solid tumors version 1.1, and secondary end points were progression-free (PFS) and overall (OS) survivals and adverse events. Results Twenty-five patients were enrolled. Median age was 61 (range: 33-80), and 84% were men. The Eastern Cooperative Oncology Group performance status was one in 23 patients (92%). Clear cell carcinoma was the most common histology of the carcinoma component (60%). ORR was 56%, and 28% patients achieved stable disease with a control rate of 84%. With a median follow-up duration of 24.8 months, the median PFS was 4.2 months (95% CI, 2.3-6.1) and median OS was 8.4 months (95% CI 3.3-13.4 months). The most common grade 3 or higher adverse events were neutropenia (36%), hypertension (12%), and anorexia (12%). Most adverse events were manageable, and no unexpected toxicities were found. Conclusion GX showed promising efficacy in patients with SRCC. GX could be considered as a treatment option for patients with SRCC and should be confirmed in larger clinical trials.


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Status Embase

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913.

Psychological interventions for endometriosis-related symptoms: a systematic review with narrative data synthesis.
Van Niekerk L., Weaver-Pirie B., Matthewson M.
Embase
Archives of Women's Mental Health. 22(6) (pp 723-735), 2019. Date of Publication: 01 Dec 2019.
[Review]
AN: 627721666
Endometriosis impacts the physical, psychological and quality of life domains of women. Despite the medical and/or surgical management of endometriosis, the presence of persistent pelvic pain and psychological distress often continues, suggesting a role for psychological interventions in treatment planning. The present study aimed to conduct the first systematic review, with narrative data synthesis, on psychological interventions for endometriosis-related symptoms. The study also aimed to determine the effectiveness of current interventions in resolving psychological and pain-related loss of function associated with endometriosis and to identify gaps in the literature requiring further research. A total of 15,816 studies were retrieved through database searching and handsearching, with two researchers identifying 11 full-text studies that met inclusion criteria. Three studies of 'moderate' quality were identified, although the overall quality of studies was found to be 'weak', with a 'high' risk of bias. The findings regarding the effectiveness of psychological interventions for endometriosis-related symptoms remain inconclusive. Further research into psychological interventions for women with endometriosis that employ evidence-based protocols with high intervention integrity is recommended.
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914.

Chronic pelvic pain in women: an embedded qualitative study to evaluate the perceived benefits of the meridian balance method electro-acupuncture treatment, health consultation and National Health Service standard care.
Chong O.T., Critchley H.O.D., Horne A.W., Fallon M., Haraldsdottir E.
Embase
British Journal of Pain. 13(4) (pp 244-255), 2019. Date of Publication: 01 Nov 2019.
[Article]
AN: 625489249
Introduction: Chronic pelvic pain (CPP) - defined as intermittent or constant pain in the lower abdomen or pelvis of at least 6 months' duration, not occurring exclusively with menstruation or intercourse and not associated with pregnancy - is estimated to affect 6-27% of women worldwide. In the United Kingdom, over 1 million women suffer from CPP, which has been highlighted as a key area of unmet need. Current medical treatments for CPP are often
associated with unacceptable side effects. A specific style of acupuncture, the meridian balance method electro-acupuncture (BMEA) and traditional Chinese medicine health consultation (TCM HC (BMEA + TCM HC = BMEA treatment)), may be effective for CPP in women.

Aim(s): Three focus group discussions and semi-structured telephone interviews were embedded in a randomised controlled feasibility trial to gain in-depth description of the perceived benefits of the participants' respective interventions.

Method(s): Women with CPP were randomised into the BMEA treatment, TCM HC or National Health Service standard care (NHS SC). Focus group discussions were recorded, transcribed and analysed thematically. Semi-structured telephone interviews were conducted post focus group discussions.

Finding(s): A total of 30 women were randomised into BMEA treatment, TCM HC or NHS SC. A total of 11 participants attended the three focus group discussions. Thematic analysis of focus group discussions showed: a perceived pain reduction, enhanced sleep, energy level and sense of well-being in the BMEA treatment and TCM HC groups; a dislike for the adverse effects of medications, frustration at the lack of effective treatment, heavy reliance on medications and services that are helpful, in the NHS SC group. Semi-structured telephone interviews showed that the methodology was acceptable to the participants.

Conclusion(s): The embedded focus group discussions captured the rich and complex narratives of the participants and provided insights into the perceived benefits of the BMEA treatment, TCM HC and NHS SC interventions.

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Status
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915.

Histological evidence supports low anesthetic bladder capacity as a marker of a bladder-centric disease subtype in interstitial cystitis/bladder pain syndrome.

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Introduction and hypothesis: Low anesthetic bladder capacity has been shown to be a biomarker for bladder-centric interstitial cystitis/bladder pain syndrome (IC/BPS). The goal of this study was to determine if histopathological evidence from bladder biopsies supports anesthetic bladder capacity (BC) as a marker to distinguish a bladder-centric IC/BPS subtype.

Method(s): From a review of our large IC/BPS cohort of patients undergoing hydrodistention, we identified a total of 41 patients with low BC (<= 400 ml); an additional 41 consecutive patients with BC > 400 ml were selected as the comparator group. The original bladder mucosal biopsy
pathology slides were re-reviewed by a single pathologist (blinded to patient information) using a standardized grading scale developed for this study. Result(s): Histologically, the low BC subjects exhibited higher levels of acute inflammation (p = 0.0299), chronic inflammation (p = 0.0139), and erosion on microscopy (p = 0.0155); however, there was no significant difference in mast cell count between groups (p = 0.4431). There was no significant gender difference between the groups; female patients were the majority in both groups (low BC: 94.12%, non-low BC: 100%; p = 0.1246). Individuals in the low BC group were older (p < 0.0001), had a higher incidence of Hunner's lesions on cystoscopy (p < 0.0001), and had significantly higher scores, i.e., more bother symptoms, on two IC/BPS questionnaires (ICPI, p = 0.0154; ICSI, p = 0.0005).

Conclusion(s): IC/BPS patients with low anesthetic bladder capacity have histological evidence of significantly more acute and chronic inflammation compared with patients with a non-low bladder capacity. These data provide additional evidence to support low bladder capacity as a marker of a distinct bladder-centric IC/BPS phenotype.


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916.

Updates in the Approach to Chronic Pelvic Pain: What the Treating Gynecologist Should Know. Carey E.T., Moore K.

Chronic pelvic is a multifaceted condition that often has both peripheral and central generators of pain. Despite its high prevalence, the evaluation and management of a pelvic pain patient often present many challenges to the practicing gynecologist. As with many other chronic pain conditions, pain severity does not always correlate with pelvic pathology and standard medical and surgical therapies are not always effective. An understanding of neurobiology and neuropsychology of chronic pelvic pain along with clinical pearls in the history and physical examination should guide management. Successful treatment of pelvic pain is typically multimodal, a combination of pharmacologic treatment strategies directed at the affected pathology and surrounding structures along with behavioral therapy. Evidence for these and other emerging therapies are presented in this article.

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Outcomes and outcomes measurements used in intervention studies of pelvic girdle pain and lumbopelvic pain: A systematic review.
Wuytack F., O'Donovan M.
Embase
[Review]
AN: 629763132
Background: Pelvic girdle pain is a common problem during pregnancy and postpartum with significant personal and societal impact and costs. Studies examining the effectiveness of interventions for pelvic girdle pain measure different outcomes, making it difficult to pool data in meta-analysis in a meaningful and interpretable way to increase the certainty of effect measures. A consensus-based core outcome set for pelvic girdle pain can address this issue. As a first step in developing a core outcome set, it is essential to systematically examine the outcomes measured in existing studies.
Objective(s): The objective of this systematic review was to identify, examine and compare what outcomes are measured and reported, and how outcomes are measured, in intervention studies and systematic reviews of interventions for pelvic girdle pain and for lumbopelvic pain (which includes pelvic girdle pain).
Method(s): We searched PubMed, Cochrane Library, PEDro and Embase from inception to the 11th May 2018. Two reviewers independently selected studies by title/abstract and by full text screening. Disagreement was resolved through discussion. Outcomes reported and their outcome measurement instruments were extracted and recorded by two reviewers independently. We assessed the quality of reporting with two independent reviewers. The outcomes were grouped into core domains using the OMERACT filter 2.0 framework.
Result(s): A total of 107 studies were included, including 33 studies on pelvic girdle pain and 74 studies on lumbopelvic pain. Forty-six outcomes were reported across all studies, with the highest amount (26/46) in the 'life impact' domain. 'Pain' was the most commonly reported outcome in both pelvic girdle pain and lumbopelvic pain studies. Studies used different instruments to measure the same outcomes, particularly for the outcomes pain, function, disability and quality of life.
Conclusion(s): A wide variety of outcomes and outcome measurements are used in studies on pelvic girdle pain and lumbopelvic pain. The findings of this review will be included in a Delphi survey to reach consensus on a pelvic girdle pain - core outcome set. This core outcome set will allow for more effective comparison between future studies on pelvic girdle pain, allowing for more effective translation of findings to clinical practice. 2019 The Author(s). Resumen en
Introducción: El dolor de la cintura pelvica es un problema común durante el embarazo y el posparto con un impacto personal y social significativo. Los estudios que examinan la efectividad de intervenciones para el dolor de la cintura pelvica miden diferentes resultados, lo que dificulta el agrupamiento de los datos en un metanálisis para aumentar la certeza de las medidas del efecto. Un conjunto de resultados principales basado en un consenso puede abordar este problema. Primero, para desarrollar un conjunto de resultados principales, es esencial examinar sistemáticamente los resultados utilizados en los estudios existentes.

Objetivo: El objetivo de esta revisión sistemática fue identificar, examinar y comparar que resultados se miden y reportan, y cómo se los miden, en estudios de intervención y revisiones sistemáticas de intervenciones para el dolor de la cintura pelvica y para el dolor lumbopelvico.

Método: Se realizaron búsquedas en PubMed, Cochrane Library, PEDro y Embase desde el inicio hasta el 11 mayo 2018. Dos revisores seleccionaron independientemente los estudios por título/resumen y texto completo. El desacuerdo se resolvió por discusión. Los resultados reportados y sus instrumentos de medición fueron extraídos por dos revisores independientes. Se evaluó la calidad de informe con dos revisores independientes. Los resultados se agruparon en dominios principales utilizando el filtro OMERACT 2.0. Resultados: Se incluyeron 107 artículos: 33 artículos sobre el dolor de la cintura pelvica y 74 artículos sobre el dolor lumbopelvico. Se informaron 46 resultados, principalmente (26/46) en el dominio "Impacto en la vida". "El Dolor" fue el resultado más frecuente. Los estudios utilizaron diferentes instrumentos para medir los mismos resultados, particularmente para los resultados dolor, función, discapacidad y calidad de vida. Conclusiones: Se utiliza una amplia variedad de resultados y mediciones de resultados en estudios sobre el dolor de la cintura pelvica y el dolor lumbopelvico. Los resultados de esta revisión se incluiran en una encuesta Delphi, obtener para llegar a un consenso sobre un conjunto de resultados principales. Este conjunto de resultados principales permitirá una comparación más efectiva entre estudios sobre el dolor de la cintura pelvica, lo que permitirá un análisis más efectivo en la práctica clínica.
Background: Interstitial Cystitis (IC) is a debilitating disorder of the bladder, with a multifactorial and poorly understood origin dealing with microcirculation repeated damages. Also Fibromyalgia (FM) is a persistent disorder whose etiology is not completely explained, and its theorized alteration of pain processing can compromise the quality of life. Both these conditions have a high incidence of conventional therapeutic failure, but recent literature suggests a significant beneficial response to Hyperbaric Oxygen Therapy (HBOT). With this study, this study we evaluated the effects of HBOT on quality of life, symptoms, urodynamic parameters, and cystoscopic examination of patients suffering from both IC and FM.

Method(s): We structured an observational clinical trial design with repeated measures (questionnaires, urodynamic test, and cystoscopy) conducted before and 6 months after a therapeutic protocol with hyperbaric oxygen for the treatment of patients suffering from both IC and FM. Patients were exposed to breathing 100% oxygen at 2 atm absolute (ATA) in a multipurpose pressure chamber for 90 min using an oro-nasal mask. Patients undertook a cycle of 20 sessions for 5 days per week, and a second cycle of 20 sessions after 1 week of suspension.

Result(s): Twelve patients completed the protocol. Changes after HBOT were not significant, except for hydrodistension tolerance (mean pre-treatment: 409.2 ml; mean post-treatment: 489.2 ml; p < 0.05). A regression of petechiae and Hunner's ulcers was also noted 6 months after the completion of HBOT.

Conclusion(s): Our study showed no improvement of symptoms, quality of life, and urodynamic parameters, except for hydrodistension, and a slight improvement in cystoscopic pattern. However, to date, we could not demonstrate the significance of overall results to justify the use of HBOT alone in patients with IC and FM. This observation suggests that additional studies are needed to better understand if HBOT could treat this subset of patients. Trial registration: NCT03693001; October 2, 2018. Retrospectively registered.

Copyright © 2019 The Author(s).
Background: Common prenatal ailments negatively impact performance of activities of daily living and it has been proposed that the use of dynamic elastomeric fabric orthoses, more commonly referred to as compression garments, during pregnancy might aid in the reduction of pain from these ailments, allowing for improved functional capacity. However, the effectiveness of such garments in this context has not been established. This study aims to determine whether compression shorts are effective and thermally safe in the prevention and management of prenatal pelvic and low back pain (LBP).

Method(s): A prospective quasi-experimental controlled study using parallel groups without random allocation was conducted, involving 55 childbearing women (gestational weeks 16-31) recruited from hospital and community-based maternity care providers. The compression shorts group (SG) wore SRC Pregnancy Shorts in addition to receiving usual care. The comparison group (CG) received usual care alone. Primary outcome measures-Numeric Pain Rating Scale (NPRS) and Roland Morris Disability Questionnaire (RMDQ) and secondary measures Pelvic Floor Impact Questionnaire - 7 (PFIQ-7) and SF-36 Short Form Health Survey-were assessed fortnightly over 6-weeks for both groups. The compression SG self-assessed daily their body temperatures to monitor thermal impact. Data analysis involved descriptive analyses of the primary and secondary outcome measures scores by group and time-point, and multivariable linear regressions to assess between-group differences in change scores at 6-weeks from baseline while controlling for baseline factors.

Result(s): After controlling for baseline scores, gestational weeks and parity, statistically significant differences in NPRS and RMDQ change scores between groups were in favour of the compression SG. At 6-weeks, mean (SD) NPRS change scores in the compression SG and CG were significantly different, at -0.38 (2.21) and 2.82 (2.68), respectively, p = 0.003. Mean (SD) RMDQ change scores in the compression SG and CG were also significantly different, at 0.46 (3.05) and 3.64 (3.32), respectively, p = 0.009. A total of 883 (99.7%) of the reported daily self-assessed body temperatures ranged between 35.4 and 38.0 C when wearing the compression shorts. At 6-weeks, mean (SD) PFIQ-7 and SF-36 change scores in the compression SG and CG were not significantly different.

Conclusion(s): Compression shorts are effective and thermally safe for prenatal management of pelvic and LBP. Registration: Trial registration was not required (Australian Government Department of Health Therapeutic Goods Administration (TGA), 2018).

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Embase

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2019
Background: Pain is a widely experienced symptom of inflammatory bowel disease (IBD), which has significant psychological and functional impacts on patients. Understanding the aetiology and management of chronic pain is a poorly understood area of IBD research. This qualitative study aimed to explore the experiences of individuals with IBD and pain, the pain management strategies they use and any needs for future pain management interventions.

Method(s): In all, 14 individuals with IBD were purposively recruited and interviewed (face-to-face or telephone) using a topic guide. Interviews were transcribed and analysed using inductive thematic analysis.

Result(s): Themes identified were 'vicious cycles', 'findings solutions' and 'attitudes'. The experience and impact of pain were rarely viewed in isolation, but rather within the context of a cycle of IBD symptoms. Other 'vicious cycles' identified included anxiety, avoidance and inactivity, and poor understanding and communication. Pain management included short- and long-term strategies. Searching for a solution for pain had an emotional impact on individuals. There were contrasting attitudes from participants, including defeat, tolerance and acceptance.

Conclusion(s): This study provides an understanding of the experience of pain in IBD. The interaction of pain with accompanying IBD symptoms has an emotional and physical impact on individuals, and creates a barrier to adequate assessment, understanding and treatment of pain. Patients rely on their own experiences, and a trial and error approach to apply helpful strategies. Adjuvant behavioural therapies may be beneficial for patients experiencing pain and psychological distress, and to facilitate self-management.

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Sencan S., Edipoglu I.S., Demir F.G.U., Yolcu G., Gunduz O.H.

Background: Ganglion impar blockade is a reliable and effective treatment option used in patients with coccydynia. Our primary objective was to specify the role of corticosteroids in impar blockade. We compared applications of local anesthetic with the local anesthetic + corticosteroid combination in terms of treatment efficiency in patients with chronic coccydynia.

Method(s): Our study was a prospective randomize double-blind study. The patients were divided into 2 groups after randomization. The first group (group SL) was made up of patients where a
corticosteroid + local anesthetic were used during ganglion impar blockade. In the second group (group L) we used only local anesthetic. We evaluated numeric rating scale (NRS) and Beck depression scale, which were employed before the procedure and in 1st and 3rd months after the procedure.

Result(s): Seventy-three patients were included in the final analysis. We detected a significantly greater decrease in NRS values in the 1st month in group SL than in group L (P = 0.001). In the same way, NRS values in the 3rd month were significantly lower in the group with steroids (P = 0.0001). During the evaluation of the Beck test, we detected significantly greater decreases in the 1st month (P = 0.017) and 3rd month (P = 0.021) in the SL group than in the L group.

Conclusion(s): Ganglion impar blockade decreases pain in the treatment of chronic coccydynia and improve depression. Addition of steroids in a ganglion impar blockade is required for treatment response that should accumulate over a long period of time.

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922.

A randomized, double-blind, placebo-controlled trial of onabotulinumtoxin A trigger point injections for myofascial pelvic pain.
Embase
[Conference Paper]
AN: 2003611086

Background: Pelvic pain is estimated to effect 15% of women, and onabotulinumtoxin A is used to treat a variety of pain disorders. However, the data on the use of onabotulinumtoxin A for the treatment of women with myofascial pelvic pain are limited.

Objective(s): The objective of the study was to compare the effect of onabotulinumtoxin A vs placebo injections to the pelvic floor muscles in women with myofascial pelvic pain.

Study Design: This was a double-blind, randomized, placebo-controlled trial in women with myofascial pelvic pain. Women >=18 years were eligible if they reported pain >=6 on a 10 point visual analog scale >=50% of the time and had pain on palpation >=6 on the visual analog scale in >=1 of 6 pelvic floor muscle groups. Participants were randomly allocated to a pelvic floor
injection of 200 units of onabotulinumtoxin A or 20 mL of saline. All participants started 8 weeks of physical therapy 4 weeks after the injection. Participants completed validated questionnaires at baseline, 2, 4, and 12 weeks after injection. At each visit, a urogynecologist who was blinded to treatment arm performed a clinical examination with palpation of the left and right sides of 6 pelvic floor muscle groups. The primary outcome was change in participant-reported pain on palpation of the most painful pelvic floor muscle at 2 weeks. Analyses were intention to treat.

Result(s): We consented 60 women. One participant was lost to follow-up after she was consented; therefore, we randomized 59 women. The groups had similar demographic and clinical characteristics. With regard to the primary outcome, there was no significant difference between the intervention and placebo groups in the change in participant-reported pain on palpation of the most painful pelvic floor muscle at 2 weeks. There were no significant differences in participant-reported pain on palpation for any muscle group at 4 or 12 weeks. At 4 and 12 weeks, participants in the intervention group reported greater declines in overall pelvic pain on the visual analog scale compared with the placebo group, although these differences were not statistically significant (both P = .16). Using the Patient Global Impression of Improvement index, participants in the intervention group were more likely to report their symptoms were improved at 4 and 12 weeks compared with the placebo group, although this difference was significant only at 4 weeks (P = .03 and P = .10, respectively). At 2 weeks, the placebo group had a significant improvement in the Pelvic Floor Distress Inventory score compared with the intervention group (P = .01); however, this difference did not persist at 4 (P = .19) or 12 weeks (P = .11). At 2 weeks, the most common adverse event was constipation in the intervention and placebo groups, with 10.1% reporting de novo constipation. This was followed by urinary incontinence in the intervention group (22%) and urinary tract infection (9%) in the placebo group.

Conclusion(s): Pelvic floor onabotulinumtoxin A injections for myofascial pelvic pain were not more effective than saline injections at decreasing muscle pain on palpation. Despite this, participants who received onabotulinumtoxin A were more likely than those who received saline to report improvement, albeit not statistically significant, in their overall pelvic floor pain at 4 and 12 weeks.
Background: Postoperative pain control after urogynecological surgery has traditionally been opioid centered with frequent narcotic administration. Few studies have addressed optimal pain control strategies for vaginal pelvic reconstructive surgery that limit opioid use.

Objective(s): The objective of the study was to determine whether, ice packs, Tylenol, and Toradol, a novel opioid-sparing multimodal postoperative pain regimen has improved pain control compared with the standard postoperative pain regimen in patients undergoing inpatient vaginal pelvic reconstructive surgery.

Study Design: This was a multicenter randomized controlled trial of women undergoing vaginal pelvic reconstructive surgery. Patients were randomized to the ice packs, Tylenol, and Toradol postoperative pain regimen or the standard regimen. The ice packs, Tylenol, and Toradol regimen consists of around-the-clock ice packs, around-the-clock oral acetaminophen, around-the-clock intravenous ketorolac, and intravenous hydromorphone for breakthrough pain. The standard regimen consists of as-needed ibuprofen, as-needed acetaminophen/oxycodone, and intravenous hydromorphone for breakthrough pain. The primary outcome was postoperative day 1 pain evaluated the morning after surgery using a visual analog scale. Secondary outcomes included the validated Quality of Recovery Questionnaire, satisfaction scores, inpatient narcotic consumption, outpatient pain medication consumption, and visual analog scale scores at other time intervals. In all, 27 patients in each arm were required to detect a mean difference of 25 mm on a 100 mm visual analog scale (90% power).

Result(s): Thirty patients were randomized to ice packs, Tylenol, and Toradol and 33 to the standard therapy. Patient and surgical demographics were similar. The median morning visual analog scale pain score was lower in the ice packs, Tylenol, and Toradol group (20 mm vs 40 mm, P = .03). Numerical median pain scores were lower at the 96 hour phone call in the ice packs, Tylenol, and Toradol group (2 vs 3, P = .04). Patients randomized to the ICE-T regimen received fewer narcotics (expressed in oral morphine equivalents) from the postanesthesia care unit exit to discharge (2.9 vs 20.4, P < .001) and received fewer narcotics during the entire hospitalization (55.7 vs 91.2, P < .001). At 96 hour follow up, patients in the ice packs, Tylenol, and Toradol group used 4.9 ketorolac tablets compared with 4.6 oxycodone/acetaminophen tablets in the standard group (P = .81); however, ice packs, Tylenol, and Toradol patients required more acetaminophen than ibuprofen by patients in the standard arm (10.7 vs 6.2 tablets, P = .012). There were no differences in Quality of Recovery Questionnaire or satisfaction scores either in the morning after surgery or at 96 hour follow up.

Conclusion(s): The ice packs, Tylenol, and Toradol multimodal pain regimen offers improved pain control the morning after surgery and 96 hours postoperatively compared with the standard regimen with no differences in patient satisfaction and quality of recovery. Ice packs, Tylenol, and Toradol can significantly limit postoperative inpatient narcotic use and eliminate outpatient narcotic use in patients undergoing vaginal pelvic reconstructive surgery.

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Gabapentin for the management of chronic pelvic pain in women.
AbdelHafeez M.A., Reda A., Elnaggar A., EL-Zeneiny H., Mokhles J.M.
Embase
[Article]
AN: 2002608948
Background: Chronic pelvic pain (CPP) is a frequent presenting symptom in gynaecology outpatient clinics. Neuromodulator pharmacological agents could be an option for treatment based on its efficacy in treating chronic pain in other conditions.
Purpose(s): This study aimed at evaluating the efficacy of oral Gabapentin to alleviate pain in women with CPP.
Method(s): In a randomized double-blinded placebo-controlled trial, 60 women suffering from chronic pelvic pain were randomly divided into two equal arms. The study group received Gabapentin 300 mg three times daily initially (900 mg), with 300 mg weekly incremental dose till pain was controlled, severe side effects occurred or maximum daily dose of 2700 mg was reached. The Primary outcome was the pain score improvement of CPP, defined as a 30% reduction in the pain score assessed by the 10-cm Visual Analogue Scale compared to baseline score.
Result(s): In Gabapentin group, pain was significantly reduced at 12 and 24 weeks (mean = 5.12 +/- 0.67 and 3.72 +/- 0.69, respectively) than in placebo group (mean = 5.9 +/- 0.92 and 5.5 +/- 1.13, respectively); this difference was significant. At 24 weeks, there was significantly higher proportion of patients reporting 30% or more reduction in pain scores; 19 out of 20 patients (95%) in Gabapentin group compared to 8 out of 14 patients (57.1%) in placebo group. The relative risk for pain after gabapentin treatment was 0.5 with 95% confidence interval = 0.34 to 0.75 and number needed to treat = 3 (p = 0.007). Regarding adverse effects there was significantly higher incidence of dizziness with Gabapentin (26.1%) compared to placebo (3.3%).
Conclusion(s): Chronic pelvic pain in women may be treated sufficiently with Gabapentin. Trial registration: The trial was registered in ClinicalTrials.gov registry with clinical trial registration number: NCT02918760.
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Publisher
Characterizing anxiety at the first encounter in women presenting to the clinic: the CAFE study. Pham T.T., Chen Y.B., Adams W., Wolff B., Shannon M., Mueller E.R. Embase American Journal of Obstetrics and Gynecology. 221(5) (pp 509.e1-509.e7), 2019. Date of Publication: November 2019. [Conference Paper] AN: 2003611090 Background: Clinically based anxiety questionnaires measure 2 forms of anxiety that are known as state anxiety and trait anxiety. State anxiety is temporary and is sensitive to change; trait anxiety is a generalized propensity to be anxious. Objective(s): Our study aims to characterize the reasons for anxiety among women about the initial consultation for their pelvic floor disorders to measure change in participant state anxiety after the visit and to correlate improvement in anxiety with visit satisfaction. Study Design: All new patients at our tertiary urogynecology clinic were invited to participate. After giving consent, participants completed pre- and postvisit questionnaires. Providers were blinded to pre- and postvisit questionnaire responses. The previsit questionnaires included the Pelvic Floor Distress Inventory, the Generalized Anxiety Disorder-7, and the 6-item short form of the Spielberg State Trait Anxiety Inventory. Participants were also asked to list their previsit anxieties. The postvisit questionnaires comprised of the Spielberg State Trait Anxiety Inventory, patient global impression of improvement of participant anxiety, patient satisfaction, and the participant's perception of whether her anxiety was addressed during the visit. The anxieties listed by participants were then reviewed independently and categorized by 2 of the authors. A separate panel arbitrated when there were disagreements among anxiety categories. Result(s): Fifty primarily white (66%) women with a median age of 53 years (interquartile range, 41-66) completed the study. The visit diagnoses included stress urinary incontinence (54%), urge urinary incontinence (46%), myofascial pain (28%), pelvic organ prolapse (20%), and recurrent urinary tract infection (12%). Less than one-quarter of participants (22%) had a history of anxiety diagnosis. The average previsit Spielberg State Trait Anxiety Inventory score was 42.9 (standard deviation, 11.98) which decreased by an average of 12.60 points in the postvisit (95% confidence interval, -16.56 to -8.64; P<.001). Postvisit decreased anxiety was associated with improvements in the patient global impression of improvement anxiety (P<.001) and participants' perception that their anxiety symptoms had been addressed completely (P=.045). The most reported causes for consultation related anxiety were lack of knowledge of diagnosis and ramifications, personal or social issues, and fear of the physical examination. Participants reported that improvements in anxiety were related to patient education and reassurance, medical staff appreciation, and acceptable treatment plan. Participants who reported complete satisfaction demonstrated a greater decrease in the postvisit Spielberg State Trait Anxiety Inventory scores compared with the participants who did not report complete satisfaction (P=.045). Changes in the Spielberg State Trait Anxiety Inventory score were not associated with the Pelvic Floor Distress Inventory (P=.35) or Generalized Anxiety Disorder-7 scores (P=.78). Conclusion(s): Women with the highest satisfaction after their initial urogynecology visit also demonstrated the largest decreases in anxiety after the visit. Changes in anxiety scores were not correlated with the Pelvic Floor Distress Inventory or with measures of generalized anxiety (Generalized Anxiety Disorder-7). Recognizing and addressing patient anxiety may help physicians better treat their patients and improve overall patient satisfaction. Copyright © 2019 Elsevier Inc.
926.

Abrecht C.R., Saba R., Greenberg P., Rathmell J.P., Urman R.D.
Embase
[Article]
AN: 629630839
BACKGROUND: Closed malpractice claim studies allow a review of rare but often severe complications, yielding useful insight into improving patient safety and decreasing practitioner liability.
METHOD(S): This retrospective observational study of pain medicine malpractice claims utilizes the Controlled Risk Insurance Company Comparative Benchmarking System database, which contains nearly 400,000 malpractice claims drawn from >400 academic and community medical centers. The Controlled Risk Insurance Company Comparative Benchmarking System database was queried for January 1, 2009 through December 31, 2016, for cases with pain medicine as the primary service. Cases involving outpatient interventional pain management were identified. Controlled Risk Insurance Company-coded data fields and the narrative summaries were reviewed by the study authors.
RESULT(S): A total of 126 closed claims were identified. Forty-one claims resulted in payments to the plaintiffs, with a median payment of $175,000 (range, $2600-$2,950,000). Lumbar interlaminar epidural steroid injections were the most common procedures associated with claims (n = 34), followed by cervical interlaminar epidural steroid injections (n = 31) and trigger point injections (n = 13). The most common alleged injuring events were an improper performance of a procedure (n = 38); alleged nonsterile technique (n = 17); unintentional dural puncture (n = 13); needle misdirected to the spinal cord (n = 11); and needle misdirected to the lung (n = 10). The most common alleged outcomes were worsening pain (n = 26); spinal cord infarct (n = 16); epidural hematoma (n = 9); soft-tissue infection (n = 9); postdural puncture headache (n = 9); and pneumothorax (n = 9). According to the Controlled Risk Insurance Company proprietary contributing factor system, perceived deficits in technical skill were present in 83% of claims.
CONCLUSION(S): Epidural steroid injections are among the most commonly performed interventional pain procedures and, while a familiar procedure to pain management practitioners, may result in significant neurological injury. Trigger point injections, while generally considered safe, may result in pneumothorax or injury to other deep structures. Ultimately, the efforts to minimize practitioner liability and patient harm, like the claims themselves, will be multifactorial.
Best outcomes will likely come from continued robust training in procedural skills, attention paid to published best practice recommendations, documentation that includes an inclusive consent discussion, and thoughtful patient selection. Limitations for this study are that closed claim data do not cover all complications that occur and skew toward more severe complications. In addition, the data from Controlled Risk Insurance Company Comparative Benchmarking System cannot be independently verified.

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Publisher Lippincott Williams and Wilkins (E-mail: kathiest.clai@apta.org)
Year of Publication 2019

927.

Depressive symptoms among women with endometriosis: a systematic review and meta-analysis. Gambadauro P., Carli V., Hadlaczky G.

[Review] AN: 2001440514

Objective: To evaluate whether endometriosis is associated with depressive symptoms, and whether the association is modulated by pelvic pain.

Data Sources: PubMed, Embase, PsychINFO, and the Cochrane Library, were systematically searched through September 2017. Study Eligibility Criteria: The following eligibility criteria applied: full-text original article; quantitative data about depressive symptoms or depression; comparison of women with and without endometriosis, or women with endometriosis with and without pelvic pain. Articles reporting duplicated data were excluded. Study Appraisal and Synthesis Methods: Two reviewers selected and reviewed the studies. Disagreements were resolved through discussion or a third opinion. Qualitative synthesis was performed through tabulation and assessment using a modified version of the Newcastle-Ottawa Scale. Effect sizes were pooled through meta-analysis, and moderator analyses were performed to identify potential confounders with several variables: region of the sample, method of ascertainment of endometriosis, method of measurement of depression, year of publication, and quality score.

Result(s): A meta-analysis of 24 studies (99,614 women) showed higher levels of depression among women with endometriosis compared to controls (standardized mean difference [SMD], 0.22, 95% confidence interval [CI], 0.13-0.32). The heterogeneity in this analysis (I2 = 68%) was not explained by any of the moderating variables. When only healthy controls were considered, a larger endometriosis-depression effect was found (11 studies, SMD, 0.49; 95% CI, 0.24-0.73; I2 = 69%). Endometriosis patients reporting pelvic pain had significantly higher levels of depression compared to those without pain (4 studies; SMD, 1.01; 95% CI, 0.71-1.31; I2 = 0%). No significant difference was found between women with pelvic pain and endometriosis and those
with pelvic pain but without endometriosis (11 studies, SMD, -0.11; 95% CI, -0.25 to 0.04; I² = 0%).

Conclusion(s): The association between endometriosis and depressive symptoms is largely determined by chronic pain but may also be modulated by individual and context vulnerabilities. Awareness of the complex relationship between endometriosis and depressive symptoms informs tailored care and patient-centered research outcomes.

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Effects of a Patient-Centered Graded Exposure Intervention Added to Manual Therapy for Women With Chronic Pelvic Pain: A Randomized Controlled Trial.
Ariza-Mateos M.J., Cabrera-Martos I., Ortiz-Rubio A., Torres-Sanchez I., Rodriguez-Torres J., Valenza M.C.

Embase

Archives of Physical Medicine and Rehabilitation. 100(1) (pp 9-16), 2019. Date of Publication: January 2019.

[Article]

AN: 2001303217

Objective: To explore the effects of a 6-week patient-centered graded exposure intervention added to manual therapy in women with chronic pelvic pain (CPP) and fear of movement/(re)injury.

Design(s): Prospective 3-armed randomized controlled trial.

Setting(s): Faculty of Health Sciences.

Participant(s): A total of 49 women with CPP and substantial fear of movement were randomly allocated to 1 of 3 groups: (1) patient-centered graded exposure intervention added to manual therapy; (2) manual therapy; (3) control group.

Intervention(s): The 6-week intervention consisted of 12 sessions in the group receiving manual therapy and 6 additional sessions of graded exposure therapy in the group receiving both interventions.

Main Outcome Measure(s): Primary outcomes were fear-avoidance behavior assessed using the Fear-Avoidance Beliefs Questionnaire and pain interference and severity evaluated with the Brief Pain Inventory. The secondary outcome was disability evaluated with the Oswestry Disability Index. All the variables were assessed in a blinded manner at baseline, after the treatment, and at 3-month follow-up.

Result(s): Our results show interaction effects (P<.05) for all the outcomes. Graded exposure added to manual therapy is distinctly superior to manual therapy alone in maintaining improvements for long-term fear-avoidance behavior and physical functioning.
Conclusion(s): Graded exposure added to manual therapy is a promising approach with long-term effects for women with CPP and fear of movement/(re)injury.

929.

The efficacy of the ganglion impar block in perineal and pelvic cancer pain.

Sousa Correia J., Silva M., Castro C., Miranda L., Agrelo A.

Supportive Care in Cancer. 27(11) (pp 4327-4330), 2019. Date of Publication: 01 Nov 2019. [Article]

Background: Visceral pain conducted by sympathetic fibers with pelvic and perineal origin can be treated using ganglion impar (GIB) or Walters' block in a simple and effective manner. This article aims to evaluate the effectiveness, security, and performance difficulty of GIB in patients with pelvic and perineal oncological pain.

Method(s): A retrospective study between January 2016 and August 2017. Patients with poorly controlled pelvic oncological pain and patients experimenting opioid side effects in which GIB was performed ambulatory were included. Prognostic GIB was performed, under echographic and fluoroscopic control, with local anesthetic and corticoid. The neurolytic block was performed under fluoroscopic guidance. The technique was performed by the same anesthetist with pain management competence. For statistical analysis, Microsoft Excel 2013 and IBM SPSS Statistics version 22.0 were used.

Result(s): Fifteen patients were included. One patient was excluded. A statistical significant basal pain score reduction was observed ((median of the verbal numerical scale (VNS) 7 (p25 = 7; p75 = 8)) compared with 72 h median VNS 4 ((p25 = 3; p75 = 5.3) p = 0.001, and 3 months (median VNS 4 (p25 = 3, p75 = 7)) p = 0.003 after the procedure. Regarding morphine consumption, a statistically significant reduction was observed 3 months after GIB performance (p = 0.012).

Discussion/conclusion: GIB is a safe and easy-to-perform technique achieving satisfactory and statistically significant results, regarding pain control improvement and opioid consumption reduction in patients which meet selection criteria. Prospective, randomized studies with more patients are needed for further conclusions.

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Neuromodulation in urology, state of the art.
Ammirati E., Giammo A., Manassero A., Carone R.
Embase
[Review]
AN: 628858067
Sacral neuromodulation is an approved and validated treatment for overactive bladder syndrome, chronic non-obstructive retention, and chronic pelvic pain. Percutaneous tibial nerve stimulation is a less invasive approach of neuromodulation. We performed a literature research to assess the current evidence available about neuromodulation. Both techniques appear to be effective and safe third-line treatments. The overall success rate ranges from 43% to 85% for sacral neuromodulation and from 40% to 79.5% for percutaneous tibial nerve stimulation. Sacral neuromodulation has a higher incidence of complications in comparison to percutaneous tibial nerve stimulation, due to the more invasive surgical technique and the presence of a permanent implant. The incidence of surgical revision ranges between 9% and 33%. The most frequent complication with sacral neuromodulation is pain at implant site (15%-42%), followed by lead migration (4%-21%), pain at lead site (5.4%-19.1%), leg pain (18%), and infection (5.7%-6.1%). The quality of the studies on sacral neuromodulation and percutaneous tibial nerve stimulation in literature is quite modest, because of the shortage of good randomized clinical trial; most of the studies are prospective observational studies with mid-term follow-up.
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Effect of ear acupuncture on pregnancy-related pain in the lower back and posterior pelvic girdle: A multicenter randomized clinical trial.
Vas J., Cintado M.C., Aranda-Regules J.M., Aguilar I., Rivas Ruiz F.


Introduction: Ear acupuncture carried out in primary care by trained midwives, with no specialist training in acupuncture, may be effective in alleviating pregnancy-related lower back and/or posterior pelvic girdle pain (LBPGP). The objective of this study was to assess the effect of ear acupuncture associated with standard obstetric care, in the primary-care setting, on LBPGP experienced by pregnant women.

Material(s) and Method(s): This four-group, multicenter, randomized controlled trial was conducted at 18 public primary care centers in three regions in Spain, with the participation of 220 pregnant women at 24-36 weeks of gestation, aged 18 years or more, diagnosed with pregnancy-related LBPGP and who had not previously received ear acupuncture. The trial was conducted from March 2014 to December 2016. Participants were randomly assigned (1:1:1:1) to receive standard obstetric care plus two sessions (over 2 weeks) of verum ear acupuncture, or nonspecific ear acupuncture, or placebo ear acupuncture, or standard obstetric care alone. The primary outcome was change in pain intensity, assessed using a visual analog scale (0-100 mm) from baseline to the end of treatment (T2). Secondary outcomes included change or presence of pain at 3 months (T3) and at 1 year (T4) postpartum, and changes in responses to the Roland-Morris disability questionnaire (RMDQ) and Short Form-12 Health Survey (SF-12) at the end of treatment.

Result(s): A total of 55 women were randomized to each group, and 205 completed the study. With respect to baseline values, the reduction in pain intensity among the verum ear acupuncture group vs standard obstetric care was significantly greater, both at T2 (65.8%, 95%CI 56.2-75.3 vs 25.1%, 95%CI 15.3-34.9) and at T3 (93.8%, 95%CI 88.7-99.0 vs 67.9%, 95%CI 55.3-80.5). Moreover, significant changes were found in the verum ear acupuncture group vs standard obstetric care at T2, in reduced RMDQ scores (70.9%, 95%CI 61.8-80.1 vs 21.2%, 95%CI 8.6-33.7) and in increased SF-12 scores on the physical scale (40.5%, 95%CI 31.5-49.4 vs 8.1%, 95%CI 0.8-15.5).

Conclusion(s): After 2 weeks of treatment, ear acupuncture applied by midwives and associated with standard obstetric care significantly reduces lumbar and pelvic pain in pregnant women, improves quality of life and reduces functional disability.

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PMID 31034580 [https://www.ncbi.nlm.nih.gov/pubmed/?term=31034580]
The Use of Pulsed Radiofrequency for the Treatment of Pudendal Neuralgia: A Case Series.
Frank C.E., Flaxman T., Goddard Y., Chen I., Zhu C., Singh S.S.
Embase
[Article]
AN: 2001723983
Objective: Pudendal neuralgia is a recognized cause of chronic pelvic pain. The diagnosis is complex, and there is no consensus on ideal management. Many current methods do not provide adequate relief. Pulsed radiofrequency is a minimally invasive option that has been reported for its use in other neuropathies. This study aimed to evaluate the feasibility and safety of using transvaginal pulsed radiofrequency for the treatment of pudendal neuralgia and to generate a hypothesis on its efficacy.
Method(s): A retrospective review was conducted of women who were treated with pulsed radiofrequency for chronic pelvic pain owing to pudendal neuralgia between January 2012 and December 2017 at an academic tertiary care centre. (Canadian Task Force Classification II-3).
Result(s): A total of seven patients were included. The mean age was 43.7 (standard deviation 7.97). The average number of pulsed radiofrequency treatments was 4.43 (range 1-12), and the duration of effect averaged 11.4 weeks (standard deviation 3.09). There were no major or minor complications at the time of procedure or at follow-up visits.
Conclusion(s): Pulsed radiofrequency may be an effective and safe treatment option for the management of pudendal neuralgia for women in whom conservative management has not been effective. Future controlled studies are needed to confirm this hypothesis.
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Publisher Elsevier Inc
Year of Publication 2019
Application of Medicinal Plants, Acupuncture, Massage Therapy and Transcutaneous Electric Nerve Stimulation in Treatment of Endometriosis: Review Study.
Ashrafizaveh A., Fard H.S., Azmoudeh E.
Embase
[Review]
AN: 2002378842
Introduction: Endometriosis is a common gynecologic problem which can lead to destruction of a woman's life. Some pharmacological techniques and surgical resection are effective in treating endometriosis pain, but are associated with high recurrence rate. This narrative review study was performed with aim to evaluate the efficacy of some complementary therapies on the control of endometriosis complications.
Method(s): In this review, the related articles were reviewed by searching the databases such as Pubmed, Cochrane, Scopus, Web of Science, Uptodate, SID, Irandoc, Magiran, and as well as Google Scholar search engine without time limitations up to February 2019. Search was conducted using the keywords of "Endometriosis", "Complementary Therapies", "Acupuncture", "Massage", "Herbal Medicine", "Transcutaneous Electric Nerve Stimulation" and their Persian equivalent.
Result(s): According to search strategy, 8702 articles were found in the first stage, ultimately, among them, 12 articles had inclusion criteria to enter the current review. Based on the findings of these studies, the use of acupuncture and herbal medicine have significant effect on the improvement of endometriosis parameters such as pelvic chronic pain, dyspareunia, dysmenorrhea and infertility. In addition, the results of two studies about comparison of herbal medicine and routine chemical drugs used in endometriosis treatment indicated the equality of their effects in reducing pain and improving fertility. The effect of massage therapy and use of transcutaneous electric nerve stimulation on pain management in these patients was confirmed in two separate studies.
Conclusion(s): The findings of present study indicate the positive effects of acupuncture, medicinal herbs, massage therapy and transcutaneous electric nerve stimulation in managing the complications of endometriosis. Therefore, the use of these therapeutic approaches and referral of patients to complementary medicine specialists is suggested as one of the most important priorities in the management of endometriosis complications.
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2019
Effect of ultramicronized-palmitoylethanolamide and co-micronized palmitoylethanolamide/polydatin on chronic pelvic pain and quality of life in endometriosis patients: An open-label pilot study.


Embase
[Article]
AN: 2002515458

The aim of the present study was to evaluate the effectiveness of the ultramicronized-palmitoylethanolamide (um-PEA) and co-micronised palmitoylethanolamide/polydatin m(PEA/PLD) in the management of chronic pelvic pain related to endometriosis in patients desiring pregnancy.

Patients and Methods: Thirty symptomatic women with laparoscopic diagnosis of endometriosis and pregnancy desire were enrolled. Patients were treated with um-PEA twice daily for 10 days followed by m(PEA/PLD) twice daily for 80 days. Intensity of chronic pelvic pain, dyspareunia, dysmenorrhea, dyschezia, and dysuria were evaluated at baseline, after 10, 30, 60, 90 days and after 30 days from the end of treatment, by VAS. Quality of life and women's psychological well-being were evaluated at baseline and at the end of the treatment after 90 days with 36-Item Short Form Health Survey questionnaire and Symptom Check list-90 questionnaire, respectively. All collected data were analyzed with the non-parametric Wilcoxon test.

Result(s): At the end of the treatment, all patients showed a significant improvement in chronic pelvic pain, deep dyspareunia, dysmenorrhea, dyschezia, as well as in quality of life and psychological well-being.

Conclusion(s): In spite of the study's limited sample size and the open-label design, this research suggests the efficacy of um-PEA and m(PEA/PLD) in reducing painful symptomatology and improving quality of life as well as psychological well-being in patients suffering from endometriosis. Additionally, this treatment did not show any serious side effect, proving particularly suitable for women with pregnancy desire and without other infertility factors.

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Status
Embase

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2019
Initial experience of CT-guided pulsed radiofrequency ablation of the pudendal nerve for chronic recalcitrant pelvic pain.
Collard M.D., Xi Y., Patel A.A., Scott K.M., Jones S., Chhabra A.
Embase
Clinical Radiology. 74(11) (pp 897.e17-897.e23), 2019. Date of Publication: November 2019. [Article]
AN: 2002663613
AIM: To evaluate initial experience with computed tomography (CT)-guided pulsed radiofrequency ablation (pRFA) of the pudendal nerve in cases of recalcitrant neuropathic pelvic pain. Endpoints include technical feasibility, safety, and efficacy of therapy. MATERIALS AND METHODS: Ten patients who underwent pRFA ablation for neuropathic pudendal nerve pain during the trial period were followed for response to treatment for 6 months. Each patient was treated with pRFA under CT-guidance with concurrent perineural injection of anaesthetic and/or corticosteroid. Pain scores were then measured using a numeric rating scale at fixed intervals up to 6 months.
RESULT(S): All procedures were considered technically successful with no immediate complications. pRFA demonstrated improved duration of pain improvement compared to the most recent perineural injection (p=0.0195), but not compared to the initial injection (p=0.64). Reported pain scores were lower with pRFA than with both the first and most recent injection but this did not reach statistical significance (p=0.1094 and p=0.7539, respectively).
CONCLUSION(S): Overall, pRFA of the pudendal nerve using CT-guidance can be a safe and effective therapy. This technique provides direct visualisation of the nerve to maximise safety and efficacy while offering a novel form of therapy for patients with chronic, recalcitrant pelvic pain.
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936.

Evaluation of Clinical Outcome and Risk Factors for Recurrence after Pelvic Reconstruction of Pelvic Organ Prolapse with Implanted Mesh or Biological Grafts: A Single-Blind Randomized Trial.
Wei A.-M., Fan Y., Zhang L., Shen Y.-F., Kou Q., Tan X.-M.
Embase
Gynecologic and Obstetric Investigation. 84(5) (pp 503-511), 2019. Date of Publication: 01 Sep 2019. [Article]
Background: There are few studies on the relative factors related to postoperative recurrence.
Objective(s): To compare the outcomes of pelvic floor reconstruction involving Herniamesh mesh and biological grafts and to investigate the correlative factors of postoperative recurrence.
Method(s): Two hundred and thirty-two patients were randomly divided into 2 groups: Herniamesh mesh group (117) and biological graft group (115). Follow-ups for 6 months and 1 year after the surgery. The primary outcomes were recurrence, perioperative complications. Secondary outcome was a questionnaire about the life habits associated with relapse.
Result(s): The recurrence rate at 6 months or 1 year did not differ substantially between the 2 groups (p = 0.787 and 0.968, respectively). Adverse events occurred with significantly different frequencies over 1 year (p = 0.005). Twelve factors were investigated and analyzed by logistic regression analysis. It showed that recurrence had a strong association with a long-term vegetarian diet (OR 0.283, 95% CI 0.117-0.683), long-term soybean product diet (OR 8.010, 95% CI 2.514-25.523), and vaginal intercourse (OR 5.154, 95% CI 1.461-18.184).
Conclusion(s): The surgical recurrence rate for the mesh was similar to biological grafts at short-term follow-up. Eating soy products often and vaginal intercourse after surgery can reduce recurrence.

Impact of ultrasound diagnosis for chronic pelvic pain.
Embase
[Review]
AN: 629515946
Background: This study aims to assess the impact of ultrasound diagnosis in patients with chronic pelvic pain (CPP).
Method(s): We will carry out a comprehensive electronic search from the databases below: PUBMED, EMBASE, Cochrane Library, PSYCINFO, Web of Science, Cumulative Index to Nursing and Allied Health Literature, Allied and Complementary Medicine Database, Chinese Biomedical Literature Database, China National Knowledge Infrastructure, and WANGFANG databases from inception to July 1, 2019. The case-controlled studies focusing on impact of ultrasound diagnosis for patients CPP will be included in this study. Two authors will independently conduct all study selection, data collection, and risk of bias assessment. The risk
of bias assessment will be assessed using Quality Assessment of Diagnostic Accuracy Studies tool. We will apply RevMan V.5.3 software and Stata V.12.0 software for data pooling and statistical analysis.

Result(s): This study will present pooled effect estimates regarding the impact of ultrasound diagnosis for CPP by assessing sensitivity, specificity, positive likelihood ratio, negative likelihood ratio, and diagnostic odds ratio of ultrasound to determine the diagnostic accuracy of ultrasound diagnosis for CPP.

Conclusion(s): This study will provide modest evidence for the diagnostic accuracy of ultrasound in patients with CPP. Systematic review registration: PROSPERO CRD42019142799.

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Nutraceutical treatment and prevention of benign prostatic hyperplasia and prostate cancer.
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[Review]
AN: 2003284272
During the last years, pharmaceutical innovations in primary care are dramatically less frequent and will be even more rare in the next future. In this context, preclinical and clinical research oriented their interest toward natural compounds efficacy and safety, supporting the development of a new “nutraceutical” science. Medicinal plants, in the form of plant parts or extracts of them, are commonly used for the treatment of prostate diseases such as benign hypertrophy, prostatitis and chronic pelvic pain syndrome. The pharmacological properties searched for the treatment of prostatic diseases are anti-androgenic, anti-estrogenic, antiproliferative, antioxidant and anti-inflammatory. The most studied and used medicinal plants are Serenoa repens, Pygeum africanum and Urtica dioica. Other promising plants are Cucurbita pepo, Epilobium spp, Lycopersum esculentum, Secale cereale, Roystonea regia, Vaccinium macrocarpon. In parallel, epidemiological studies demonstrated that diet may play an important role on incidence and development of prostatic diseases. The Mediterranean diet is rich of elements with anti-oxidant properties that act as a protective factor for prostatic cancer. Similarly, low intake of animal protein, high intake of fruits and vegetable, lycopene and zinc are a protective factor for benign prostatic hyperplasia (BPH). Serenoa repens in the treatment of symptoms of BPH has been tested either alone or, more frequently, in combination with other medicinal plants, alpha-blockers and inhibitors of 5-alpha reductase (5-ARI). Recent meta-analyses found the effectiveness of Serenoa repens similar or inferior of that of finasteride and tamsulosin but clearly higher than that of placebo in the treatment of mild and moderate low urinary tract symptoms (LUTS), nocturia and discomfort. Clinical trials showed potential synergistic effect of Serenoa repens with other medicinal plants and drugs. In addition to Serenoa repens, there are many other medicinal plants for which clinical evidence is still controversial. Urtica dioica, Pygeum africanum and Curcurbita pepo can be considered as an adjunct to the common therapies and their use is supported by studies showing improvement of symptoms and flowmetric indices. Lycopene and selenium are natural products with antioxidant and anti-inflammatory action. The combination of lycopene and selenium with Serenoa repens was able to reduce inflammation in histological prostate sections and to further improve symptom scores and urinary flow in patients with BPH on tamsulosin treatment. Similar effects could be obtained with the use of other carotenoids, such as astaxanthin, and/or zinc. Efficacy on symptoms of patients with BPH of some polyphenols such
as quercitin, equol and curcumin have been demonstrated by clinical studies. Pollen extract is a mixture of natural components able to inhibit several cytokines and prostaglandin and leukotriene synthesis resulting in a potent anti-inflammatory effect. Pollen extracts significantly improve symptoms, pain, and quality of life in patients affected by chronic pelvic pain syndrome and chronic prostatitis. Beta-sitosterol is a sterol able to improve urinary symptoms and flow measures, but not to reduce the size of the prostate gland. Palmitoylethanolamide (PEA) is an endogenous fatty acid amide-signaling molecule with anti-inflammatory and neuroprotective effects that can have an interesting role in the management of chronic pelvic pain syndrome and chronic urological pain. Finally, several plant-based products have been subjected to preclinical, in vitro and in vivo, investigations for their potential pharmacological activity against prostate cancer. Some epidemiological studies or clinical trials evaluated the effects of beverages, extracts or food preparations on the risk of prostate cancer. Some plant species deserved more intense investigation, such as Camellia sinensis (green or black tea), Solanum lycopersicum (common tomato), Punica granatum (pomegranate), Glycine max (common soy) and Linum usitatissimum (linen).

pharmacological interventions. The National Institute of Health-Chronic Prostatitis Symptom Index (NIH-CPSI) score is a validated measure commonly used to measure CP/CPPS symptoms. We considered a 25% decrease of NIH-CPSI baseline score or a six-point reduction as MCID.

Objectives To assess the effects of pharmacological therapies for chronic prostatitis/chronic pelvic pain syndrome. Search methods We performed a comprehensive search using CENTRAL, MEDLINE, Embase, PsycINFO, CINAHL, trial registries, grey literature and conference proceedings, with no restrictions on the language of publication or publication status. The date of the latest search of all databases was July 2019. Selection criteria We included randomised controlled trials. Inclusion criteria were men with a diagnosis of CP/CPPS. We included all available pharmacological interventions compared to placebo or in head-to-head comparisons.

Data collection and analysis Two review authors independently assessed study eligibility, extracted data, and assessed the risks of bias of included studies. We assessed the quality of the evidence (QoE) using the GRADE approach.

Main results We included 99 unique studies in 9119 men with CP/CPPS, with assessments of 16 types of pharmacological interventions. Unless stated otherwise, our comparisons were based on short-term follow-up (less than 12 months). Most studies did not specify their funding sources; 21 studies reported funding from pharmaceutical companies. 1. Alpha blockers: (24 studies, 2061 participants). We are uncertain about the effects of these drugs on prostatitis symptoms when compared to placebo at short-term follow-up (mean difference (MD) in total NIH-CPSI score -5.01, 95% confidence interval (CI) -7.41 to -2.61; 18 studies, 1524 participants, very low QoE) and at long-term follow-up (MD -5.60, 95% CI -10.89 to -0.32; 4 studies, 235 participants, very low QoE). Alpha blockers may be associated with an increased incidence of adverse events, such as dizziness and postural hypotension (risk ratio (RR) 1.60, 95% CI 1.09 to 2.34; 19 studies, 1588 participants; low QoE). Alpha blockers probably result in little to no difference in sexual dysfunction, quality of life and anxiety and depression (moderate to low QoE). 2. 5-alpha reductase inhibitors (5-ARI): (2 studies, 177 participants). Finasteride probably reduces prostatitis symptoms compared to placebo (NIH-CPSI score MD -4.60, 95% CI -5.43 to -3.77; 1 study, 64 participants; moderate QoE) and may not be associated with an increased incidence of adverse events (low QoE). There was no information on sexual dysfunction, quality of life or anxiety and depression. 3. Antibiotics: (6 studies, 693 participants). Antibiotics (quinolones) may reduce prostatitis symptoms compared to placebo (NIH-CPSI score MD -2.43, 95% CI -4.72 to -0.15; 5 studies, 372 participants; low QoE) and are probably not associated with an increased incidence in adverse events (moderate QoE). Antibiotics probably result in little to no difference in sexual dysfunction and quality of life (moderate QoE). There was no information on anxiety or depression. 4. Anti-inflammatories: (7 studies, 585 participants). Anti-inflammatories may reduce prostatitis symptoms compared to placebo (NIH-CPSI scores MD -2.50, 95% CI -3.74 to -1.26; 7 studies, 585 participants; low QoE) and may not be associated with an increased incidence in adverse events (low QoE). There was no information on sexual dysfunction, quality of life or anxiety and depression. 5. Phytotherapy: (7 studies, 551 participants). Phytotherapy may reduce prostatitis symptoms compared to placebo (NIH-CPSI scores MD -5.02, 95% CI -6.81 to -3.23; 5 studies, 320 participants; low QoE) and may not be associated with an increased incidence in adverse events (low QoE). Phytotherapy may not improve sexual dysfunction (low QoE). There was no information on quality of life or anxiety and depression. 6. Botulinum toxin A (BTA): Intraprostatic BTA injection (1 study, 60 participants) may cause a large reduction in prostatitis symptom (NIH-CPSI scores MD -25.80, 95% CI -30.15 to -21.45), whereas pelvic floor muscle BTA injection (1 study, 29 participants) may not reduce prostatitis symptoms (low QoE). Both comparisons used a placebo injection. These interventions may not be associated with an increased incidence in adverse events (low QoE). There was no information on sexual dysfunction, quality of life or anxiety and depression. 7. Allopurinol: (2 studies, 110 participants). Allopurinol may result in little to no difference in prostatitis symptoms and adverse events when compared to placebo (low QoE). There was no information on sexual dysfunction, quality of life or anxiety and depression. 8. Traditional Chinese medicine (TCM): (7 studies, 835 participants); TCM may reduce prostatitis symptoms (NIH-CPSI score, MD-3.13, 95% CI-4.99 to -1.28; low QoE) and may not be associated with an increased incidence in adverse events (low QoE). TCM probably does not improve sexual dysfunction (moderate QoE) and may not improve symptoms of anxiety and depression (low QoE). There was no information on quality of life. The most frequent reasons for downgrading the QoE were...
study limitations, inconsistency and imprecision. We found few trials with active comparators. Authors’ conclusions We found low-to very low-quality evidence that alpha blockers, antibiotics, 5-ARI, anti-inflammatories, phytotherapy, intraprostatic BTA injection, and traditional Chinese medicine may cause a reduction in prostatitis symptoms without an increased incidence of adverse events in the short term, except for alpha blockers which may be associated with an increase in mild adverse events. We found few trials with active comparators and little evidence of the effects of these drugs on sexual dysfunction, quality of life or anxiety and depression. Future clinical trials should include a full report of their methods, including adequate masking, consistent assessment of all patient-important outcomes, including potential treatment-related adverse events, and appropriate sample sizes.

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Baseline endometriosis-associated pain burden: Data from 1600+ women enrolled in elagolix clinical trials.


Objective(s): To characterize baseline pain among women with moderate-to-severe endometriosis-associated pain enrolled in phase 3 studies of elagolix, an oral, nonpeptide gonadotropin-releasing hormone antagonist. Study design: Data were pooled from the screening phase of two randomized, double-blind, placebo-controlled clinical trials. After cessation of endometriosis medications, patients entered the screening phase during which symptoms (dysmenorrhea, nonmenstrual pelvic pain, and dyspareunia) and rescue medication use were recorded daily in electronic diaries. Endometriosis-associated pain was also scored using the
Numeric Rating Scale (range 0-10). Baseline was defined as the last 35 days during the screening period.

Result(s): Endometriosis-associated pain was reported by the 1686 study participants on most days during the baseline interval. Pain was often moderate or severe, with a mean Numeric Rating Scale score of 5.6 +/- 1.7. Women reported dysmenorrhea an average of 8.1 +/- 3.0 days (97.9% +/- 7.0% of menstruating days), nonmenstrual pelvic pain on 20.5 +/- 5.4 days (90.3% +/- 15.8% of nonmenstruating days), and dyspareunia on 8.7 +/- 8.0 days (81.7% +/- 29.7% of sexually active days). When they occurred, dysmenorrhea, nonmenstrual pelvic pain, and dyspareunia were frequently moderate or severe in intensity. Women were free of pelvic pain for an average of 2.4 +/- 3.9 days during the 35-day evaluation interval.

Conclusion(s): Among women with untreated moderate-to-severe endometriosis pain, the daily burden of pain was extensive, both during menstruation and on nonmenstruating days.

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Intravesical chemotherapeutical agents after transurethral resection have shown to be effective in reducing the risk of recurrence and progression during the follow up. Specifically, an early single chemotherapeutical instillation (SI) might play an important role but the efficacy of this treatment has been questioned. For these reasons, we sought to review and summarize the current evidence with a non-systematic Medline/PubMed literature search. Level 1a evidence strongly supports the utility of SI in reducing recurrence in low-intermediate risk non-muscle invasive bladder cancer (NMIBC) patients, with about 35% of relative reduction rates in patients with single, <3 cm and low-intermediate stage and grade tumors. The efficacy of this procedure is particularly evident when epirubicin or mitomycin C is administered. However, no randomized controlled trials compared the effect of the different types of drugs for SI. Only few trials have analyzed the effect of timing in SI, therefore, the optimal delivery timeframe is not yet completely clear with some series suggesting that a delivery within the first 2 hours after surgery might have an impact on recurrence rates and others that show no differences with those treated within 24 hours. None of the patients included in the randomized controlled trials analyzed in this review suffered from systemic toxicity. On the other hand, other side effects were recorded, including: chemical cystitis and skin reaction. Although it is a safe procedure, rare severe complications have been reported in the literature, mostly due to extravasation of drugs in patients who underwent extended resection or bladder perforation. To avoid potential deadly complications, SI should not be administered in these patients.
Long-term subjective, clinical and sonographic outcomes after native-tissue and mesh-augmented posterior colporrhaphy.
Gillon M., Langer S., Dietz H.P.
Embase
[Article]
AN: 627183177
Introduction and hypothesis: Our primary objective was to describe long-term outcomes after posterior colporrhaphy with and without mesh augmentation.
Method(s): This was a retrospective study including 93 patients after posterior colporrhaphy (native tissue in 39 and synthetic mesh augmented in 54). The indication was symptoms of prolapse with clinical posterior vaginal wall prolapse. Mesh augmentation and concomitant prolapse operations were performed at the surgeon’s discretion. Patients underwent interview, clinical examination and 4D pelvic floor ultrasound. Imaging analysis was done with the reviewer blinded against all other data. Generalized linear modeling was used to compare groups with logistic regression for binary and linear regression for continuous outcomes.
Result(s): Patients were seen on average 5.3 years after surgery and described persistent symptoms of prolapse in 32% and of obstructed defecation in 33%. Clinical recurrence (Bp >= -1) was seen in 20%, while sonographic recurrence (rectal ampulla descent to >= 15 mm below the symphysis pubis) was noted in 12%. A true rectocele was diagnosed in 33% of patients. No major differences in outcomes were found between those who underwent native tissue and those who had a mesh-augmented repair.
Conclusion(s): Mesh augmentation was not superior to native tissue posterior colporrhaphy, and both were only moderately effective in eliminating a true rectocele and symptoms of obstructed defecation 5 years after reconstructive surgery.
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Many women with endometriosis continue to have pelvic pain despite optimal surgical and hormonal treatment; some also have palpable pelvic floor muscle spasm. We describe changes in pain, spasm, and disability after pelvic muscle onabotulinumtoxinA injection in women with endometriosis-associated pelvic pain, a specific population not addressed in prior pelvic pain studies on botulinum toxin. Methods We present an open-label proof-of-concept case series of women with surgically diagnosed endometriosis. Under conscious sedation and with topical anesthetic, 100 units of onabotulinumtoxinA was injected transvaginally into pelvic floor muscle spasm areas under electromyography guidance. Changes in pain intensity, muscle spasm, disability, and pain medication use were assessed at periodic visits for up to 1 year after injection. Results Thirteen women underwent botulinum toxin injection and were followed for at least 4 months. Before injection, 11 of the 13 women had spasm in >4/6 assessed pelvic muscles and reported moderate pain (median visual analog scale (VAS): 5/10; range: 2-7). By 4-8 weeks after injection, spasm was absent/less widespread (<=3 muscles) in all (p=0.0005). Eleven rated their postinjection pain as absent/mild (median VAS: 2; range: 0-5; p<0.0001); 7/13 reduced pain medication. Disability decreased in 6/8 women with at least moderate preinjection disability (p=0.0033). Relief lasted 5-11 months in 7 of the 11 patients followed for up to 1 year. Adverse events were mild and transient. Conclusions These findings suggest pelvic floor spasm may be a major contributor to endometriosis-associated pelvic pain. Botulinum toxin injection may provide meaningful relief of pain and associated disability. Trial registration number NCT01553201

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Current usage of qualitative research in female pelvic pain: a systematic review.
Mellado B.H., Pilger T.L., Poli-Neto O.B., Rosa e Silva J.C., Nogueira A.A., Candido dos Reis F.J.
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[Review]
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Purpose: Qualitative research has received growing attention in the multidisciplinary investigation of patients' perceptions about chronic diseases. The purpose of this systematic review was to characterize the usage of qualitative research in women with chronic pelvic pain (CPP).

Method(s): We performed a structured search in Web of Science, Pubmed, and EMBASE platforms until June 2019. The search combined the keywords: "pelvic pain", "endometriosis", "dyspareunia", "dysmenorrhea", "vaginismus", "focus groups", "qualitative research", "hermeneutics", "grounded theory", and "women". Qualitative studies on female CPP were included and the main findings combined using thematic synthesis.

Result(s): We found 1211 citations, of which 52 were included in this review. The majority of included studies were based on phenomenological design. The main method for data collection was semi-structured interviews. Endometriosis was the theme of 23 studies, chronic pelvic pain of eight, dysmenorrhea of eight, dyspareunia of four, interstitial cystitis of two, vaginismus of two, vulvodynia of two, and pelvic inflammatory disease of one study. We found a wide variety of contributions. Among them, the impact of the disease on women's lives was the commonest.

Conclusion(s): Qualitative research has the potential to reveal and explain several aspects of CPP in women. The medical community may better accept knowledge gained from these studies if the methods are described more transparently in published articles.

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A longitudinal analysis of urological chronic pelvic pain syndrome flares in the Multidisciplinary Approach to the Study of Chronic Pelvic Pain (MAPP) Research Network.

Embase

Objective: To describe the frequency, intensity and duration of urological chronic pelvic pain syndrome symptom exacerbations ('flares'), as well as risk factors for these features, in the Multidisciplinary Approach to the Study of Chronic Pelvic Pain Epidemiology and Phenotyping longitudinal study. Participants and Methods: Current flare status ('urological or pelvic pain symptoms that are much worse than usual') was ascertained at each bi-weekly assessment. Flare characteristics, including start date, and current intensity of pelvic pain, urgency and frequency (scales of 0-10), were assessed for participants' first three flares and at three randomly
selected times when they did not report a flare. Generalized linear and mixed effects models were used to investigate flare risk factors.

Result(s): Of the 385 eligible participants, 24.2% reported no flares, 22.9% reported one flare, 28.3% reported 2-3 flares, and 24.6% reported >=4 flares, up to a maximum of 18 during the 11-month follow-up (median incidence rate = 0.13/bi-weekly assessment, range = 0.00-1.00). Pelvic pain (mean = 2.63-point increase) and urological symptoms (mean = 1.72) were both significantly worse during most flares (60.6%), with considerable within-participant variability (26.2-37.8%). Flare duration varied from 1 to 150 days (94.3% within-participant variability). In adjusted analyses, flares were more common, symptomatic, and/or longer-lasting in women and in those with worse non-flare symptoms, bladder hypersensitivity, and chronic overlapping pain conditions.

Conclusion(s): In this foundational flare study, we found that pelvic pain and urological symptom flares were common, but variable in frequency and manifestation. We also identified subgroups of participants with more frequent, symptomatic, and/or longer-lasting flares for targeted flare management/prevention and further study.

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Background: Sexual dysfunction is common in women with vulvodynia.

Objective(s): The purpose of this study was (1) to evaluate whether extended-release gabapentin is more effective than placebo in improving sexual function in women with provoked vulvodynia and whether there is a relationship between treatment outcome and pelvic pain muscle severity that is evaluated by palpation with standardized applied pressure and (2) to evaluate whether sexual function in women with provoked vulvodynia would approach that of control subjects who report no vulvar pain either before or after treatment.

Study Design: As a secondary outcome in a multicenter double-blind, randomized crossover trial, sexual function that was measured by the Female Sexual Function Index was evaluated with gabapentin (1200-3000 mg/d) compared with placebo. Pain-free control subjects, matched by age and race, also completed Female Sexual Function Index for comparison.

Result(s): From August 2012 to January 2016, 230 women were screened at 3 academic institutions, and 89 women were assigned randomly to treatment. Gabapentin was more effective than placebo in improving overall sexual function (adjusted mean difference, 1.3; 95% confidence interval, 0.4-2.2; P=.008), which included desire (mean difference, 0.2; 95% confidence interval, 0.0-3.3; P=.04), arousal (mean difference, 0.3; 95% confidence interval, 0.1-0.5; P=.004), and satisfaction (mean difference, 0.3; 95% confidence interval, 0.04-0.5; P=.02); however, sexual function remained significantly lower than in 56 matched vulvodynia pain-free control subjects. There was a moderate treatment effect among participants with baseline pelvic muscle pain severity scores above the median on the full Female Sexual Function Index scale (mean difference, 1.6; 95% confidence interval, 0.3-2.8; P=.02) and arousal (mean difference, 0.3; 95% confidence interval, 0.1-0.6; P=.01) and pain domains (mean difference, 0.4; 95% confidence interval, 0.02-0.9; P=.04).

Conclusion(s): Gabapentin improved sexual function in this group of women with provoked vulvodynia, although overall sexual function remained lower than women without the disorder. The most statistically significant increase was in the arousal domain of the Female Sexual Function Index that suggested a central mechanism of response. Women with median algometer pain scores >5 improved sexual function overall, but the improvement was more frequent than the pain domain. We hypothesize that gabapentin may be effective as a pharmacologic treatment for those women with provoked vulvodynia and increased pelvic muscle pain on examination.

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The effectiveness of the combination of rectal electrostimulation and an antidepressant in the treatment of chronic abacterial prostatitis.

Shulyak A., Gorpychenko I., Drannik G., Poroshina T., Savchenko V., Nurimanov K.

Embase

Introduction Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) is a complex medical problem. Comorbid depression and chronic pain are highly prevalent in individuals suffering with chronic abacterial prostatitis (CAP) perhaps due to the direct or indirect effects of cytokines. Cytokines interact with the neuronal environment, and thus modulation of the duration of inflammation may alleviate depressive and pain symptoms. The aim of our study was to evaluate the effectiveness of combination of rectal electrostimulation and a selective serotonin reuptake inhibitor, sertraline, in the treatment of patients with chronic abacterial prostatitis and to determine the dynamics and links of pro-inflammatory and anti-inflammatory cytokine levels in the ejaculate.

Material and methods The interrelation of CP/CPPS symptoms, depression and cytokines in patients with CAP was studied. For the assessment of severity of CP/CPPS the National Institutes of Health (NIH)-Chronic Prostatitis Symptom Index (CPSI) was used. For the assessment of depression, the Patient Health Questionnaire-9 (PHQ-9) was used. The levels of cytokines [Interleukin (IL)-1beta (IL-1beta), IL-8, IL-10, tumor necrosis factor-alpha (TNF-alpha) and transforming growth factor-beta1 (TGF-beta1)] in semen were assessed by ELISA (Diaclon, DRG, Ukrmedservice). All enrolled patients (n = 81) with CAP aged 19 to 38 years received basic treatment with rectal electrostimulation every other day for 10 sessions lasting 15 minutes each. Patients in Group 1 (n = 42) who additionally received oral sertraline with an initial dose of 50 mg gradually being increased to 200 mg were treated for 1 month. Patients in Group 2 (n = 39) received basic treatment only. Distribution of patients was random. All the statistical analyses were performed using SPSS. Results The data from patients in Group 1 and Group 2 demonstrated that after treatment, a statistically significant (p <0.05) decrease in the concentration of pro-inflammatory cytokines (TNF-alpha, IL-1beta, IL-8) in ejaculate was observed. At the same time, there was a significant increase (p <0.05) in the content of anti-inflammatory cytokines (IL-10 and TGF-beta1) in Group 1 only. Clinical efficacy of combined treatment of patients with CP/CPPPS was 83% in Group 1 and 62% in Group 2 compared to the symptoms of prostatitis, and 76% in Group 1 and 41% in Group 2 compared to the symptoms of depressive disorders. Conclusions The results demonstrate the effectiveness (83%) of the combination of rectal electrostimulation and an antidepressant (sertraline) in the treatment of CAP, and also show the role of neuro-immune regulation and its disorders (including depressive disorders) in the pathogenesis of SAP.
Physical possibilities in the treatment of chronic abdominal pain in patients with peritoneal adhesions.
Pasek J., Senejko M., Cieslar G.

Background. The most intensive pains suffered by patients after surgical interventions are caused by post-operative peritoneal adhesions, which are incorrect connective tissue connections formed on or among internal organs and tissues in the abdominal cavity. These adhesion-related pains are resistant to analgesic treatment and often persist for many years. Objectives. In this trial, the estimation of the efficacy of combined treatment with the use of two variable magnetic field related therapeutic methods (magnetotherapy and magnetostimulation) in the treatment of 119 patients with chronic abdominal pains caused by numerous post-operative peritoneal adhesions was performed. Material and methods. 67 patients from the examined group were subjected to two series of 20 daily procedures of exposure to variable magnetic fields in the form of magnetotherapy and magnetostimulation, while 52 patients from the comparison group were subjected to sham exposure, during which no magnetic field was generated in the applicators. Prior to the therapeutic cycle and after its completion, the assessment of pain intensity, with the use of the Visual Analogue Scale (VAS), and subjective estimation of quality of life, by means of the EuroQol Scale, were performed. Results. In patients from the examined group, a significant decrease in pain intensity, according to the VAS, and a significant improvement of life quality level, on the EuroQol Scale, in comparison to initial values, was achieved (8.0 +/- 1.1 vs 2.3 +/- 1.0 points, and 30.2 +/- 14.1 vs 86.2 +/- 8.5 points, respectively (p < 0.05); while in the control group, no statistically significant changes of the estimated parameters were observed. Conclusions. Magnetotherapy and magnetostimulation are efficient therapeutic methods in the case of patients with long-lasting abdominal pain related to peritoneal adhesions, enabling an improvement in their life quality (regardless of gender and age). Taking into account that magnetotherapy and magnetostimulation are not applicable in primary care, family doctors should consider a consultation with a physical therapy specialist in order to prescribe a cycle of physical treatment with the use of these methods in the case of such patients with drug-resistant abdominal pain caused by diagnosed postoperative peritoneal adhesions.
Beneficial effect of tamsulosin combined with dapoxetine in management of type III prostatitis with premature ejaculation.

Zhao L., Tian R., Liang C., Zhang L., Song W., Zhao J., Wang Z., Ji Z., Xia S., Li Z.


To evaluate the efficacy and safety of tamsulosin combined with dapoxetine in the treatment of type IIIB chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) that is complicated by premature ejaculation (PE), a total of 251 CP/CPPS patients with PE were recruited from nine hospitals across China and were randomly divided into two groups: one received tamsulosin as a control, and the other received a combination therapy of tamsulosin and dapoxetine. Follow-up was conducted at four time points, and indicators describing CP/CPPS and PE were compared between the two groups. In all, 223 patients were followed up at least once, and 114 patients completed all of the treatment process. The combination group showed more improvement in the symptoms of both PE and CP/CPPS, including thrust number (50.5 vs. 45), premature ejaculation profile score (11.39 vs. 6.96), intravaginal ejaculation latency time (5.95 min vs. 2.63 min) and the National Institutes of Health Chronic Prostatitis Symptom Index (7.44 vs. 11.81) in comparison with the tamsulosin group. In conclusion, for CP/CPPS patients with PE, tamsulosin combined with dapoxetine provided better therapeutic efficacy in the treatment of not only PE symptoms but also CP/CPPS indicators in comparison with tamsulosin monotherapy.
Chronic prostatitis: Current treatment options. Pirola G.M., Verdacchi T., Rosadi S., Annino F., De Angelis M. 
Male chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) is represented by a heterogeneous group of symptoms that can cause an important impairment of daily quality of life for patients. Diagnosis of CP/CPPS is often not clear and treatment can be challenging, as it varies according to the different causative factors and derived symptoms. Differently from approaches used in the past, the diagnosis and subsequent treatment rely on separating this entity from chronic bacterial prostatitis and considering it as a multifactorial disease. Autoimmunity and inflammation, myofascial tenderness, neuroinflammation, and psychological causes have been clearly related to this disease, and therefore CPPS should not only be considered as related to benign prostatic enlargement. A multitude of different symptoms related to urinary, genital, rectal, and perineal areas can be attributed to this condition and therefore should be routinely investigated in patients, as well as possible differential diagnoses which can cause the same symptoms, such as pudendal nerve entrapment syndrome. The aim of this narrative review is to focus on CPPS after an infectious cause has been excluded. Copyright © 2019 Pirola et al. 

Purpose: In this 12-week, randomized, double-blind, placebo controlled, multicenter, 3-arm, parallel group, phase 3 trial we assessed the effects of a novel SHIP1 activator on bladder pain and urinary symptoms in patients with interstitial cystitis/bladder pain syndrome. Materials and Methods: Subjects with interstitial cystitis/bladder pain syndrome and a mean pain score of 5 or
greater on an 11-point scale despite treatment were randomized to 100 or 200 mg of an oral SHIP1 activator or placebo once daily for 12 weeks. Maximum pain scores and urinary frequency were recorded in an e-diary. The ICSI (O'Leary-Sant Interstitial Cystitis Symptom Index) and BPIC-SS (Bladder Pain Interstitial Cystitis Symptom Score) questionnaires were administered. Safety was monitored through 12 weeks of treatment.

Result(s): A total of 298 female subjects with moderate to severe symptoms of interstitial cystitis/bladder pain syndrome were treated with 100 or 200 mg SHIP1 activator orally once daily for 12 weeks. Treatment demonstrated no difference in maximum daily bladder pain compared to placebo. There was no treatment benefit over that of placebo in the secondary end points of urinary voiding frequency, the BPIC-SS, the ICSI and a global response assessment. Exploratory analysis in 87 male subjects yielded a similar result, that is no difference from placebo. Treatment was generally well tolerated at both doses.

Conclusion(s): SHIP1 activation is a safe but ineffective therapeutic approach to interstitial cystitis/bladder pain syndrome. Although this was a negative trial, the important lessons learned from this study in respect to inflammatory phenotype differentiation, including the potential importance of cystoscopy based classification, will improve current treatment in patients with interstitial cystitis/bladder pain syndrome and allow for better future trial design in those with this difficult urological chronic pain syndrome.

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Year of Publication
2019

954.


Embase

[Review]
AN: 2002408822

Background: Several sacroiliac joint (SIJ) provocative tests used to assess posterior pelvic pain involve moving and stressing the hip. It is unknown if there is a subgroup of patients with posterior pelvic pain who have underlying hip deformity that could potentially influence performance and interpretation of these tests.
Objective(s): To describe the prevalence of radiographic hip deformity and hip osteoarthritis in a group of adults 40 years old and under who met the clinical diagnostic criteria for treatment of posterior pelvic pain with an image guided intra-articular SIJ injection.

Design(s): Retrospective cohort study.

Setting(s): Tertiary university orthopedic department. Patients (or Participants): One hundred and forty-eight patients were evaluated (83% (123/148) female; mean age 31.3 +/- 6.2 years). All had completed a trial of comprehensive noninvasive treatment for posterior pelvic pain and had a minimum of three positive SIJ provocative tests on physical examination.

Method(s): Retrospective review identified patients undergoing SIJ injection for pain recommended and performed by seven physiatrists between 2011 and 2017. Hip radiographs were read by a physician with expertise in hip measurements with previously demonstrated excellent intrarater reliability. Main Outcome Measurements: Percentage of patients with hip deformity findings.

Result(s): No patients meeting the inclusion criteria had significant radiographic hip osteoarthritis (Tonnis >=2 indicating moderate or greater radiographic hip osteoarthritis) and 4/148 (3%) were found to have mild radiographic hip osteoarthritis. Prearthritic hip disorders were identified in 123 (83%, 95% CI: 76, 89%) patients. For those patients with prearthritic hip disorders, measurements consistent with femoroacetabular impingement (FAI) were seen in 61 (41%) patients, acetabular dysplasia in 49 (33%) patients, and acetabular retroversion in 85 (57%) patients. Acetabular retroversion was identified in 43% (crossover sign) and 39% (prominent ischial spine) of patients.

Conclusion(s): Approximately 57% of adult patients under the age of 40 years with the clinical symptom complex of SIJ pain were found to have radiographic acetabular retroversion. This is a higher percentage than the 5%-15% found in asymptomatic people in the current literature. Further study is needed to assess links between hip structure, hip motion, and links to pelvic pain including peri and intra-articular SIJ pain.

Level of Evidence: III.

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Status Embase

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Publisher John Wiley and Sons Inc. (P.O.Box 18667, Newark NJ 07191-8667, United States)

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955.

A Narrative Review of Musculoskeletal Impairments Associated With Nonspecific Chronic Pelvic Pain.
Harris-Hayes M., Spitznagle T., Probst D., Foster S.N., Prather H.

Embase
The purpose of this narrative review is to present the evidence relating to musculoskeletal impairments found in people with nonspecific chronic pelvic pain (CPP). The musculoskeletal impairments assessed in this review include pelvic floor muscle: performance, resting state, strength, activation, posture and movement patterns. A search was performed systematically using PubMed, Cochrane, CINAHL, Embase, and Web of Science databases from 1998 to 2018 to identify studies reporting the relationship between nonspecific CPP and musculoskeletal impairments of the hip, pelvis, and trunk. The search resulted in 2106 articles that were screened by two authors. Remaining articles were screened by an additional two authors for inclusion in this review. Thirty-one articles remained after initial screening. Full-text publications were reviewed and an additional 25 articles were excluded. Six additional articles were located through review of the reference lists of included articles. The final review included 12 publications. Seven of these studies were cross-sectional cohorts or case-control comparing patients with CPP to asymptomatic controls. The level of evidence for the studies included in this review was low at Levels 4 and 5. We were unable to draw clear conclusions regarding the relationships of musculoskeletal impairments and CPP because validity and use of terms and assessments were inconsistent. Further research is needed with standardized definitions and measurements to better understand the musculoskeletal system as it relates to nonspecific CPP.

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956.


Embase


[Article]

AN: 628794323
Experimental pain sensitivity was assessed in individuals with urologic chronic pelvic pain syndrome (UCPPS) as part of the Multidisciplinary Approach to the Study of Chronic Pelvic Pain (MAPP) Research Network. A series of computer-controlled pressure stimuli were delivered to the thumbnail bed, an asymptomatic site distant from the area of UCPPS pain that is considered to be indicative of overall body pain threshold. Stimuli were rated according to a standardized magnitude estimation protocol. Pain sensitivity in participants with UCPPS was compared with healthy controls and a mixed pain group composed of individuals with other chronic overlapping pain conditions, including fibromyalgia, chronic fatigue, and irritable bowel syndromes. Data from 6 participating MAPP testing sites were pooled for analysis. Participants with UCPPS (n = 153) exhibited an intermediate pain sensitivity phenotype: they were less sensitive relative to the mixed pain group (n = 35) but significantly more sensitive than healthy controls (n = 100). Increased pain sensitivity in patients with UCPPS was associated with both higher levels of clinical pain severity and more painful body areas outside the pelvic region. Exploratory analyses in participants with UCPPS revealed that pain sensitivity increased during periods of urologic symptom flare and that less pressure pain sensitivity at baseline was associated with a greater likelihood of subsequent genitourinary pain improvement 1 year later. The finding that individuals with UCPPS demonstrate nonpelvic pain hypersensitivity that is related to clinical symptoms suggests that central nervous system mechanisms of pain amplification contribute to UCPPS. Copyright © 2019 International Association for the Study of Pain.

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Cryotherapy as a method for relieving symptoms of cervical ectopy: A randomized clinical trial.

957.

Objectives: Benign cervical ectopy (CE) may cause chronic or recurrent symptoms leading to women repeatedly being referred to gynecology clinics. We aimed to present a safe and effective method for relieving symptoms of CE.

Method(s): This double-blind clinical trial was conducted among 164 women with CE who complained of persistent or recurrent symptoms of cervicitis in the last six months. Patient's demographic data, medical history, symptoms, and vaginal examination results were recorded. Normal co-test or Pap smear was required to enter the study. Participants were divided into two groups; the intervention group received cryotherapy and the control group underwent cryo-placebo (inserted the probe without true cryotherapy). The outcomes including improvement of symptoms and CE were monitored one, three, and six months later.

Result(s): The prevalence of symptoms in the two groups were not significantly different (p > 0.050). Symptom improvement was significantly higher with cryotherapy: vaginal discharge (p = 0.006), itching (p < 0.001), dyspareunia (p = 0.005), post-coital bleeding (p = 0.023), and pelvic pain (p = 0.009). If the symptoms did not disappear, their severity was lower after cryotherapy, comparatively (p < 0.050). Examination showed more improvement of CE following cryotherapy (p < 0.001). Cryotherapy showed no remarkable side effects and was associated with more satisfaction (p < 0.001).

Conclusion(s): Cryotherapy is a safe, effective, fast-acting, and cost-benefit therapy that can be considered for the treatment of symptomatic CE.

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Publisher Oman Medical Specialty Board (E-mail: omj@omsb.org)
Year of Publication 2019

958.

Outcomes in a contemporary cohort undergoing sacral neuromodulation using optimized lead placement technique.

Aims: To evaluate factors associated with progression to stage 2 sacral neuromodulation (SNM) for refractory overactive bladder, urinary retention, or fecal incontinence using optimal lead placement techniques with curved stylet.
Method(s): This is a retrospective analysis of a prospectively collected database of all consecutive stage 1 SNM lead placements at our institution between August 2014 and May 2017 using optimal lead placement technique with curved stylet. Patients with refractory overactive bladder, urinary retention, or fecal incontinence were enrolled. Patients with 50% or more symptom improvement on voiding diaries were offered stage 2 implant. Demographics, clinical, and surgical characteristics were compared for patients who underwent successful stage 2 implants versus those who underwent lead removal at the end of the stage 1 trial period.

Result(s): 127 patients underwent SNM during the study period. Motor thresholds of <=2 mA in all four electrodes were achieved in 74% of patients (94/127). A total of 89.0% (113/127) of patients received stage 2 implants. The main indication for implant, specifically urgency urinary incontinence, was positively associated with progression to stage 2 implant. Male gender, history of pelvic pain and previous SNM were negatively associated with progression to stage 2 implant. Conclusion(s): Our findings demonstrate that the contemporary optimized lead placement technique resulted in low motor thresholds and successful progression to stage 2 SNM implant in the majority of our cohort. Predictive factors associated with success or failure may potentially guide decision making for therapeutic interventions and counseling patient expectations.
Result(s): Six publications involving five RCTs with 280 patients were assessed in this review. NIH-CPSI total score, pain domain and quality of life (QOL) were significantly better in the Li-ESWT group than those in the control group at the endpoint (P < 0.00001, P = 0.003, and P < 0.00001), 4 weeks (P < 0.00001, P = 0.0002 and P < 0.00001) and 12 weeks (P < 0.00001, P < 0.00001, and P = 0.0002) after the treatment. For urinary score, significant difference existed at 12 weeks after the treatment (P = 0.006). At 24 weeks after treatment, there was no significant difference between the two groups in NIH-CPSI total score (P = 0.26), pain domain (P = 0.32), urinary score (P = 0.07), and QOL (P = 0.29).

Conclusion(s): Li-ESWT showed great efficacy for the treatment of CP/CPPS at the endpoint and during the follow-up of 4 and 12 weeks, though the efficacy of 24-week follow-up was not significantly different due to insufficient data. Generally, Li-ESWT is a promising minimal invasive method for the treatment of CP/CPPS.

Personalized care using thermobalancing therapy can help men with chronic prostatitis and chronic pelvic pain to recover.

Allen S. Embase Personalized Medicine Universe. 8 (pp 48-52), 2019. Date of Publication: July 2019.

Introduction: The incidence of chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) is high. Thermobalancing therapy (TT) with Dr Allen’s Therapeutic Device (DATD) improves the condition of men with CP/CPPS by treating the cause of this disease. The aim of this study is to improve management of CP/CPPS.

Method(s): A clinical trial observed the dynamics of clinical characteristics and parameters in 45 men with CP/CPPS who used DATD, before and after a 6-month period of therapy, and in a no-treatment group. Evaluation used Chronic Prostatitis Symptom Index pain score, quality of life (QoL), and prostate volume (PV).

Result(s): The outcomes confirmed that DATD decreases PV from 31 mL to 27 mL (P < 0.001), reduces pain score from 10.3 to 3.5 (P < 0.001), and improves QoL from 8.1 to 2.9 (P < 0.001), with no changes seen in the control group.
Beneficial effects of oral lactobacillus on pain severity in women suffering from endometriosis: A pilot placebo-controlled randomized clinical trial.
Khodaverdi S., Mohammadbeigi R., Khaledi M., Mesdaghinia L., Sharifzadeh F., Nasiripour S., Gorginzadeh M.
Embase
[Article]
AN: 2002240347
Background: This study assessed the effects of a lactobacillus-based medication on pain intensity scores in women with endometriosis.
Material(s) and Method(s): The present randomized pilot placebo-controlled trial was done on eligible women who were surgically and pathologically diagnosed with endometriosis. Thirty-seven participants who had not received hormonal treatment in the last three months, were enrolled and randomized into LactoFem and placebo groups. Lactobacillus capsules or placebo were administrated orally once a day for 8 weeks. Patients were assessed for pain severity using Visual Analogue Scale (VAS) scores for dysmenorrhea, dyspareunia and chronic pelvic pain at baseline and after 8 and 12 weeks post-intervention.
Result(s): Mean age of participants and mean body mass index (BMI) for the LactoFem and control groups were comparable. All patients had stage 3 and 4 of the disease based on revised American fertility society (AFS) classification of endometriosis. Mean initial pain scores for dysmenorrhea, dyspareunia and chronic pelvic pain were 6.53 +/- 2.88, 4.82 +/- 3.76 and 4.19 +/- 3.53, respectively in the LactoFem group and 5.60 +/- 2.06, 3.67 +/- 2.64 and 2.88 +/- 2.80, respectively for the control group; the two groups had comparable scores in this regard. There was more decrease in pain scores for both dysmenorrhea and the overall pain after 8 weeks of treatment in LactoFem group compared to the control group. The scores for dysmenorrhea were 6.53 +/- 2.88 and 5.60 +/- 2.06 in the LactoFem and control groups, respectively, before intervention but, after 8-week treatment, these values were 3.07 +/- 2.49 and 4.47 +/- 2.13 (P=0.018), respectively. The changes in overall pain score in the LactoFem and control group during this period were 7.33 +/- 7.00 and 4.11 +/- 1.68, respectively (P=0.017).
Conclusion(s): This study showed some beneficial effects of lactobacillus administration on endometriosis-related pain (Registration number: IRCT20150819023684N5).
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Publisher
Royan Institute (ACECR) (E-mail: info@royaninstitute.org)
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Phytotherapy and physical therapy in the management of chronic prostatitis-chronic pelvic pain syndrome.
Embase
International Urology and Nephrology. 51(7) (pp 1081-1088), 2019. Date of Publication: 01 Jul 2019.
[Review]
AN: 627587947
Chronic prostatitis (CP)/chronic pelvic pain syndrome (CPPS) is one of the four category prostatitis, and the prevalence is over 90-95% in prostatitis. Because of its pain and obstructive voiding difficulties, it severely affects the quality of life of the patient. However, the standard treatment is still unclear. Given the lack of proven efficacy of conventional therapies (such as antibiotics, anti-inflammatory medications, and alpha-blockers), many patients have turned to phytotherapy and other alternative treatments. In recent years, phytotherapy and physical therapy have advanced a lot because of the safety, efficacy and high compliance. This review covers phytotherapy (quercetin, bee pollen, pumpkin seed oil, eviprostat, terpene mixture) and physical therapy (acupuncture, shock wave, thermobalancing, transurethral needle ablation, transcutaneous electrical nerve stimulation sono-electro-magnetic therapy) commonly used in chronic prostatitis to help the clinician and researchers.
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Status Embase
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Year of Publication 2019

Preventing adhesions in laparoscopic surgery: the role of anti-adhesion agents.
Aref-Adib M., Phan T., Ades A.
Embase
Obstetrician and Gynaecologist. 21(3) (pp 185-192), 2019. Date of Publication: July 2019.
[Review]
AN: 628540242
Key content: Surgical injury causes the release of cytokines, growth factors, cell adhesion molecules and histamine, creating an inflammatory response, which can lead to adhesion formation in the peritoneal cavity. Compared with open surgery, laparoscopy reduces the risk of adhesion formation, but the risk is not completely eliminated. Adhesion formation is multifactorial and depends on patient healing, surgical technique and equipment factors. Adhesions after gynaecological surgery can have long-term consequences including small bowel obstruction, chronic pelvic pain, deep dyspareunia and female subfertility. There are a variety of anti-adhesion agents with different properties available for use in laparoscopic surgery. Learning objectives: To review the pathophysiology of adhesion formation after laparoscopic surgery. To identify which anti-adhesive agents are currently available in clinical practice. To understand the mechanism by which adhesion prevention agents work. To review the effectiveness and cost implications of anti-adhesive agents. Ethical issues: Given the extra cost of anti-adhesive agents, and the limited information regarding their efficacy, should surgeons be using them in laparoscopic gynaecological surgery? Is the use of anti-adhesion agents complementary or detrimental to meticulous surgical technique?

What Is the Appropriate Acupuncture Treatment Schedule for Chronic Pain? Review and Analysis of Randomized Controlled Trials.

Chen Y.-J., Chen C.-T., Liu J.-Y., Shimizu Bassi G., Yang Y.-Q.


Background. Acupuncture is widely used for the treatment of chronic pain. Different protocols of acupuncture practice exist and lack agreement on the optimal schedule of acupuncture treatment. Objective. To review the appropriate acupuncture treatment schedule for chronic pain. Methods. Embase, Pubmed, Cochrane Central Register of Controlled Trials, and reference lists were searched from 2009 to 2018 to identify randomized controlled trials of acupuncture for chronic pain conditions. We collected factors of treatment schedule (D, duration of each treatment session; N, number of treatment sessions; T, total duration of treatment in weeks) from each of the trials, and the linear regression analysis with real pain relief rate (both treatment and follow-up) was performed. Furthermore, we recommend the concept of "DOSE" and frequency (F) to evaluate the dose and frequency effect of acupuncture. Results. Twenty-four trials with a total number of 3461 patients met the inclusion criteria. Of these, data from 23 studies were available for analysis. Firstly, the results showed that follow-up pain relief rate was decreased slightly with...
the increase of the duration of each session and DOSE ($r=-0.3414$ and $r=-0.3246$, respectively), but those two factors had no correlation with the pain relief rate after treatment. Secondly, it showed that either lower frequency with 2 sessions/week and higher frequency greater than 2 sessions/week or DOSE of 30 mins/week can achieve higher pain relief rate after treatment. Thirdly, we found the rate of pain relief remained at a high level greater than 20% up to 18 weeks after the treatment, and then it dropped sharply below 10% with the follow-up extended. A positive relationship was found between study score and pain relief both in treatment and follow-up ($r=0.4654$ and $r=0.3046$, respectively). Conclusions. The effect of acupuncture varies greatly with the different schedules of acupuncture, so it is necessary to review and choose the appropriate schedule. Although the current work is based on a limited number of trials, the findings suggest that acupuncture has a dose and frequency effect presenting within a certain range, which would have considerable implications for the design and interpretation of clinical trials. More high-quality randomized controlled trials on acupuncture schedule research were needed for providing more definitive evidence.

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Girtner F., Burger M., Mayr R.


AN: 627967507

Background: Sacral neuromodulation (SNM) has been used in the treatment of refractory overactive bladder syndrome, nonobstructive urinary retention and faecal incontinence for almost 40 years now. It is not to be confused with the sacral anterior root stimulation which is exclusively used for bladder dysfunction due to spinal paraplegia. Mechanism of action: The principles of SNM are yet to be fully understood. Nevertheless, there is proof of modulating the activity of several micturition-associated, afferent neurons in the spine, brainstem and cerebrum. Thus, premature detrusor contractions are suppressed, the desire to void is delayed and detrusor-sphincter coordination improves. Techniques of implantation and stimulation: Motor reactions are an important indicator of correct electrode placement. The implantation procedure consists of two stages with an initial trial phase to determine the best possible treatment response through an external generator before implanting the whole stimulating device. Yearly check-up examinations are recommended; wireless adjustments allow for long-lasting symptom reduction. Indication and
outcome: Success rates in the treatment of the refractory overactive bladder syndrome and the non-obstructive urinary retention lie above 70% and can still be perceived as sufficient after 5 years of ongoing SNM therapy. There is also profound evidence of SNM being an effective option for patients with faecal incontinence or chronic obstipation. Contraindications and risks: Children, pregnant women and patients in need of frequent MRI examinations are usually not eligible for SNM therapy. Infection of the implant, technical failure (including lead displacement and battery depletion) and pain in the implantation site are important adverse effects which might require surgical revision.

Conclusion(s): The indications for SNM in the German health care system can be expected to be expanded upon the chronic pelvic pain syndrome, erectile dysfunction and additional gastrointestinal conditions. Technical progress will continue to improve the risk-benefit ratio of SNM.
Surgical Excision Versus Ablation for Superficial Endometriosis-Associated Pain: A Randomized Controlled Trial.

Study Objective: To compare surgical excision and ablation of endometriosis for treatment of chronic pelvic pain.

Design(s): Randomized clinical trial with 12-month follow-up (Canadian Task Force classification I).

Setting(s): Single academic tertiary care hospital.

Patient(s): Women with minimal to mild endometriosis undergoing laparoscopy.

Intervention(s): Excision or ablation of superficial endometriosis at the time of robot-assisted laparoscopy.

Measurements and Main Results: Primary outcome was visual analog scale (VAS) scoring at baseline and 6 and 12 months for menstrual pain, nonmenstrual pain, dyspareunia, and dyschezia. Secondary outcomes included survey results at baseline and 6 and 12 months from the Short Form Health Survey, Pelvic Organ Prolapse/Urinary Incontinence Sexual Function Questionnaire, and the International Pelvic Pain Assessment. From December 2013 to October 2014, 73 patients were randomized intraoperatively to excision (n = 37) or ablation (n = 36) of endometriosis. Patients were followed at 6 and 12 months to evaluate the above outcomes. After ablation of endometriosis, dyspareunia (VAS scores) improved at 6 months (mean change [MC], -14.07; 95% confidence interval [CI], -25.93 to -2.21; p =.02), but improvement was not maintained at 12 months. Dysmenorrhea improved at 6 months (MC, -26.99; 95% CI, -41.48 to -12.50; p <.001) and 12 months (MC, -24.15; 95% CI, 39.62 to -8.68; p =.003) with ablation. No significant changes were seen in VAS scores after excision at 6 or 12 months. When comparing ablation and excision, the only significant difference was a change in dyspareunia at 6 months (MC, -22.96; 95% CI, -39.06 to -6.86; p =.01).

Conclusion(s): Treatment with ablation improved dysmenorrhea at 6 and 12 months and improved dyspareunia at 6 months as compared with preoperative data. However, only dyspareunia demonstrated a significant difference between ablation and excision. Excision and ablation showed similar effectiveness for the treatment of pain associated with superficial endometriosis, with ablation showing more significant individual changes. Careful patient counseling regarding expectations of surgical intervention is vital in the management of endometriosis.

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PMID
Multidisciplinary palliation for unresectable recurrent rectal cancer: Hypoxic pelvic perfusion with mitomycin C and oxaliplatin in patients progressing after systemic chemotherapy and radiotherapy, a retrospective cohort study.


Oncotarget. 10(39) (pp 3840-3851), 2019. Date of Publication: 2019.

[Article]

AN: 628186250

Background: Innovative systemic treatments and loco-regional chemotherapy by hypoxic pelvic perfusion (HPP) have been proposed for unresectable recurrent rectal cancer (URRC). Regorafenib and trifluridine-tipiracil reported significantly increased PFS 1.9-2.0 months, OS 6.4-7.1 months vs placebo, respectively. Present study evaluated safety and efficacy of mitomycin/oxaliplatin HPP associated to intravenous cetuximab, and of third line systemic therapy in clinical practice.

Method(s): HPP consisted of: Isolation, perfusion, chemofiltration. Patients received mitomycin 25 mg/m2 and oxaliplatin 80 mg/m2 during HPP; from days 21 to 28, cetuximab 250 mg/m2/week. In case of partial response or stable disease, HPPs were repeated every 8 weeks. In control group, systemic third and further lines of therapy were defined in clinical practice according to clinical (age, comorbidities, performance status), biological parameters (KRAS, NRAS, BRAF genotype).

Result(s): From 2005 to 2018, 49 URRC patients were enrolled; 33 in HPP/target-therapy, 16 in systemic therapy control group. No HPP related complications were reported. Most common adverse events were skin, bone marrow toxicities. In HPP/target-therapy group, ORR and DCR were 36.4 and 100%; in systemic therapy control group, 18.7 and 31.25%, respectively. In HPP/target-therapy compared with systemic therapy group, respectively, DCR seemed significantly favourable (P = 0.001), as PFS 8 vs 4 months (P = 0.018), and OS 15 vs 8 months (P = 0.044).

Conclusion(s): Present data showed that integration of HPP/target-therapy may be effective in local control, and efficacy as third line treatment of URCC patients. This therapeutic strategy deserves further prospective randomized trials to be compared to conventional systemic treatments.

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Associations between Physical Activity and Chronic Pain Severity in Youth with Chronic Abdominal Pain.
Kichline T., Cushing C.C., Ortega A., Friesen C., Schurman J.V.

The present study aimed to: (1) better understand physical activity levels in youth with chronic abdominal pain and (2) investigate the relationship between day-level physical activity related to next day pain intensity to identify any intraindividual heterogeneity.

Method(s): Seventy-one youth (M=13.34 y, SD=2.67 y) with chronic abdominal pain provided reports of pain severity and continuous objective reports of sedentary behavior, moderate-to-vigorous physical activity (MVPA), and total sleep time using accelerometers over 14 days.

Result(s): Findings revealed that youth with chronic abdominal pain do not meet recommended levels of MVPA per day (M=34.64 min, SD=33.31 min). Further, results indicated a random effect of the previous day's MVPA predicting pain severity. There was a small significant negative effect of within-person total sleep time as a predictor of pain severity.

Discussion(s): The current study highlights the importance of separating between-person and within-person differences when examining the relationship between physical activity and pain severity. Future studies should explore moderating factors that may help to explain random effects to better understand the types of individuals with positive or negative relationships between physical activity and pain severity.

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PMID 31008726 [https://www.ncbi.nlm.nih.gov/pubmed/?term=31008726]
Follow-up and counselling after pelvic inflammatory disease: CNGOF and SPILF Pelvic Inflammatory Diseases Guidelines. Suivi et conseils après infection génitale haute. RPC infections génitales hautes CNGOF et SPILF <Suivi et conseils après infection génitale haute. RPC infections génitales hautes CNGOF et SPILF.>

Ah-Kit X., Hoarau L., Graesslin O., Brun J.-L.


[Article]

AN: 2001784438

Objectives: To determine the procedures for follow-up and counselling of patients after pelvic inflammatory disease (PID).

Method(s): A search in the Cochrane database, PubMed, and Google was performed using keywords related to follow-up and PID to identify reports published between 1990 and 2018. All studies published in French and English relevant to the areas of focus were included. A level of evidence (LE) based on the quality of the data available was applied for each area of focus and used for the guidelines.

Result(s): The rate of recurrent PID is 15 to 21%. They are related to a recurrent sexually transmitted infection (STI) in 20 to 34% of cases. Recurrence PID increase the risk of infertility and chronic pelvic pain (LE2). Follow-up is recommended after PID (grade C). The rate of patients lost to follow-up is around 40%. Follow-up is improved by personalized text message reminders (grade B). Vaginal sampling for detection of N. gonorrhoeae, C. trachomatis, (and M. genitalium) by nucleic acid amplification techniques is recommended 3 to 6 months after treatment of PID associated with STI to rule out possible reinfections (grade C). The use of condoms after PID associated with STI is recommended to reduce the risk of recurrences (grade C). The systematic use of contraceptive pills after PID is not recommended to prevent subsequent infertility and chronic pelvic pain. Vaginal sampling for microbiological diagnosis is recommended before the insertion of an intrauterine device (grade B). The risk of ectopic pregnancy is high in these women and must be kept in mind.

Conclusion(s): Patient counselling and microbiological testing after PID decrease the risk of STI and thus the recurrence of PID.

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PMID 30878686 [https://www.ncbi.nlm.nih.gov/pubmed/?term=30878686]

Status Embase

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Publisher Elsevier Masson SAS (62 rue Camille Desmoulins, Issy les Moulineaux Cedex 92442, France)

Year of Publication 2019
Management of tubo-ovarian abscesses and complicated pelvic inflammatory disease: CNGOF and SPILF Pelvic Inflammatory Diseases Guidelines. Prise en charge des abces tubo-ovariens (ATO) et des formes compliquees d'infections genitales hautes. RPC infections genitales hautes CNGOF et SPILF <Prise en charge des abces tubo-ovariens (ATO) et des formes compliquees d'infections genitales hautes. RPC infections genitales hautes CNGOF et SPILF.> Graesslin O., Verdon R., Raimond E., Koskas M., Garbin O.


AN: 2001807450

A tubo-ovarian abscess (ATO) should be suspected in a context of pelvic inflammatory disease (PID) in case of severe pain associated with the presence of general signs and palpation of an adnexal mass at pelvic examination. Imaging allows most often a rapid diagnosis, by ultrasound or CT, the latter being irradiant but also allowing to consider the differential diagnoses (digestive or urinary diseases) in case of pelvic pain. MRI, non-irradiating examination, whenever it is feasible, provides relevant information, more efficient, guiding quickly the diagnosis. The diagnosis of tubo-ovarian abscess should lead to the hospitalization of the patient, the collection of bacteriological samples, the initiation of a probabilistic antibiotherapy associated with drainage of the purulent collection. In severe septic forms (generalized peritonitis, septic shock), surgery (laparoscopy or laparotomy) keeps its place. In other situations, ultrasound-guided trans-vaginal puncture in the absence of major hemostasis disorders or severe sepsis is a less morbid alternative to surgery and provides high rates of cure. Today, ultrasound-guided trans-vaginal puncture has been satisfactory evaluated in the literature and is part of a logic of therapeutic de-escalation. Randomized trials evaluating laparoscopic drainage versus radiological drainage should be able to answer, in the coming years, questions that are still outstanding (impact on chronic pelvic pain, fertility). The recommendations for the management of ATO published in 2012 by the CNGOF remain valid, legitimizing the place of radiological drainage associated with antibiotic therapy.

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PMID 30880246 [https://www.ncbi.nlm.nih.gov/pubmed/?term=30880246]
Vilaprisan.
Barra F., Seca M., Ferrero S.
Embase
Drugs of the Future. 44(3) (pp 211-219), 2019. Date of Publication: 2019.
[Article]
AN: 2002056299

Uterine fibroids (UF) are common gynecological affections in women of reproductive age. These tumors can be asymptomatic in the majority of cases; nonetheless, they can be responsible for a multitude of clinical presentations such as abnormal uterine bleeding, chronic pelvic pain, infertility and other obstetric complications, which may significantly impact the quality of life of patients affected. At the moment, hormonal pharmacological strategies are used in the clinical practice aiming to control women's symptoms and improve hemoglobin level before surgery. Among these, selective progesterone receptor modulators (SPRMs) have been investigated. After the wide clinical use of ulipristal acetate, vilaprisan, a novel SPRM, is currently being deeply investigated in late phase II-III trials for the treatment of UF. The aim of this brief monograph is to review the literature on the pharmacodynamics, pharmacokinetics, clinical efficacy and safety of vilaprisan for treating UF.

Interleukin in endometriosis-associated infertility-pelvic pain: Systematic review and meta-analysis.
Malvezzi H., Hernandes C., Piccinato C.A., Podgaec S.
Embase
[Article]
AN: 2001969066

The objective is to study the significance of altered interleukin levels in endometriosis-related infertility or pelvic pain. The present systematic review and meta-analysis includes a discussion on the roles of interleukin in the physiopathology of endometriosis-associated infertility and/or pelvic pain. We included all studies in which interleukins in peritoneal fluid, follicular fluid or serum from patients were measured and that correlated the findings with either peritoneal or deep endometriosis-associated infertility or pelvic pain. For the meta-analysis, we selected studies on the following cytokines: interleukin-1 (IL-1), interleukin-6 (IL-6) and interleukin-8 (IL-8). Endometriosis is a chronic inflammatory disease. Inflammatory processes clearly participate in the etiology of endometriosis. Cytokines are mediators of inflammation, and increase in their concentration in plasma or other body fluids signals the presence and extent of tissue lesions. A number of studies have reported on the association between higher cytokine levels and...
progression or maintenance of endometriosis and coexisting infertility or pelvic pain. The results of the analyses support that an association exists between elevated serum IL-6 and/or IL-8 concentrations and the occurrence of endometriosis-associated infertility. Such association was not found for endometriosis-associated pain. In spite of accumulated evidence on the association of proinflammatory cytokines and endometriosis, it still is not clear if and how these mediators participate in the physiopathology of endometriosis-associated infertility or pelvic pain, in part due to poor quality of the evidence established in the vast majority of interleukins and challenges in endometriosis research reproducibility. In summary, the results of the analyses support that an association exists between elevated serum IL-6 and/or IL-8 concentrations and the occurrence of endometriosis-associated infertility.

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Status Embase

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Publisher BioScientifica Ltd. (Euro House, 22 Apex Court, Woodlands, Bradley Stoke, Bristol BS32 4JT, United Kingdom)

Year of Publication 2019

975.


Qin Z., Wu J., Xu C., Sang X., Li X., Huang G., Liu Z.

Embase


[Review]

AN: 627428718

Background: Cumulative evidences indicate that acupuncture may ameliorate the symptoms of chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS). However, the long-lasting effects of acupuncture on CP/CPPS has not been fully evaluated. The objective of this study is to assess the sustained effects of acupuncture on CP/CPPS.

Method(s): We searched PubMed, EMBASE, and CENTRAL databases for studies on the use of acupuncture in patients with CP/CPPS. Studies with long-term follow-up periods were included. Single-Arm meta-Analyses were performed using random-effects model. The primary outcome was the response rate at the end of follow-up period; the secondary outcomes were changes of the National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI) scores at the end of follow-up, including total score and 3 sub-scores (pain, urinary, and quality of life).

Result(s): Six studies with 310 patients were performed in data synthesis, among which four studies were randomized controlled trials (RCT) and two were case series studies. At the end of follow-up, the weighted "average" response rate was 68.4% (95% CI: 42.1% to 89.5%, n=226; I²=93.5%); the change of NIH-CPSI total score were -14.8 (95% CI: -17.0 to -12.6, n=310; I²=92.1%); the change of pain, urinary, and quality of life sub-scores were -6.0 (95% CI: -6.9 to -5.2, n=266; I²=83.6%), -2.6 (95% CI: -3.2 to -2.0, n=266; I²=87.9%), and -4.4 (95% CI: -6.2 to -2.6, n=266; I²=98.7%), respectively. The source of heterogeneity could not be identified owing to insufficient studies.
Conclusion(s): Acupuncture may have clinically long-lasting benefits for CP/CPPS. However, current evidence is limited owing to insufficient data and significant heterogeneity. Further studies with larger sample size and long-term follow-up periods are warranted.

Using meta-regression approach to explore the dose-response association between acupuncture sessions and acupuncture effects on chronic prostatitis/chronic pelvic pain syndrome.

Qin Z., Wu J., Xu C., Liu Z.


[Article]

AN: 627428802

Background: The benefits of acupuncture on chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) have been well established according to previous studies. However, uncertainty exists regarding the dose-response relationship between acupuncture sessions and acupuncture effects for CP/CPPS. The objective of this study is to explore the association between the acupuncture sessions and its effects based on previously published data.

Method(s): A non-linear meta-regression approach with restricted cubic spline (RCS) was used to investigate the dose-response relationship between acupuncture sessions and its effects on the National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI). PubMed, EMBASE, and Cochrane CENTRAL were searched up to May 20, 2018. Randomized controlled trials (RCTs) and case series studies (CSSs) reported the treatment sessions of acupuncture for CP/CPPS with at least two categories were eligible for inclusion.

Result(s): Ten studies involving 329 participants were included, the results showed a J-shaped dose-response association between acupuncture sessions and NIH-CPSI score (range 0 to 43, with higher score indicating greater CP/CPPS symptoms). Overall, more acupuncture sessions received for CP/CPPS patients is associated with increased symptom relieving. After 6 acupuncture sessions, the NIH-CPSI decreased from 26.1 (95% CI: 25.3-27.0) to 18.5 (95% CI: 11.6-25.4), with a between-session difference of -7.6 (95% CI: -14.6 to -0.7). Considering the 95%CI, both robust-error meta-regression modeling [MD: -8.3 (95% CI: -10.4 to -6.3)] and sensitivity analysis without CSSs [MD: -8.1 (95% CI: -9.5 to -6.7)] demonstrated that 18 acupuncture sessions could reach a clinically meaningful improvement regarding NIH-CPSI score.

Conclusion(s): There appear to be dose-response relationship between acupuncture sessions and CP/CPPS outcome. Prolonged acupuncture sessions were associated with less NIH-CPSI
According to current evidence, six acupuncture sessions might be the minimal required 'dose' to reach its clinical effects.
Certain agents may mitigate pain associated with neuropathy, fibromyalgia, headache, and IBS. Leo R.J., Khalid K.

Embase
[Article]
AN: 626937951

Status
Embase
Institution
(Leo, Khalid) Department of Psychiatry, Jacobs School of Medicine and Biomedical Sciences, University at Buffalo, Buffalo, NY, United States
Publisher
Quadrant Healthcom Inc.
Year of Publication
2019

Comparison of the effects of piroxicam and diclofenac sodium as treatments for primary dysmenorrhea.
Camlibel M., Erdur B., Yilmaz A., Ozen M., Uyanik A.

Embase
[Article]
AN: 2001617835

NSAIDs are the most common agents used in dysmenorrhea treatment. They reduce menstrual pain by reducing uterine pressure and PGF2alpha levels in the menstrual fluid. The aim of this study was to compare the effects of piroxicam and diclofenac sodium as treatments for primary dysmenorrhea. The study was conducted using a randomized and double-blind method. Patients with Visual Analogue Scale (VAS) scores greater than 5 were accepted into the study. The patients who were suitable for inclusion were randomized into 2 groups and received either intramuscular piroxicam or diclofenac sodium. The patients' pain levels were measured at baseline and at 15, 30, 45, and 60 min. A VAS of 10 cm, a numeric scale, a verbal scale, and additional symptoms, as well as pain relapse after 24 hours and required analgesics, were recorded. The study included 400 patients. Overall, 200 patients (50%) were in the piroxicam group, and 200 patients were in the diclofenac sodium group. The average decrease on the VAS after piroxicam or diclofenac administration was measured as 7.9 +/- 1.8 cm and 7.9 +/- 1.7 cm (median +/- standard deviation), respectively. The pain-reducing efficiency of all the treatments was compared using the Mann-Whitney U test (p=0.929). Rescue medication was needed for 25
patients in the proxicam group (p=0.014). Overall, 30 patients in the proxicam group and 41 patients in the proxicam group needed analgesics again in the 24-hour period after treatment (p=0.150). At the end of our study, it was observed that there was no difference in the results of primary dysmenorrhea treatment with 20 mg piroxicam or 75 mg diclofenac sodium.

Corpus luteum with ovarian stromal edema is associated with pelvic pain and confusion for ovarian torsion.

Rogers D., Al-Dulaimi R., Rezvani M., Shaaban A.


Purpose: To distinguish the corpus luteum with adjacent ovarian stromal edema as an entity associated with pelvic pain, with confounding ultrasound features that may lead to false-positive diagnosis of ovarian torsion.

Method(s): This is a blinded, retrospective study of 243 corpora lutea on transvaginal ultrasound. Imaging parameters included ovarian and corpus luteum volumes, central cystic space within the corpus luteum, vascularity around the corpus luteum, peripherally displaced follicles, and complex free fluid. Residual volume (ovarian volume minus corpus luteum volume) was used as a surrogate for ovarian stromal edema. Clinical parameters included age, pregnancy, and location/acuity of pain if present. Concern for ovarian torsion in radiology reports was documented.

Result(s): 51.0% (124/243) of patients presented with pain. Multivariate regression analysis of factors significantly associated with pain (including age, p = 0.001; larger corpus luteum volume, p = 0.002; larger residual volume, p < 0.001; complex free fluid, p = 0.002; and peripherally displaced follicles, p < 0.001) left only increased residual volume as significantly associated with pain [OR 1.02-1.16; p = 0.01]. False-positive concern for ovarian torsion on ultrasound was present in 12.9% (16/124) of patients with pain, associated with enlarged ovaries (p < 0.001) and peripherally displaced follicles (p < 0.001). High correlation between location of pain and side of the corpus luteum was demonstrated in patients with pain < 14 days duration (p < 0.001).

Conclusion(s): Corpus luteum with ovarian stromal edema is associated with pelvic pain and can mimic ovarian torsion on ultrasound. Further research should explore diagnostically useful differences between cases of ovarian torsion and cases of ovarian edema related to corpora lutea.
The efficiency of hyaluronic acid in the management of radiation induced cystitis.
Marcu R.D., Spinu A.D., Mischianu D.L.D., Oprea I.S., Diaconu C.C., Socea B., Bratu O.G.

[Review]
AN: 2001588042
Radiation cystitis is a complex pathology, with a significant negative impact on the patient's quality of life, often proving to be a real challenge for physicians due to its bothersome symptoms and severe complications such as recurrent haematuria. The mechanism involved in radiation induced cystitis pathogenesis is the injury of the bladder's urothelium and its glycosaminoglycans layer. We have analysed the current data in terms of radiation induced cystitis and the role of the glycosaminoglycans replenishment therapy with hyaluronic acid in the management of radiation cystitis. The efficiency of hyaluronic acid in the management of radiation cystitis has been evaluated by a small number of clinical trials, but all of them have provided good results in terms of safety, as well as in improving the urinary symptoms and the patient's quality of life.

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A phase II trial of the effect of perindopril on hand-foot skin reaction (HFSR) incidence and severity in patients receiving regorafenib for refractory mCRC.


Embase

Purpose: Regorafenib is an oral multi-kinase inhibitor that offers an OS benefit to patients with mCRC refractory to standard therapy (Grothey et al., in Lancet 381:303-312, 2013), but comes with potential significant toxicities including grade 3 hand-foot skin reaction (HFSR). The pathogenesis of regorafenib-induced HFSR is not well established, but may be related to alterations in the capillary endothelium. We hypothesized that perindopril, an angiotensin-converting enzyme (ACE) inhibitor, indicated for the treatment of hypertension (Ceconi et al., in Cardiovasc Res 73:237-246, 2007), and which plays a role in preventing endothelial dysfunction, may help to prevent or reduce the severity of regorafenib-induced HFSR.

Patients and Methods: In this single-center phase II open-label trial, patients with refractory mCRC were treated with both regorafenib (160 mg/day) and perindopril (4 mg/day) for 21 days per 28-day cycle. The primary end point was to assess the proportion of patients with any grade HFSR toxicity. Secondary end points included time to development of worst (grade 3) HFSR, reduction of all grades of hypertension and all grade toxicities, as well as progression-free survival. All toxicities were evaluated using CTCAE v4.03.

Result(s): A planned interim analysis was performed after ten evaluable patients had completed their first cycle of study treatment. As 50% (5/10) experienced grade 3 HFSR, enrolment was stopped as the addition of perindopril did not lead to a reduced level of HFSR compared with regorafenib alone. Other grade 3 toxicities included hypertension (16.7%) and increased AST (16.7%).

Conclusion(s): The addition of an ACE inhibitor perindopril to regorafenib did not reduce HFSR incidence or severity in patients with refractory mCRC.

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PMID 30535909 [https://www.ncbi.nlm.nih.gov/pubmed/?term=30535909]

Trigger Point Manual Therapy for the Treatment of Chronic Noncancer Pain in Adults: A Systematic Review and Meta-analysis.

Denneny D., Frawley H.C., Petersen K., McLoughlin R., Brook S., Hassan S., Williams A.C.

Embase
Objective: To determine the effectiveness of trigger point manual therapy (TPMT) for reducing chronic noncancer pain and associated problems in adults, by analyzing all relevant randomized controlled trials (RCTs).

Data Sources: We searched databases and clinical trials registers from their inception to May 2017. Study Selection: We included RCTs in any language that recruited patients older than 18, with pain of 3 months' duration or more. We assessed pain, function, and patient-reported improvement as outcomes.

Data Extraction: Two authors independently extracted and verified data. Meta-analysis was completed where possible, otherwise data were synthesized narratively.

Data Synthesis: We combined all data using a random-effects model and assessed the quality of evidence using GRADE. A total of 19 trials (involving 1047 participants) met inclusion criteria, representing TPMT treatment of musculoskeletal, pelvic, and facial pain. No effect was found for short-term pain relief (mean standardized difference -0.53; 95% confidence interval [CI], -1.08 to 0.02). One small study showed a longer-term benefit for pain (mean standardized difference -2.00; 95% CI, -3.40 to -0.60) but with low confidence in the effect. Significant gains emerged for function (mean standardized difference -0.77; 95% CI, -1.27 to -0.26) and in patient global response (odds ratio 3.79; 95% CI, 1.86-7.71) from 4 studies, but not for health-related quality of life.

Conclusion(s): Evidence for TPMT for chronic noncancer pain is weak and it cannot currently be recommended.
Objective: This systematic review aims to evaluate the benefits of oral continuous combined hormonal contraceptives (CHCs) in managing dysmenorrhea by comparing randomized controlled trials (RCTs) evaluating the efficacy of continuous vs. cyclic CHC use for the following outcomes: (a) reducing dysmenorrhea duration and frequency, (b) severity, (c) recurrence and (d) interference with daily activity. Study design: Cochrane, PUBMED and Popline databases were searched from 1934 to 2018 for all relevant studies evaluating CHC for treatment of dysmenorrhea. A study was selected if it (a) compared continuous regimen vs. cyclic regimen of oral CHC, (b) measured dysmenorrhea as a primary or secondary outcome, (c) was an RCT and (d) was published in English. Due to differences in CHC used and outcome measurement, a systematic analysis of individual study results and a limited meta-analysis were conducted. Result(s): Of 780 studies that were screened by title and abstract, 8 were included in the final analysis; 6 evaluated cyclic vs. continuous CHC, and 2 evaluated cyclic vs. extended/flexible CHC use. Quality of evidence was low for all outcome measures. Overall, compared to cyclic use, flexible/extended CHC resulted in 4 fewer days of dysmenorrhea. Studies revealed conflicting results for interference with daily activity, pain severity and pain recurrence. Side effects were few in both comparison groups. Conclusion(s): Continuous or extended/flexible CHC use may reduce dysmenorrhea duration compared to cyclic regimen; however, more rigorous research is needed. Implications: This systematic review shows that continuous CHC use may reduce dysmenorrhea duration compared to cyclic regimen, although the quality of evidence is low. Future double-blinded RCTs with more rigorous study design, consistent outcome measures and comprehensive outcome reporting are needed.
intrauterine insemination (IUI) or IVF, were included. Sixteen studies were selected. Initial case reports (n = 11) documented some severe clinical complications. However, subsequent observational studies were more reassuring. Overall, five conclusions can be drawn: (i) IVF does not worsen endometriosis-related pain symptoms (moderate quality evidence); (ii) IVF does not increase the risk of endometriosis recurrence (moderate quality evidence); (iii) the impact of IVF on ovarian endometriomas, if present at all, is mild (low quality evidence); (iv) IUI may increase the risk of endometriosis recurrence (low quality evidence); (v) deep invasive endometriosis might progress with ovarian stimulation (very low quality evidence). In conclusion, available evidence is generally reassuring (at least for IVF) and does not justify aggressive clinical approaches such as prophylactic surgery before assisted reproductive technology treatment to prevent endometriosis progression or recurrence. However, further evidence is required before being able to reach definitive conclusions. In particular, the potential effects on deep invasive endometriosis and the possible synergistic effect of stimulation and pregnancy are two areas that need to be explored further.

Clinical applications of palmitoylethanolamide in pain management: Protocol for a scoping review

986.

Clinical applications of palmitoylethanolamide in pain management: Protocol for a scoping review
11 Medical and Health Sciences 1115 Pharmacology and Pharmaceutical Sciences.
Passavanti M.B., Alfieri A., Pace M.C., Pota V., Sansone P., Piccinno G., Barbarisi M., Aurilio C., Fiore M.
Embase
[Review]
AN: 625827332
Background: Palmitoylethanolamide (PEA) belong to endocannabinoid family, a group of fatty acid amides. PEA has been proven to have analgesic and anti-inflammatory activity and has been used in several controlled studies focused on the management of chronic pain among adult patients with different underlying clinical conditions. Methods/design: A literature search will be performed using PubMed, EMBASE, and the Cochrane Central Register of Controlled Trials (CENTRAL). The population will be patients who have chronic pain, the intervention will be the administration of PEA alone or in combination with other drugs for the pain management; the comparison will be the standard therapy in accordance with the current guidelines for the
treatment of pain. The Outcomes will be the reduction of pain not restricted to specific scales laying out the pain outcome data described in the included studies.

Discussion(s): This scoping review aims to describe the clinical applications of the PEA in chronic pain management and its outcome. Scoping review registration: Open Science Framework https://osf.io/74tmx/.

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PMID 30621775 [https://www.ncbi.nlm.nih.gov/pubmed/?term=30621775]

Status Embase

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987.

Naldemedine in japanese patients with opioid-induced constipation and chronic noncancer pain: Open-label phase III studies.
Saito Y., Yokota T., Arai M., Tada Y., Sumitani M.


[Article] AN: 625710727

Introduction: Naldemedine is a peripherally-acting micro-opioid-receptor antagonist, approved in Japan for opioid-induced constipation (OIC). In two open-label, single-arm, Phase III studies, we evaluated the safety and efficacy of naldemedine in Japanese patients with OIC receiving regular-use opioids (COMPOSE-6) or prolonged-release oxycodone (COMPOSE-7) for chronic noncancer pain.

Method(s): Eligible Japanese adults with OIC and chronic noncancer pain received once-daily oral naldemedine 0.2 mg for 48 weeks, irrespective of food intake. Primary end points included measures of treatment-emergent adverse events (TEAEs), pain intensity, and opioid withdrawal. Secondary efficacy end points were evaluated at treatment week 2. Patient Assessment of Constipation Symptoms (PAC-SYM) and Quality of Life (PAC-QOL) scores were evaluated in both 48-week studies.

Result(s): Of patients enrolled in COMPOSE-6 (N = 43) and COMPOSE-7 (N = 10), TEAEs were reported in 88% (95% CI 74.9-96.1) and 90% (95% CI 55.5-99.7), respectively. The most frequently reported TEAEs, nasopharyngitis and diarrhea, were mostly mild or moderate in severity. Assessments of pain intensity and opioid withdrawal remained stable over the 48-week treatment periods of both studies. The proportion of spontaneous bowel-movement responders at week 2 in COMPOSE-6 was 81.0% (95% CI 65.9-91.4) and 90.0% (95% CI 55.5-99.7) in COMPOSE-7. Significant and sustained improvements in PAC-SYM and PAC-QOL scores were also observed in both studies (all P<0.05).

Conclusion(s): Side effects that occurred with naldemedine were mostly mild or moderate in severity, and the data suggested that naldemedine can improve bowel function and QOL in
Japanese patients with OIC receiving regular-use opioids or prolonged-release oxycodone for chronic noncancer pain.

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Safety of oral methylnaltrexone for opioid-induced constipation in patients with chronic noncancer pain.
Rauck R.L., Slatkin N.E., Stambler N., Israel R.J.

Purpose: Oral methylnaltrexone was shown to be effective in treating opioid-induced constipation (OIC) in patients with chronic noncancer pain in a Phase III randomized controlled trial. This report provides a detailed safety analysis from that study.

Method(s): Adults (n=803) with chronic noncancer pain for >=2 months and confirmed OIC while receiving opioid doses >=50 mg morphine equivalent per day for >=14 days were randomized 1:1:1:1 to oral methylnaltrexone (150, 300, or 450 mg) or placebo once daily for 4 weeks, followed by as-needed use for 8 weeks. Safety was evaluated by examining treatment-emergent adverse events (TEAEs), clinical laboratory parameters, vital signs, electrocardiography, rescue-laxative and opioid use, Objective Opioid Withdrawal Scale (OOWS) and Subjective Opioid Withdrawal Scale (SOWS), and pain-intensity scores.

Result(s): TEAEs occurred at a similar incidence in the methylnaltrexone groups (59.0%) and placebo group (63.0%). The most common TEAEs with methylnaltrexone were abdominal pain (8.0% vs 8.5% with placebo), nausea (6.8% vs 9.0%), and diarrhea (6.0% vs 3.5%). Cardiac-related TEAEs occurred in 1.8% and 1.0% of patients, respectively, and no major adverse cardiovascular events were reported. No patient had a cluster of TEAEs associated with opioid withdrawal after excluding gastrointestinal TEAEs. Changes in laboratory parameters, vital signs, and electrocardiography were generally small and similar across treatment groups. Rescue-laxative use was more common with placebo than methylnaltrexone 450 mg (6.20% vs 4.27% of study days, P=0.024). Changes in opioid dose, OOWS and SOWS scores, and pain-intensity scores during treatment were minimal.

Conclusion(s): Oral methylnaltrexone had a safety profile comparable with placebo in the treatment of OIC in patients with chronic noncancer pain, with no evidence of cardiac toxicity or opioid withdrawal.

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Status
Embase
Vulvodynia: A Review of the Literature.
Loflin B.J., Westmoreland K., Williams N.T.
Embase
[Review]
AN: 623718619
Objective: To evaluate the literature and educate the pharmacy community about the different treatment options for vulvodynia.
Data Sources: Searches were performed through MEDLINE (1946-May 2018) using OVID and EBSCOhost, and Excerpta Medica (1974-May 2018) using EMBASE. Search terms included vulvar vestibulitis syndrome, vestibulodynia, vulvodynia, vulvar pain, provoked vulvar vestibulitis, and vulvodynia treatment. References of all relevant articles were then used to find additional applicable articles. Study Selection and Data Extraction: This review includes articles in the English language and human trial literature. Twenty-five trials explored the use of oral and topical medications in the treatment of vulvodynia.
Data Synthesis: Vulvodynia is a poorly understood disease with an unknown etiology. Oral tricyclic antidepressants and gabapentin continue to be the most commonly used treatments for vulvodynia pain. This is due to their ease of use and patient preference. Topical treatments that have efficacy data are amitriptyline, gabapentin, lidocaine, baclofen, and hormones. This route of administration avoids systemic adverse effects and interpatient variability that accompanies oral administration. Alternative therapies more commonly used include physiotherapy, psychotherapy, and surgery. Treatment length may vary due to dose titrations and potential changes in medication therapy.
Conclusion(s): Several medication and alternative therapies may be effective in treating vulvodynia. Current studies used wide dosing ranges, making it difficult to standardize therapy. No consistent method of assessing pain was used between studies, as well as a limited number being randomized and placebo controlled. Additional research is needed to increase knowledge and further develop vulvodynia treatments.
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Status
Embase
Institution
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2019
Electromagnetic field versus diclofenac drugs on primary dysmenorrhea: A single-blind randomized controlled trial: Electromagnetic field versus diclofenac drugs on primary dysmenorrhea.


Embase


[Article]

AN: 625658371

Aim: Primary dysmenorrhea is one of the most common complaints of women and is also the most common gynecological problem worldwide. The cramps of dysmenorrhea are recurrent and 90% of adolescent girls and about 50% of women suffer from it. This study was aimed to determine which is more effective in alleviating primary dysmenorrhea: pulsed electromagnetic field (PEMF) or diclofenac drugs.

Material(s) and Method(s): Fifty adult females with regular menstrual cycle 21-35 days lasting 3-7 days and having the same ordinary daily living activities participated in this study. They were recruited from the students of the Faculty of Physical Therapy, Cairo University, Egypt, and the study was conducted in the Outpatient Clinic of the Faculty of Physical Therapy. Group A received PEMF applied on the pelvic region, 3 times per cycle for 3 consecutive cycles, 20 minutes per day. Group B received diclofenac tablets, 50 mg, only with onset of menstrual pain for 3 consecutive cycles. All subjects in both groups were assessed through measuring the progesterone level in the blood, pain using the Visual Analogue Scale, and physical as well as psychological symptoms using a menstrual symptom questionnaire.

Result(s): The present study revealed a statistically significant improvement (P<0.05) in pain, physical, and psychological symptoms associated with dysmenorrhea and progesterone blood level in Group A compared to Group B.

Discussion(s): PEMF was more effective than diclofenac drugs in relieving pain and associated symptoms with dysmenorrhea.

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Status

Embase

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Institution

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Publisher

Derman Medical Publishing (E-mail: secretary@jcam.com.tr)

Year of Publication

2019
The negative effect of urologic chronic pelvic pain syndrome on female sexual function: a systematic review and meta-analysis.
Guan Y., Yu G., Wang G., Bai Z.

Embase
International Urogynecology Journal. 30(11) (pp 1807-1816), 2019. Date of Publication: 01 Nov 2019. [Review]
AN: 628319336

Introduction and hypothesis: To explore the effect of urologic chronic pelvic pain syndrome (UCPPS) on female sexual function.

Method(s): Database searches were conducted in PubMed, EMBASE, the Cochrane Library, and Google Scholar for published literature using the Female Sexual Function Index (FSFI) or reporting the prevalence of dyspareunia. Data extraction and quality evaluation were performed on the literature that met the inclusion criteria, and a meta-analysis was performed using STATA 12.0 and RevMan5.3 software to calculate the mean differences (MD) and odds ratios (OR) and their 95% confidence intervals (CI).

Result(s): A total of nine case-control studies enrolling 4965 subjects were investigated. The present meta-analysis results demonstrated a strong correlation between UCPPS and dyspareunia (OR = 11.27, 95% CI: 5.15-24.67, P < 0.00001). The UCPPS group had significantly lower scores in each domain of the FSFI compared with the healthy control group: total score (MD = -11.35, 95% CI: -14.54 - 8.16, P < 0.00001); desire (MD = -1.04, 95% CI: -1.20 - 0.88, P < 0.00001); arousal (MD = -1.78, 95% CI: -2.36 - 1.20, P < 0.00001); lubrication (MD = -2.11, 95% CI: -2.49 - 1.73, P < 0.00001); orgasm (MD = -1.50, 95% CI: -1.72 - 1.28, P < 0.00001); satisfaction (MD = -1.54, 95% CI: -1.97 - 1.12, P < 0.00001); pain (MD = -2.89, 95% CI: -3.63 - 2.14, P < 0.00001). 

Conclusion(s): UCPPS had a significantly negative effect on female sexual function, particularly in the lubrication, pain, and total score domains. In addition, UCPPS patients had a significantly higher risk of dyspareunia. Psychosocial variables may be a potential pathogenesis of female sexual dysfunction (FSD). Future well-designed research is called for to develop a comprehensive estimate of the association between UCPPS and FSD.


PMID 31227839 [https://www.ncbi.nlm.nih.gov/pubmed/?term=31227839]
Status In-Process
Institution (Guan, Yu, Wang, Bai) Department of Urology, Affiliated Haikou Hospital, Xiangya School of Medicine, Central South University, No.43, Renmin Avenue, Meilian District, Haikou City, Hainan Province 570208, China
Publisher Springer London
Year of Publication 2019

992.

Extracorporeal shock wave therapy for chronic prostatitis / chronic pelvic pain syndrome: A meta-analysis.
Liao B., Mou X.-X., Liu J.-B., Wu T., Cui S.
Embase
Objective: To systematically evaluate the clinical efficacy of the extracorporeal shock wave therapy (ESWT) in the treatment of chronic prostatitis / chronic pelvic pain syndrome (CP/CPPS) and provide some evidence for the management of the disease.

METHOD(S): We searched the PubMed, Cochrane Library, EMBase, CNKI, VIP, WanFang Data and CBM databases on the internet, as well as the Journal of Clinical Urology and Chinese Journal of Urology manually for randomized controlled trials (RCT) on the treatment of CP/CPPS by ESWT published from their establishment till February 1, 2019. Two reviewers independently screened the literature, extracted the data and assessed the risk of bias of the included studies, followed by a meta-analysis with the RevMan 5.3 software.

RESULT(S): Totally 12 RCTs involving 838 CP/CPPS patients were included in this study. Compared with the controls, the patients treated by ESWT showed a significantly higher rate of overall effectiveness (OR = 8.75, 95% CI: 5.16 to 14.86, P < 0.000 01) and lower NIH-CPSI scores (MD = -5.10, 95% CI: -6.13 to -4.06, P < 0.000 01). Subgroup analyses manifested that a higher number of shock wave pulses (>=2 000) had a better therapeutic effect (MD = -4.99, 95% CI: -6.20 to -3.38, P < 0.000 01 in the >2 000-pulse group; MD = -5.76, 95% CI: -7.09 to -4.42, P < 0.000 01 in the 2 000-pulse group).

CONCLUSION(S): ESWT can raise the rate of overall clinical effectiveness and improve the symptoms of chronic prostatitis in the treatment of CP/CPPS. This conclusion, however, is to be further supported by more RCTs with higher quality, larger sample size and better design.

PMID 32233224 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32233224]
differences were observed between the baselines and post-treatment scores on NIH-CPSI in the SXT group (24.82 +/- 5.89 vs 15.45 +/- 6.74, P < 0.05) and the controls (26.10 +/- 6.59 vs 22.10 +/- 8.42, P < 0.05) as well as on PEDT in the SXT group (14.87 +/- 3.70 vs 10.29 +/- 4.25, P < 0.05) and the controls (14.98 +/- 3.09 vs 13.00 +/- 4.53, P < 0.05), and both the NIH-CPSI and PEDT scores were markedly lower in the SXT than in the control group after treatment (P < 0.05). Linear regression analysis exhibited a positive correlation between the NIH-CPSI and PEDT scores before and after treatment in the SXT group (R = 0.340, P < 0.037) but not in the control group (R = 0.133, P < 0.413).

CONCLUSION(S): Acupoint injection of Shuxuetong can significantly improve the symptoms of CP/CPPS and CP/CPPS-induced PE as well.

PMID 32212508 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32212508]

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Publisher NLM (Medline)

Year of Publication 2019

Prevalence & correlates of chronic perinatal pain-a study from India.
Desai G., Sunil Kumar G., Manoj L., Gokul G.R., Beena K.V., Thennarasu K., Jaisoorya T.S.

[Article]
AN: 619457853

Objectives: To study the prevalence of chronic perinatal pain among mothers who had infants between the ages of 13-25 months in the State of Kerala, India and to report its correlates in the socio-demographic, obstetric and psychological domains.

Method(s): A total of 9305 mothers selected by cluster random sampling were assessed cross-sectionally for chronic perinatal pain using a questionnaire by Junior Public Health Nurses (JPHNs). In addition, information regarding socio-demographic profile, obstetric history, infant details and perinatal depression were collected.

Result(s): Of the 8302 (89.3%) valid responses, 552 (6.6%) mothers reported chronic perinatal pain. Among those with pain, 142 (25.6%) reported pain during pregnancy, 314 (56.7%) during postpartum and 96 (17.7%) during both periods. The commonest sites of pain reported were back 280 (51%) and pelvic region 110 (19%). Mothers with chronic perinatal pain were more likely to be younger, less educated, employed and from an urban background. Chronic perinatal pain was associated with obstetric complications, delivery by instrumental/caesarean section, non-exclusive breast feeding and higher maternal depression scores.

Conclusion(s): Chronic pain is common among mothers in India during the perinatal period and greater attention needs to be given for it to be recognised and treated early.

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PMID 29172883 [https://www.ncbi.nlm.nih.gov/pubmed/?term=29172883]

Status Embase

Institution
Search Strategy:
1 exp pelvic pain/ (35216)
2 exp pelvic pain syndrome/ (14199)
3 ((pelvic or pelvis) adj5 (pain* or syndrome or neuralgia)).tw,kw. (38154)
4 ((pudendal and (neuralgia* or pain*)) or pelvipathia vegetative).ti. (447)
5 ((prostatitis or levator ani or constipation or inflammatory bowel or ulcerative colitis or crohn*) and (neuralgia* or pain*)).ti. (2863)
6 (prostatalgia or prostatodynia or orchialgia or proctalgia or dysmenorrhoea* or dysmenorrhoea*).ti. (6039)
7 ((bladder or testicular or urethral or scrotal or genital or coccyx or anal or fissure in ano) and (neuralgia* or pain*).ti. (5602)
8 ((interstitial and (cystitis or cystidies or cystitis)) or ((suprapubic or abdominal or endometriosis or chronic prostatitis) and (neuralgia* or pain*)).ti. (31159)
9 ((proctitis or defecation or hemorrhoid* or haemorrhoid* or diverticulitis or Pelvic inflammatory) and (neuralgia* or pain*)).ti. (444)
10 ((irritable bowel syndrome or "IBS") and (neuralgia* or pain*)).ti. (1071)
11 ((voiding or prostat* or menstrual or menstruation or childbirth or vaginal or vulvar or cauda equina) and (neuralgia* or pain*)).ti. (5678)
12 exp *pudendal neuralgia/ (289)
13 exp *dysmenorrhoea/ (7073)
14 or/1-13 (92875)
15 exp chronic pain/ (98860)
16 chronic*.af. or (persistent or constant* or continuing or sustained or lasting).tw. (6497941)
17 (refractory or refractoriness or recurrence* or recurrent* or relapsing or relapse* or recurred).tw. (2507685)
18 or/15-17 (8572293)
19 14 and 18 (35089)
20 ((pelvic adj5 pain) or Vulvodynia).ti. (11046)
21 19 or 20 (38886)
22 (exp animals/ or exp animal/) not (humans/ or human/) (10432432)
23 ((rat or rats or mice or mouse or swine or porcine or murine or sheep or lambs or pigs or piglets or rabbit or rabbits or cat or cats or dog or dogs or cattle or bovine or monkey or monkeys or trout or marmoset$1 or basic research or cell lines or in vitro or animal model or canine) not (human* or men or women or patients)).tw. (7936696)
24 conference abstract.pt. or Congresses as Topic/ or Conference Review.pt. (4893009)
25 case report/ or case reports/ or case report.ti. (5297881)
26 note/ or editorial/ or letter/ or Comment/ or news/ or (note or editorial or letter or Comment or news).pt. (5409633)
27 21 not (22 or 23 or 24 or 25 or 26) (23491)
28 (biomarker* or markers or in vitro or in vivo or expression or signalling or signals or RNA or DNA or polymorphism* or protein or gene or genes).ti. (6123621)
29 27 not 28 (23004)
30 (systematic review* or meta analysis or "overviews of reviews" or umbrella review*).pt,ti.kw. (949405)
31 (Medline or Pubmed Embase or Cochrane or literature search or literature review).ab. (795006)
32 ((meta or thematic or framework or evidence or qualitative) adj3 (synthesis or syntheses)).tw.kw. (40538)
33 meta-ethnography.tw.kw. (1409)
34 (randomized controlled trial or controlled clinical trial).pt. (682358)
35 random*.mp. (3881500)
36 Randomized controlled trials/ or randomized controlled trial/ (1784795)
1. Pudendal Nerve Block Analgesia at the Time of Vaginal Surgery: A Randomized, Double-Blinded, Sham-Controlled Trial.

Slopnick EA, Sears SB, Chapman GC, Sheyn DD, Abrams MK, Roberts KM, Pollard R, Mangel J

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Urogynecology (Hagerstown, Md.). 2023 Apr 04.

[Journal Article]

UI: 37093572

IMPORTANCE: Effective opioid-sparing postoperative analgesia requires a multimodal approach. Regional nerve blocks augment pain control in many surgical fields and may be applied to pelvic floor reconstruction.

OBJECTIVE: This study aimed to evaluate the impact of pudendal nerve block on postoperative pain control and opioid consumption after vaginal surgery.

STUDY DESIGN: In this randomized, double-blind, sham-controlled trial, we enrolled women undergoing pelvic reconstruction, excluding patients with chronic pelvic pain or contraindications to nonnarcotic analgesia. Patients were randomized to transvaginal pudendal nerve block (9 mL 0.25% bupivacaine and 1 mL 40 mg/mL triamcinolone) or sham injection (10 mL normal saline). Primary outcomes were pain scores and opioid requirements. Sixty patients were required to show a 20-mm difference on a 100-mm visual analog scale (VAS).

RESULTS: We randomized 71 patients: 36 pudendal block and 35 sham. Groups were well matched in baseline characteristics and surgery type. Prolapse repairs were most common (n = 63 [87.5%]), and there was no difference in anesthetic dose or operative time. Pain scores were
equivalent in the postanesthesia care unit (mean VAS, 53.1 [block] vs 56.4 [sham]; P = 0.517) and on postoperative day 4 (mean VAS, 26.7 [block] vs 35.5 [sham]; P = 0.131). On postoperative day 1, the intervention group reported less pain, but this did not meet our 20 mm goal for clinical significance (mean VAS, 29.2 vs 42.5; P = 0.047). A pudendal block was associated with lower opioid consumption at all time points, but this was not statistically significant.

CONCLUSIONS: Surgeon-administered pudendal nerve block at the time of vaginal surgery may not significantly improve postoperative pain control or decrease opioid use.

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Version ID: 1

Status: Publisher

Author Initials: Slopnick, Emily A; ORCID: https://orcid.org/0000-0002-0928-8325

Authors Full Name: Slopnick, Emily A, Sears, Sarah B, Chapman, Graham C, Sheyn, David D, Abrams, Megan K, Roberts, Kasey M, Pollard, Robert, Mangel, Jeffrey

Institution: Slopnick, Emily A. From the Division of Female Pelvic Medicine and Reconstructive Surgery, Department of Obstetrics and Gynecology, MetroHealth Medical Center, Cleveland, OH.

Year of Publication: 2023

2.

Chinese Herbal Medicine, Alternative or Complementary, for Endometriosis-Associated Pain: A Meta-Analysis.

Lin Y, Wu L, Zhao R, Chung PW, Wang CC

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present American Journal of Chinese Medicine. 1-26, 2023 Apr 29.

[Journal Article]

UI: 37120704

Current medical treatments for endometriosis-associated pain (EAP) have limitations, including symptom recurrence and hormonal side effects. For this reason, it is important to elucidate any alternative or complementary treatments available, while Chinese herbal medicine (CHM) shows potential to be this treatment. This study aims to provide evidence for the efficacy and safety of CHM for EAP. Randomized control trials comparing CHM to other treatments for EAP in women with endometriosis were considered eligible, and they were searched for in Medline, Embase, Cochrane Central Register of Controlled Trials, and ClinicalTrials.gov, as well as in the Chinese databases Sino-Med and CNKI, from inception to October 2021. Numerous outcomes were put through meta-analysis using a weighted mean difference and a 95% CI, and the results of dichotomous data were presented as a pooled RR with a 95% CI. A total of 34 eligible studies with 3389 participants were included. Compared with no treatment, there was a statistically significant pooled benefit of CHM on dysmenorrhea at the end of 3-month treatment, and these effects continued for 3 months, but not 9 months, after treatment. Compared with conventional therapy, a significant difference was found in the levels of pelvic pain with a lower rate of hot flush and irregular vaginal bleeding at the end of treatment for 3 months, but not after treatment.
Comparing combined treatment with CHM and conventional therapy with conventional therapy alone, significant decreases were found in dysmenorrhea, dyspareunia, and pelvic pain after a 3-month treatment cycle, and in dysmenorrhea after a 4-month treatment cycle with a lower hot flash rate. In conclusion, CHM, used alone or in combination with conventional therapies, appears to have benefits in relieving EAP with fewer side effects than traditional treatment.

Version ID: 1

Status: Publisher

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Year of Publication: 2023


Chen JY, Chen SN, Lee CH, Huang YJ

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present Cognitive Behaviour Therapy. 1-22, 2023 Apr 27.

[Journal Article. Review]

UI: 37102319

Cognitive behavioral therapy (CBT) is effective for pain relief in children and adolescents with functional abdominal pain disorders (FAPDs). However, few studies have focused on the FAPDs specifically and the medium-term or long-term results of CBT. In this meta-analysis, we investigated the efficacy of CBT in pediatric FAPDs and unclassified chronic or recurrent abdominal pain (CAP and RAP, respectively). We searched the PubMed, Embase, and Cochrane Library databases for related randomized controlled trials until August 2021. Eventually, 10 trials with 872 participants were included. The methodological quality of the studies was assessed, and data on two primary and four secondary outcomes of interest were extracted. We used the standardized mean difference (SMD) to measure the same outcome, and precisions of effect sizes were reported as 95% confidence intervals (CIs). We found that CBT had significantly positive effects on reducing pain intensity immediately (SMD: -0.54 [CI: -0.9, -0.19], p = 0.003), 3
months after the intervention (SMD: -0.55; [CI: -1.01, -0.1], p = 0.02) and 12 months after the intervention (SMD: -0.32; [CI: -0.56, -0.08], p = 0.008). CBT also reduced the severity of gastrointestinal symptoms, depression, and solicitousness, improved the quality of life and decreased the total social cost. Future studies should consider uniform interventions in the control group and comparing different CBT delivery methods.

**Version ID:** 1

**Status:** Publisher

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**Authors Full Name:** Chen, Jia-Yi, Chen, Sheng-Ni, Lee, Che-Hsiung, Huang, Yu-Jui

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**Year of Publication:** 2023

4. **A phase I study of an injectable lidocaine paste for spermatic cord block in men with chronic scrotal content pain.**


OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present  Canadian Urological Association Journal. 2023 Apr 11.

[Journal Article]

**UI:** 37068147

**INTRODUCTION:** Patients with chronic scrotal content pain (CSCP) lack effective, non-invasive treatment options. We aimed to determine the local and systemic safety, tolerability, pharmacokinetics (PK), and efficacy of a long-lasting local anesthetic in patients with CSCP.

**METHODS:** This was a prospective, single-center, open-label, single-arm, phase 1 dose-escalating trial completed between October 2019 and March 2021. Twelve patients >=19 years old with unilateral scrotal pain lasting >=3 months reporting an average maximum pain score over seven days of >=4 on a 0-10 numerical rating scale (NRS) were included. Patients underwent a test spermatic cord block and those reporting a decrease of >=2 points were included. The investigational drug, ST-01 (sustained-release lidocaine polymer solution), is a long-acting injection of lidocaine around the spermatic cord. Subjects were provided a NRS dairy and
recorded their NRS score until day 28. The Chronic Epididymitis Symptom Index (CESI) was completed on days 0, 7, 14, and 28. All patients underwent an examination and assessment for adverse events (AE) on days 0, 1, 7, 14, and 28. Exploratory statistical hypothesis testing was planned for this study due to its investigative nature.

RESULTS: There were no serious adverse events (SAEs) reported. All subjects reported at least one treatment-emergent adverse event (TEAE); 83% of related AEs were injection-site reactions consisting of swelling and bruising. NRS was reduced across all cohorts between baseline and end of study.

CONCLUSIONS: This study provides evidence that the novel ST-01 treatment is safe and well-tolerated.

Version ID: 1

Status: Publisher


Year of Publication: 2023

5.

Clinically Important Differences for Pain and Urinary Symptoms in Urological Chronic Pelvic Pain Syndrome: A MAPP Network Study.


OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Journal of Urology. 101097JU00000000000003394, 2023 Feb 27.

[Journal Article]

UI: 36848118

PURPOSE: Symptom heterogeneity in interstitial cystitis/bladder pain syndrome and chronic prostatitis/chronic pelvic pain syndrome, collectively termed urological chronic pelvic pain
syndrome, has resulted in difficulty in defining appropriate clinical trial end points. We determine clinically important differences for 2 primary symptom measures, pelvic pain severity and urinary symptom severity, and evaluate subgroup differences.

**MATERIALS AND METHODS:** The Multidisciplinary Approach to the Study of Chronic Pelvic Pain Symptom Patterns Study enrolled individuals with urological chronic pelvic pain syndrome. We defined clinically important differences by associating changes in pelvic pain severity and urinary symptom severity over 3 to 6 months with marked improvement on a global response assessment using regression and receiver operating characteristic curves. We evaluated clinically important differences for absolute and percent change and examined differences in clinically important differences by sex-diagnosis, presence of Hunner lesions, pain type, pain widespreadness, and baseline symptom severity.

**RESULTS:** An absolute change of -4 was clinically important in pelvic pain severity among all patients, but clinically important differences estimates differed by pain type, presence of Hunner lesions, and baseline severity. Pelvic pain severity clinically important differences estimates for percent change were more consistent across subgroups and ranged from 30% to 57%. The absolute change urinary symptom severity clinically important differences was -3 for female participants and -2 for male participants with chronic prostatitis/chronic pelvic pain syndrome only. Patients with greater baseline severity required larger decreases in symptoms to feel improved. Estimated clinically important differences had lower accuracy among participants with low baseline symptoms.

**CONCLUSIONS:** A reduction of 30%-50% in pelvic pain severity is a clinically meaningful end point for future therapeutic trials in urological chronic pelvic pain syndrome. Urinary symptom severity clinically important differences are more appropriately defined separately for male and female participants.

**Version ID:** 1

**Status:** Publisher

**Authors Full Name:** Stephens-Shields, Alisa J, Lai, H Henry, Landis, J Richard, Kreder, Karl, Rodriguez, Larissa V, Naliboff, Bruce D, Afari, Niloofar, Sutcliffe, Siobhan, Moldwin, Robert, Griffith, James W, Clemens, J Quentin, Bradley, Catherine S, Quallich, Susan, Gupta, Priyanka, Harte, Steven E, Farrar, John T


**Year of Publication:** 2023
6. **A novel radiofrequency modulation therapy versus routine physiotherapy modalities in treatment of myofascial pelvic pain syndrome: a pilot randomized trial.**

Shokouhi EMA, Shokouhi N, Mohseni M, Saedi N, Haeri-Mehrizi AA, Bakhtiyari M

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present Obstetrics & Gynecology Science. 2023 Jan 20.

[Journal Article]

**UI:** 36693434

**Objective:** The current study aimed to compare the effectiveness of novel radiofrequency modulation (RM) therapy with a tailored physiotherapy course for patients with chronic pelvic pain (CPP) of myofascial origin, also known as myofascial pelvic pain syndrome (MPPS).

**Methods:** We enrolled 46 patients with myofascial CPP to compare the effectiveness of a 10-session routine physiotherapy course versus a 6-session RM with an integrated device (HIGGS) in alleviating MPPS morbidity and pelvic floor muscle (PFM) rehabilitation. The primary outcome was reduction in pelvic pain after the final session and in the follow-up period 3 months after the final intervention session.

**Results:** The 6-session therapy in the RM group and the manual, biofeedback, and transcutaneous electrical nerve stimulation therapies in the physiotherapy group were similarly effective in reducing pain and improving PFM endurance after the final intervention session in each group, whereas perineometer readings and PFM strength were associated with greater improvements in the physiotherapy group.

**Conclusion:** The results of this study demonstrated comparable effectiveness of RM in the management of MPPS and improvement of PFM function compared to routine physiotherapy programs with fewer sessions of therapy.

**Version ID:** 1

**Status:** Publisher

**Authors Full Name:** Shokouhi, Elaheh Miri Ashtiani, Shokouhi, Nasim, Mohseni, Mona, Saedi, Nafiseh, Haeri-Mehrizi, Ali Asghar, Bakhtiyari, Mahmood

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**Year of Publication:** 2023
Regional and seasonal variations in functional abdominal pain and functional constipation prevalence among Saudi children.

Khayat A, Aldharman SS, Alharbi NN, Alayyaf AS, Abdulmuttalib JA, Altalhi ER

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

[Journal Article]

UI: 37026105

Objectives: This study aimed to evaluate functional abdominal pain disorders and functional constipation prevalence in the central region of Saudi Arabia, and compare it to that of the western region.

Methods: This was a cross-sectional study using online questionnaires targeting the general population of Riyadh region of Saudi Arabia. Subjects were randomly selected by sharing links on social media groups. Any parent with a 3-18-year-old child was included, and children with chronic medical illnesses or symptoms of organic GI disorders were excluded.

Results: Three hundred nineteen subjects were included in the final analysis; the prevalence of functional abdominal pain disorders overall was 6.2% and the prevalence of functional constipation was 8.1%.

Conclusions: Functional constipation diagnosis seems to be affected by life stressors or a previous viral illness. Seasonal variations had minimal effect on functional abdominal pain disorder and functional constipation symptom frequency and severity.

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Version ID: 1

Status: PubMed-not-MEDLINE

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PMID: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10071212
8.

**Excisional endometriosis surgery with hysterectomy and bilateral salpingo-oophorectomy versus excisional endometriosis surgery alone for pelvic pain associated with deep endometriosis.**


OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article]

UI: 37010333

**Background:** There is no agreed consensus on the optimal surgical treatment for pain associated with endometriosis.

**Objectives:** To compare improvement in symptoms and quality-of-life in patients undergoing excisional endometriosis surgery (EES) versus EES with hysterectomy and bilateral salpingo-oophorectomy (EES-HBSO).

**Methods:** This study evaluated patients undergoing EES and EES-HBSO at a single endometriosis centre between 2009 and 2019. Data was obtained from the British Society for Gynaecological Endoscopy database. Adenomyosis was assessed by blinded re-analysis of imaging and/or histology data.

**Main outcome measures:** Pain scores (numeric rating scale 0-10) and quality-of-life scores (EQ-VAS) before and after EES and EES-HBSO.

**Results:** We included 120 patients undergoing EES and 100 patients undergoing EES-HBSO. After controlling for baseline characteristics and the presence of adenomyosis, there was greater post-op improvement in non-cyclical pelvic pain amongst patients undergoing EES-HBSO compared to EES alone. The baseline pain scores had improved in the EES-HBSO cohort by 2.106/10 at 6 months (95%CI 0.469-3.742, p=0.012), 2.642/10 at 12 months (95%CI 0.871-4.413, p=0.004), and 2.548/10 at 24 months (95%CI 0.681-4.414, p=0.008), when compared to the EES group. Greater improvement amongst EES-HBSO patients was also seen for dyspareunia, non-cyclical dyschaezia and bladder pain. Patients undergoing EES-HBSO had greater improvement in EQ-VAS, although this was no longer statistically significant after controlling for adenomyosis.

**Conclusion:** EES-HBSO appears to provide greater benefit than EES alone for symptoms including non-cyclical pelvic pain as well as for quality-of-life. Further research is required to determine which patients benefit the most from EES-HBSO, and whether removal of the ovaries, uterus or both is the key to this additional benefit in symptom control.

**Version ID:** 1

**Status:** PubMed-not-MEDLINE

**Authors Full Name:** Manobharath, N, Lewin, J, Hirsch, M, Naftalin, J, Vashisht, A, Cutner, A, Saridogan, E
9.

**Analgesic Efficacy of Acupuncture on Chronic Pelvic Pain: A Systemic Review and Meta-Analysis Study. [Review]**

Lin KY, Chang YC, Lu WC, Kotha P, Chen YH, Tu CH

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present Healthcare. 11(6), 2023 Mar 11.

[Journal Article. Review]

**UI:** 36981487

Chronic pelvic pain (CPP) is the pain occurred in the pelvic region longer than six months. The monotherapy of medicine may not adequate for the pain management of CPP and multidisciplinary approaches have been more recommended. The aim of this study is to evaluate the pain management efficacy of acupuncture compared with a control group on CPP. The articles of randomized controlled trial on CPP in PubMed and Embase databases were screened between January 2011 and September 2022 without language restriction to evaluate the treatment efficacy of acupuncture. The visual analogue scale/numerical rating scale (VAS/NRS) and total pain scores of National Institutes of Health-chronic prostatitis symptom index (NIH-CPSI) were served as outcome variables. Post-intervention mean scores were extracted and pooled for meta-analysis. Seventeen studies including 1455 patients were selected for meta-analysis. Both total pain scores of NIH-CPSI and VAS/NRS data revealed significant lower pain level in the acupuncture group than in the control group. Moreover, monotherapy with acupuncture revealed a significantly lower pain level than in the control group in both total pain scores of NIH-CPSI and VAS/NRS. These results indicated that acupuncture may have beneficial effects on pain management for CPP, even when administrated as a monotherapy.

**Version ID:** 1

**Status:** PubMed-not-MEDLINE

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The Cost-Effectiveness of a Dance and Yoga Intervention for Girls with Functional Abdominal Pain Disorders.


OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

[Journal Article]

UI: 36646863

BACKGROUND: Functional abdominal pain disorders (FAPDs) affect children worldwide, being more prevalent among girls. The individual and societal burdens of the disease are substantial, and evidence-based interventions are needed. Non-pharmacological treatments have generally produced promising results, with dance and yoga specifically having potential as an effective treatment option. Beside efficacy, the cost-effectiveness of interventions is important when prioritizing and allocating public resources.

OBJECTIVE: This study evaluated the cost-effectiveness of an 8-month dance and yoga intervention for girls with functional abdominal pain or irritable bowel syndrome, based on a randomized control trial called 'Just in TIME'.

METHODS: The intervention, performed in Sweden, was studied using a decision analysis tool, i.e., a decision tree within the trial followed by a Markov model with a time horizon of 10 years. The base case considered healthcare costs as well as productivity losses, measuring the effects in gained quality-adjusted life-years (QALYs) and presenting an incremental cost-effectiveness ratio (ICER).

RESULTS: The base case results show that the intervention, compared with current practice, was the dominant strategy from both the 12-month and long-term perspectives. The sensitivity analyses indicated that the long-term, but not the short-term, findings were robust for different assumptions and changes in parameter estimates, resulting in ICERs similar to those of the base case scenario.

CONCLUSIONS: Offering dance and yoga to young girls with FAPDs generates small QALY gains and monetary savings compared with standard healthcare and is likely cost-effective. These findings make a valuable contribution to an area where evidence-based and cost-effective treatment interventions are needed.
CLINICAL TRIALS REGISTRATION NUMBER: ClinicalTrials.gov identifier: NCT02920268; Name: Just in TIME-Intervention With Dance and Yoga for Girls With Recurrent Abdominal Pain. Copyright © 2023. The Author(s).

Version ID: 1

Status: PubMed-not-MEDLINE

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Year of Publication: 2023

11.


van Barneveld E, Lim A, van Hanegem N, van Osch F, Vork L, Kruimel J, Bongers M, Leue C

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present JMIR Formative Research. 7:e29480, 2023 Mar 03.

[Journal Article]

UI: 36867439
BACKGROUND: The experience sampling method (ESM) holds advantages over traditional retrospective questionnaires including a high ecological validity, no recall bias, the ability to assess fluctuation of symptoms, and the ability to analyze the temporal relationship between variables.

OBJECTIVE: This study aimed to evaluate the psychometric properties of an endometriosis-specific ESM tool.

METHODS: This is a short-term follow-up prospective study, including patients with premenopausal endometriosis aged >=18 years who reported dysmenorrhea, chronic pelvic pain, or dyspareunia between December 2019 and November 2020. An ESM-based questionnaire was sent out by a smartphone application 10 times a day during 1 week on randomly chosen moments. Additionally, patients completed questionnaires concerning demographics, end-of-day pain scores, and end-of-week symptom scores. The psychometric evaluation included compliance, concurrent validity, and internal consistency.

RESULTS: Twenty-eight patients with endometriosis completed the study. Compliance for answering the ESM questions was as high as 52%. End-of-week pain scores were higher than ESM mean scores and showed peak reporting. ESM scores showed strong concurrent validity when compared with symptoms scored by the Gastrointestinal Symptom Rating Scale-Irritable Bowel Syndrome, 7-item Generalized Anxiety Disorders Scale, 9-question Patient Health Questionnaire, and the majority of questions of the 30-item Endometriosis Health Profile. Cronbach alpha coefficients demonstrated a good internal consistency for abdominal symptoms, general somatic symptoms, and positive affect, and an excellent internal consistency for negative affect.

CONCLUSIONS: This study supports the validity and reliability of a newly developed electronic instrument for the measurement of symptoms in women with endometriosis, based on momentary assessments. This ESM patient-reported outcome measure has the advantage of providing a more detailed view on individual symptom patterns and offers the possibility for patients to have insight in their symptomatology, leading to more individualized treatment strategies that can improve the quality of life of women with endometriosis.


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Extracorporeal shock wave therapy in association with bromelain and escin for the management of patients affected by chronic prostatitis/chronic pelvic pain syndrome.


OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present Biomedical Reports. 18(1):7, 2023 Jan.

[Journal Article]

UI: 36544851

Extracorporeal shock wave therapy (ESWT) has been purposed for the management of chronic prostatitis/chronic pelvic pain syndrome (CP/CPSS) with encouraging results. Phytotherapeutic compounds have been used in everyday clinical practice for patients with CP/CPSS due to their anti-inflammatory properties. The present study aimed to investigate the effects of ESWT in association with the use of bromelain and escin extracts in patients with CP/CPSS. For this purpose, 95 patients with a clinical diagnosis of CP/CPSS were enrolled in the study. The
patients were randomly allocated to either the ESWT plus bromelain and escin group (group A; n=48) or the ESWT only group (group B; n=47). A total of five weekly ESWT treatment sessions were administered alone or in combination with bromelain and escin. Each session consisted of 3,000 focused shock waves. Doses of 160 and 500 mg/day bromelain and escin were administered respectively for 5 weeks. The changes in urinary symptoms, pain and quality of life were considered the main outcome measures and were assessed at baseline, and at 4, 12 and 24 weeks of follow-up. Urinary symptoms, pain and quality of life were evaluated using the international prostatic symptoms score (IPSS), visual analog scale (VAS) and the National Institutes of Health-Chronic Prostatitis Symptom Index (NIH-CPSI). After 4 weeks, the mean VAS score, mean IPSS and mean satisfaction rate score had significantly improved in patients receiving ESWT plus bromelain and escin. After 12 weeks, the mean IPSS and mean satisfaction rate score were stable in the ESWT plus bromelain and escin group, while the mean VAS score was significantly lower when compared with the baseline values in both groups. On the whole, the present study demonstrates that in patients affected by CP/CPPS, treatment with ESWT plus bromelain and escin leads to pain resolution, and both treatments improve the IPSS, VAS and NIH-CPSI results.
Effects of Transcutaneous Electrical Nerve Stimulation on Chronic Pelvic Pain in Women: A Systematic Review and Meta-Analysis.

INTRODUCTION: The study aimed to identify the effects of transcutaneous electrical nerve stimulation (TENS) in women with chronic pelvic pain (CPP) by conducting a systematic review and meta-analysis of randomized controlled trials.

METHODS: We used five international databases from 2000 to 2020 and selected the clinical trials that reported the effects of TENS on CPP. We excluded the case reports, acute pelvic pain reports, men-related, animal-related, and intravaginal and intrarectal electrical stimulation articles. The level of pain (based on the visual analog scale) was considered for pooling data through the meta-analysis.

RESULTS: Ten studies met the inclusion criteria, and three articles were included in the meta-analysis. The results showed that TENS application mildly reduced pain in women with primary dysmenorrhea (mean difference = -1.29; 95% CI: -2.57 to -0.01; Z = 1.98, p = 0.05). Also, to reduce pain in patients with CPP, the TENS must be applied at least for 20 min, with a pulse duration of 50-400 mus, at a frequency of 2-120 Hz. The meta-analysis was followed by assessing the risk of bias, including publication bias. Based on the Cochrane risk of bias evaluation, the majority of the included trials were assessed with moderate methodological quality.

CONCLUSION: TENS application can mildly improve the level of pain in patients with CPP caused by primary dysmenorrhea. Although no distinct agreement was observed among the effective parameters, the high-frequency mode with maximum tolerated intensity was more effective compared to the low-frequency mode.

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Version ID: 1

Status: MEDLINE

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Year of Publication: 2023

Impact of a single-session psychosocial counseling intervention for women with vulvodynia.

Moravek MB, Legocki LJ, Piper CK, Bernard K, Reed BD, Haefner HK


[Randomized Controlled Trial. Journal Article]

UI: 35766991

OBJECTIVE: To evaluate the impact of a single session of psychosocial counseling on patients with vulvodynia.

METHODS: Patients diagnosed with vulvodynia at a vulvovaginal specialty clinic were randomly assigned to receive either a one-on-one 30- to 45-min psychosocial counseling session with a psychosexual counselor plus written educational materials (intervention group) or written materials alone (control group). They completed a survey before and 6 weeks after randomization that included demographic information and validated measures of sexual function and illness perception.

RESULTS: Thirty-one of 38 (81.6%) women approached chose to participate; 26 of the 31 (83.9%) completed the 6-week follow-up survey. Only the intervention group showed improvement in knowledge about vulvovaginal and sexual health, as well as in most measures of
improvement in illness perception, as measured by the Brief Illness Perception Questionnaire (P < 0.05). When compared directly with those in the control group, patients in the intervention group reported increased understanding of their vulvar symptoms (P < 0.005) and lessened emotional impact of these symptoms (P = 0.035).

CONCLUSION: Patients receiving one session of the one-on-one psychosocial counseling intervention reported improved understanding and lessened emotional impact of their vulvar symptoms, compared with the control group. This study suggests that improvement may occur following minimal intervention and supports the need for further study.


Version ID: 1

Status: MEDLINE

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PMID: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10083978

Year of Publication: 2023

15.

Molecular Targets for Nonhormonal Treatment Based on a Multistep Process of Adenomyosis Development. [Review]

Kobayashi H

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present Reproductive Sciences. 30(3):743-760, 2023 03.

[Journal Article. Review]

UI: 35838920

Adenomyosis is an estrogen-dependent gynecologic disease characterized by the presence of endometrial tissue within the myometrium. Adenomyosis presents with abnormal uterine bleeding, pelvic pains, and infertility. This review aimed to investigate the major estrogen downstream effectors involved in the process of adenomyosis development and their potential use for nonhormonal treatment. A literature search was performed for preclinical and clinical studies published between January 2010 and November 2021 in the PubMed and Google Scholar databases using a combination of specific terms. Adenomyosis presents with a wide spectrum of clinical manifestations from asymptomatic to severe through a complex process
involving a series of molecular changes associated with inflammation, invasion, angiogenesis, and fibrosis. Adenomyosis may develop through a multistep process, including the acquisition of (epi)genetic mutations, tissue injury caused at the endometrial-myometrial interface, inside-to-outside invasion (from the endometrial side into the uterine wall), or outside-to-inside invasion (from the serosal side into the uterine wall), and epithelial-mesenchymal transition, tissue repair or remodeling in the myometrium. These processes can be regulated by increased estrogen biosynthesis and progesterone resistance. The expression of estrogen downstream effectors associated with persistent inflammation, fragile and more permeable vessel formation, and tissue injury and remodeling may be correlated with dysmenorrhea, heavy menstrual bleeding, and infertility, respectively. Key estrogen downstream targets (e.g., WNT/beta-catenin, transforming growth factor-beta, and nuclear factor-kappaB) may serve as hub genes. We reviewed the molecular mechanisms underlying the development of adenomyosis and summarized potential nonhormonal therapies.

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Version ID: 1

Status: MEDLINE

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Year of Publication: 2023

16.

Chronic prostatitis and related psychological problems. Which came first: The chicken or the egg? A systematic review.

Stamatiou K, Trinchieri M, Trinchieri M, Perletti G, Magri V

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present Archivio Italiano di Urologia, Andrologia. 95(1), 2023 Mar 20.

[Systematic Review. Journal Article]

UI: 36943000

INTRODUCTION/AIM: A spectrum of psychological problems is commonly found in CP/CPPS patients, though it is not yet clear whether, a priori, psychological dysfunctions are the cause of these pain syndromes, or whether these pain conditions are themselves causing psychological disturbances. In this article we present the current perspective on the impact of psychological problems in chronic prostatitis syndromes and we discuss the implications thereof from a clinical perspective.

MATERIALS AND METHODS: A database and a manual search were conducted in the MEDLINE database of the National Library of Medicine, EMBASE, and other libraries using the
key words "prostatitis syndromes", "chronic bacterial prostatitis", "chronic pelvic pain", in various combinations with the terms "psychological issues", "depression" "anxiety", "stress", "unhappiness", "cognitive status" and "personality". Two independent reviewers performed data extraction. We included clinical studies with available information on chronic prostatitis and related psychological conditions. We considered full-text written papers. We excluded reviews and case reports. In order to reduce the risk of bias we analyzed only studies including patients with confirmed CBP or CP/CPPS. Bibliographic information in the selected publications was checked for relevant records not included in the initial search.

RESULTS: Database search allowed us to retrieve 638 studies to which we added to 16 additional studies retrieved by hand-searching. After screening, 34 relevant papers were identified for thorough review. Most studies included patients with chronic pelvic pain and prostatitis-like symptoms, whereas a smaller number of studies included patients with methodologically con- firmed CP/CPPS including studies with a microbiologically confirmed diagnosis of CBP. The psychosocial factors examined in the selected studies include pain, catastrophizing, stress, personality factors and social aspects. Comorbid psychiatric disorders evidenced in the studies included depression, anxiety and trauma-related disorders, somatization disorders, and substance abuse. Some studies investigated the association of pain with each individual psychological disturbance, while others examined the impact of pain in association with the overall quality of life. Sample size, study design and diagnostic measures varied among studies.

CONCLUSIONS: Despite limitations and variations in sample size, study design and diagnostic measures in all included studies, a relation between chronic prostatitis and psychological problems is a consistent finding. The existing evidence does not permit to definitely conclude whether psychological problems are a risk factor for CP/CPPS or whether they represent an array of symptoms that are associated with the exacerbation of this disease.

Version ID: 1

Status: MEDLINE

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Year of Publication: 2023

17.

Prevention of low back and pelvic girdle pain during pregnancy: a systematic review and meta-analysis of randomised controlled trials with GRADE recommendations. [Review]

Santos FF, Lourenco BM, Souza MB, Maia LB, Oliveira VC, Oliveira MX
BACKGROUND: Low back (LBP) and pelvic girdle pain (PGP) during pregnancy are related to high direct and indirect costs. It is important to clarify evidence regarding interventions to manage and prevent these conditions.

OBJECTIVE: Investigate the efficacy and acceptability of the interventions to prevent LBP and PGP during pregnancy.

DATA SOURCES: Searches were conducted up to January 6th, 2021 in the MEDLINE, PEDro, Cochrane Library, SPORTDiscus, CINAHL, AMED, Embase and PsycInfo databases. STUDY ELIGIBILITY CRITERIA: (1) Pregnant women without LBP and/or PGP; (2) any prevention strategy on incidence of LBP and PGP and sick leave; (3) comparison to control; (4) quasi and randomised controlled trial.

STUDY APPRAISAL AND SYNTHESIS METHODS: Two reviewers performed screening, data extraction and methodological quality assessments. Meta-analysis was performed and Relative Risks (RRs) and 95% confidence intervals (CIs) were reported.

RESULTS: Six randomised controlled trials involving 2231 participants were included in the review. Evidence of moderate quality was found that "stand-alone" exercise is acceptable to pregnant women with lumbopelvic pain (LBPP) (RR 0.60 [95%CI 0.42-0.84]) and prevents episodes of LBP (RR 0.92 [95%CI 0.85-0.99]) in the long-term. Moderate to very-low quality evidence was found detailing the lack of efficacy of other interventions in the prevention of these problems in the short and long-term.

LIMITATIONS: Small number of trials included.

CONCLUSIONS: Efficacy of prevention strategies for episodes of LBPP and the use of sick leave during pregnancy is not supported by evidence of high quality. Current evidence suggests that exercise is acceptable and promising for the prevention of LBP in the long-term. However, further high-quality trials with larger samples are needed. CONTRIBUTION ON PAPER.

Version ID: 1

Status: MEDLINE

Authors Full Name: Santos, Flavia F, Lourenco, Bianca M, Souza, Mateus B, Maia, Laisa B, Oliveira, Vinicius C, Oliveira, Murilo X

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Endocrine disruptors and endometriosis. [Review]

Dutta S, Banu SK, Arosh JA

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Reproductive Toxicology. 115:56-73, 2023 01.

[Journal Article. Review. Research Support, N.I.H., Extramural]

Endometriosis is a hormone-dependent inflammatory gynecological disease of reproductive-age women. It is clinically and pathologically characterized by the presence of functional endometrium as heterogeneous lesions outside the uterine cavity. The two major symptoms are chronic pelvic pain and infertility, which profoundly affect women's reproductive health and quality of life. This significant individual and public health concerns underscore the importance of understanding the pathogenesis of endometriosis. The environmental endocrine-disrupting chemicals (EDCs) are exogenous agents that interfere with the synthesis, secretion, transport, signaling, or metabolism of hormones responsible for homeostasis, reproduction, and developmental processes. Endometriosis has been potentially linked to exposure to EDCs. In this review, based on the robust literature search, we have selected four endocrine disruptors (i) polychlorinated biphenyls (PCBs) (ii) dioxins (TCDD) (iii) bisphenol A (BPA) and its analogs and (iv) phthalates to elucidate their critical role in the etiopathogenesis of endometriosis. The epidemiological and experimental data discussed in this review indicate that these four EDCs activate multiple intracellular signaling pathways associated with proinflammation, estrogen, progesterone, prostaglandins, cell survival, apoptosis, migration, invasion, and growth of endometriosis. The available information strongly indicates that environmental exposure to EDCs such as PCBs, dioxins, BPA, and phthalates individually or collectively contribute to the pathophysiology of endometriosis. Further understanding of the molecular mechanisms of how these EDCs establish endometriosis and therapeutic strategies to mitigate the effects of these EDCs in the pathogenesis of endometriosis are timely needed. Moreover, understanding the interactive roles of these EDCs in the pathogenesis of endometriosis will help regulate the exposure to these EDCs in reproductive age women.

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Status: MEDLINE
Association between history of childbirth and chronic, functionally significant back pain in later life.

Zhang M, Cooley C, Ziadni MS, Mackey I, Flood P

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
BMC Women's Health. 23(1):4, 2023 01 03.

[Clinical Study. Journal Article]

UI: 36597120

BACKGROUND: Back pain is more prevalent among women than men. The association with sex could be related to pregnancy and childbirth, unique female conditions. This association has not been thoroughly evaluated.

METHODS: Using a retrospective cohort design, we evaluated the relationship between history of childbirth on the prevalence and severity of functionally consequential back pain in 1069 women from a tertiary care pain management clinic. Interactions among preexisting, acute peripartum, and subsequent back pain were evaluated as secondary outcomes among the parous women using logistic and linear regression as appropriate.

RESULTS: The women who had given birth had a higher risk for functionally significant back pain compared to women who had not given birth (85% vs 77%, p < 0.001, Risk Ratio 1.11 [1.04-1.17]). The association was preserved after correction for age, weight, and race. Back pain was also more slightly severe (Numerical Rating Score for Pain 7[5-8] vs 6[5-7] out of 10, p = 0.002). Women who recalled severe, acute postpartum back pain had a higher prevalence of current debilitating back pain (89% vs 75%, Risk Ratio 1.19 (1.08-1.31), p = 0.001). Twenty-eight percent of acute postpartum back pain never resolved and 40% reported incomplete resolution.

CONCLUSIONS: A history of pregnancy and childbirth is a risk factor for chronic functionally significant back pain in women. Severe acute postpartum back pain is a risk factor for future disability suggesting that the peripartum period may provide an important opportunity for intervention. Early recognition and management may mitigate future disability.
TRIAL REGISTRATION: The study was registered with clinicaltrials.gov as "Association Between Chronic Headache and Back Pain with Childbirth" (NCT04091321) on 16/09/2019 before it was initiated.

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Version ID: 1

Status: MEDLINE

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PMID: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9809019

Year of Publication: 2023

20.

Pelvic floor physical therapy in patients with chronic anal fissure: long-term follow-up of a randomized controlled trial.

van Reijn-Baggen DA, Elzevier HW, Putter H, Pelger RCM, Han-Geurts IJM

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present International Journal of Colorectal Disease. 38(1):3, 2023 Jan 05.

[Randomized Controlled Trial. Journal Article]

UI: 36602613

BACKGROUND: Chronic anal fissure is a common benign anorectal disease with a high recurrence rate. Pelvic floor physical therapy has been proven effective in the short-term management in patients with chronic anal fissure and pelvic floor dysfunction (PAF-trial). The aim of this study was to determine the outcomes of the PAF-trial and fissure recurrence in patients who completed the 2 months of pelvic floor physical therapy at 1-year follow-up.

METHODS: Electromyographic registration of the pelvic floor, digital rectal examination, visual analog scales, patient-related outcome measurements, and quality of life were assessed at baseline and at 1-year after inclusion. The primary outcome was muscle tone at rest during electromyographic registration of the pelvic floor at baseline and at 1-year follow-up. Secondary
outcomes contained fissure recurrence, pain ratings, pelvic floor dysfunction, complaint reduction measured with a proctology specific patient-reported outcome measurement, and quality of life.

RESULTS: The treatment protocol was followed by 137 patients. Ninety-seven patients (71%) completed the 1-year follow-up, 48 women (49.5%) and 49 men (50.5%) with a mean age of 44.4 +/- 11.6 years (range 19-68). In the total group of patients, mean resting electromyographic values of the pelvic floor significantly improved from baseline to follow-up at 1 year (mean estimated difference 2.20 μV; 95% CI, 1.79 to 2.61; p < 0.001). After 1 year, the fissure recurred in 15 patients (15.5%). VAS-pain significantly decreased from baseline to follow-up (mean estimated difference 4.16; 95% CI, 3.75 to 4.58; p < 0.001). Dyssynergia was found in 72.9% at baseline and decreased to 14.4% at 1-year follow-up (p < 0.001). Complaint reduction measured with the Proctoprom significantly improved from baseline to 1-year follow-up (p < 0.001). Quality of life (RAND-36) significantly improved in eight of nine domains at 1-year follow-up. No significant improvement was found in the domain vitality.

CONCLUSIONS: In the PAF-trial, we demonstrated that pelvic floor physical therapy yields a significant and clinical benefit in the time course and therefore should be advocated as adjuvant conservative treatment in patients with chronic anal fissure.

TRIAL REGISTRATION: The trial is registered at the Dutch Trial registry (NTR7581) https://trialsregister.nl

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Comments: Erratum in (EIN)

PMID: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9813900

Year of Publication: 2023
Experiences of Women With Interstitial Cystitis/Bladder Pain Syndrome: What Can We Learn From Women's Online Discussions?


OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

[Journal Article]

UI: 36075005

PURPOSE: Interstitial cystitis/bladder pain syndrome is a debilitating chronic condition that disproportionately affects women at a ratio of 5:1. We sought to capture women's experiences with interstitial cystitis/bladder pain syndrome by conducting a large-scale digital ethnographic analysis of anonymous posts on Internet forums.

MATERIALS AND METHODS: Online posts were identified using condition-specific keywords and data mining extraction services. Once posts were identified, a random sample of 200 online posts was coded and analyzed by hand using qualitative methods. A Latent Dirichlet Allocation probabilistic topic model was applied to the complete dataset to substantiate the qualitative analysis and allow for further thematic discovery.

RESULTS: A total of 6,842 posts written by 3,902 unique users from 224 websites were identified. There was a significant overlap between the hand coding and Latent Dirichlet Allocation themes. Our analysis yielded the following themes: online community engagement, triggers and disease etiologies, medical comorbidities, quality of life impact, patient experience with medical care, and alternative therapies and self-management strategies. Additionally, our population appeared to have a high burden of nonurological associated syndromes. We identified barriers to patient-centered care and found that online peer support was important for women.

CONCLUSIONS: Our digital ethnographic analysis is a novel application of qualitative methods using online sources. Social media analytics appears to capture a broader patient population than that typically included in clinic-based qualitative studies, such as patient interviews and focus groups. Understanding patient behaviors and concerns are important to guide strategies for improving care and the overall experience with this difficult-to-treat condition.

Version ID: 1

Status: MEDLINE

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Comparation of external treatment of Acupuncture and moxibustion and intervention of Chinese and Western Medicine on postoperative pain of hemorrhoids: A systematic review and meta-analysis.

Zou X., Liu Q., Gao L., Zhao H.


[Preprint]

AN: 2022548355

Objective To evaluate the clinical efficacy and safety of acupuncture and moxibustion in the treatment of postoperative pain of hemorrhoids compared with traditional Chinese medicine and western medicine. Methods The CNKI, pubMed, Cochrane Library, Science Direct, Wan Fang, VIP, CBM, WOS, Bailian Yun Library and other databases were systematically retrieved from 2017 to October 2022 for clinical randomized controlled trials of acupuncture versus traditional Chinese and Western medicine for postoperative pain in hemorrhoids. The two evaluators independently retrieved, sifted through literature and extracted data for inclusion in a randomized controlled trial of acupuncture for the treatment of hemorrhoid pain that matched the study. Literature quality assessment was performed using RevMan5.4 for meta-analysis. Results A total of 540 related literature articles were retrieved, of which 139 were from CNKI, 104 from Wan Fang, 104 from VIP26, 7 from PubMed, 9 from Cochrane, 35 from WOS, 173 from China Biomedical Literature Database, 1 from Science Direct and 46 from the Bailian Yun Library, Screening resulted in inclusion of 10 RCTs including 870 patients. Meta analysis showed that there was no significant difference in the degree of pain in 2 hours [MD=0.01, 95%CI (-0.23, 0.24), P <= 0.95]. And it showed that the total effective rate of the two groups was [RR=1.14, 95%CI (1.06, 1.24), P <= 0.0001], intervention for 2days pain degree was [MD=-0.41, 95%CI (-0.69, 0.13), P <= 0.004], the incidence of adverse reaction was [RR=0.15, 95%CI (0.03, 0.79), P=0.03], the difference was statistically significant (P<0.05). Conclusion Drug treatment is effective quickly, analgesia effect is better than acupuncture in early treatment, but the effect is not lasting. Acupuncture treatment is slow to start but the effects of acupuncture will gradually become apparent at a later stage. However, due to the low quality of inclusion, multicenter, large sample size and double-blind randomized controlled trials are still needed.

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Status: In-Process

Author NameID: Zhao, HanQing; ORCID: https://orcid.org/0000-0002-4485-4898
Transvenous occlusion of incompetent pelvic veins to treat chronic pelvic pain in women: A randomised controlled trial.


Embase

[Article]

AN: 2022809657

Objective: To investigate the effectiveness of transvenous occlusion of incompetent pelvic veins in women presenting with chronic pelvic pain (CPP) in improving symptoms and quality of life.

Design(s): Patient-blinded randomised controlled trial with objective outcome measures. Results were analysed on an intention-to-treat basis.

Setting(s): Gynaecology and Vascular Surgery Services of two teaching hospitals in northwest England. Population: Sixty women aged 18-54 years presenting with CPP after exclusion of other pathology, and who were found to have pelvic vein incompetence.

Method(s): Participants were randomised and assigned to contrast venography alone or contrast venography plus transvenous occlusion of the incompetent pelvic veins.

Main Outcome Measure(s): The primary outcome was change in pain score measured using the short-form McGill Pain Score (SF-MPQ) and the Visual Analogue Score (VAS) recorded at 12 months post-randomisation. Secondary outcomes included quality of life using the EQ-5D instrument, symptomatic improvement and procedure-related complications.

Result(s): Sixty participants were randomised to transvenous occlusion of incompetent pelvic veins or venography only. At 12 months, median pain scored 2 (3-10) in the intervention group versus 9 (5-22) in controls (p = 0.016). Pain on the VAS scored 15 (0-3) versus 53 (20-71), respectively (p = 0.002). Median EQ-5D improved after intervention from 0.79 (0.74-0.84) to 0.84 (0.79-1.00; p = 0.008) over 12 months. No major complications were reported.

Conclusion(s): Transvenous occlusion of pelvic vein incompetence reduced pain scores, improved quality of life and diminished symptom burden with no major reported complications. Trial registration: ISRCTN 15091500.

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Status: Article-in-Press
Pelvic venous disorders (PeVD), previously known by various imprecise terms including pelvic congestion syndrome, has historically been underdiagnosed as a cause of chronic pelvic pain (CPP), a significant health problem associated with reduced quality of life. However, progress in the field has helped to provide heightened clarity with respect to definitions relating to PeVD, and evolution in algorithms for PeVD workup and treatment has been accompanied by new insights into causes of a pelvic venous reservoir and associated symptoms. At present, ovarian and pelvic vein embolization, as well as endovascular stenting of common iliac venous compression, should both be considered as management options for PeVD. Both treatments have been shown to be safe and effective for patients with CPP of venous origin across, regardless of age. Current therapeutic protocols for PeVD exhibit significant heterogeneity due to limited prospective randomized data and evolving understanding of factors driving successful outcomes; forthcoming clinical trials are anticipated to improve understanding of CPP of venous origin as well as algorithms for PeVD management. This AJR Expert Panel Narrative Review provides a contemporary update relating to PeVD, summarizing the entity's current classification, diagnostic workup, endovascular treatments, management of persistent or recurrent symptoms, and future research directions.

INTRODUCTION: The overall goal of this paper is to provide a high level, practical approach to managing Venous Outflow Obstruction (VOO) in Australia and New Zealand (ANZ) METHODS: A group of vascular surgeons from the ANZSVS with specific interest, training, and experience in the management of VOO were surveyed to assess current local practice. The results were analysed, and areas of disagreement identified. Following this, the group performed a literature review of consensus guidelines published by leading international organizations focused on management of chronic venous disease, namely the Society for Vascular Surgery (SVS), the American Venous Forum (AVF), the European Society for Vascular Surgery (ESVS), the American Vein and Lymphatic Society (AVLS), the Cardiovascular and Interventional Radiology Society of Europe (CIRSE) and the American Heart Association (AHA). These guidelines were compared against the consensus statements obtained through the surveys to see how they relate to ANZ practice. In addition, selected key papers as well as reviews and meta-analysis on venous stenting were discussed and added to the document. Lastly, a selection of statements with >75% agreement was voted on and barriers in the guidelines’ applicability identified.

RESULT(S): The document addresses two key areas: patient selection and technical aspects of venous stenting. Regarding patient selection: Patients with a CEAP score 3 or above, a VCSS pain score 2 or above or both, and evidence of > 50% stenosis on venography/CTV/MRV/IVUS should be considered for venous stenting. Level of recommendation IB; Patients undergoing thrombus removal treatment for acute ilio-femoral DVT, in whom a culprit stenotic lesion has been uncovered, should be considered for venous stenting. Level of recommendation IB; Patients with chronic pelvic pain, deep dyspareunia, post-coital pain affecting quality of life, when other causes have been ruled out, should be considered for venous stenting. Level of recommendation IC. Asymptomatic patients should not be offered venous stenting. Level of recommendation IIIC.

CONCLUSION(S): Patients suffering from deep venous outflow obstruction have been underdiagnosed and undertreated for decades, but in recent years interest from physicians and industry has grown substantially. The advent of simpler and safer treatment options has revolutionized its management, but unfortunately, formal training for venous disease has not grown at the same rate. Simplifying the technology and training required can result in inconsistent outcomes. These guidelines are aimed at developing standards of care and will serve as an educational platform for future developments.

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Background. Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) is a complex male dysfunction, mostly seen in young and middle-aged men with a history of more than 3 months. As a traditional therapy of Traditional Chinese Medicine, acupuncture has been proven an effective method to treat CP/CPPS in recent years. Though some meta-analyses on acupuncture for chronic prostatitis were published in 2018 and 2019, most of the included studies were low in quality according to the JADAD score (JADAD < 4). The conclusions of acupuncture for CP/CPPS remain indefinite. Purpose. This review aims to evaluate the efficacy of acupuncture for CP/CPPS by including high-quality literature only (JADAD >= 4) to provide a reliable basis for clinical applications and research. Method. Nine electronic databases were searched from inception to March 1, 2022, and only randomized controlled trials (RCT) with high-quality (JADAD >= 4) were included. Data were analyzed using Review Manager 5.3. and was verified through trial sequential analysis (TSA). We carried out a sensitivity analysis for the heterogeneity (I² >= 50%). Publication bias was explored using a funnel plot. Result. Ten RCTs (11 trials) of high-quality methodology involving 798 patients were included. Meta-analysis showed that compared to sham acupuncture (SAT) and western medicine (WM), acupuncture (AT) played superior roles for CP/CPPS patients in pain score, NIH-CPSI score, quality of life score, urinary symptom, and efficacy rate. As for the adverse effects, 4 RCTs described mild hematoma and pain in AT and SAT groups, while specific symptoms including nausea, abdominal pain, dizziness, and low blood pressure were reported in WM groups. Conclusion. This meta-analysis indicated that acupuncture has measurable benefits on CP/CPPS, and security has also been ensured. However, this meta-analysis only included 10 RCTs; thus, RCTs with a larger sample size and longer-term observation are required to verify the effectiveness of acupuncture further in the future.
Impact of ejaculation upon effect of acupuncture on chronic prostatitis/chronic pelvic pain syndrome: Secondary analysis of a randomized controlled trial.


Embase Integrative Medicine Research. 12(2) (no pagination), 2023. Article Number: 100943. Date of Publication: June 2023.

[Article]

AN: 2023985046

Background: Acupuncture can improve chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS). Ejaculation frequencies might impact the conditions of CP/CPPS. The present study aimed to explore the impact of different ejaculation frequencies on the effect of acupuncture among men with CP/CPPS.

Method(s): This was a secondary analysis of the data from a multicenter, randomized, clinical trial. Eligible participants were patients with moderate to severe CP/CPPS, who had taken 8-week acupuncture treatment, and followed until week 32. Participants fell into the category of 0-3, 4-7, or at least 8 according to their monthly ejaculation frequencies reported at baseline. The primary outcome was the proportion of responders, defined as men who reported at least 6 points reduction from baseline in the National Institute of Health-Chronic Prostatitis Symptom Index (NIH[CPSI]) total score at weeks 8 and 32.

Result(s): 214 participants were included in this secondary analysis, of whom 42 reported a monthly ejaculation frequency of 0-3, 89 reported a frequency of 4-7, and 83 reported a frequency of at least 8. At week 8, 52.20% participants with an ejaculation frequency of 0-3 responded to the acupuncture treatment, 65.38% participants with a frequency of 4-7 responded, and 63.09% participants with a frequency of at least 8 responded. At week 32, 56.14%, 59.57%, and 68.36%
participants responded in the three groups, respectively. No significant differences were observed between three groups (all P>0.05).

Conclusion(s): Acupuncture can improve symptoms of CP/CPPS, regardless of ejaculation frequencies. Ejaculation frequencies may not affect the efficacy of acupuncture on CP/CPPS among Chinese men. Trial registration: ClinicalTrials.gov, NCT03213938

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Status: Embase

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Publisher: Korea Institute of Oriental Medicine

Clinical Trial Number: https://clinicaltrials.gov/show/NCT03213938

Year of Publication: 2023

28.

Transversus Abdominis Plane Block in the Treatment of Chronic Postsurgical Abdominal Wall Pain Improves Patient Quality of Life: A Retrospective Study and Literature Review.

Sellam S., Nguyen A.-T., Pogu M., Kianmanesh R., Malinovsky J.M., Renard Y.

Embase Pain Physician. 26(2) (pp E91-E100), 2023. Date of Publication: March/April 2023.

[Article]

AN: 2023397950

Background: Although poorly studied, chronic postsurgical neuropathic pain (CPNP) represents the second most frequent chronic neuropathic pain etiology, probably affecting 0.5% to 75% of patients with a severe impact on quality of life (QoL). No consensus or treatment algorithm has been elaborated to date, despite a large variety of approaches now available. Transversus abdominis plane (TAP) block has been endorsed as an efficient treatment for acute postoperative pain although its effect on CPNP in terms of intensity and QoL has yet to be considered.

Objective(s): The main aim of this study was to evaluate the efficacy of TAP blocks in terms of QoL on patients suffering from abdominal CPNP, including a socio-economic analysis. Results were compared with those published in the recent literature.

Study Design: Retrospective, monocentric, observational clinical study.

Setting(s): This single-center retrospective study was conducted at the Chronic Pain Center, Department of Anesthesia, Robert Debre University Hospital, Reims, France.

Method(s): From January 2018 through April 2021, all patients suffering from abdominal CPNP treated with a TAP block were enrolled. QoL was assessed using the SF-12 survey. Socio-economic and demographic data were also collected. A literature review was performed using appropriate Medical Subject Headings (MeSH) terms.

Result(s): A TAP block was administered to 44 consecutive patients suffering from CPNP. After a mean follow-up of 11.8 weeks, 86.7% of the patients reported significant effectiveness of the treatment, including an improvement in QoL (P < 0.001), pain scale ratings (P < 0.001) and
analgesic requirement (P < 0.001). In term of socio-economic results, one-fifth of the patients returned to work after treatment. The literature review yielded 60 research studies, only 2 of which met our inclusion criteria. These retrospective studies indicated a 76.5% and 81.9% efficacy rate after 12 and 15.5 weeks, respectively.

Limitation(s): This was a retrospective study with a small sample size. Further investigation should include medical and economic parameters as well as a comparison of TAP block with second-line drug therapies such as transcutaneous neurostimulation, and capsaicin and lidocaine patches. Other anesthetic molecules such as onobotulinumtoxin A (botulinum toxin) combined with steroids should be assessed for these patients.

Conclusion(s): The TAP block is easy to learn, easy to reproduce, and easy to administer. After pooling our results with those from the literature, a TAP block is deemed to be effective for the treatment of CPNP with 82.25% effectiveness over a mean time of 13.9 weeks. A TAP block improves long-term QoL, reduces consumption of painkillers and lowers pain scale scores. Thus, it may reduce health care costs. We argue that a TAP block should be considered early, from the onset of the first pain symptoms.

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Status: Embase

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Publisher: American Society of Interventional Pain Physicians

Year of Publication: 2023

29.

Endometriosis and cardiovascular disease: A systematic review and meta-analysis.

Poeta do Couto C., Policiano C., Pinto F.J., Brito D., Caldeira D.

Embase

[Article]

AN: 2023936678

Objectives: Endometriosis is a benign, estrogen-dependent, chronic inflammatory disease and is the commonest cause of chronic pelvic pain in younger women. Cardiovascular disease is the main cause of death worldwide. Because the relationship between endometriosis and CV disease is not well established, we performed a systematic review of longitudinal studies that assessed the occurrence of cardiovascular events in women with endometriosis compared to those without endometriosis. Study design: Systematic review with meta-analysis of longitudinal cohort/nested case-control studies with endometriosis patients and controls. A search was conducted of the MEDLINE, CENTRAL, and Embase databases from inception to November 2022. Random-effects meta-analysis was performed to estimate pooled hazard ratios (HR) and 95 % confidence intervals (95%CI).
Main Outcome Measure(s): Cardiovascular outcomes such as ischemic heart disease and cerebrovascular disease.

Result(s): Six cohort studies were included, with a total of 254,929 participants. Meta-analysis showed that endometriosis was associated with a significantly increased risk of ischemic heart disease (HR 1.50, 95%CI 1.37-1.65; I² = 0 %) and cerebrovascular disease (HR 1.17, 95%CI 1.07-1.29; I² = 0 %). The one study that examined the relationship between cardiovascular mortality and endometriosis found a decreased risk in women with endometriosis relative to women without endometriosis (HR 0.55 (95%CI 0.47-0.65)).

Conclusion(s): Endometriosis is associated with a significantly increased risk of cardiovascular disease, namely ischemic heart disease and cerebrovascular disease. Further studies are required to determine if endometriosis and/or its treatments are risk factors (particularly for cardiovascular mortality), and whether preventive measures could reduce the burden of cardiovascular disease in women with endometriosis. Study protocol registered at PROSPERO: CRD42022298830.

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PMID: 37075537 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37075537]

Status: Embase

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30.

Impact of Hysterotomy Closure Technique on Subsequent Cesarean Scar Defects Formation: A Systematic Review.


Embase
Gynecologic and Obstetric Investigation. 88(2) (pp 81-90), 2023. Date of Publication: 01 Apr 2023.

[Review]

AN: 2023863374

Introduction: The uterine caesarean scar defect, also known as uterine niche or isthmocele, is an irregularity in the anterior uterine wall at the site of a previous cesarean section scar. It is associated with obstetrical complications such as caesarean scar, ectopic pregnancy, uterine
rupture, and the placenta accreta spectrum. Women with cesarean scar defects are frequently asymptomatic but may also experience abnormal vaginal bleeding, chronic pelvic pain, and infertility.

Method(s): This systematic review aims to determine the best hysterotomy closure technique to prevent subsequent development of uterine scar defects. An electronic search in Medline, Embase, Cochrane Database of Systematic Reviews, ClinicalTrials.gov was performed from January 2001 until December 2020 for studies evaluating hysterotomy closure techniques.

Result(s): Our systematic search strategy identified 1,781 titles. Six studies fulfilled inclusion criteria and were included in the final analysis. The results supported the superiority of the double-layer closure over the single-layer closure.

Conclusion(s): Hysterotomy closure with continuous running sutures in two layers represents a suitable option to prevent cesarean scar defect formation. Particularly, the first layer should include the decidua and the second layer should overlap the first.

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Status: Embase

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Publisher: S. Karger AG

Year of Publication: 2023

31.

Comparative analysis of efficacy of different combination therapies of alpha-receptor blockers and traditional Chinese medicine external therapy in the treatment of chronic prostatitis/chronic pelvic pain syndrome: Bayesian network meta-analysis.

Zhang K., Zhang Y., Hong S., Cao Y., Liu C.

Embase
PloS one. 18(4) (pp e0280821), 2023. Date of Publication: 2023.

[Article]

AN: 641077670

BACKGROUND: Combination therapy of alpha-receptor blockers (alpha-RBs) and traditional Chinese medicine external therapy can serve as a treatment of chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS). alpha-RBs includes tamsulosin, terazosin and so on and the traditional Chinese medicine external therapy includes needling, moxibustion, acupoint catgut embedding, acupoint application, auricular point sticking and hot medicated compress and so forth. Currently, there is no study in which Bayesian network meta-analysis is applied to making a
comparative analysis of efficacy of different combination therapies of alpha-RBs and traditional Chinese medicine external therapy in the treatment of CP/CPPS. Therefore, based on Bayesian algorithm, a network meta-analysis was conducted by us to make a comparison between different combination therapies of alpha-RBs and traditional Chinese medicine external therapy.

METHOD(S): A document retrieval was conducted in the databases PubMed, Cochrane Library, Embase, Web of science, China National Knowledge Infrastructure, WanFang Data Dissertations of China database, VIP China Science and Technology Journal Database, SinoMed. Literatures were searched for published in biomedical journals concerning clinical study on alpha-RBs combined with various traditional Chinese medicine external therapies in the treatment of CP/CPPS from inception of database to July 2022. Newest version risks of bias assessment tool (RoB2) was used to assess the risks of bias of studies included in this analysis. Stata 16.0 software and R4.1.3 software were used to make a Bayesian network meta-analysis and charts.

RESULT(S): 19 literatures were included involving 1739 patients concerning 12 interventions which were used in the treatment of CP/CPPS. With respect to the total effective rate, alpha-RBs+ needling was most likely to be the optimal treatment. Concerning National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI) total score, alpha-RBs+ moxibustion+ auricular point sticking was most likely to be optimal treatment, the therapy ranking second was alpha-RBs+ needling, and the therapy ranking third was alpha-RBs+ moxibustion. Pain score, voiding score and quality-of-life score are subdomains of the NIH-CPSI total score. With regard to pain score, alpha-RBs+ moxibustion was most likely to be optimal treatment. In reference to voiding and quality-of-life score, there was no statistically significant difference between the efficacy of various interventions.

CONCLUSION(S): alpha-RBs+ needling, alpha-RBs+ moxibustion and alpha-RBs+ moxibustion+ auricular point sticking provided relatively good efficacy in the treatment of CP/CPPS. In these treatments, attention should be paid on alpha-RBs+ needling and alpha-RBs+ moxibustion which ranked higher many times in the evaluation of various outcome indicators. However, there still were certain limitations in this study, so large-sample clinical randomized control trials with a rigor design following the evidence-based medicine standards need to be conducted to justify the results of this study. SYSTEMATIC REVIEW REGISTRATION: [https://www.crd.york.ac.uk/prospero/], identifier: [CRD42022341824].

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Publisher: NLM (Medline)

Year of Publication: 2023

32.

Comparison of the Effectiveness of Hypnotherapy and Cognitive-Behavioral Therapy on Chronic Pain Indices and Cognitive-Emotional Regulation in Patients with Irritable Bowel Syndrome.

Pourkaveh A., Pirani Z., Pourasghar M., Sadeghi A., Poustchi H.
Background: There is evidence that irritable bowel syndrome (IBS) can be a chronic and prevalent condition that is more common in individuals with psychological disorders than in the general population.

Objective(s): This study aimed to compare the effectiveness of hypnotherapy and cognitive-behavioral therapy (CBT) in mitigating chronic pain and cognitive-emotional regulation in patients with IBS.

Method(s): In this three-arm randomized clinical trial, participants who were adults with refractory IBS were screened. Co-primary outcomes were chronic pain indices and cognitive emotion regulation at a six-month follow-up. The statistical population of this study was all patients with IBS referred to Masoud Clinic and Shariati Hospital from May 2019 to February 2021 in Tehran, Iran. Twenty-four patients were calculated for each group, and 72 were for two experimental and one control group using convenience sampling. Seventy-two patients with IBS were accessible to us after the inclusion and exclusion criteria. They were selected and randomly assigned to either interventions or the control group (n = 24). The demographic checklist, Chronic Pain Grade Questionnaire (CPGQ), and Cognitive Emotion Regulation Questionnaire (CERQ) were used in three periods.

Result(s): Data were analyzed by repeated-measures analysis of variance. Preliminary findings showed that the effectiveness of both treatments on chronic pain indices and cognitive emotion regulation in the post-test stage was significant (P < 0.05). Secondary results showed that treatment efficacy remained stable until the follow-up stage.

Conclusion(s): This study revealed hypnotherapy and cognitive-behavioral therapy could effectively treat patients with irritable bowel syndrome. Patients with IBS could benefit from psychological intervention based on these findings.

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Status: In-Process

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Publisher: Brieflands

Year of Publication: 2023

Pelvic venous congestion syndrome: female venous congestive syndromes and endovascular treatment options.

Kashef E., Evans E., Patel N., Agrawal D., Hemingway A.P.
Pelvic venous congestion syndrome (PVCS) is a common, but underdiagnosed, cause of chronic pelvic pain (CPP) in women. PVCS occurs usually, but not exclusively, in multiparous women. It is characterized by chronic pelvic pain of more than six months duration with no evidence of inflammatory disease. The patients present to general practitioners, gynaecologists, vascular specialists, pain specialists, gastroenterologists and psychiatrists. Pain of variable intensity occurs at any time but is worse in the pre-menstrual period, and is exacerbated by walking, standing, and fatigue. Post coital ache, dysmenorrhea, dyspareunia, bladder irritability and rectal discomfort are also common. Under-diagnosis of this condition can lead to anxiety and depression. A multidisciplinary approach in the investigation and management of these women is vital. Non-invasive imaging (US, CT, MRI) are essential in the diagnosis and exclusion of other conditions that cause CPP as well in the definitive diagnosis of PVCS. Trans-catheter venography remains the gold standard modality for the definitive diagnosis and is undertaken as an immediate precursor to ovarian vein embolization (OVE). Conservative, medical and surgical management strategies have been reported but have been superseded by OVE, which has a reported technical success rates of 96-100%, low complication rates and long-term symptomatic relief in between 70-90% of cases. The condition, described in this paper as PVCS, is referred to by a wide variety of other terms in the literature, a cause of confusion. There is a significant body of literature describing the syndrome and the excellent outcomes following OVE however the lack of prospective, multicentre randomized controlled trials for both investigation and management of PVCS is a significant barrier to the complete acceptance of both the existence, investigation and management of the condition.

Copyright © 2023, The Author(s).
BACKGROUND: Male chronic pelvic pain syndrome or chronic nonbacterial prostatitis (CPPS/CP) is a common disease affecting men. Phonophoresis use will result in deeper drug penetration in human skin than iontophoresis as the ultrasonic waves have been observed to reach up to 4 to 6 cm into tissues.

METHOD(S): Prospective, randomized, single-blind, pre-post-test, controlled trial in patients complaining from chronic nonbacterial prostatitis selected from Outpatient Urology Department at Nasser Institute Hospital between January and June 2021. Randomized participants were 32 male patients (study group N.=16 and control group N.=16) by a blinded and independent research assistant using a computer-generated randomization card, their ages ranging between 30 and 45 years. Patients of study group received indomethacin phonophoresis (1.5 W/cm², the frequency to 1 MH, the duty cycle to 100%, and the timer to run for 8 minutes day after day for four weeks), while patients of control group received topical indomethacin gel application with placebo therapeutic ultrasound application, day after day for four weeks. Measurement of National Institutions of Health - Chronic Prostatitis Symptom Index (NIH-CPSI) pain, urinary symptoms, quality of life sub scores and NIH-CPSI total score at baseline and after the 12th session.

RESULT(S): With no dropout, analysis of 32 patients indicated a significant reduction in pain, urinary symptoms, quality of life sub scores and NIH-CPSI total score at the end of the treatment program in study group and control group with more favorable results in study group.

CONCLUSION(S): It could be concluded that indomethacin phonophoresis might be valuable in the treatment of chronic nonbacterial prostatitis.

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The unclear etiology and pathogenesis of interstitial cystitis/bladder pain syndrome (IC/BPS) are responsible for the lack of effective treatment and the poor patient prognosis. Various studies show that chronic inflammation and immune responses are important factors contributing to the pathogenesis of IC/BPS. The process of immunogenic cell death (ICD) involves both the immune response and inflammatory process, and the involvement of ICD in IC/BPS pathogenesis has not been explored. Two IC/BPS transcriptome datasets collected from the Gene Expression Omnibus (GEO) database were used to identify distinct ICD-associated molecular patterns (IAMPs). IAMPs and IC/BPS subtypes were found to be related. The inflammatory immune microenvironments (IIME) in different IAMPs were studied. The potential mechanism by which the interleukin 17 receptor A (IL17RA) influences IC/BPS was examined using in vitro assays. The expression of ICD-related genes (IRGs) was upregulated in IC/BPS bladders, compared with normal bladders. Disease prediction models, based on differentially expressed IRGs, could accurately predict IC/BPS. The IC/BPS patients had two distinct IAMPs, each with its own subtype and clinical features and association with remodeling IIME. IL17RA, a well-established IC/BPS bladder biomarker, mediates both the inflammatory insult and the protective responses. In summary, the current study identified different IAMPs in IC/BPS, which may be involved in the pathogenesis of IC/BPS by remodeling the IIME. The chronic inflammatory process in IC/BPS may be prolonged by IL17RA, which could mediate both pro- and anti-inflammatory responses. The IL17RA-associated pathway may play a significant role in the development of IC/BPS and can be used as a therapeutic target.

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Status: Embase

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Publisher: MDPI

Year of Publication: 2023

36.

Association Between Mental Health and Reproductive System Disorders in Women: A Systematic Review and Meta-analysis.

Zaks N., Batuure A., Lin E., Rommel A.-S., Reichenberg A., Grice D., Bergink V., Fox N.S., Mahjani B., Janecka M.

Embase
JAMA network open. 6(4) (pp e238685), 2023. Date of Publication: 03 Apr 2023.

[Article]

AN: 641055585
Importance: Reproductive system and mental health disorders are commonly comorbid in women. Although the causes of this overlap remain elusive, evidence suggests potential shared environmental and genetic factors associated with risk.

Objective(s): To investigate the comorbidity between psychiatric and reproductive system disorders, both as broad diagnostic categories and among specific pairs of diagnoses. PubMed.

Study Selection: Observational studies published between January 1980 and December 2019 assessing prevalence of psychiatric disorders in women with reproductive system disorders and prevalence of reproductive system disorders in women with psychiatric disorders were included. The study did not include psychiatric and reproductive disorders triggered by life events (eg, trauma, infection, surgery) to address potential confounding.

Data Extraction and Synthesis: A search yielded 1197 records, of which 50 met the inclusion criteria for the qualitative and 31 for the quantitative synthesis in our study. A random-effects model was used for data synthesis and Egger test and I² to assess study bias and heterogeneity. Data were analyzed from January to December 2022. This study followed the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) guideline.

Main Outcomes and Measures: Psychiatric and reproductive system disorders.

Result(s): A total of 1197 records were identified, of which 50 met the inclusion criteria for qualitative and 31 for quantitative synthesis. Diagnosis of a reproductive system disorder was associated with a 2- to 3-fold increased odds of having a psychiatric disorder (lower bound odds ratio [OR], 2.00; 95% CI, 1.41-2.83; upper bound OR; 2.88; 95% CI, 2.21-3.76). The analysis focused on specific diagnoses described in the literature and found that polycystic ovary syndrome was associated with increased odds of depression (population-based studies OR, 1.71; 95% CI, 1.19-2.45; clinical studies OR, 2.58; 95% CI, 1.57-4.23) and anxiety (population-based studies OR, 1.69; 95% CI, 1.36-2.10; clinical studies OR, 2.85; 95% CI, 1.98-4.09). Chronic pelvic pain was also associated with both depression (OR, 3.91; 95% CI, 1.81-8.46) and anxiety (OR, 2.33; 95% CI, 1.33-4.08). Few studies investigated risk of other reproductive system disorders in women with psychiatric disorders, or reverse associations (risk of reproductive system disorder among women with a psychiatric diagnosis).

Conclusions and Relevance: In this systematic review and meta-analysis, a high rate of reported co-occurrence between psychiatric and reproductive disorders overall was observed. However, data for many disorder pairs were limited. The available literature focused overwhelmingly on affective disorders in polycystic ovary syndrome, overlooking a substantial portion of disease overlap. As such, the associations between the majority of mental health outcomes and conditions of the female reproductive system are largely unknown.

PMID: 37071426 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37071426]

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37.

Chronic prostatitis and related psychological problems. Which came first: The chicken or the egg? A systematic review.

Stamatiou K., Trinchieri M., Perletti G., Magri V.

Embase
Archivio Italiano di Urologia e Andrologia. 95(1) (no pagination), 2023. Date of Publication: 2023.

[Review]

AN: 2023874177

Introduction/Aim: A spectrum of psychological problems is commonly found in CP/CPPS patients, though it is not yet clear whether, a priori, psychological dysfunctions are the cause of these pain syndromes, or whether these pain conditions are themselves causing psychological disturbances. In this article we present the current perspective on the impact of psychological problems in chronic prostatitis syndromes and we discuss the implications thereof from a clinical perspective. Material(s) and Method(s): A database and a manual search were conducted in the MEDLINE database of the National Library of Medicine, EMBASE, and other libraries using the key words "prostatitis syndromes", "chronic bacterial prostatitis", "chronic pelvic pain", in various combinations with the terms "psychological issues", "depression" "anxiety", "stress", "unhappiness", "cognitive status" and "personality". Two independent reviewers performed data extraction. We included clinical studies with available information on chronic prostatitis and related psychological conditions. We considered full-text written papers. We excluded reviews and case reports. In order to reduce the risk of bias we analyzed only studies including patients with confirmed CBP or CP/CPPS. Bibliographic information in the selected publications was checked for relevant records not included in the initial search. Result(s): Database search allowed us to retrieve 638 studies to which we added to 16 additional studies retrieved by handsearching. After screening, 34 relevant papers were identified for thorough review. Most studies included patients with chronic pelvic pain and prostatitis-like symptoms, whereas a smaller number of studies included patients with methodologically confirmed CP/CPPS including studies with a microbiologically confirmed diagnosis of CBP. The psychosocial factors examined in the selected studies include pain, catastrophizing, stress, personality factors and social aspects. Comorbid psychiatric disorders evidenced in the studies included depression, anxiety and trauma-related disorders, somatization disorders, and substance abuse. Some studies investigated the association of pain with each individual psychological disturbance, while others examined the impact of pain in association with the overall quality of life. Sample size, study design and diagnostic measures varied among studies. Conclusion(s): Despite limitations and variations in sample size, study design and diagnostic measures in all included studies, a relation between chronic prostatitis and psychological problems is a consistent finding. The existing evidence does not permit to definitely conclude
whether psychological problems are a risk factor for CP/CPPS or whether they represent an array of symptoms that are associated with the exacerbation of this disease.


Status: In-Process

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Publisher: Page Press Publications

Year of Publication: 2023

38.

Ovarian vein surgical ablation versus endovascular technique for treatment of pelvic vein incompetence.

Emad el din M., Soliman M., El kiran Y., Regal S., Youssef H., Elwakeel H., Soliman R.

Embase

[Article]

AN: 2024019247

Objective: Chronic pelvic pain in women is a disorder brought on by pelvic vein incompetence (PVI). In this prospective, randomized study, the effects of percutaneous coil embolization and surgical ovarian vein ligation and division combined with retrograde sclerotherapy were compared with regard to ovarian vein occlusion, improvement of pelvic congestion symptoms, and their influence on estradiol level after intervention.

Method(s): A total of 50 patients with PVI were enrolled, with a mean age of 31.9 +/- 4.7 years and a pain score of 9 (range, 0-10; from 0 [no pain] to 10 [the highest level of pain]). Both percutaneous coil embolization of ovarian veins (endovascular group) and surgical ovarian vein ablation with retrograde sclerotherapy were offered to the patients at random.

Result(s): In the open group, the pain level decreased to 2, whereas in the endovascular group, it decreased to 1 (range, 0-10). Estradiol levels were 224 (range, 9-612) in the open group and 478 (range, 18-613) in the endovascular group before the intervention, with no significant change (P = .1120). After 1 week of intervention, estradiol levels in the open group were 89 (range, 18-243) and 124 (range, 22-298) in the endovascular group, respectively, with statistical insignificance (P = .225). After 1 month of intervention, the endovascular group's estradiol level was 101 (range, 20-196) and the open group's was 89 (range, 15-190) (P = .382). After 3 months of intervention, the open group's estradiol level was 78 (range, 12-132) and the endovascular group's was 65 (range, 18-110) (P = .045).

Conclusion(s): In addressing PVI, both methods seemed to have promising results. Nevertheless, endovascular management was more effective at decreasing estrogen levels and relieving discomfort. Three months should be the time at which estradiol levels are measured, because
this is when they are at their lowest. In both the open and endovascular groups as well as in the pooled data, there was a significant association between estradiol level from before the intervention and improvement in pain scores (P = .005). Because it was linked to a lower pain score, the high preoperative estradiol level can be used to predict postintervention improvement. Copyright © 2023 Society for Vascular Surgery


Status: Article-in-Press

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Publisher: Elsevier Inc.

Year of Publication: 2023

39.

Development of Provisional Acupuncture Guidelines for Pelvic Pain in Endometriosis Using an e-Delphi Consensus Process.

Giese N., Heirs M.K.

Embase

[Article]

AN: 2023438258

Introduction: Growing evidence suggests that acupuncture can improve pelvic pain in women with endometriosis. The treatments used in research vary considerably. It remains unclear which treatment could be recommended for clinical practice. This research project aimed at clarifying how acupuncture could be used when treating this condition.

Method(s): This research comprised two phases: a systematized literature review to extract acupuncture treatment details from published research, and an e-Delphi study to gain knowledge about details as used by expert acupuncturists. Review: Four databases were searched using predefined eligibility criteria. Data were extracted based on the STandards for Reporting Interventions in Clinical Trials of Acupuncture (STRICTA) criteria. e-Delphi: Purposeful sampling from colleagues and international experts. An open first round gathered qualitative data, analyzed with the Framework method. In rounds 2 and 3, experts rated statements to build group consensus, defined as a rating of >=5 on a 7-point Likert scale by >=70% of the experts. The strength of agreement was graded using the median score and interquartile range. Results from the literature review and the e-Delphi were compared using the STRICTA items.

Result(s): The literature review (n = 29 unique studies) found a wide range of treatment details with little agreement. The e-Delphi of international experts (n = 20) resulted in agreement on 94 statements (such as key factors for effectiveness); disagreement on a further 29 (such as acupressure); and absence of consensus on 55 statements (such as the number of needle insertions). A comparison of the review and e-Delphi results found little agreement.
Conclusion(s): Details of acupuncture treatment for endometriosis-related pelvic pain were presented. In the absence of acupuncture guidelines for this condition, the researchers of this e-Delphi recommend using the treatment details on which experts agreed as guidance for good practice. The effectiveness of these guidelines should be evaluated in future research. Clinical Trial Registration: Deutsches Register Klinischer Studien, DRKS00022215, June 30, 2020, retrospectively registered.

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Status: Embase

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Publisher: Mary Ann Liebert Inc.

Clinical Trial Number: DRKS00022215/DRKS

Year of Publication: 2023

40.

Health economic evaluation of a randomized controlled trial (EMBLA study), an internet-based treatment for provoked vulvodynia.

Hess Engstrom A., Bohm-Starke N., Buhrman M., Hogberg U., Skalkidou A., Lagenskiold S.

Embase
Scientific reports. 13(1) (pp 6242), 2023. Date of Publication: 17 Apr 2023.

[Article]

AN: 641053770

Internet-based treatment (IBT) for provoked vulvodynia (PVD) may reduce pain during intercourse and increases pain acceptance. However, there is still a knowledge gap regarding the cost-effectiveness of IBT for PVD. The aim of this study was to perform a health economic evaluation of guided internet-based intervention for PVD as an addition to standard treatment. The sample consisted of 99 women with a PVD diagnosis. Healthcare related costs, health-related quality of life, and quality-adjusted life-years (QALYs) and incremental cost-effectiveness ratio (ICER) were analyzed. After the IBT, the intervention group had fewer visits to a midwife than the control group (p=0.03), but no between-group differences were found for visits to other professionals, treatment length, health-related quality of life, QALYs, and costs for treatment. It was estimated a cost of 260.77 for a clinical meaningful change in pain acceptance. Internet-based treatment as add-on to clinical treatment may lower number of visits to a healthcare. Copyright © 2023. The Author(s).


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41.

Sacral neuromodulation in the management of chronic pelvic pain: A systematic review and meta-analysis.

Greig J., Mak Q., Furrer M.A., Sahai A., Raison N.

Embase
Neurourology and Urodynamics. 42(4) (pp 822-836), 2023. Date of Publication: April 2023.

[Review]

AN: 2021949437

Introduction: Sacral neuromodulation (SNM) is a treatment approved for use in several conditions including refractory overactive bladder (OAB) and voiding dysfunction. Chronic pelvic pain (CPP) is a debilitating condition for which treatment is often challenging. SNM shows promising effect in patients with refractory CPP. However, there is a lack of clear evidence, especially in long-term outcomes. This systematic review will assess outcomes of SNM for treating CPP.

Method(s): A systematic search of MEDLINE, Embase, Cochrane Central and clinical trial databases was completed from database inception until January 14, 2022. Studies using original data investigating SNM in an adult population with CPP which recorded pre and posttreatment pain scores were selected. Primary outcome was numerical change in pain score. Secondary outcomes were quality of life assessment and change in medication use and all-time complications of SNM. Risk of bias was assessed using the Newcastle Ottawa Tool for cohort studies.

Result(s): Twenty-six of 1026 identified articles were selected evaluating 853 patients with CPP. The implantation rate after test-phase success was 64.3%. Significant improvement of pain scores was reported in 13 studies; three studies reported no significant change. WMD in pain scores on a 10-point scale was -4.64 (95% confidence interval [CI] = -5.32 to -3.95, p < 0.00001) across 20 studies which were quantitatively synthesized: effects were maintained at long-term follow-up. Mean follow-up was 42.5 months (0-59). Quality of life was measured by RAND SF-36 and EQ-5D questionnaires and all studies reported improvement in quality of life. One hundred and eighty-nine complications were reported in 1555 patients (Clavien-Dindo Grade I-IIIb). Risk of bias ranged from low to high risk. Studies were case series and bias stemmed from selection bias and loss to follow-up.

Conclusion(s): Sacral Neuromodulation is a reasonably effective treatment of Chronic Pelvic Pain and significantly reduces pain and increases patients’ quality of life with immediate to long-term effects.

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42.

A Phase 1/2 study of the PD-L1 inhibitor, BGB-A333, alone and in combination with the PD-1 inhibitor, tislelizumab, in patients with advanced solid tumours.


Embase
British Journal of Cancer. 128(8) (pp 1418-1428), 2023. Date of Publication: 12 Apr 2023.

[Article]

AN: 2021652108

Background: Many patients do not respond or eventually relapse on treatment with programmed cell death protein-1 (PD-1)/programmed death-ligand 1 (PD-L1) checkpoint inhibitors due to secondary or acquired resistance; therefore, there is a need to investigate novel PD-1/PD-L1 inhibitors.

Method(s): This open-label, non-randomised study investigated the safety and anti-tumour activity of BGB-A333, a PD-L1 inhibitor, alone and in combination with tislelizumab in patients with advanced solid tumours with progression during/after standard therapy. The primary objectives were to determine the recommended Phase 2 dose (RP2D), safety and tolerability for BGB-A333 alone and in combination with tislelizumab (Phase 1a/1b) and to determine the overall response rate (ORR) with BGB-A333 plus tislelizumab (Phase 2).

Result(s): Overall, 39 patients across Phase 1a (N = 15), 1b (N = 12) and 2 (N = 12) were enrolled. In Phase 1a, an RP2D of 1350 mg was determined. In Phase 1a and 1b/2, serious treatment-emergent adverse events (TEAEs) were reported in five and eight patients, respectively. Two patients experienced TEAEs that led to death. In Phase 2, the ORR was 41.7% (n = 5/12; 95% confidence interval: 15.17%, 72.33%).

Conclusion(s): TEAEs reported with BGB-A333 were consistent with other PD-L1 inhibitors. Encouraging preliminary anti-tumour activity was observed with BGB-A333 in combination with tislelizumab. Clinical trial registration: NCT03379259.

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PMID: 36797356 [https://www.ncbi.nlm.nih.gov/pubmed/?term=36797356]
Irritable bowel syndrome (IBS) is the most common gastrointestinal (GI) condition treated by GI and primary care physicians. Although IBS symptoms (abdominal pain, bowel problems) are generally refractory to medical therapies, consistent research has shown that they improve following cognitive-behavioral therapy (CBT). Notwithstanding empirical support for CBT, there is less research explicating the reasons for why or how it works. Like other pain disorders, the focus on change mechanisms for behavioral pain treatments has focused on pain-specific cognitive-affective processes that modulate pain experience, few of which are more important than pain catastrophizing (PC). The fact that PC changes are seen across treatments of differing theoretical and technical orientation, including CBT, yoga, and physical therapy, suggests that it may be a nonspecific (vs. theory-based) change mechanism akin to therapeutic alliance and treatment expectancy. Therefore, the current study examined change in PC as a concurrent mediator of IBS symptoms severity, global GI symptom improvement, and quality of life among 436 Rome III-diagnosed IBS patients enrolled in a clinical trial undergoing two dosages of CBT versus a nonspecific comparator emphasizing education and support. Results from structural equation

...
modeling parallel process mediation analyses suggest that reduction in PC during treatment are significantly associated with improvement in IBS clinical outcomes through 3-month follow-up. Results from the current study provide evidence that PC may be an important, albeit nonspecific change mechanism, during CBT for IBS. Overall, reducing the emotional unpleasantness of pain through cognitive processes is associated with improved outcomes for IBS.

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**Status:** Article-in-Press

**Institution:** (Roger) University of Houston (Gudleski, Quigley, Lackner) University at Buffalo (Zvolensky) University of Houston and the University of Texas MD Anderson Cancer Center

**Publisher:** Elsevier Inc.

**Year of Publication:** 2023

44.

**The Importance of Sociocultural Factors for Understanding and Managing Genito-Pelvic Pain/Penetration Disorder: The Example of Muslim Societies.**

Ait Souabni S., Prasad S., Ahmed F., Belhaddad E.H.

Embase

Journal of Nervous and Mental Disease. 211(4) (pp 327-333), 2023. Date of Publication: 01 Apr 2023.

[Review]

**AN:** 2023628929

Although potentially disabling for couples, genito-pelvic pain/penetration disorder (GPP/PD) is still not well understood. In Muslim countries, this condition reaches high levels, which could be because of the traditional social background. In this study, we aimed to identify the sociocultural determinants leading to GPP/PD in countries in the Middle East/North Africa, the Arabian Peninsula, and Turkey and to discuss the implications on management. This systematic review of quantitative and qualitative studies was conducted on three databases: Medline, Embase, and Google Scholar. The review includes all-time articles that examined the sociocultural factors related to GPP/PD in Muslim societies. The majority of the couples had poor sexual education despite their high educational level. They often visited traditional healers, general practitioners, and gynecologists before being referred to sexologists. With adequate treatment, the majority could achieve penetration rapidly. Muslim countries show high levels of PD, which might be due to their strict religious background. The latter should be integrated into the management for better results.

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**Status:** Embase

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Impact of treating depression on associated comorbidities: A systematic literature review.


Embase
Primary Care Companion for CNS Disorders. 25(1) (no pagination), 2023. Article Number: 22r03330. Date of Publication: 2023.

[Review]

AN: 2023072405

Objective: To identify and summarize data that describe the impact of effectively treating major depressive disorder (MDD) on the severity or risk of serious comorbidities.

Data Sources: MEDLINE, Embase, PsycINFO, Cochrane Database of Systematic Reviews, and several congresses were searched. Searches included terms related to MDD, randomized controlled trials (RCTs), and physical comorbidities and were restricted to English-language publications. Searches were conducted in November 2019 for the previous 2 years for conference proceedings; no date restriction was applied to the database searches. Study Selection: Included studies were RCTs or meta-analyses that assessed depression therapies. Studies were required to report a statistically significant improvement in depression scores as well as the concurrent impact on comorbidities. A total of 1,997 articles were initially identified for screening.

Data Extraction: Two investigators extracted data and assessed study quality.

Result(s): A total of 30 studies, including 24 RCTs (N = 6,333) and 6 meta/pooled analyses of RCTs, were included. Findings in several comorbidity categories were mixed; for example, in half (4 of 8) of the identified studies in people with cardiovascular disease and depression, individuals who received treatment leading to reduced depressive symptoms compared with a control arm also had a significantly decreased incidence of cardiovascular events or significantly improved cardiac disease symptom/severity scores compared with controls. Significant improvements in comorbid disease severity observed alongside improvements in depressive symptoms were also noted in studies of comorbid Parkinson’s disease, multiple sclerosis, chronic pain and fibromyalgia, and chronic obstructive pulmonary disease.

Conclusion(s): Effective treatment of MDD may lead to a reduction in the severity of certain serious comorbidities. These results highlight the importance of appropriate and timely treatment of MDD.

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Status: Embase

Institution: (Arnaud, Suthoff, Werneburg) Sage Therapeutics, Inc, Cambridge, MA, United States (Brister, Duckworth) National Alliance on Mental Illness, Arlington, VA, United States (Foxworth) Depression and Bipolar Support Alliance, Chicago, IL, United States (Fulwider) Mental Health America of Ohio, Columbus, OH, United States
46.

Prostatitis: A Review.

Yebes A., Toribio-Vazquez C., Martínez-Perez S., Quesada-Olarte J.M., Rodríguez-Serrano A., Álvarez-Maestro M., Martínez-Pineiro L.

Embase

[Review]

AN: 2021978545

Purpose of Review: Pathologies of the prostate in men are one of the most prevalent clinical conditions today [1]. Specifically, pelvic inflammatory disease such as prostatitis can cause symptoms and syndromes different from urological ones, such as bowel or nervous system manifestations. This has a largely negative impact on the quality of life of patients. Therefore, it is convenient to know and update the information about the therapeutic approach to prostatitis, which is a challenge that involves different medical specialties. The aim of this article is to provide summarized and focused evidence to help in the therapeutic approach of patients with prostatitis. A computer-based search of the PubMed and Cochrane Library databases was used to perform a comprehensive literature review on prostatitis, with special interest in recent findings and latest therapeutic guideline recommendations. Recent Findings: Recent discoveries about the epidemiology and clinical classifications of prostatitis seem to incur in an increasingly individualized and directed management, with the aim of covering all the confluent factors in prostatic inflammatory pathology. In addition, the role of new drugs and combination with phytotherapy open up a range of new treatment possibilities, although future randomized studies will be necessary to better understand how to use all treatment modalities.

Summary: Despite all the knowledge acquired about the pathophysiology of prostate diseases, and due to their interrelation with other pelvic systems and organs, there are still gaps that make it difficult for us to provide an optimal and standardized treatment in many of our patients. Being aware of the influence of all the factors potentially involved in prostate symptoms is crucial for a correct diagnosis and establishing an effective treatment plan.

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Status: In-Process

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Carboplatin and paclitaxel plus avelumab compared with carboplatin and paclitaxel in advanced or recurrent endometrial cancer (MITO END-3): a multicentre, open-label, randomised, controlled, phase 2 trial.


Embase
The Lancet Oncology. 24(3) (pp 286-296), 2023. Date of Publication: March 2023.

[Article]

**AN:** 2022790165

**Background:** Adding immunotherapy to first-line chemotherapy might improve outcomes for patients with advanced or recurrent endometrial cancer. We aimed to compare carboplatin and paclitaxel versus avelumab plus carboplatin and paclitaxel as first-line treatment with avelumab given concurrent to chemotherapy and as maintenance after the end of chemotherapy.

**Method(s):** MITO END-3 is an open-label, randomised, controlled, phase 2 trial conducted at 31 cancer institutes, hospitals, and universities in Italy. Eligible patients were aged 18 years or older with histologically confirmed advanced (FIGO stage III-IV) or recurrent endometrial cancer, an Eastern Cooperative Oncology Group (ECOG) performance status of 0-1, and no previous systemic anticancer therapy as primary treatment for advanced or metastatic disease.

Participants were randomly assigned (1:1) using a computerised minimisation procedure stratified by centre, histology, and stage at study entry, to either receive carboplatin (area under the curve [AUC] 5 mg/mL x min) and paclitaxel (175 mg/m²; standard group) intravenously every 3 weeks for six to eight cycles or avelumab (10 mg/kg intravenously) added to carboplatin and paclitaxel (experimental group) every 3 weeks and then every 2 weeks as a single maintenance treatment after the end of chemotherapy until disease progression or unacceptable toxicity. Patients, treating clinicians, and those assessing radiological examinations were not masked to study.
treatment. The primary endpoint was investigator-assessed progression-free survival, measured in the intention-to-treat (ITT) population. Patients who received at least one dose of study drug were included in the safety analysis. Experimental group superiority was tested with 80% power and one-tailed alpha 0.20. This trial is registered with ClinicalTrials.gov (NCT03503786) and EudraCT (2016-004403-31).

Finding(s): From April 9, 2018, to May 13, 2021, 166 women were assessed for eligibility and 39 were excluded. 125 eligible patients were randomly assigned to receive carboplatin and paclitaxel (n=62) or avelumab plus carboplatin and paclitaxel (n=63) and included in the ITT population. The median follow-up was 23.3 months (IQR 13.2-29.6) and was similar between the two groups. 91 progression-free survival events were reported, with 49 events in 62 patients in the standard group and 42 events in 63 patients in the experimental group. The median progression-free survival was 9.9 months (95% CI 6.7-12.1) in the standard group and 9.6 months (7.2-17.7) in the experimental group (HR of progression or death 0.78 [95% CI 0.65-0.93]; one-tailed p=0.085). Serious adverse events were reported more frequently in the experimental group (24 vs seven events in the standard group); neutrophil count decrease was the most frequent grade 3-4 adverse event (19 [31%] of 61 patients in the experimental group vs 26 [43%] of 61 patients in the standard group). Two deaths occurred in the experimental group during treatment (one respiratory failure following severe myositis [possibly related to treatment] and one cardiac arrest [not related to treatment]).

Interpretation(s): Adding avelumab to first-line chemotherapy deserves further testing in patients with advanced or recurrent endometrial cancer, although consideration of mismatch repair status is warranted.

Funding(s): Pfizer.

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Status: Embase

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Frontocentral delta-beta amplitude coupling in endometriosis-related chronic pelvic pain.


Embase
Clinical Neurophysiology. 149 (pp 146-156), 2023. Date of Publication: May 2023.

[Article]

AN: 2023456914

Objective: Endometriosis is associated with neuropsychological changes in cognitive control and pain processing networks. This was the first study to assess eyes-closed resting electroencephalogram (EEG) oscillatory amplitudes in women with endometriosis compared to healthy controls, and explore the relationship with chronic pelvic pain.

Method(s): Women with endometriosis-related chronic pelvic pain and individually age-matched pain-free controls (N = 20 per group) documented pelvic pain for 28 days before having continuous EEG recorded during a 2 min eyes closed resting state. Natural frequency components were extracted for each group using frequency principal components analysis. Corresponding components were assessed for group differences and correlated with pain scores.

Result(s): Relative to controls, the endometriosis group had greater component amplitudes in delta (0.5 Hz) and beta (~28 Hz), and reduced alpha (~10 Hz). Delta and beta amplitudes were positively associated with pain severity, but only beta maintained this association after delta-beta amplitude coupling was controlled.

Conclusion(s): Enhanced resting delta and beta amplitudes were seen in women with endometriosis experiencing chronic pelvic pain. This delta-beta coupling varied with pelvic pain severity, perhaps reflecting altered cholinergic tone and/or stress reactivity.

Significance: Endometriosis-related changes in central pain processing demonstrate a distinct neuronal oscillatory signature detectable at rest.

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Status: Embase

Author NameID: Cave, Adele E.; ORCID: https://orcid.org/0000-0001-8645-5126 Steiner-Lim, Genevieve Z.; ORCID: https://orcid.org/0000-0002-8708-6104
INTRODUCTION: Delivered in person, yoga is effective in managing irritable bowel syndrome (IBS) symptoms. The evidence for efficacy, feasibility, and safety of virtually delivered yoga for patients with IBS is unknown.

METHOD(S): Adults diagnosed with IBS were randomized to either Hatha yoga intervention of 8 weekly online classes delivered virtually or an advice-only control group and assessed at baseline and postintervention. We used an unadjusted ANOVA to determine differences between and within groups on the primary outcome (decrease of >=50 points in IBS Symptom Severity Scale [IBS-SSS]) and secondary outcomes (quality of life, anxiety and depression, fatigue, somatic symptoms, perceived stress, COVID-19 stress, and self-compassion). We assessed feasibility through recruitment and attrition rates, adherence, participant satisfaction, and safety (i.e., adverse events).

RESULT(S): Seventy-nine people participated (mean age 45.4 years [SD = 14.0], 92% women, 20% attrition rate). IBS-SSS decreased significantly in the treatment group (DELTAchange= 54.7, P = 0.028), but not in the control group (DELTAchange= 22.6, P = 0.277). Fourteen patients (37%) in the yoga group reached a clinically relevant decrease of >=50 points on the IBS-SSS postintervention compared with 8 patients (20%) in the control group (P = 0.242). No significant difference was found between groups in IBS-SSS score postintervention (P = 0.149), but significant differences in favor of the treatment group for quality of life (P = 0.030), fatigue (P = 0.035), and perceived stress (P = 0.040) were identified. The yoga program demonstrated feasibility. Intention to practice yoga decreased significantly in both groups from baseline to postintervention (P < 0.001). However, the decline in intention did not correlate with practice minutes.

DISCUSSION: Virtually delivered yoga is safe and feasible, and effective in reducing IBS symptoms. Based on the primary end point, the intervention was not superior to an advice-only control group.

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Randomised clinical trial: Psychological intervention improves work productivity and daily activity by reducing abdominal pain and fatigue in Crohn's disease.


Embase
Alimentary Pharmacology and Therapeutics. 57(8) (pp 861-871), 2023. Date of Publication: April 2023.

[Article]

AN: 2021342412

Background: Chronic abdominal pain and fatigue are characteristics of Crohn's disease (CD) and contribute to functional impairments.

Aim(s): To examine whether CD-tailored cognitive-behavioural and mindfulness intervention (COBMINDEX) is effective in reducing abdominal pain and fatigue in patients with CD and whether changes in abdominal pain and fatigue mediate any beneficial effects of COBMINDEX on impairments in work productivity and daily activities.

Method(s): This is a secondary analysis of a parallel-group multicentre randomised controlled trial. Patients with mild-to-moderate CD (n = 142) were randomised into either intervention group receiving COBMINDEX, or control group receiving treatment-as-usual for 3 months followed by COBMINDEX. Complete data were collected from 120 patients (34.0 +/- 10.7 years, 62.5% female, intervention = 60, control = 60). Analysis of covariance assessed group differences in 3-month follow-up scores, controlling for baseline scores. Multiple parallel mediation analysis assessed the proposed mechanisms for the entire sample.

Result(s): The intervention group demonstrated significantly lower levels of abdominal pain (F = 17.46, p < 0.001, eta2 p = 0.13), fatigue (F = 7.26, p = 0.008, eta2 p = 0.06) and impairments at work (F = 4.82, p = 0.032, eta2 p = 0.07) and daily activities (F = 6.26, p = 0.014, eta2 p = 0.05), compared with treatment-as-usual. Moreover, changes in abdominal pain and fatigue significantly mediated the beneficial effects of COBMINDEX on patients' work productivity (b = -9.90, SE = 2.86, 95% CI: -16.11 to -4.94) and daily activities (b = -9.65, SE = 1.91, 95% CI: -13.77 to 6.35), independent of changes in disease activity.
Conclusion(s): COBMINDEX is effective at reducing abdominal pain and fatigue in patients with CD, which in turn leads to improvement in functioning. Clinicians should incorporate screening for severe abdominal pain and fatigue and consider offering cognitive-behavioural and mindfulness training. ClinicalTrials.gov, Number: NCT05085925. Ministry of Health in Israel (https://my.health.gov.il/CliniTrials/Pages/MOH_2020-02-24_008721.aspx).

PMID: 36734040 [https://www.ncbi.nlm.nih.gov/pubmed/?term=36734040]

Status: Embase

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Publisher: John Wiley and Sons Inc

Clinical Trial Number: https://clinicaltrials.gov/show/NCT05085925

Year of Publication: 2023

51.

Comparing levonorgestrel intrauterine system with hysteroscopic niche resection in women with postmenstrual spotting related to a niche in the uterine cesarean scar: a randomized, open-label, controlled trial.


Embase

[Article]
Background: Postmenstrual spotting and chronic pelvic pain after cesarean delivery are associated with the presence of niches. Levonorgestrel intrauterine system (52 mg) and hysteroscopic niche resection have been shown to relieve niche-related symptoms at 6 months after the intervention.

Objective(s): This trial aimed to compare the effectiveness of 52-mg levonorgestrel intrauterine system with that of hysteroscopic niche resection in reducing niche-related postmenstrual spotting.

Study Design: This randomized, open-label, controlled trial was conducted at a medical center in Shanghai, China. Women with symptoms of postmenstrual spotting after cesarean delivery, with a niche depth of at least 2 mm and residual myometrium of at least 2.2 mm on magnetic resonance imaging, and no intention to conceive within the next year were randomly assigned to receive treatment with 52-mg levonorgestrel intrauterine system or hysteroscopic niche resection. The primary outcome was the reduction in postmenstrual spotting at 6 months after randomization, defined as the percentage of women with a reduction of at least 50% in spotting days relative to baseline. Efficacy and safety were assessed using intention-to-treat analysis.

Result(s): Between September 2019 and January 2022, 208 women were randomized into the levonorgestrel intrauterine system group (N=104) or the hysteroscopic niche resection group (N=104). At the 6-month follow-up, a 50% reduction in spotting had occurred in 78.4% (80/102) of women in the levonorgestrel intrauterine system group and in 73.1% (76/104) of women in the hysteroscopic niche resection group (relative risk, 1.07 [95% confidence interval, 0.92-1.25]; P=.370). Spotting decreased over time (P<.001), with a stronger reduction observed in the levonorgestrel intrauterine system group (P<.001). There was also a significant interaction between time and treatment (P=.007). From 9 months onward, a more significant reduction in spotting was observed in the levonorgestrel intrauterine system group than in the hysteroscopic niche resection group (9 months, 89.2% vs 72.1%; relative risk, 1.24 [95% confidence interval, 1.08-1.42]; 12 months, 90.2% vs 70.2%; relative risk, 1.29 [95% confidence interval, 1.12-1.48]). Moreover, compared with the hysteroscopic niche resection group, the levonorgestrel intrauterine system group had significantly fewer postmenstrual spotting days and total bleeding days from 6 months onward (all P<.001), and less pelvic pain from 3 months onward (all P<.010). No intervention-related complications were reported in any group. During follow-up, 11 (10.8%) women reported hormone-related side effects, and 2 women (2.0%) in the levonorgestrel intrauterine system group had spontaneous partial expulsion. Meanwhile, 3 unintended pregnancies were reported in the hysteroscopic niche resection group.

Conclusion(s): In women with niche-related postmenstrual spotting, the levonorgestrel intrauterine system was not more effective than hysteroscopic niche resection in reducing the number of spotting days by at least 50% at 6 months. However, the levonorgestrel intrauterine system was superior in reducing spotting from 9 months onward, and it reduced the absolute number of spotting days from 6 months onward and pelvic pain from 3 months onward.

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Status: Article-in-Press

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A scoping review: the psychosocial barriers that exist for people with vulvodynia.

Niedenfuehr J., Edwards M., King L.M.

Embase
The journal of sexual medicine. (no pagination), 2023. Date of Publication: 10 Apr 2023.

[Article]

AN: 640998002

BACKGROUND: Vulvodynia, including generalized vulvodynia and vestibulodynia, affects at least 8% to 16% of people with a vulva and may have a negative impact on one’s quality of life, psychological health, interpersonal relationships, and individual behaviors. AIM: The aim of this scoping review is to synthesize and analyze the emerging literature of vulvodynia research while determining what psychosocial barriers exist for people with vulvodynia.

METHOD(S): A rigorous literature search was completed in 6 databases: PubMed, CINAHL, Embase, Web of Science, APA PsycInfo, and Academic Search Premier. Key terms and subject headings, including Medical Subject Headings, were used to systematically search these databases. Two reviewers were utilized to assess the reference list and reduce bias.

OUTCOME(S): A total of 671 articles were discovered during the search, which was narrowed down to 73 that included at least 1 psychosocial barrier that patients experience in the United States and Canada.

RESULT(S): The findings of the literature search revealed the various psychosocial barriers that patients commonly face: pain, anxiety, depression, catastrophization, fear, lack of self-efficacy, low desire and arousal, negative body image, stigma, distress, posttraumatic stress disorder, child maltreatment and abuse, mistrust, invalidation and isolation, low levels of self-compassion, negative partner support, low relationship satisfaction, lack of physical affection, emotional regulation, and avoidance and lack of approach goals. In addition to psychosocial barriers, structural determinants and environmental barriers-such as delayed diagnosis, low health literacy, cost, transportation, and racial disparities-adversely affected individuals with vulvodynia.

CLINICAL IMPLICATIONS: This review should serve as a guide for researchers, medical providers, and program developers to understand all the barriers that patients may face.

STRENGTHS AND LIMITATIONS: This review comprehensively highlights existing psychological barriers while promoting structural and environmental barriers that people with vulvodynia face. More research and greater emphasis on the underlying physical conditions that contribute to vulvodynia are needed to effectively educate providers and patients on vulvar pain conditions.

CONCLUSION(S): This scoping review highlights the numerous barriers faced by patients with vulvodynia and serves to improve education for patients and providers to achieve earlier diagnoses and better patient outcomes.

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PMID: 37037784 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37037784]
Cannabis use preferences in women with myofascial pelvic pain: A cross-sectional study.

Yang E.C., Koenig N.A., Gong M., Brotto L.A., Barr A.M., Lee T., Yong P.J., Geoffrion R.


[Article]

AN: 2023665488

Objective: Myofascial tenderness is present in most chronic pelvic pain conditions and causes significant distress to patients. Treatment is challenging and often not curative. Cannabis is often used for self-management of chronic pelvic pain. However, we do not know which concentrations and routes of administration are most acceptable to users. We aimed to investigate patterns and willingness of cannabis product use among both habitual users and non-users with myofascial pelvic pain (MPP), to inform therapeutic development. Study design: We conducted a cross-sectional study of questionnaire responses from female patients with MPP from two tertiary pelvic pain centers. We aimed for a convenience sample of 100 responses with representation from both centers. Inclusion criteria were age over 18 with pelvic floor muscle tenderness on standard gynecologic examination. We collected information on demographics, pelvic pain history, cannabis use status, cannabis use preferences, validated opioid misuse risk assessment, and interest in using gynecologic cannabis products and used descriptive analyses. Result(s): 77/135 (57 %) questionnaire respondents were cannabis users and 58 (43 %) were non-users. Most users consume cannabis daily, (48.1 %) orally (66.2 %) or by smoking (60.7 %), and rated cannabis as effective at relieving pelvic pain. 37/58 (63.8 %) non-cannabis users responded that they would be willing to use cannabis for pelvic pain. Lack of information and potential adverse effects were the most common reasons for unwillingness to use. Approximately 3 of 4 respondents were willing to try vaginal or vulvar application of cannabis products for pelvic pain.

Conclusion(s): This cross-sectional study describes cannabis use patterns in MPP patients. Topical vulvar and vaginal cannabis products are of strong interest to both cannabis users and non-users and warrant further research.

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The efficacy of antibiotic and alpha-blocker combination therapy versus antibiotic monotherapy in chronic prostatitis/chronic pelvic pain syndrome: A systematic review.

Widia F., Atmoko W., Agung N.P., Rahardjo H.E., Rasyid N., Birowo P., Taher A.


[Article]

AN: 2022382637

Objectives: This study attempted to explore the efficacy of a combination of alpha-blockers and antibiotics compared with antibiotic monotherapy in patients with chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS).

Method(s): We searched PubMed/MEDLINE, Cochrane/CENTRAL, EBSCOHost/CINAHL, ProQuest, and Scopus on January 2020. Randomized controlled trials comparing antibiotic monotherapy with combination therapy of antibiotics and alpha-blockers in CP/CPPS patients lasting at least 4 weeks were included. The study eligibility assessment, data extraction, and study quality assessment were carried out by each author independently and in duplication.

Result(s): A total of six low- to high-quality studies with 396 patients were included in the study. Two reviews reported lower National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI) total scores in the monotherapy arm at Week 6. Only one study reported otherwise. On Day 90, the NIH-CPSI score was found to be lower in the combination group. In the pain, urinary, and quality-of-life domain, most studies agree that combination therapy is not superior to monotherapy. However, on Day 90, all domains were found to be lower in the combination therapy. Responder rates were found to vary between studies. Only four out of six studies reported a response rate. Responder rates were lower in the combination group at 6 weeks of observation. On Day 90, responder rates were found to be better in the combination group.

Conclusion(s): The combination therapy of antibiotics and alpha-blockers is not substantially better than antibiotic monotherapy in the first 6 weeks of treatment for CP/CPPS patients. This might not be applicable to a longer duration of treatment.

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55.

**Association Between Nociplastic Pain and Pain Severity and Impact in Women With Chronic Pelvic Pain.**

Till S.R., Schrepf A., Clauw D.J., Harte S.E., Williams D.A., As-Sanie S.

Embase

[Article]

**AN:** 2023805343

Exploring the relationship between nociplastic pain and the severity and impact of pelvic pain symptoms could lend insight into the heterogeneous symptom presentation and treatment response that complicates management of chronic pelvic pain. In this prospective cross-sectional study, we sought to evaluate relationships between degree of nociplastic pain, measured by the Fibromyalgia (FM) Survey Score, and multiple aspects of the chronic pelvic pain (CPP) experience, including severity, frequency, tenderness during pelvic myofascial exam, interference with daily life, and high-impact pain. The study included 303 women who presented to a tertiary referral clinic for chronic pelvic pain and endometriosis. Multiple measures of pelvic pain, including pain severity, frequency, interference, pelvic myofascial pain, and high-impact pain were examined in General Linear Models with FM Survey Score as the primary predictor of interest in models controlling for endometriosis, surgical history, use of opioids, body mass index, and patient age. Higher level of nociplastic pain was associated with greater pelvic pain severity, frequency, interference, and pelvic myofascial pain (all P < .05). For all models, degree of nociplastic pain was more strongly associated with pain outcomes than the presence of endometriosis, and use of opioids was the only stronger predictor of worse pain outcomes. The likelihood of high impact pain increased 7% for each additional point on the FM Survey Score. Degree of nociplastic pain was robustly associated with severity, frequency, and impact of pelvic pain, and was independent of the presence of endometriosis, history of surgical procedures for pelvic pain, age, and BMI. Trial registration: not applicable Perspective: This article evaluates the impact of nociplastic pain on symptoms and functional status in chronic pelvic pain. These findings raise the possibility that a simple screening tool for nociplastic pain might provide clinically actionable information without the need for deep neurobiological phenotyping and may inform development of personalized management strategies.

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Phase 1 pilot study of RRx-001 + nivolumab in patients with advanced metastatic cancer (PRIMETIME).

Reid T., Oronsky B., Caroen S., Quinn M., Williams J., Cabrales P., Abrouk N.

Background: Bromonitrozidine (RRx-001) is a minimally toxic, NLRP3 inhibitor that has been observed, in experimental systems, to also downregulate CD47, repolarize tumor associated macrophages (TAMs) and normalize aberrant tumor perfusion. This phase 1 pilot study was undertaken to determine the safety and feasibility of RRx-001 and nivolumab in patients with advanced cancer and no standard options.

Method(s): This single arm, single site, open-label pilot study (NCT02518958) called PRIMETIME was designed to evaluate the safety profile of RRx-001 and nivolumab in patients with advanced malignancies and no other standard therapeutic options. A 3 + 3 trial design was used to establish safety of the combination at each dose level and guide the decision to escalate dose. RRx-001 is infused once weekly while nivolumab is given at 3mg/kg once every 2 weeks. The RRx-001 starting dose was 2 mg IV weekly with 4 dose level escalations up to 16 mg IV weekly. From January 2015 to November 2015, twelve patients received treatment for only 4 cycles (total 12 weeks) with the combination due to unavailability of nivolumab, which was not supplied to the Sponsor. Treatment-emergent (all cause, TEAEs) and treatment-related (TRAEs) adverse events that occurred within 16 weeks of the first dose of RRx-001 and nivolumab were characterized according to CTCAE v4.03.

Result(s): Twelve patients received >=1 dose of RRx-001 and nivolumab. One discontinuation occurred due to pneumonitis and one to voluntary withdrawal after a post-procedural infection. There were no DLTs. The main adverse event related to RRx-001 was infusion reaction (33.3%). The main adverse event related to the combination was pseudoprospergession manifested by larger tumors in patients that were symptomatically improved (25%). The most common immune-related treatment-emergent AEs were pneumonitis (8.3%), and hypothyroidism (8.3%). The objective response rate at 12 weeks was 25% and the disease control rate (DCR) consisting of >=SD was 67% by Response Evaluation Criteria in Solid Tumors (RECIST) version 1.1. 25% of the patients progressed on the combination.

Conclusion(s): The combination of RRx-001 and nivolumab was safe and well-tolerated with preliminary evidence of anti-cancer activity. Further clinical trials with RRx-001 and nivolumab are warranted. Clinical trial registration: ClinicalTrials.gov identifier, NCT02518958.

Copyright © 2023 Reid, Oronsky, Caroen, Quinn, Williams, Cabrales and Abrouk.

Endometriosis of the skeletal muscular system (ESMS): a systematic review.

Ye H., Shen C., Quan Q., Xi M., Li L.

Embase
BMC Women's Health. 23(1) (no pagination), 2023. Article Number: 37. Date of Publication: December 2023.

[Article]

AN: 2021255367

Background: Extrapelvic endometriosis occurring at skeletal muscle and joint sites is not rare and is prone to delayed diagnosis and inappropriate treatment. Herein, endometriosis of the skeletal muscular system (ESMS) is systematically reviewed to facilitate early diagnosis and treatment.

Method(s): Literature on ESMS published before March 2022 was retrieved from the Ovid Medline and Web of Science databases, and the major clinical data were extracted for descriptive analysis.

Result(s): A total of 62 studies (78 ESMS cases) met these requirements. The ESMS included the abdominal muscles (50.7%), pelvic floor muscles (11.6%), lower limb muscles (11.6%), hip muscles (8.7%), lumbar muscles (7.2%), joints (5.8%), upper limb muscles (2.9%), and shoulder-neck muscles (1.4%). The age was 34.0 +/- 7.2 years (range 17-49 years). Approximately 63.8% of patients had at least one previous pelvic surgery, and 76.8% of local symptoms were related to the menstrual cycle. The course of disease was 29.6 +/- 25.4 months (range 0.5-96 months). Only 30.3% of the patients sought initial medical advice from gynecologists, while 69.7% sought initial medical advice from a nongynecological physician. Twenty-seven patients underwent fine-needle aspiration (FNA) under ultrasound or CT monitoring, and only 44.4% (12/27) were confirmed to have endometriosis by FNA tissue pathology. Approximately 47.4% (37/78) of the patients had a normal pelvic cavity appearance. Surgical resection was performed in 92.3% (72/78) of the patients, of whom 88.9% (64/72) underwent complete resection of the lesion (negative surgical margin) and 20.8% (15/72) received postoperative hormone therapy. At 16.7 months of follow-up, 83.3%, 13.8%, 2.9%, and four patients had complete response, partial response, recurrence, and permanent function impairment, respectively.

Conclusion(s): Endometriosis can occur at almost any site in the musculoskeletal system. For women of reproductive age with catamenial pain or a mass in the musculoskeletal system, endometriosis should be suspected. Fine-needle aspiration can easily lead to missed diagnoses. Surgical resection for negative margins is the main treatment, and permanent impairment of function may occur in a few patients due to delayed diagnosis. Vascular lymphatic metastasis is the most likely mechanism of pathogenesis.

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Surgical adhesions after laparoscopic myomectomy: methods of prevention.

Serafino P., Palumbo M., Viciglione F., Mercorio A., Cafasso V., Boccia D., Ascione M., Bifulco G., Giampaolino P., Corte L.D.

Embase

[Review]

AN: 2023272081

Objective. Adhesions are one of the most common complications of myomectomy and subsequent surgical procedures. Laparoscopic myomectomy is a low-risk procedure, with an adhesion rate of 50%, unlike laparotomy which has increased rates of 94%. The primary consequences of postoperative adhesions are chronic pelvic pain and female infertility. This narrative review is conducted to report the evidence on methods to reduce adhesions after laparoscopic myomectomy. Materials and Methods. An electronic database search (PubMed, Medline and Embase) was performed up to April 2022. A search algorithm was developed incorporating the terms "myomectomy", "adhesions", "laparoscopy", "infertility", "anti-adhesion agents". Results. The incidence of adhesions after laparoscopic myomectomy without adhesion barriers is variable, between 23% and 88%. The variability in adhesions' onset is due to tissue trauma, the incision location and length, number of knots or kind of suture material and the experience of the surgeon, but also the use of anti-adhesion agents. The icodextrin 4% and the autocrisslinked hyaluronic acid solution gel showed a significant decrease in the incidence and severity of adhesions in intervention groups. The polyethylene glycol amine plus dextran aldehyde polymers reported a decrease in the total adhesion score at second-look surgery after laparoscopic myomectomy. Oxidized regenerated cellulose showed efficacy in prevention of adhesions after laparoscopic myomectomy. Conclusions. Laparoscopic myomectomy reduces the risk of new adhesion formation but do not eliminate it entirely. Oxidized regenerated cellulose, autocrisslinked hyaluronic acid gel among natural materials, and polyethylene glycol amine plus dextran aldehyde polymers among synthetic materials, decrease the incidence of adhesions. Copyright © 2023, EDRA S.p.A. All rights reserved.
Comparison of the effectiveness of Dienogest with medroxyprogesterone acetate in the treatment of pelvic pain and recurrence of endometriosis after laparoscopic surgery.

Vahid-Dastjerdi M., Hosseini R., Rodi H., Rastad H., Hosseini L.

Embase

[Article]

AN: 2022345211

Purpose: The aim of this study was to compare the effects of Dienogest and medroxyprogesterone acetate (MPA) on the recurrence of endometriosis lesions and clinical symptoms in women undergoing laparoscopic surgery.

Method(s): This single center clinical trial was conducted among 106 women with endometriosis undergoing laparoscopic surgery who candidate receiving post-surgery hormone therapy. Participants were allocated to two groups. The first group received Dienogest pills (2 mg) daily for the first three months and then cyclic for three months afterward. The second group received MPA pills twice daily (10 mg) for three months and then cyclic for the next three months. Six months after the intervention, the rate of endometriosis recurrence, the size of endometriosis lesions and pelvic pain were assess and compared between two groups.

Result(s): Finally, data were evaluated based on 48 and 53 women in the Dienogest and MPA groups, respectively. After 6 months follow-up assessments the pelvic pain score was significantly lower in Dienogest group than MPA group (P < 0.001). There was not statistically difference between two groups in terms of recurrence rate of endometriosis (P = 0.4). Although the size of endometriosis cyst recurrence was smaller in Dienogest group compared to MPA group (P = 0.02).

Conclusion(s): The findings showed that Dienogest treatment has better effect in reducing pelvic pain and the mean size of the recurrent endometriosis lesions after endometriosis laparoscopic surgery when compared to MPA treatment. Although the recurrent rate of endometriosis was similar between these treatments.

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PMID: 36995381 [https://www.ncbi.nlm.nih.gov/pubmed/?term=36995381]
**OBJECTIVE:** Clinical trials of cannabinoids for chronic pain have mixed and often inconclusive results. In contrast, many prospective observational studies show analgesic effects of cannabinoids. This survey study aimed to examine the experiences/attitudes of individuals with chronic pain who are currently taking, have previously taken, or never taken cannabinoids for chronic pain to inform future research.

**METHOD(S):** This study is based on a cross-sectional, web-based survey of individuals with self-reported chronic pain. Participants were invited to participate via an email that was distributed to the listservs of patient advocacy groups and foundations that engage individuals with chronic pain.

**RESULT(S):** Of the 969 respondents, 444 (46%) respondents reported currently taking, 213 (22%) previously taking, and 312 (32%) never taking cannabinoids for pain. Participants reported using cannabinoids to treat a wide variety of chronic pain conditions. Those currently taking cannabinoids (vs. previously) more frequently reported: (1) large improvements from cannabinoids in all pain types, including particularly difficult to treat chronic overlapping pain conditions (e.g., pelvic pain), (2) improvements in comorbid symptoms (e.g., sleep), and (3) lower interference from side effects. Those currently taking cannabinoids reported more frequent and satisfied communication with clinicians regarding cannabinoid use. Those never taking cannabinoids reported lack of suggestion/approval of a clinician (40%), illegality (25%) and lack of FDA regulation (19%) as reasons for never trying cannabinoids.

**AN:** 640881369

**PMID:** 36971412 [https://www.ncbi.nlm.nih.gov/pubmed/?term=36971412]
Role of depressive symptoms on the development of pelvic girdle pain in pregnancy: A prospective inception cohort study.

Algard T., Kalliokoski P., Ahlqvist K., Schlager A., Kristiansson P.

Embase

[Article]

AN: 2022207602

Introduction: Pelvic girdle pain in pregnancy is a major public health concern. For too many women, the pain condition causes disability and sick leave, has a negative impact on daily life, and breeds doubt in their view as mother, partner, and worker. The pathophysiology is unknown and causal treatment is lacking. Depression in pregnancy is common, undertreated, and previously associated with pelvic girdle pain with unclear causal direction.

Material(s) and Method(s): A prospective inception cohort study of 356 Swedish women examined them in early and late pregnancy. Women with a positive Posterior Pelvic Pain Provocation test in early pregnancy were not included. The exposure, depressive symptoms in early pregnancy, was self-reported on the Hospital Anxiety and Depression Scale, depression part (0-21). Outcome measure in late pregnancy was a graded score on the Posterior Pelvic Pain Provocation test (0-8). Covariates for statistical adjustment were identified in a directed acyclic graph. Linear robust and logistic regression were used in the statistical analyses.

Result(s): In early pregnancy, the 248 women with negative Posterior Pelvic Pain Provocation test had a mean score of 2.35 (+/- 2.3 standard deviation) on the Hospital Anxiety and Depression Scale, depression part. In a fully adjusted, multiple robust regression model a positive association was shown between Hospital Anxiety and Depression Scale score, depression part, and the Posterior Pelvic Pain Provocation test score in late pregnancy with an estimated effect of beta = 0.32 (95% confidence interval [CI] 0.16-0.48, p < 0.001). Dichotomization of exposure (Hospital Anxiety and Depression Scale, depression part <8/>=8) and outcome (Posterior Pelvic Pain Provocation test score 0/>0) rendered adjusted odds ratio 1.71 (95% CI 0.38-7.7) and numbers needed to treat adjusted odds ratio 5.54 (95% CI -3.4-14.5).

Conclusion(s): Depressive symptoms in early pregnancy were associated with the development and intensity of pelvic girdle pain in late pregnancy. Considering the small sample size, screening
and treatment for depressive symptoms in early pregnancy may enable a way to reduce and prevent disabling pelvic girdle pain in late pregnancy. Trials are needed to confirm the results.


Status: Article-in-Press

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62.

The genetic basis of endometriosis and comorbidity with other pain and inflammatory conditions.


Embase

[Article]

AN: 2022074363

Endometriosis is a common condition associated with debilitating pelvic pain and infertility. A genome-wide association study meta-analysis, including 60,674 cases and 701,926 controls of
European and East Asian descent, identified 42 genome-wide significant loci comprising 49 distinct association signals. Effect sizes were largest for stage 3/4 disease, driven by ovarian endometriosis. Identified signals explained up to 5.01% of disease variance and regulated expression or methylation of genes in endometrium and blood, many of which were associated with pain perception/maintenance (SRP14/BMF, GDAP1, MLLT10, BSN and NGF). We observed significant genetic correlations between endometriosis and 11 pain conditions, including migraine, back and multisite chronic pain (MCP), as well as inflammatory conditions, including asthma and osteoarthritis. Multitrait genetic analyses identified substantial sharing of variants associated with endometriosis and MCP/migraine. Targeted investigations of genetically regulated mechanisms shared between endometriosis and other pain conditions are needed to aid the development of new treatments and facilitate early symptomatic intervention.


Status: In-Process

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Positive Schemas, Coping, and Quality of Life in Pediatric Recurrent Abdominal Pain.

Lee S., Tomlinson R., Lumley M.N., Bax K.C., Ashok D., McMurtry C.M.

Embase

[Article]

AN: 2022181533

Pediatric recurrent abdominal pain is commonly associated with negative impacts on quality of life (QOL). Positive schemas (core beliefs about the self with subthemes of self-efficacy, optimism, trust, success, and worthiness) are a resilience factor that has not yet been examined within a
pediatric recurrent pain context. This cross-sectional study examined (a) associations between positive schemas, pain coping, and youth QOL, and (b) exploratory analyses to investigate whether specific positive schema subthemes predicted QOL outcomes in youth with recurrent abdominal pain. Participants were 98 youth with recurrent abdominal pain (i.e., pain related to a disorder of gut-brain interaction [DGBI] or organic cause) who completed measures on positive schemas, QOL, and pain coping. Age and diagnostic status were controlled for in analyses. Positive schemas were significantly positively correlated with emotional, social, school, and overall QOL, as well as with approach and problem-focused avoidant coping, and significantly negatively correlated with emotion-focused coping. Worthiness was the strongest and only significant predictor of youth social functioning. Positive schemas may be an important cognitive resilience factor to consider within interventions for pediatric recurrent pain.

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Publisher: Springer

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64.

Trajectory of worst pain within the first two weeks following pelvic and sacral tumor surgery and long-term outcome: a pilot observational prospective cohort study.

Zhang Q., Wu Y., Hong S., Feng Y.

Embase
BMC Anesthesiology. 23(1) (no pagination), 2023. Article Number: 73. Date of Publication: December 2023.

[Article]

AN: 2022016524

Background: Pain management after pelvic and sacral tumor surgery is challenging and requires a multidisciplinary and multimodal approach. Few data on postoperative pain trajectories have been reported after pelvic and sacral tumor surgery. The aim of this pilot study was to determine pain trajectories within the first 2 weeks after surgery and explore the impact on long-term pain outcomes.

Method(s): Patients scheduled for pelvic and sacral tumor surgery were prospectively recruited. Worst/average pain scores were evaluated postoperatively using questions adapted from the Revised American Pain Society Patient Outcome Questionnaire (APS-POQ-R) until pain
resolution was reached or up to 6 months after surgery. Pain trajectories over the first 2 weeks were compared using the k-means clustering algorithm. Whether pain trajectories were associated with long-term pain resolution and opioid cessation was assessed using Cox regression analysis.

Result(s): A total of 59 patients were included. Two distinct groups of trajectories for worst and average pain scores over the first 2 weeks were generated. The median pain duration in the high vs low pain group was 120.0 (95% CI [25.0, 215.0]) days vs 60.0 (95% CI [38.6, 81.4]) days (log rank p = 0.037). The median time to opioid cessation in the high vs low pain group was 60.0 (95% CI [30.0, 90.0]) days vs 7.0 (95% CI [4.7, 9.3]) days (log rank p < 0.001). After adjusting for patient and surgical factors, the high pain group was independently associated with prolonged opioid cessation (hazard ratio [HR] 2.423, 95% CI [1.254, 4.681], p = 0.008) but not pain resolution (HR 1.557, 95% CI [0.748, 3.243], p = 0.237).

Conclusion(s): Postoperative pain is a significant problem among patients undergoing pelvic and sacral tumor surgery. High pain trajectories during the first 2 weeks after surgery were associated with delayed opioid cessation. Research is needed to explore interventions targeting pain trajectories and long-term pain outcomes. Trial registration: The trial was registered at ClinicalTrials.gov (NCT03926858, 25/04/2019).

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Status: Embase

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Clinical Trial Number: https://clinicaltrials.gov/show/NCT03926858

Year of Publication: 2023

65.

Does the addition of electrical stimulation or kinesiotherapy improve outcomes of amitriptyline treatment for women with vulvodynia? A randomized clinical trial.

Bardin M.G., Giraldo P.C., Lenzi J., Witkin S.S., De Mira T.A.A., Morin M.

Embase

[Article]

AN: 2022087223

Introduction and hypothesis: Women diagnosed with provoked vulvodynia frequently report a great deal of frustration in achieving symptomatic relief. Physical therapy and drug treatment are among the interventions most indicated by guidelines; however, whether those modalities are effective when combined remains unclear. The objective was to evaluate the effectiveness of adding a physical therapy modality compared with amitriptyline alone for the treatment of vulvodynia.
Method(s): Eighty-six women with vulvodynia were randomized to (G1) 25 mg amitriptyline, once a day (n=27), (G2) amitriptyline + electrical stimulation therapy (n=29) or (G3) amitriptyline + kinesiotherapy (n=30). All treatment modalities were administered for 8 weeks. The primary endpoint was the reduction in vestibular pain. Secondary measurements focused on sexual pain, frequency of vaginal intercourse, Friedrich score, and overall sexual function. Data were analyzed using intention-to-treat. 

Result(s): All treatment modalities resulted in a significant decrease in vestibular pain (p<0.001), sexual pain (p<0.05), Friedrich score (p<0.001), and an increase in the frequency of sexual intercourse (p<0.05). G3 was more effective than G1 at reducing sexual pain (G1: 5.3+/−3.3 vs G3: 3.2+/−2.7; p=0.01) and at improving sexual function (G1: 18.8+/−9.8 vs G3: 23.9+/−7.8; p=0.04). 

Conclusion(s): Kinesiotherapy and electrotherapy additions to amitriptyline administration as well as amitriptyline alone, were effective at improving vestibular pain in women with vulvodynia. Women receiving physical therapy had the greatest improvement in sexual function and frequency of intercourse at post-treatment and follow-up.

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Status: Article-in-Press

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Publisher: Institute for Ionics

Year of Publication: 2023

66.

Chronic Primary Pelvic Pain Syndrome in Men-Differential Diagnostic Evaluation and Treatment.

Franz J., Kieselbach K., Lahmann C., Gratzke C., Miernik A.

Embase

[Article]

AN: 640681625

BACKGROUND: Chronic primary pelvic pain syndrome in men (CPPPSm) can be associated with urogenital pain, urinary symptoms, sexual dysfunction, and emotional disturbance. Its clinical heterogeneity and incompletely understood pathogenesis make it more difficult to treat. This article is intended to familiarize the reader with basic aspects of the manifestations, pathophysiology, diagnostic evaluation, differential diagnosis, and treatment of this condition.
METHOD(S): This article is based on relevant publications retrieved by a selective search of the literature, including the current guidelines of the European Association of Urology. The features of this disease pertaining to urology, psychosomatic medicine, and pain medicine are illuminated from an interdisciplinary perspective.

RESULT(S): Chronic pelvic pain appears to arise through a complex interaction of inflammatory, infectious, neurological, musculoskeletal, and psychosomatic factors. A comprehensive diagnostic work-up should be carried out to evaluate and exclude the numerous differential diagnoses. Treatment strategies are based on the clinical phenotype. Randomized controlled trials have shown that significant relief can be achieved with a variety of drugs and nonpharmacological treatments, selected according to the manifestations of the condition in the individual case. Attention must be paid to treatment-specific adverse effects.

CONCLUSION(S): The management of patients with CPPPSm should consist of a comprehensive differential diagnostic evaluation and an individually oriented treatment strategy.


Status: Article-in-Press

Publisher: NLM (Medline)

Year of Publication: 2023

67.

Transcutaneous electrical nerve stimulation for pelvic pain: A scoping review of treatment protocols, practical indications, and caveats.

Terzoni S., Mora C., Cloconi C., Gaia G., Sighinolfi M.C., Maruccia S., Rocco B., Pinna B., Ferrara P., Parozzi M., Destrebecq A.

Embase

[Review]

AN: 2021255131

Background: Neuromodulation (NM) is a family of therapies based on electrical stimulation to target specific nerves that control LUTS (Lower Urinary Tract Symptoms) and pain. The aim is to modulate what is happening within the nervous system to achieve therapeutic effects. A particular type of neuromodulation, called TENS (Transcutaneous Electrical Nerve Stimulation), has proven effective for treating pelvic pain. The available evidence provides indications regarding the many aspects of TENS that influence therapeutic effects, but a comprehensive review has yet to be conducted.

Method(s): Scoping review on Pubmed, CINAHL, Embase, Scopus, and Web of Science, including clinical trials, reviews, case studies or series, and other descriptive studies, according to the Joanna Briggs and PRISMA methodology.

Result(s): The 31 papers retrieved allowed the formulation of precise indications about the DOs and DON'Ts of electrode placement, waveform, pulse duration, pulse frequency, amplitude, session duration, and frequency of sessions. This paper also discusses the biochemical and neuro urological mechanisms of TENS.

Conclusion(s): TENS effectiveness is influenced by many factors, some self-evident, others subtle, which this paper elucidates. Pelvic pain requires a multimodal approach, of which TENS is just a part. TENS should therefore be viewed as one of the components of the rehabilitation program in the frame of thorough and continuous patient assessment.
Is there a difference in pelvic floor muscle tone between women with and without pelvic pain? A systematic review and meta-analysis.

Kadah S., Soh S.-E., Morin M., Schneider M., Heron E., Frawley H.

Embase
The journal of sexual medicine. 20(1) (pp 65-96), 2023. Date of Publication: 14 Jan 2023.

[Article]

AN: 640544111

BACKGROUND: Alterations in pelvic floor muscle (PFM) function have been observed in women with persistent noncancer pelvic pain (PNCPP) as compared with women without PNCPP; however, the literature presents conflicting findings regarding differences in PFM tone between women with and without PNCPP. AIM: To systematically review the literature comparing PFM tone in women with and without PNCPP.

METHOD(S): MEDLINE, Embase, Emcare, CINAHL, PsycINFO, and Scopus were searched from inception to June 2021 for relevant studies. Studies were included that reported PFM tone data in women aged >=18 years with and without PNCPP. The risk of bias was assessed with the National Heart, Lung, and Blood Institute Quality Assessment Tool. Standardized mean differences (SMDs) for PFM tone measures were calculated via random effects models.

OUTCOME(S): Resting PFM tone parameters, including myoelectrical activity, resistance, morphometry, stiffness, flexibility, relaxation, and intravaginal pressure, measured by any clinical examination method or tool.

RESULT(S): Twenty-one studies met the inclusion criteria. Seven PFM tone parameters were measured. Meta-analyses were conducted for myoelectrical activity, resistance, and anterior-posterior diameter of the levator hiatus. Myoelectrical activity and resistance were higher in women with PNCPP than in women without (SMD=1.32 [95% CI, 0.36-2.29] and SMD=2.05 [95% CI, 1.03-3.06], respectively). Women with PNCPP also had a smaller anterior-posterior diameter of the levator hiatus as compared with women without (SMD=-0.34 [95% CI, -0.51 to -0.16]).
Meta-analyses were not performed for the remaining PFM tone parameters due to an insufficient number of studies; however, results of these studies suggested greater PFM stiffness and reduced PFM flexibility in women with PNCPP than in women without. CLINICAL IMPLICATIONS: Available evidence suggests that women with PNCPP have increased PFM tone, which could be targeted by treatments. STRENGTHS AND LIMITATIONS: A comprehensive search strategy was used with no restriction on language or date to review studies evaluating PFM tone parameters between women with and without PNCPP. However, meta-analyses were not undertaken for all parameters because few included studies measured the same PFM tone properties. There was variability in the methods used to assess PFM tone, all of which have some limitations. CONCLUSION(S): Women with PNCPP have higher PFM tone than women without PNCPP; therefore, future research is required to understand the strength of the relationship between pelvic pain and PFM tone and to investigate the effect of treatment modalities to reduce PFM tone on pelvic pain in this population. Copyright © The Author(s) 2023. Published by Oxford University Press on behalf of The International Society of Sexual Medicine.

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Publisher: NLM (Medline)

Year of Publication: 2023

69.
Characterising the immune cell phenotype of ectopic adenomyosis lesions compared with eutopic endometrium: A systematic review.
Maclean A., Barzilova V., Patel S., Bates F., Hapangama D.K.

Embase

[Review]

AN: 2023084590

Inflammation is implicated in the symptomatology and the pathogenesis of adenomyosis. Injury at the endo-myometrial interface causes inflammation and may facilitate the invasion of endometrium into the myometrium, forming adenomyosis lesions. Their presence causes local
inflammation, resulting in heavy menstrual bleeding, chronic pelvic pain, and subfertility. Immunological differences have been described in the eutopic endometrium from women with adenomyosis compared to healthy endometrium, and differences are also expected in the adenomyotic lesions compared with the correctly sited eutopic endometrium. This systematic review retrieved relevant articles from three databases with additional manual citation chaining from inception to 24th October 2022. Twenty-two eligible studies were selected in accordance with PRISMA guidelines. Risk of bias assessments were performed, and the findings presented thematically. Ectopic endometrial stroma contained an increased density of macrophages compared with eutopic endometrium in adenomyosis. This was associated with an increase in pro-inflammatory cytokines (IL-6, IL-8, ILbeta-1, C-X-C Motif Chemokine Receptor 1(CXCR1), Monocyte Chemoattractant Protein-1 (MCP-1)), and an imbalance of anti-inflammatory cytokines (IL-22, IL-37). Cells in ectopic lesions also contained a higher levels of toll-like receptors and immune-mediated enzymes. However, the studies were heterogeneous, with inconsistent reporting of immune cell density within epithelial or stromal compartments, and inclusion of samples from different menstrual cycle phases in the same group for analysis. A detailed understanding of the immune cell phenotypes present in eutopic and ectopic endometrium in adenomyosis and associated dysregulated inflammatory processes will provide further insight into the pathogenesis, to enable identification of fertility-sparing treatments as an alternative to hysterectomy.

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Status: Embase

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Publisher: Elsevier Ireland Ltd

Year of Publication: 2023

70.

Pelvic floor physical therapy and mindfulness: approaches for chronic pelvic pain in women—a systematic review and meta-analysis.

Bittelbrunn C.C., de Fraga R., Martins C., Romano R., Massaneiro T., Mello G.V.P., Canciglieri M.

Embase

Archives of Gynecology and Obstetrics. 307(3) (pp 663-672), 2023. Date of Publication: March 2023.

[Review]

AN: 2015560784
**Purpose:** Chronic pelvic pain (CPP) in women is a complex syndrome and symptoms are associated with sexual dysfunction, musculoskeletal and myofascial disorders, and comorbid psychiatric disorders. Its widespread prevalence results in substantial expense due to therapy and lost productivity, and it is perhaps one of the most urgent and neglected medical needs. This systematic review and meta-analysis aimed to estimate the role of mindfulness and pelvic floor physical therapy (PFPT) in the treatment or management of women with CPP.

**Method(s):** This systematic review (CRD42020204987) searched for relevant publications between January 2000 and November 2020 on MEDLINE/PubMed, Web of Science, One File GALE, and Technology Research databases using the following search terms: chronic pelvic pain, pelvic floor physical therapy/physiotherapy, mindfulness, and their variants. Risk of bias and quality of evidence were evaluated.

**Result(s):** Seven clinical trials (n = 279) were included in the review, and five in the meta-analysis (n = 225). For the pain outcome and its catastrophizing, there was a statistical difference for the Pain Catastrophizing Scale after treatment and during follow-up with mindfulness and PFPT (MD = - 3.82 [- 6.97, - 0.68], p = 0.01, and MD = - 4.49 [- 7.61, - 1.37], p = 0.00, respectively). Sexual function, assessed by the female sexual function index, differed significantly during follow-up between PFPT and mindfulness (MD = - 0.72 [- 1.38, - 0.05], p = 0.03).

**Conclusion(s):** The small number of studies applying both PFPT and mindfulness to CPP suggests that a multidisciplinary approach is required to treat women with CPP, and further studies involving these therapeutic techniques throughout the CPP cycle are needed.

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Status: Embase

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**Publisher:** Springer Science and Business Media Deutschland GmbH

**Year of Publication:** 2023

**Endometriosis and dysbiosis: State of art.**

Zizolfi B., Foreste V., Gallo A., Martone S., Giampaolino P., Di Spiezo Sardo A.

Embase

Endometriosis is a complex and heterogeneous disease affecting approximately 10% of reproductive age women. The hypothesis that alterations in the microbiota are involved in the pathogenesis of endometriosis has been postulated. Possible explanations for the implications of dysbiosis in endometriosis include the Bacterial Contamination hypothesis and immune activation, cytokine-impaired gut function, altered estrogen metabolism and signaling. Thus, dysbiosis, disrupt normal immune function, leading to the elevation of proinflammatory cytokines, compromised immunosurveillance and altered immune cell profiles, all of which may contribute to the pathogenesis of endometriosis. The aim of this review is to summarize the available literature data about the relationship between microbiota and endometriosis.

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Effect of Domperidone on Children with Functional Abdominal Pain: A Randomized Controlled Clinical Trial.


Embase

Background: One of the most common functional problems in children is functional abdominal pain (FAP), and dysmotility is one of the possible causes of FAP. Domperidone is a prokinetic drug that increases gastrointestinal motility.

Objective(s): The aim of this study was to evaluate the effect of domperidone on the treatment of FAP in children.

Method(s): In this double-blind clinical trial study, FAP was diagnosed in 80 children aged 5-14 years, who were referred to Amirkola Children's Hospital in Babol for one year based on the criteria of the Rome IV. Then, they were randomly divided into two groups of 40 patients. Group A received domperidone tablets (0.25 mg/kg, three-time/day) for two months, and group B received a placebo. The primary outcome was at least a 50% reduction in both frequency and severity of pain, and the secondary outcome was a significant reduction in the duration, frequency, and intensity of pain according to the Wong-Baker scale compared to baseline.
Result(s): A total of 80 children completed the trial (40 with domperidone). The recovery rate was higher in the domperidone group than in the placebo group after eight weeks (71.8% vs. 28.2%; P < 0.0001), and domperidone had significant superiority over the placebo in reducing the duration (4.58 +/- 7.71 vs. 24.5 +/- 41.45, min/day, P < 0.001), frequency (3.35 +/- 3.99 vs. 10.63 +/- 10.55, episode/week, P < 0.001), and intensity (2.20 +/- 2.16 vs. 5.05 +/- 2.37, P < 0.001) of the pain.

Conclusion(s): Based on the results, domperidone can be useful in the treatment of FAP in children.

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Publisher: Brieflands

Clinical Trial Number: IRCT20160308026973N2/IRCT

Year of Publication: 2023

73.

Quality, Value, and Efficacy of Complementary and Alternative Medicine in the Treatment of Interstitial Cystitis/Bladder Pain Syndrome.

Bouchard B., Campeau L.

Embase

Current Bladder Dysfunction Reports. 18(1) (pp 51-58), 2023. Date of Publication: March 2023.

[Review]

AN: 2020314624

Purpose of Review: Interstitial cystitis/bladder pain syndrome (IC/BPS) is a difficult condition to treat, and few treatments have been demonstrated to be effective. Patients are therefore often willing to try treatments that traditional medicine does not offer, such as complementary and alternative medicine (CAM). The purpose of this paper is to review the current CAM treatments for IC/BPS. Recent Findings: Several modalities have been explored in the treatment of IC/BPS. Dietary modification with the elimination of arylalkylamine-containing foods has been shown to reduce symptom flares. Different nutraceuticals have also been studied. Promising results were shown for calcium glycerophosphate taken before the ingestion of foods responsible for symptom flares. The glycosaminoglycan layer appears to be damaged in this condition, and therefore intravesical and oral therapies targeting this layer have the potential of improving symptoms.
Mind-body interventions including yoga, mindfulness-based stress reduction, and hypnosis can improve symptoms, relaxation, and help patients in feeling more empowered. Manipulative approaches such as myofascial physical therapy, transvaginal biofeedback, and intravaginal Thiele massage can improve pelvic floor hypertonicity. Pulsed electromagnetic field therapy and acupuncture with or without moxibustion are associated with a reduction in pain.

**Summary:** Different areas of complementary and alternative medicine have been studied for the treatment of IC/BPS, including biologically based therapies, mind-body interventions, manipulative and body-based approaches, and whole medical systems. These therapies have shown promising results. However, most of them have a small number of participants and do not provide high-quality evidence regarding their effectiveness. Randomized, placebo-controlled studies should be conducted to establish the efficacy of CAMs.

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**Status:** Embase

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**Publisher:** Springer

**Year of Publication:** 2023

74.

**Patients With Functional Somatic Syndromes-Fibromyalgia, Irritable Bowel Syndrome, Chronic Headaches, and Chronic Low Back Pain-Have Lower Outcomes and Higher Opioid Usage and Cost After Shoulder and Elbow Surgery.**

Masood R., Mandalia K., Moverman M.A., Puzzitiello R.N., Pagani N.R., Menendez M.E., Salzler M.J.

Embase


[Review]

**AN:** 2022285687

**Purpose:** To perform a systematic review assessing the relationship between functional somatic syndromes (FSSs) and patient-reported outcome measures (PROMs), postoperative opioid consumption, and hospitalization costs after shoulder and elbow surgery.

**Method(s):** A systematic review of the PubMed and Web of Science databases was conducted according to Preferred Reporting Items for Systematic Review and Meta-Analysis guidelines to identify all studies evaluating the effect of having at least 1 FSS (fibromyalgia, irritable bowel syndrome, chronic headaches, chronic low back pain) on outcomes after shoulder and elbow surgeries. Outcomes of interest included postoperative analgesic use, PROMs, and hospitalization costs.
Result(s): The review identified a total of 320 studies, of which 8 studies met the inclusion criteria. The total number of participants in our 8 included studies was 57,389. Three studies (n = 620) reported PROMs. These studies demonstrated that the presence of at least 1 FSS is predictive of significantly greater pain scores and lower quality of recovery, Disability Arm Shoulder and Hand, American Shoulder and Elbow Surgeons Shoulder Score, and Single Assessment Numeric Evaluation scores postoperatively. Although scores were inferior in among patients with FSS, 2 of the 3 studies showed improvement in PROMs in this group of patients. Seven studies (n = 56,909) reported postoperative opioid use. Of these, 5 reported that a diagnosis of at least 1 FSS was a strong risk factor for long-term opioid use after surgery. One study (n = 480) found that time-driven activity-based costs were significantly greater in patients with FSSs.

Conclusion(s): Patients with functional somatic syndromes have less-favorable PROMs postoperatively, consume more opioids postoperatively, and have greater health care costs after elective shoulder and elbow procedures. Although PROMs among patients with FSSs are inferior compared with those without FSSs, PROMs still improved compared with baseline.

Level of Evidence: Level III, systematic review of Level II-III studies.

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Status: Article-in-Press

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Publisher: W.B. Saunders

Year of Publication: 2023

75.

Transcranial direct current stimulation to reduce chronic pelvic pain in endometriosis: Phase II Randomized Controlled Clinical Trial.


Embase

[Article]

AN: 640528219

BACKGROUND: It is known that various chronic pain conditions lead to maladaptive changes in the central nervous system. Endometriosis is frequently associated with chronic pelvic pain (CPP). Its sufficient treatment remains a clinical challenge. Transcranial direct current stimulation
(tDCS) has been shown to be a powerful method to reduce chronic pain. Therefore, this study aimed to investigate pain reduction via anodal tDCS in patients with endometriosis and CPP.

METHOD(S): This clinical phase-II, placebo-controlled, randomized, parallel designed study included 36 patients with endometriosis and CPP. All patients suffered from CPP defined as >=3/10 on the visual analog scale (VAS) for >=3month in the past six months. Anodal or placebo tDCS (18 patients per arm) was applied over the primary motor cortex for 10days. Primary outcome measure was pressure pain threshold (objective pain measure) as well as secondary outcomes were numerical rating scale (NRS, subjective pain measure), Von-Frey-monofilaments, and disease- and pain-related questionnaires. Data was collected at baseline, after the 10-day stimulation and at a follow-up session, which took place one week after ending tDCS. Statistical analyses were performed using ANOVA and t-tests.

RESULT(S): Significant decreased pain perception in both pain measurements: i) pressure pain threshold and ii) NRS were found for the active tDCS group compared to the placebo group. This proof-of-concept study shows that tDCS is a helpful/supporting pain therapy for patients with endometriosis and CPP. Moreover, further analyses revealed that one week after finishing the stimulation, pain reduction remained significantly decreased as indexed by pressure pain threshold indicating possible long-term analgesic effects. CONCLUSION/SIGNIFICANCE: The present study provides evidence that tDCS is an effective therapy for pain reduction in endometriosis-associated CPP. The results found support the notion that CPP is developed and maintained in the central nervous system making a multimodal pain therapy necessary.

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Publisher: NLM (Medline)

Clinical Trial Number: https://clinicaltrials.gov/show/NCT05231239

Year of Publication: 2023

76.

Mediators of change in cognitive-behavioral couple therapy for genito-pelvic pain: Results of a randomized clinical trial.

OBJECTIVE: A novel cognitive-behavioral couple therapy (CBCT) has shown efficacy for treating provoked vestibulodynia (PVD), the most common type of genito-pelvic pain, in comparison to topical lidocaine. However, mechanisms of therapeutic change have not been determined. We examined women's and partners' pain self-efficacy and pain catastrophizing as mediators of change in CBCT, using topical lidocaine as a control group.

METHOD(S): 108 couples coping with PVD were randomized to 12-week CBCT or topical lidocaine and assessed at pre-treatment, post-treatment, and six-month follow-up. Dyadic mediation analyses were conducted.

RESULT(S): CBCT was not more effective in increasing pain self-efficacy than topical lidocaine, so this mediator was discarded. In women, decreases in pain catastrophizing at post-treatment mediated improvement in pain intensity, sexual distress, and sexual function. In partners, decreases in pain catastrophizing at post-treatment mediated improvement in sexual function. Partners' decreases in pain catastrophizing also mediated reductions in women's sexual distress.

CONCLUSION(S): Pain catastrophizing may be a mediator specific to CBCT for PVD, explaining improvements in pain and sexuality. (PsycInfo Database Record (c) 2023 APA, all rights reserved).


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Publisher: NLM (Medline)

Clinical Trial Number: https://clinicaltrials.gov/show/NCT01935063

Year of Publication: 2023

77.

Comparison of transcutaneous tibial nerve stimulation versus percutaneous tibial nerve stimulation in category IIIB chronic prostatitis/chronic pelvic pain syndrome: A randomized prospective trial.

Sevim M., Alkis O., Kartal I.G., Kazan H.O., Ivelik H.I., Aras B., Kabay S.
**Background:** Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) is a heterogeneous condition that impacts the Quality of life severely, and it has multimodal complex treatment options. We aimed to compare the efficacy of two well-described neuromodulation therapies, transcutaneous tibial nerve stimulation (TTNS) versus percutaneous tibial nerve stimulation (PTNS) in the treatment of category IIIB CP/CPPS.

**Method(s):** This study was designed as a randomized prospective clinical trial. We randomized category IIIB CP/CPPS patients into two treatment groups as TTNS and PTNS groups. Category IIIB CP/CPPS was diagnosed by two or four-glass Meares-Stamey test. All patients included in our study were antibiotic/anti-inflammatory resistant. Transcutaneous and percutaneous treatments were applied 30 min sessions for 12 weeks. Patients were evaluated by Turkish-validated National Health Institute Chronic Prostatitis Symptom Index (NIH-CPSI) and visual analogue scale (VAS) initially and after treatment. Treatment success was evaluated within each group and also compared with each other.

**Result(s):** A total of 38 patients in the TTNS group and 42 patients in the PTNS group were included in the final analysis. The mean VAS scores of the TTNS group were lower than the PTNS group initially (7.11 and 7.43, respectively), \( p = 0.03 \). The pretreatment NIH-CPSI scores were similar between groups \( p = 0.07 \). VAS scores, total NIH-CPSI, NIH-CPSI micturation, NIH-CPSI pain, and NIH-CPSI QoL scores decreased significantly at the end of the treatment in both groups. We found a significantly higher VAS and NIH-CPSI scores decrease in the PTNS group compared to the TTNS group \( p < 0.01 \).

**Conclusion(s):** Both PTNS and TTNS are effective treatment methods in category IIIB CP/CPPS. Comparing the two methods, PTNS provided a higher level of improvement in terms of pain and quality of life.

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**Status:** Article-in-Press

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**Publisher:** John Wiley and Sons Inc

**Year of Publication:** 2023

78.

"Time is on my side". Disease trajectory of vulvodynia: a systematic review with a narrative synthesis.

Cetera G.E., Merli C.E.M., Facchin F., Barbara G., Caia C., Libutti G., Boero V.

Embase

Purpose: The aim of this systematic review was to shed light on the disease-trajectory of vulvodynia and identify potential risk factors which may affect such trajectory. Method(s): We searched Pubmed to identify articles providing evidence on vulvodynia trajectory (i.e., remission, relapse or persistence rates) with a minimum follow-up of 2 years. A narrative approach was used for data synthesis. Result(s): Four articles were included (total participants: 741 women with vulvodynia; 634 controls). At a 2-year follow-up, 50.6% of women reported remission, remission with relapse was observed in 39.7% and persistence throughout time occurred in 9.6%. A decrease in pain was observed in 71.1% of patients at a 7-year follow-up. Mean pain scores and depressive symptoms resulted lower at 2-year follow-up, whereas sexual function and satisfaction were increased. Factors associated with remission of vulvodynia were greater couple cohesion, decreased reporting of pain after intercourse and lower levels of worst pain. Risk factors for symptom persistence included marriage, more severe pain ratings, depression, pain with partner touch, interstitial cystitis, pain with oral sex, fibromyalgia, older age and anxiety. Recurrence was associated with: longer duration of pain, more severe ratings of the worst pain ever and pain described as provoked. Conclusion(s): Symptoms of vulvodynia seem to improve over time, regardless of treatment. This finding contains a key message for patients and their physicians, considering the deleterious consequences of vulvodynia on women's lives. Copyright © 2023, The Author(s), under exclusive licence to Springer-Verlag GmbH Germany, part of Springer Nature.


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Publisher: Springer Science and Business Media Deutschland GmbH

Year of Publication: 2023

Comparison of four-year toxicities and local control of ultra-hypofractionated vs moderate-hypofractionated image guided prostate radiation with HDR brachytherapy boost: A phase I-II single institution trial.

Beaudry M.M., Carignan D., Foster W., Lavallee M.C., Aubin S., Lacroix F., Poulin E., Lachance B., Despres P., Beaulieu L., Vigneault E., Martin A.G.

Embase
Purpose/Objective(s): To analyze the long term efficacy and safety of an ultra-hypofractionated (UHF) radiation therapy prostate treatment regimen with HDR brachytherapy boost (BB) and compare it to moderate-hypofractionated regimens (MHF). Materials/Methods: In this single arm, prospective monocentric study, 28 patients with intermediate risk prostate cancer were recruited in an experimental treatment arm of 25 Gy in 5 fractions plus a 15 Gy HDR BB. They were then compared to two historical control groups, treated with either 36 Gy in 12 fractions or 37.5 Gy in 15 fractions with a similar HDR BB. The control groups included 151 and 311 patients respectively. Patient outcomes were reported using the International Prostate Symptom Score (IPSS) and Expanded Prostate Index Composite (EPIC-26) questionnaires at baseline and at each follow-up visit.

Result(s): Median follow-up for the experimental arm was 48.5 months compared to 47 months and 60 months compared to the 36/12 and 37.5/15 groups respectively. The IPSS and EPIC scores did not demonstrate any significant differences in the gastrointestinal or genitourinary domains between the three groups over time. No biochemical recurrence occurred in the UHF arm as defined by the Phoenix criterion.

Conclusion(s): The UHF treatment scheme with HDR BB seems equivalent to standard treatment arms in terms of toxicities and local control. Randomized control trials with larger cohorts are ongoing and needed to further confirm our findings.

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Status: Embase

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Publisher: Elsevier Ireland Ltd

Year of Publication: 2023

80.


Embase Injury. 54(3) (pp 954-959), 2023. Date of Publication: March 2023.

[Article]

AN: 2021131556

Background: To compare pain and function in patients with unstable posterior pelvic fractures stabilized with posterior fixation who undergo iliosacral screw removal versus those who retain their iliosacral screws.

Method(s): A prospective observational cohort study identified 59 patients who reported pain at least 4 months after iliosacral screw fixation of an unstable posterior pelvic ring fracture from
The primary intervention was iliosacral screw removal versus a matched iliosacral screw retention control group. Patient-reported pain was measured with the 10-point Brief Pain Inventory, and patient-reported function was measured with the Majeed Pelvic Outcome Score. Both measured within 6 months of the intervention.

Result(s): Before iliosacral screw removal, the mean pain was 4.7 (SD, 3.0) compared with 4.7 (SD, 3.0) in the matched control group. Following iliosacral screw removal, the average pain in the screw removal group was 3.7 (SD, 2.7) and 3.3 (SD, 2.5) in the matched control group. We found no evidence that iliosacral screw removal reduced pain in this population (mean difference, 0.2 points; 95% CI, -1.0 to 1.5; p = 0.71). In addition, the improvement in function after iliosacral screw removal was not statistically indistinguishable from zero (mean difference, 3.1 points; 95% CI, -4.6 to 10.9; p = 0.42).

Conclusion(s): The results suggest that iliosacral screw removal offers no significant pelvic pain or function benefit when compared with a matched control group. Surgeons should consider these data when managing patients with pelvic pain who are candidates for iliosacral screw removal.


Status: Embase

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Publisher: Elsevier Ltd

Clinical Trial Number: https://clinicaltrials.gov/show/NCT02652611

Year of Publication: 2023

Women with Chronic Pelvic Pain Demonstrate Increased Lumbopelvic Muscle Stiffness Compared to Asymptomatic Controls.


Embase
Journal of Women's Health. 32(2) (pp 239-247), 2023. Date of Publication: 01 Feb 2023.

[Article]

AN: 2022927417

Background: Although lumbopelvic muscle stiffness is commonly clinically assessed in women with chronic pelvic pain (CPP), it has not been objectively quantified in this population, and its association with other pain-related impairments has not yet been established.
Objective(s): To compare superficial lumbopelvic muscle stiffness in women with and without CPP. In addition, pressure pain threshold (PPT) was compared between groups and the associations between muscle stiffness and PPT were assessed in women with CPP.

Study Design: Case-control.
Method(s): Muscle stiffness and PPT of 11 lumbopelvic muscles were assessed in 149 women with CPP and 48 asymptomatic women. Subjective outcome measures, including pelvic floor function, health history, and psychosocial outcomes, were collected before muscle stiffness and PPT measurements. Analysis of covariance was used to compare muscle stiffness differences between groups, and independent t-Tests were used to compare PPT between groups. Associations between measurements of PPT and muscle stiffness were calculated using correlation analysis.
Result(s): Five of the 11 muscles measured were significantly stiffer in women with CPP than those without CPP (p < 0.05). PPT was significantly decreased in all muscles measured in women with CPP; however, there was not a significant association between muscle stiffness and PPT in women with CPP.
Conclusion(s): The study identified the abdominal lumbopelvic muscles that have increased stiffness in women with CPP compared to asymptomatic women. In addition, muscle stiffness and PPT are two distinct impairments within this population. The results suggest that women with CPP have peripheral muscle impairments, which may be addressed without intravaginal or intrarectal intervention. Clinical Trial Registration: NCT04851730.
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**Objective:** The objective of this study was to objectively evaluate the improvement of chronic pelvic pain in patients with congestive pelvic syndrome undergoing pelvic venous embolization treatment through the Visual Analog Scale (VAS) measurement.

**Method(s):** This is a meta-analysis conducted by evaluating descriptors indexed in the Medical Subject Heading platform and variable terms in the following databases: PubMed, ScienceDirect, LILACS, Cochrane Library, and CINAHL up until March 2021. The study was registered in the PROSPERO platform with reference number CRD42021246488.

**Result(s):** A total of 1426 patients (age range, 31-49 years; 100% female), included in 19 studies (range, 11-520 patients), met the inclusion criteria. All studies showed a decrease in mean VAS scores after pelvic venous embolization ($P < .001$). There was a reduction of 5.15 points (95% confidence interval [CI], 4.44-5.86; $I^2 = 97\%$) in VAS considering a meta-analysis with random effects. Dyspareunia, dysuria, and dysmenorrhea symptoms improved in 79.8% ($n = 401$), 77.3% ($n = 205$), and 46.7% ($n = 303$) of symptomatic patients, respectively. Studies that evaluated associated symptoms through the VAS also reported a decrease in mean scores for dyspareunia (1.8 points; 95% CI, 1.07-2.53; $I^2 = 0\%$), dysuria (1.63 points; 95% CI 0.84-2.41; $I^2 = 0\%$), and dysmenorrhea (2.7 points; 95% CI 1.87-3.53; $I^2 = 0\%$). The procedure was mostly performed in gonadal and hypogastric veins (72.5%), followed by left ovarian vein alone (18.7%) and bilateral gonadal veins (7%). Embolizing agents used were coils and/or vascular plugs (76.5%), liquid (4%), or combined (19.4%) agents, with clinical improvement maintained during a mean follow-up period of 21.7 months. Regarding recurrence of symptoms, pelvic pain was the most reported, with 52 recurrences (6.1%) in a mean time of 8.5 to 21 months, followed by lower limb varicosities with 43 recurrences (16.6%). Coil migration was the most common major complication with 29 occurrences (2%), followed by thrombosis with one occurrence (0.07%).

**Conclusion(s):** Pelvic venous embolization is efficient in reducing chronic pelvic pain secondary to the symptomatic pelvic congestive syndrome and its related symptoms objectively evaluated by the VAS. Studies with greater follow-up that promote comparison between techniques to treat symptomatic patients are required.

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**Publisher:** Elsevier Inc.

**Year of Publication:** 2023

**Recall bias in pain scores evaluating abdominal wall and groin pain surgery.**


Embase

Hernia. 27(1) (pp 41-54), 2023. Date of Publication: February 2023.

[Article]

**AN:** 2019659592

**Purpose:** To determine whether levels of pre-operative pain as recalled by a patient in the post-operative phase are possibly overestimated or underestimated compared to prospectively scored
pain levels. If so, a subsequent misclassification may induce recall bias that may lead to an erroneous effect outcome.

Method(s): Data of seven retrospective cohort studies on surgery for chronic abdominal wall and groin pain using three different pain scores were systematically analyzed. First, it was assessed whether retrospectively acquired pre-operative pain levels, as scored by the patient in the post-operative phase, differed from prospectively obtained pre-operative pain scores. Second, it was determined if errors associated with retrospectively obtained pain scores potentially lead to a misclassification of treatment outcome. Third, a meta-analysis established whether recall misclassifications, if present, affected overall study conclusions.

Result(s): Pain data of 313 patients undergoing remedial surgery were evaluated. The overall prevalence of misclassification due to a recall error was 13.7%. Patients not benefitting from surgery (‘failures’) judged their pre-operative pain level as more severe than it actually was. In contrast, patients who were pain free after remedial surgery (‘successes’) underestimated pre-operative pain scores. Recall misclassifications were significantly more present in failures than in successful patients (odds ratio 2.4 [95% CI 1.2-4.8]).

Conclusion(s): One in seven patients undergoing remedial groin surgery is misclassified on the basis of retrospectively obtained pre-operative pain scores (success instead of failure, or vice versa). Misclassifications are relatively more present in failures after surgery. Therefore, the effect size of a therapy erroneously depends on its success rate.

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Status: Embase

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Publisher: Springer-Verlag Italia s.r.l.

Year of Publication: 2023

84.

The clinical application of intravesical botulinum toxin A injection in patients with overactive bladder and interstitial cystitis.

Jiang Y.-H., Jhang J.-F., Kuo H.-C.

Embase
Tzu Chi Medical Journal. 35(1) (pp 31-37), 2023. Date of Publication: January 2023.

[Review]

AN: 2022751278
Botulinum toxin A (BoNT-A) has been widely used in several urological functional disorders including neurogenic detrusor overactivity (NDO), overactive bladder (OAB), lower urinary tract dysfunction, and interstitial cystitis/bladder pain syndrome (IC/BPS). Chronic inflammation is found in a large proportion of patients with OAB and IC/BPS. The chronic inflammation activates sensory afferents which resulting in central sensitization and bladder storage symptoms. Because BoNT-A can inhibit the sensory peptides released from the vesicles in sensory nerve terminals, the inflammation can be reduced and symptom subsided. Previous studies have demonstrated that the quality of life improved after BoNT-A injections, both in neurogenic and non-NDO. Although the use of BoNT-A in treatment of IC/BPS has not been approved by FDA, intravesical BoNT-A injection has been included in the AUA guideline as the fourth line therapy. Generally, intravesical injections of BoNT-A are well tolerated, though transient hematuria and urinary tract infection can occur after the procedure. In order to prevent these adverse events, experimental trials have been conducted to test if BoNT-A can be delivered into the bladder wall without intravesical injection under anesthesia such as using liposomes encapsulated BoNT-A or application of low energy shock wave on the bladder to facilitate BoNT-A penetrating across the urothelium and treat OAB or IC/BPS. This article reviews current clinical and basic researches of BoNT-A on OAB and IC/BPS.

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Status: Embase

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Publisher: Wolters Kluwer Medknow Publications

Year of Publication: 2023

85.


Embase European Urology Focus. 9(1) (pp 172-177), 2023. Date of Publication: January 2023.

[Review]

AN: 2019631606

Context: Despite the high prevalence of a myofascial pain component in chronic pelvic pain (CPP) syndromes, awareness and management of this component are lacking among health care providers.

Objective(s): To summarize the current state of the art for the management of myofascial pain in chronic primary pelvic pain syndromes (CPPPS) according to scientific research and input from experts from the European Association of Urology (EAU) guidelines panel on CPP.

Evidence Acquisition: A narrative review was undertaken using three sources: (1) information in the EAU guidelines on CPP; (2) information retrieved from the literature on research published in the past 3 yr on myofascial pelvic pain; and (3) expert opinion from panel members.
Evidence Synthesis: Studies confirm a high prevalence of a myofascial pain component in CPPPS. Examination of the pelvic floor muscles should follow published recommendations to standardize findings and disseminate the procedure. Treatment of pelvic floor muscle dysfunction and pain in the context of CPP was found to contribute to CPP control and is feasible via different physiotherapy techniques. A multidisciplinary approach is the most effective.

Conclusion(s): Despite its high prevalence, the myofascial component of CPP has been underevaluated and undertreated to date. Myofascial pain must be assessed in all patients with CPPPS. Treatment of the myofascial pain component is relevant for global treatment success. Further studies are imperative to reinforce and better define the role of each physiotherapy technique in CPPPS.

Patient Summary: Pain and inflammation of the body's muscle and soft tissues (myofascial pain) frequently occurs in pelvic pain syndromes. Its presence must be evaluated to optimize management for each patient. If diagnosed, myofascial pain should be treated.


Status: Embase

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Publisher: Elsevier B.V.

Year of Publication: 2023

Psychological interventions improve quality of life despite persistent pain in endometriosis: results of a 3-armed randomized controlled trial.


Embase
Quality of Life Research. (no pagination), 2023. Date of Publication: 2023.

[Article]
AN: 2021667317

**Purpose:** Despite standard medical treatment endometriosis is often associated with disabling pain and poor quality of life (QoL). Studies indicate that psychological interventions (PIs) may improve pain and QoL, yet studies on the effects of PIs for women with endometriosis are sparse and limited by low-quality study designs. Therefore, this study aimed, in a rigorous three-armed design, to evaluate the effect of PIs on chronic pelvic pain (CPP) and QoL in women with endometriosis.

**Method(s):** This three-armed parallel, multi-center randomized controlled trial included fifty-eight endometriosis patients reporting severe CPP \( \geq 5 \) for pain intensity measured on a 0-10-point numeric rating scale (NRS). Patients were randomly assigned to (1) Specific mindfulness- and acceptance-based psychological intervention (MY-ENDO), (2) Carefully matched non-specific psychological intervention (Non-specific), or (3) A wait-list control group (WL). The primary outcome was pelvic pain intensity/unpleasantness measured on NRS. Secondary outcomes included endometriosis-related quality of life, workability, pain acceptance, and endometriosis-related symptoms. Differences in outcomes between groups at post-treatment follow-up were analyzed using mixed linear models. Analyses were performed on an intention-to-treat basis.

**Result(s):** Compared to WL, psychological intervention (MY-ENDO + Non-specific) did not significantly reduce pain. However, psychological intervention did significantly improve the QoL subscales 'control and powerlessness', 'emotional well-being', and 'social support' as well as the endometriosis-related symptoms 'dyschezia' and 'constipation'. MY-ENDO was not superior to Non-specific.

**Conclusion(s):** Women with endometriosis may have significant and large effects of psychological intervention on QoL despite an ongoing experience of severe CPP. Trial registration: 12 April 2016, clinicaltrials.gov (NCT02761382), retrospectively registered.

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Status: Article-in-Press

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**Publisher:** Springer Science and Business Media Deutschland GmbH
87.

**Therapeutic effects of melatonin on endometriosis, targeting molecular pathways: Current knowledge and future perspective.**

Sharifi M., Rajabpoor Nikoo N., Badehnoosh B., Shafabakhsh R., Asemi R., Reiter R.J., Asemi Z.

Embase
Pathology Research and Practice. 243 (no pagination), 2023. Article Number: 154368. Date of Publication: March 2023.

[Review]

**AN:** 2022677356

Endometriosis, the very serious disease in women creates a huge financial burden worldwide, which is comparable to diabetes mellitus. In addition to the typical pelvic pain, endometriosis is related to low life quality and decreased work efficiency; clinical consequences include mood complaints, metabolic impairments, inflammation, immunologic problems, and elevated malignancy risks. Several risk factors are correlated with endometriosis including elevated oxidative and nitrosative stress, long-lasting inflammation, raised immune tolerance, as well as autoimmunity. Melatonin is a natural molecule present throughout both the plant and animal kingdoms. It has numerous functions as an antioxidant and anti-inflammatory agent. Due to the anti-proliferative, antioxidant, anti-inflammatory, and anti-invasive features of melatonin, it performances as a beneficial agent to limit endometriosis; this involves several pathways including antiestrogenic, antioxidant, anti-inflammatory, and anti-apoptosis effects, as well as reducing the growth of E2-induced endometriotic tissue. Moreover, melatonin can favor sleep quality and decrease the unwanted signs in the patients. However, most of the data on melatonin accrued from experimental works and additional clinical trials are needed. This review summarizes what is currently known regarding the influence of melatonin on endometriosis.

Availability of data and material: Not applicable.

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**Status:** Embase

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**Publisher:** Elsevier GmbH

**Year of Publication:** 2023
A Single Session of a Digital Health Tool-Delivered Exercise Intervention May Provide Immediate Relief from Pelvic Pain in Women with Endometriosis: A Pilot Randomized Controlled Study.


Embase

[Article]

AN: 2021563933

Background: Endometriosis is a debilitating chronic condition that is commonly associated with chronic pelvic pain, affecting approximately 10% of women of reproductive age worldwide. The general principle of pain management in this population involves both pharmacological and surgical interventions. There is also increasing interest in the use of exercise as an alternative non-pharmacological analgesic, but adherence and accessibility to face-to-face exercise-delivery modalities are poor. This study aims to determine the immediate impact of a single session of 'supervised' telehealth-delivered exercise compared to 'self-managed' virtual reality (VR)-delivered exercise on pelvic pain associated with endometriosis.

Method(s): Twenty-two women experiencing pelvic pain due to endometriosis were included and randomized into three groups: (i) VR-delivered exercise group (n = 8); (ii) telehealth-delivered exercise group (n = 8); and (iii) control group (n = 6). The visual analogue scale (VAS) was used to assess the severity of pelvic pain.

Result(s): There was no statistically significant between-group difference (p = 0.45) in the participants' pain score following a single session of the study interventions (VR or telehealth) or the control. However, a 'medium-to-large' group x time interaction effect (eta2 = 0.10) was detected, indicating a more favorable pain score change following a single session of telehealth-(pre-post: +10 +/- 12 mm) and VR-delivered exercise (pre-post: +9 +/- 24 mm) compared to the control group (pre-post: +16 +/- 12 mm).

Conclusion(s): Our study suggests that a single bout of a 'self-managed' VR-delivered exercise may be as efficacious as a single session of 'supervised' telehealth-delivered exercise in providing immediate relief from pelvic pain associated with endometriosis.

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Status: Embase

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89.

**Complementary Approaches for Military Women with Chronic Pelvic Pain: A Randomized Trial.**

Crisp C.D., Baldi R., Fuller M., Abreu E., Nackley A.G.

**Introduction:** Active duty (AD) women suffer with chronic pelvic pain (CPP) while providers tackle diagnoses and treatments to keep them functional without contributing to the opioid epidemic. The purpose of this randomized trial was to determine the effectiveness of noninvasive, self-explanatory mindfulness-based stress reduction (MBSR) or self-paced healthy lifestyle (HL) interventions on CPP in AD women.

**Method(s):** A 6-week, interventional prospective study with AD women aged 21-55 years at Mountain Home (MTHM), Idaho, was conducted. Women were randomly assigned to MBSR (N = 21) or HL (N = 20) interventions. The primary outcome was pain perception. The secondary outcomes were depression and circulating cytokine levels.

**Result(s):** Women in the MBSR group exhibited reduced pain interference (p < 0.01) and depression (p < 0.05) alongside decreased interleukin (IL)-4 (p < 0.05), IL-6 (p < 0.05), eotaxin (p < 0.05), monocyte chemoattractant protein-1 (p = 0.06), and interleukin-1 receptor antagonist (IL-1ra) (p < 0.01) and increased vascular endothelial growth factor (p < 0.05). Women in the HL group did not have changes in pain; however, they did exhibit reduced depression (p < 0.05) alongside decreased granulocyte-macrophage colony-stimulating factor (p < 0.05) and increased tumor necrosis factor alpha (p < 0.05), stromal cell-derived factor-1 (p < 0.01), and IL-1ra (p < 0.01).

**Conclusion(s):** AD women receiving MBSR or HL had reduced depression scores and altered circulating cytokine levels; however, only those receiving MBSR had reduced pain perception. Findings support MBSR as an effective and viable behavioral treatment for AD women suffering from CPP and provide premise for larger randomized controlled studies. Clinical Trial Registration: MOCHI-An RCT of mindfulness as a treatment for CPP in AD Women NCT04104542 (September 26, 2019).

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**Status:** Embase

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Embase
Journal of Midwifery and Women's Health. 68(1) (pp 9-34), 2023. Date of Publication: January/February 2023.

[Review]

AN: 2020664650

Vulvodynia affects 7% of American women, yet clinicians often lack awareness of its presentation. It is underdiagnosed and often misdiagnosed as vaginitis. The etiology of vulvodynia remains unknown, making it difficult to identify or develop effective treatment methods. The purpose of this article is to (1) review the presentation and evaluation of vulvodynia, (2) review the research on vulvodynia treatments, and (3) aid the clinician in the selection of vulvodynia treatment methods. The level of evidence to support vulvodynia treatment varies from case series to randomized controlled trials (RCTs). Oral desipramine with 5% lidocaine cream, intravaginal diazepam tablets with intravaginal transcutaneous electric nerve stimulation (TENS), botulinum toxin type A 50 units, enoxaparin sodium subcutaneous injections, intravaginal TENS (as a single therapy), multimodal physical therapy, overnight 5% lidocaine ointment, and acupuncture had the highest level of evidence with at least one RCT or comparative effectiveness trial. Pre to posttest reduction in vulvar pain and/or dyspareunia in non-RCT studies included studies of gabapentin cream, amitriptyline cream, amitriptyline with baclofen cream, up to 6 weeks' oral itraconazole therapy, multimodal physical therapy, vaginal dilators, electromyography biofeedback, hypnotherapy, cognitive behavioral therapy, cold knife vestibulectomy, and laser therapy. There is a lack of rigorous RCTs with large sample sizes for the treatment of vulvodynia, rendering it difficult to determine efficacy of most treatment methods. Clinicians will be guided in the selection of best treatments for vulvodynia that have the highest level of evidence and are least invasive.

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Status: Embase

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Upadacitinib Induction and Maintenance Therapy Improves Abdominal Pain, Bowel Urgency, and Fatigue in Patients With Ulcerative Colitis: A Post Hoc Analysis of Phase 3 Data.


[Article]

AN: 640327404

BACKGROUND: This post hoc analysis of a large, phase 3 program evaluated the effects of upadacitinib on fatigue, bowel urgency, and abdominal pain in patients with moderately to severely active ulcerative colitis.

METHOD(S): Induction data were pooled from 2 identical studies, the U-ACHIEVE induction and U-ACCOMPLISH studies. Patients in these studies received upadacitinib 45 mg once daily or placebo as induction treatment. Responders to induction treatment were rerandomized in the U-ACHIEVE maintenance study to upadacitinib 15 mg once daily, upadacitinib 30 mg, or placebo. The percentage of patients reporting no abdominal pain and no bowel urgency daily via an electronic diary and a meaningful within-person change (≥5 points) in the Functional Assessment of Chronic Illness Therapy-Fatigue score were evaluated.

RESULT(S): The results demonstrated a statistically significantly greater percentage of patients reporting no abdominal pain and absence of bowel urgency observed from week 2 (P < .001), with upadacitinib induction treatment and clinically meaningful improvements in Functional Assessment of Chronic Illness Therapy-Fatigue score observed at week 8 (P < .001), when compared with placebo. The maintenance study showed that significant and meaningful improvements in abdominal pain, bowel urgency, and Functional Assessment of Chronic Illness Therapy-Fatigue score achieved during induction were sustained through 52 weeks of maintenance treatment in upadacitinib- vs placebo-treated patients.

CONCLUSION(S): The findings of this study support the additional benefit of upadacitinib in treating moderately to severely active ulcerative colitis by demonstrating a statistically significant impact on clinically meaningful symptoms of fatigue, bowel urgency, and abdominal pain. (U-ACHIEVE induction and maintenance studies; NCT02819635; U-ACCOMPLISH induction study; NCT03653026).

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[Review]

AN: 2021580359

Chronic pain induced by endometriosis is a maladaptive pain experienced by half of women with this disease. The lack of pharmacological treatments suitable for the long-term relief of endometriosis-associated pain, without an impact on fertility, remains an urgent unmet need. Progress has been slowed by the absence of a reproducible rodent endometriosis model that fully replicates human physiopathological characteristics, including pain symptoms. Although pain assessment in rodents is a complicated task requiring qualified researchers, the choice of the behavioral test is no less important, since selecting inappropriate tests can cause erroneous data. Pain is usually measured with reflex tests in which hypersensitivity is evaluated by applying a noxious stimulus, yet this ignores the associated emotional component that could be evaluated via non-reflex tests. We conducted a systematic review of endometriosis models used in rodents and the number of them that studied pain. The type of behavioral test used was also analyzed and classified according to reflex and non-reflex tests. Finally, we determined the most used
reflex tests for the study of endometriosis-induced pain and the main non-reflex behavioral tests utilized in visceral pain that can be extrapolated to the study of endometriosis and complement traditional reflex tests.


Status: In-Process

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Publisher: MDPI

Year of Publication: 2023

93.


Embase
Neuourology and Urodynamics. 42(2) (pp 510-522), 2023. Date of Publication: February 2023.

[Article]

AN: 2020623738

Objective: To develop a patient-centered text message-based platform that promotes self-management of symptoms of interstitial cystitis/bladder pain syndrome (IC/BPS).

Method(s): Adult women with IC/BPS interested in initiating a first- or second-line treatments per American Urological Association guidelines (recategorized as "behavioral/non-pharmacologic treatments" and "oral medicines" in the 2022 version) participated in rapid cycle innovation consisting of iterative cycles of contextual inquiry, prototype design and development. We
delivered treatment modules and supportive messages using an algorithm-driven interactive messaging prototype through a HIPAA-compliant texting platform. Patients provided feedback through narrative text messages and an exit interview. Feedback was analyzed qualitatively and used to iteratively revise the platform until engagement >= 85% and accuracy >= 80% were achieved. The final version consisted of four treatment module categories (patient education and behavioral modification, cognitive behavioral therapy, pelvic floor physical therapy, and guided mindfulness practices) and supportive messages delivered through an automated algorithm over 6 weeks.

Result(s): Thirty IC/BPS patients with moderate symptom bother (median IC Problem Index score 9, range 6-12) participated in five cycles of contextual inquiry. Qualitative analysis identified three overarching concepts that informed the development of the platform: preference for patient centered terms, desire to gain self-efficacy in managing symptoms, and need for provider support. Patients preferred the term "interstitial cystitis" to "bladder pain syndrome" which carried the stigma of chronic pain. Patients reported greater self-efficacy in managing symptoms through improved access to mind-body and behavioral treatment modules that helped them to gain insight into their motivations and behaviors. The concept of provider support was informed by shared decision making (patients could choose preferred treatment modules) and reduced sense of isolation (weekly check in messages to check on symptom bother).

Conclusion(s): A patient centered text message-based platform may be clinically useful in the self-management of IC/BPS symptoms.


Status: Embase

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Publisher: John Wiley and Sons Inc

Clinical Trial Number: https://clinicaltrials.gov/show/NCT05260112

Year of Publication: 2023

94.

Women's Experience of Living with Vulvodynia Pain: Why They Participated in a Randomized Controlled Trial of Acupuncture.

AN: 2022494573

Introduction: Vulvodynia is vulvar pain lasting at least 3-months without clear identifiable cause that may have other associated factors. The aim, to explore motivations of women participating in a double-blind randomized controlled trial of acupuncture for vulvodynia.

Method(s): Responses to the question: "Tell me about why you decided to participate in this study" were analyzed using conceptual content analysis to identify patterns in motivation for study participation.

Result(s): Four patterns emerged: 1) desire to address uncontrolled pain, 2) desire for understanding, 3) wish to contribute to knowledge generation, and 4) need to remove cost barriers.

Conclusion(s): Motivations indicate vulvodynia-specific aspects of acceptability of acupuncture. Clinical Trial Registration: NCT03364127.

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Endometriosis: A multimodal imaging review.

Quesada J., Harma K., Reid S., Rao T., Lo G., Yang N., Karia S., Lee E., Borok N.
Endometriosis is a chronic inflammatory disorder characterized by endometrial-like tissue present outside of the uterus, affecting approximately 10% of reproductive age women. It is associated with abdomino-pelvic pain, infertility and other non-gynecologic symptoms, making it a challenging diagnosis. Several guidelines have been developed by different international societies to diagnose and classify endometriosis, yet areas of controversy and uncertainty remain. Transvaginal ultrasound (TV-US) is the first-line imaging modality used to identify endometriosis due to its accessibility and cost-efficacy. Enhanced sonographic techniques are emerging as a dedicated technique to evaluate deep infiltrating endometriosis (DIE), depending on the expertise of the sonographer as well as the location of the lesions. MRI is an ideal complementary modality to ultrasonography for pre-operative planning as it allows for a larger field-of-view when required and it has high levels of reproducibility and tolerability. Typically, endometriotic lesions appear hypoechoic on ultrasonography. On MRI, classical features include DIE T2 hypointensity, endometrioma T2 hypointensity and T1 hyperintensity, while superficial peritoneal endometriosis (SPE) is described as a small focus of T1 hyperintensity. Imaging has become a critical tool in the diagnosis, surveillance and surgical planning of endometriosis. This literature review is based mostly on studies from the last two decades and aims to provide a detailed overview of the imaging features of endometriosis as well as the advances and usefulness of different imaging modalities for this condition.
mHealth Intervention for Improving Pain, Quality of Life, and Functional Disability in Patients With Chronic Pain: Systematic Review.


Embase
JMIR mHealth and uHealth. 11 (pp e40844), 2023. Date of Publication: 02 Feb 2023.

[Review]

AN: 640240732

BACKGROUND: Chronic pain (CP) is one of the leading causes of disability worldwide and represents a significant burden on individual, social, and economic aspects. Potential tools, such as mobile health (mHealth) systems, are emerging for the self-management of patients with CP.

OBJECTIVE(S): A systematic review was conducted to analyze the effects of mHealth interventions on CP management, based on pain intensity, quality of life (QoL), and functional disability assessment, compared to conventional treatment or nonintervention.

METHOD(S): PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analysis) guidelines were followed to conduct a systematic review of randomized controlled trials (RCTs) published in PubMed, Web of Science, Scopus, and Physiotherapy Evidence Database (PEDro) databases from February to March 2022. No filters were used. The eligibility criteria were RCTs of adults (≥18 years old) with CP, intervened with mHealth systems based on mobile apps for monitoring pain and health-related outcomes, for pain and behavioral self-management, and for performing therapeutic approaches, compared to conventional treatments (physical, occupational, and psychological therapies; usual medical care; and education) or nonintervention, reporting pain intensity, QoL, and functional disability. The methodological quality and risk of bias (RoB) were assessed using the Checklist for Measuring Quality, the Oxford Centre for Evidence-Based Medicine Levels of Evidence, and the Cochrane RoB 2.0 tool.

RESULT(S): In total, 22 RCTs, involving 2,641 patients with different CP conditions listed in the International Classification of Diseases 11th Revision (ICD-11), including chronic low back pain (CLBP), chronic musculoskeletal pain (CMSP), chronic neck pain (CNP), unspecified CP, chronic pelvic pain (CPP), fibromyalgia (FM), interstitial cystitis/bladder pain syndrome (IC/BPS), irritable bowel syndrome (IBS), and osteoarthritis (OA). A total of 23 mHealth systems were used to conduct a variety of CP self-management strategies, among which monitoring pain and symptoms and home-based exercise programs were the most used. Beneficial effects of the use of mHealth systems in reducing pain intensity (CNP, FM, IC/BPS, and OA), QoL (CLBP, CNP, IBS, and OA), and functional disability (CLBP, CMSP, CNP, and OA) were found. Most of the included studies (18/22, 82%) reported medium methodological quality and were considered as highly recommendable; in addition, 7/22 (32%) studies had a low RoB, 10/22 (45%) had some concerns, and 5/22 (23%) had a high RoB.

CONCLUSION(S): The use of mHealth systems indicated positive effects for pain intensity in CNP, FM, IC/BPS, and OA; for QoL in CLBP, CNP, IBS, and OA; and for functional disability in CLBP, CMSP, CNP, and OA. Thus, mHealth seems to be an alternative to improving pain-related outcomes and QoL and could be part of multimodal strategies for CP self-management. High-quality studies are needed to merge the evidence and recommendations of the use of mHealth systems for CP management. TRIAL REGISTRATION: PROSPERO International Prospective Register of Systematic Reviews CRD42022315808; https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=315808.


Study to Assess the Performance and Safety of Welme Menstrual Pain Relief Device in Women Suffering from Primary Dysmenorrhea.

Vikram B., Davi A., Chopra R.

Embase

[Article]

AN: 2019114694

Background: Many women consider menstrual pain as severe, incapacitating, and inevitable chronic pain during menstruation often accompanied by Primary dysmenorrhea, known for its negative effect on women’s quality of life. By saying no more to painkillers, the new TENS device, named Welme come up with instant relief for women who are suffering from this.

Aim(s): This study is a Randomized, Controlled, Two-arm, Parallel, Sham-controlled, aimed to assess the performance and safety of the Welme menstrual pain relief device in women suffering from PD.

Material(s) and Method(s): A total of 60 females aged between 18-35 years with dysmenorrheal pain participated in this study and were randomly divided into the intervention group and the sham group, with 30 participants in each group. Participants in the intervention group received TENS, whereas those in the sham group received sham TENS during the menstrual period of 5 days. Result and Conclusion(s): The pain intensity reduction measured by a Visual Analog Scale (VAS), the Cox Menstrual Symptom Scale (CMSS), mean data of analgesics usage, mean data of SF-12 patient questionnaire, patient global impression of change (PGIC) scale, mean data of diary card pain assessment were evaluated. The participants in both groups received the treatments for 2 menstrual cycles and throughout the study, adverse events were assessed and recorded. The study results show that the active TENS method is much more effective in managing primary dysmenorrhea compared to the sham device and gives immediate pain relief and had no negative impact.

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Long-Term Follow-Up Result of Connective Tissue Manipulation in Young Women with Primary Dysmenorrhea: Different Intervention Durations.

Yagci N., Senel A., Atalay O.T., Akman T.C., Can O.K.


[Article]

AN: 2021282090

Abstract: The purpose of this study was to reveal the effect of connective tissue manipulation (CTM) on long-term pain severity, fatigue, sleep quality, premenstrual symptom severity, general health status, anxiety, and depression in women with primary dysmenorrhea (PD). Thirty-five women with PD were divided into two groups. CTM was applied to the participants in each group on the days when they were not on menstruation between two menstrual cycles for the group 1 (n=18) and between three menstrual cycles for the group 2 (n=17). Intensity of menstrual pain, the sleep quality, and fatigue status of the participants during dysmenorrhea were evaluated by the Visual Analog Scale (VAS). Depressive symptoms and anxiety were evaluated using the Beck Depression Inventory (BDI) and the Beck Anxiety Inventory (BAI), respectively. Also, the Premenstrual Syndrome Scale (PMSS) and the General Health Questionnaire (GHQ) were used to investigate the severity of premenstrual symptoms and mental health status during menstrual period. A significant decrease in the pain severity and fatigue of the participants was observed in both group 1 and group 2 after treatment, after 3rd, and 6th month follow-up (p=0.001). Also, this decrease lasted for 12th month follow-up after treatment in group 2 (p=0.0001). There was no statistically significant improvement in sleep quality within each group (p>0.05). Moreover, none of the parameters were significantly different between two groups (p>0.05). We can suggest that 2-cycle CTM treatment should be preferred in clinical settings to obtain long-lasting effects for decreasing pain, fatigue, and premenstrual symptoms in women with PD. Clinical Trial Number: NCT04509934. Registration date: 8 November 2020.

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Status: Article-in-Press

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Elective adhesiolysis for chronic abdominal pain reduces long-term risk of adhesive small bowel obstruction.


Embase

[Article]

AN: 640120557

BACKGROUND: Selected patients with adhesion-related chronic abdominal pain can be treated effectively by adhesiolysis with the application of adhesion barriers. These patients might also have an increased risk to develop adhesive small bowel obstruction (ASBO). It is unknown how frequently these patients develop ASBO, and how elective adhesiolysis for pain impacts the risk of ASBO.

METHOD(S): Patients with adhesion-related chronic pain were included in this cohort study with long-term follow-up. The diagnosis of adhesions was confirmed using CineMRI. The decision for operative treatment of adhesions was made by shared agreement based on the correlation of complaints with CineMRI findings. The primary outcome was the 5-years incidence of readmission for ASBO. Incidence was compared between patients with elective adhesiolysis and those treated non-operatively and between patients with and without previous ASBO. Univariable and multivariable Cox regression analysis was performed to identify predictive factors for ASBO. Secondary outcomes included reoperation for ASBO and self-reported pain and other abdominal symptoms.

RESULT(S): A total of 122 patients were included, 69 patients underwent elective adhesiolysis. Thirty patients in both groups had previous episodes of ASBO in history. During 5-year follow-up, the readmission rate for ASBO was 6.5% after elective adhesiolysis compared to 26.9% after non-operative treatment (p=0.012). These percentages were 13.3% compared to 40% in the subgroup of patients with previous episodes of ASBO (p=0.039). In multivariable analysis, elective adhesiolysis was associated with a decreased risk of readmission for ASBO with an odds ratio of 0.21 (95% CI 0.07-0.65), the risk was increased in patients with previous episodes with a odds ratio of 19.2 (95% CI 2.5-144.4). There was no difference between the groups in the prevalence of self-reported abdominal pain. However, in surgically treated patients the impact of pain on daily activities was lower, and the incidence of other symptoms was lower.

CONCLUSION(S): More than one in four patients with chronic adhesion-related pain develop episodes of ASBO when treated non-operatively. Elective adhesiolysis reduces the incidence of
ASBO in patients with chronic adhesion-related symptoms, both in patients with and without previous episodes of ASBO in history. Trial registration The study was registered at Clinicaltrials.gov under NCT01236625.

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PMID: 36691000 [https://www.ncbi.nlm.nih.gov/pubmed/?term=36691000]

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Publisher: NLM (Medline)

Clinical Trial Number: https://clinicaltrials.gov/show/NCT01236625

Year of Publication: 2023

100.

A discrete-choice experiment study of physicians’ prioritization of attributes of medical treatments for endometriosis-associated pain.

Poulos C., Xu Y., Botha W., Leach C., Wrobleski K.K., Gordon K., Missmer S.A., Estes S.J.

Embase
Expert Review of Pharmacoeconomics and Outcomes Research. 23(1) (pp 111-121), 2023. Date of Publication: 2023.

[Article]

AN: 2021014634

Background: Physicians’ preferences for attributes of medical treatments for endometriosis-associated pain have not previously been quantified.

Method(s): US obstetrician-gynecologists completed an online discrete-choice experiment survey. In a series of questions, physicians chose a medical treatment for a hypothetical patient with endometriosis experiencing severe, persistent dysmenorrhea, nonmenstrual pelvic pain, and/or dyspareunia. Each question presented two hypothetical medical treatments for endometriosis-associated pain, defined by seven attributes with varying levels. Preferences weights and conditional relative importance (CRI) were calculated using a random-parameters logit model.

Result(s): Respondents (N = 250) had an average age of 53 years; 36% were female. The most important attribute, conditional on the attributes and levels evaluated, was risk of moderate-to-severe hot flashes (CRI, 3.34). In descending order of importance, the CRIs of the other attributes were 2.13 for improvement in nonmenstrual pelvic pain, 2.04 for improvement in dyspareunia, 1.88 for improvement in dysmenorrhea, 1.16 for risk of pregnancy-related complications if pregnancy occurs during treatment, 0.62 for increased risk of bone fracture later in life, and 0.48 for mode of administration.

Conclusion(s): In addition to valuing pain reduction, respondents prioritized avoiding moderate-to-severe hot flashes, followed by less common and less immediate risks of pregnancy-related complications and bone fracture. Copyright © 2022 RTI Health Solutions Published by Informa UK Limited, trading as Taylor & Francis Group.
Pelvic Insufficiency Fractures and Bone Pain after Radiation Therapy for Anal Cancer: Relation to Pelvic Bone Dose-Volume Parameters.


Embase
Advances in Radiation Oncology. 8(1) (no pagination), 2023. Article Number: 101110. Date of Publication: 01 Jan 2023.

[Article]

AN: 2021372896

Purpose: Chemoradiation therapy is the primary treatment for anal cancer. Radiation therapy (RT) can weaken the pelvic bone structure, but the risk of pelvic insufficiency fractures (PIFs) and derived pain in anal cancer is not yet established. We determined the frequency of symptomatic PIFs after RT for anal cancer and related this to radiation dose to specific pelvic bone substructures. Methods and Materials: In a prospective setting, patients treated with RT for anal cancer had magnetic resonance imaging 1 year after RT. PIFs were mapped to 17 different bone sites, and we constructed a guideline for detailed delineation of pelvic bone substructures. Patients were interviewed regarding pain and scored according to Common Terminology Criteria for Adverse Effects. Dose-volume relationships for specific pelvic bone substructures and PIFs were determined for V20 to V40 Gy mean and maximum doses.

Result(s): Twenty-seven patients were included, and 51.9% had PIFs primarily located in the alae of the sacral bone. Patients with PIFs had significantly more pelvic pain (86% vs 23%, P = .001) and 43% had grade 2 bone pain. Dose-volume parameters for sacral bone and sacral alae were significantly higher in patients with PIFs (P < .05). V30 Gy (%) for sacral bone and alae implied an area under the curve of 0.764 and 0.758, respectively, in receiver operating characteristic analyses.

Conclusion(s): We observed a high risk of PIFs in patients treated with RT for anal cancer 1 year after treatment. A significant proportion had pain in the sites where PIFs were most frequently
found. Radiation dose to pelvic bone substructures revealed relation to risk of PIFs and can be used for plan optimization in future clinical trials.

Psychological management of patients with chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS): A systematic review.

Li A.S.-W., Van Niekerk L., Wong A.L.Y., Matthewson M., Garry M.


[Review]

AN: 2019787780

Objectives: Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) is a complex condition. Despite recommendations for the inclusion of non-pharmacological treatment in the management of CP/CPPS, the focus has predominantly been on the inclusion of physical therapies with minimal discussion of psychological interventions. Therefore, this systematic review aimed to evaluate peer-reviewed studies of psychological interventions for men with CP/CPPS to determine their therapeutic efficacy and quality of intervention.

Method(s): The review was registered in PROSPERO and based on PRISMA 2020 protocol. The systematic literature search was conducted in six databases. Quantitative studies of psychological intervention for adult men with CP/CPPS that provided outcome measures of pain, quality of life and/or psychological symptoms were reviewed. The Oxford level of evidence and Quality Assessment Tool for Quantitative Studies developed by the Effective Public Health Practice were employed.

Result(s): A total of 4,503 studies were reviewed; seven met the inclusion criteria. The included studies were randomised controlled trials, cohort, repeated measures, and case-series studies, with most including combined treatment for CP/CPPS. Cognitive therapy, cognitive behavioural therapy, or paradoxical relaxation training were found to be effective. However, high risks of bias were found in all included studies, limiting the generalisability and reliability of findings.

Conclusion(s): Evidence is preliminary but shows promise for psychological treatment either as a combined or standalone treatment for CP/CPPS. However, there is a need to develop research with a more rigorous methodology to evaluate psychological treatments for men with CP/CPPS.

de Souza Pinto L.P., Ferrari G., dos Santos I.K., de Mello Roesler C.R., de Mello Gindri I.

Embase

[Review]

AN: 2020251466

Purpose: Endometriosis is a common chronic gynecological disease defined as the presence of endometrial glands and stroma tissue outside the uterus. Gestrinone is an effective antiestrogen that induces endometrial atrophy and/or amenorrhea. The purpose of this systematic review is to provide an evaluation of safety and effectiveness of gestrinone for the treatment of endometriosis.

Method(s): We performed a search in six electronic databases: PubMed, MEDLINE (ovid), Embase, Cochrane CENTRAL (clinical trials), Web of Science and Scopus. Our selected primary outcomes were the changes in dysmenorrhea, pain relief including pelvic pain and dyspareunia. The secondary outcomes embrace hormones parameters, pregnancy rate and adverse events.

Result(s): Of 3269 references screened, 16 studies were included involving 1286 women. All studies compared gestrinone with other drugs treatments (placebo, Danazol, Mifepristone tablets, Leuprolide acetate, Quyu Jiedu Recipe) during 6 months. When compared with other drugs treatments, gestrinone relieved dysmenorrhea, pelvic pain, and morphologic response in the ovary. There was an increase on the pregnancy rate. Regarding the side effects observed, gestrinone showed the same adverse events and increased the risk of acne and seborrhea when compared to other treatments. Even if there was any difference in efficacy between gestrinone, danazol, leuprolide acetate, or Quyu Jiedu Recipe Chinese Medicine, it remains unclear due to insufficient data.

Conclusion(s): Based limited evidence available suggests that gestrinone appeared to be safe and may have some efficacy advantages over danazol, as well as other therapeutic interventions for treating endometriosis. However, this conclusion should be interpreted with caution, due the quality of the evidence provided is generally very low or unclear. Trial registration: CRD42021284148.

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104.

Effect of high-frequency repetitive transcranial magnetic stimulation under different intensities upon rehabilitation of chronic pelvic pain syndrome: protocol for a randomized controlled trial.

Xia R., Shi J., Yang C., Zhang Y., Xu Z., Yu C., Wu Z., Wang M., Chen S., Qu H.

Embase Trials. 24(1) (pp 40), 2023. Date of Publication: 19 Jan 2023.

[Article]

AN: 640073610

INTRODUCTION: Nearly one in seven women worldwide suffers from chronic pelvic pain syndrome (CPPS) each year. Often, CPPS necessitates a combination of treatments. Studies have shown the good therapeutic effects of repetitive transcranial magnetic stimulation (rTMS) upon CPPS. We wish to undertake a randomized controlled trial (RCT) to observe the effect of high-frequency rTMS at different intensities upon CPPS. METHODS AND ANALYSES: In this prospective, double-blinded RCT, 63 female CPPS participants will be recruited and randomized (1:1:1) to high-intensity rTMS, low-intensity rTMS, or sham rTMS. The control group will receive a 10-day course of conventional pelvic floor (PF) rehabilitation (neuromuscular stimulation, magnetic therapy, or light therapy of the PF). On the basis of conventional treatment, participants in the high-intensity rTMS group will receive pulses of 10 Hz with a resting motor threshold (RMT) of 110% for a total of 15,000 pulses. Participants in the low-intensity rTMS group will receive pulses of 10 Hz with an RMT of 80% with 15,000 pulses. The sham rTMS group will be subjected to sham stimulation with the same sound as produced by the real magnetic stimulation coil. The primary outcome will be determined using a visual analog scale, the Genitourinary Pain Index, Zung Self-Rating Anxiety Scale, and Zung Self-Rating Depression Scale. The secondary outcome will be determined by electromyography of the surface of PF muscles at baseline and after treatment completion. ETHICS AND DISSEMINATION: This study is approved by the Ethics Committee of Bao'an People's Hospital, Shenzhen, Guangdong Province (approval number: BYL20211203). The results will be submitted for publication in peer-reviewed journals and disseminated at scientific conferences (Protocol version 1.0-20220709). TRIAL REGISTRATION:
Endometriosis decreases female sexual function and increases pain severity: a meta-analysis.

Shi C., Xu H., Zhang T., Gao Y.


Purpose: This study aimed to explore the effects of endometriosis on female sexual function. Method(s): PubMed, Embase, and Web of Science databases were searched to analyze the Female Sexual Function Index (FSFI) or visual analog scale (VAS) scores between women with and without endometriosis. Data from publications were generated, and the sexual function of women with and without endometriosis was systematically evaluated.

Result(s): A total of six publications were included in the study. The FSFI total score and its six domains were significantly lower in women with endometriosis: FSFI total score (P < 0.001), desire (P = 0.045), arousal (P = 0.039), pain domains (P < 0.001), lubrication (P < 0.001), orgasm (P = 0.001), and satisfaction (P < 0.001). Women with endometriosis exhibited more severity in terms of VAS scores for dyspareunia (P = 0.008) and chronic pelvic pain (P < 0.001); however, no significant severity for dysmenorrhea was observed (P = 0.118). Subgroup analysis showed that the region was not a source of heterogeneity. Publication bias was not noted in all included studies, and most results of the sensitivity analysis for the included indexes were stable, which implied that our results were relatively reliable.

Conclusion(s): The present meta-analysis provided evidence that endometriosis decreased female sexual function and increased the pain severity of dyspareunia and chronic pelvic pain.
Nurses’ role in the management of persons with chronic urogenital pelvic pain syndromes: A scoping review.

Terzoni S., Ferrara P., Parozzi M., Colombani F., Mora C., Cilluffo S., Jeannette V.G., Destrebecq A., Pinna B., Lusignani M., Chiara S., Giorgia G., Rocco B.

Embase

Background: Pelvic pain has cognitive, behavioral, sexual, and emotional consequences. Nurses involved in pelvic floor rehabilitation clinics have contacts with patients reporting chronic pain and should know the most appropriate service for patient referral, to submit the problem to professionals capable of correctly assessing and managing the condition. Furthermore, in some countries nurses can use conservative methods to treat the painful symptoms inside a multidisciplinary team such as breathing retraining, biofeedback, and noninvasive neuromodulation. This paper aims to provide an overview of the literature regarding the role of rehabilitation nurses in dealing with patients suffering from chronic urogenital pelvic pain or urogenital painful syndromes, inside a multidisciplinary team.

Method(s): Scoping review on Pubmed, CINAHL, Embase, Scopus, Web of Science including trials, reviews, case studies or series, and other descriptive studies regarding the role of nurses inside the multidisciplinary team in the management of males and females presenting chronic pelvic pain (CPP) or chronic pelvic pain syndrome (CPPS).

Result(s): The 36 papers included in this review allowed answering research questions in four areas of nursing: collecting basic information, referring the person to appropriate services, evidence-based nursing interventions for CPP and CPPS, and proper documentation. Clinical history and assessment of breathing pattern, Muscular assessment and research of trigger points are the main points of data collection. Techniques for muscular relaxation and breathing retraining are important aspects of treatment, as well as biofeedback and noninvasive neuromodulation where the law allows nurses to practice such techniques. The McGill pain questionnaire and the pain inventory of the International Pain Society allow systematic data collection and handover.

Conclusion(s): Rehabilitation nurses work inside multidisciplinary teams when dealing with persons suffering from pelvic pain; further research is needed as our comprehension of the underlying pathophysiological mechanisms of CPP and CPPS evolve.

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Status: Embase

Author NameID: Terzoni, Stefano; ORCID: https://orcid.org/0000-0002-0716-5663
Background: The quadratus lumborum (QL) block, also known as the abdominal truncal block, was developed to provide visceral and somatic analgesia during abdominal procedures.

Objectives: This study aimed to assess pain alleviation, the incidence of complications in lower abdominal procedures, and hemodynamic stability between the caudal block and ultrasound-guided QL block.

Methods: Fifty-two patients aged 1 to 7 years old from both genders scheduled for unilateral lower abdominal surgery were randomly assigned to 2 study groups: group QL, unilateral QL block (n = 26), and group C, caudal block (n = 26). In group C, children received caudal block. In group QL, an ultrasound-guided QL block was performed. The time to first rescue analgesia was evaluated as a primary outcome. The quality of analgesia was determined using the face, legs, activity, cry, consolability scale (FLACC scale), hemodynamic parameters, and incidence of complications because hemodynamic instability was recorded under ultrasound guidance. Signs of local anesthetics toxicity and the parents’ satisfaction were secondary outcomes.

Results: The time until the first demand for analgesia postoperatively was statistically longer in group QL compared to group C. A non-significant difference was observed between the 2 groups (P > 0.05) regarding age, weight, gender, duration of surgery, type of surgery, FLACC scale, and hemodynamics (SBP, systolic blood pressure), except at 30 minutes, which was significant in QL block. Also, a non-significant difference was observed in the severity of postoperative pain up to 1 day postoperatively. Group QL showed more satisfaction than group C. No intraoperative complications were detected.

Conclusions: Compared to caudal block, QL block produced sustained and adequate analgesia time postoperatively, with higher satisfaction.

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A gynecological perspective of interstitial cystitis/bladder pain syndrome may offer cure in selected cases.

Petros P


[Intervention]

Introduction: Recent publications of interstitial cystitis (IC)/bladder pain syndrome cure by a gynecological prolapse protocol, run counter to traditional treatments such as bladder installations which do not offer such cure. The prolapse protocol, uterosacral ligament (USL) repair, is based on the 'Posterior Fornix Syndrome' (PFS). PFS was described in the 1993 iteration of the Integral Theory. PFS comprises predictably co-occurring symptoms of frequency, urgency, nocturia, chronic pelvic pain, abnormal emptying and post-void residual urine, caused by USL laxity and cured or improved by repair thereof.

Material and methods: analysis and interpretation of published data showing cure of IC by USL repair.

Results: In many women, USL pathogenesis of IC can be explained by the effect of weak or loose USLs weakening two pelvic muscles which contract against them, levator plate (LP) and conjoint longitudinal muscle of the anus (LMA). The now weakened pelvic muscles cannot stretch the vagina sufficiently to prevent afferent impulses from urothelial stretch receptors 'N' reaching the micturition centre where they are interpreted as urge. The same unsupported USLs cannot
support the visceral sympathetic/parasympathetic visceral autonomic nerve plexuses (VP). The pathway of multiple referred pelvic pains is explained as follows: groups of afferent VP axons stimulated by gravity or muscle movements fire off ‘rogue’ impulses, which are interpreted by the cortex as end-organ chronic pelvic pain (CPP) from several end organs; this explains how CPP is invariably perceived in several sites. Reports of cure of non-Hunner's and Hunner's IC are analysed with diagrams which explain co-occurrence of IC with urge and phenotypes of chronic pelvic pain from several different sites.

**Conclusions:** A gynecological schema cannot explain all IC phenotypes, especially male IC. However, for those women who obtain relief from the predictive speculum test, there is a significant possibility of cure of both the pain and the urge by uterosacral ligament repair. In this context, it may well be in such female patients' interests, at least in the exploratory diagnostic phase, for ICS/BPS to be subsumed into the PFS disease category. It would give such women a significant chance of cure, something denied to them for now.

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**Status:** PubMed-not-MEDLINE

**Authors Full Name:** Petros, Peter

**Institution:** Petros, Peter. Retired reconstructive pelvic floor surgeon.

**PMID:** [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9903172](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9903172)

**Year of Publication:** 2022

109.

**Effectiveness of Myofascial Manual Therapies in Chronic Pelvic Pain Syndrome: A Systematic Review and Meta-Analysis. [Review]**

Dal Farra F, Aquino A, Tarantino AG, Origo D

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


**UI:** 35389057

**INTRODUCTION AND HYPOTHESIS:** Chronic pelvic pain syndrome (CPPS) is defined as the occurrence of chronic pelvic pain (CPP) in the absence of a specific cause. People typically refer to pain associated with urological, gynaecological, and sexual dysfunction, affecting the quality of life. Therefore, we assessed the effectiveness of myofascial manual therapies (MMT) for pain and symptom impact.

**METHODS:** A systematic review and meta-analysis were conducted. Findings were reported following the 2020 PRISMA statement. Five databases were searched for RCTs. Studies were independently assessed through a standardized form, and their internal validity was evaluated using the Cochrane risk of bias (RoB) tool. Effect sizes (ES) were calculated post-treatment, and the quality of evidence was assessed through GRADE criteria.
RESULTS: Seven articles were included in the review, five of these in the meta-analysis. None of these studies were completely judged at low RoB. MMT was revealed to be not significantly superior for pain reduction [ES: -0.54 (-1.16; 0.08); p = 0.09], for symptom impact [ES: -0.37 (-0.87; 0.13); p = 0.15], and for quality of life [ES: -0.44 (-1.22, 0.33), p = 0.26] compared to standard care. The quality of evidence was "very low". Other results were presented in a qualitative synthesis.

CONCLUSIONS: In patients with CPP/CPPS, MMT is not considered superior to other interventions for pain reduction and symptom impact improvements. However, a positive trend was detected, and we should find confirmation in the future. Further high-quality, double-blinded, sham-controlled RCTs are first necessary to confirm these positive effects and to improve the quality of evidence.

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Version ID: 1

Status: MEDLINE

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Authors Full Name: Dal Farra, Fulvio, Aquino, Alessandro, Tarantino, Andrea Gianmaria, Origo, Daniele


Year of Publication: 2022

110.

Efficacy of acupuncture for chronic prostatitis/chronic pelvic pain syndromes on quality of life: study protocol for a randomized, sham acupuncture-controlled trial.

Ding Y.-L., Wang H.-Y., Ji Y., Zhang S., Yuan P.-F., Zhao H.-C., Guo Y., Xie X.-D.

Embase

[Preprint]

AN: 2022075764
**Background:** Chronic prostatitis/chronic pelvic pain syndromes (CP/CPPS) is a common heterogeneous disease that seriously impacts patients' quality of life (QoL). Acupuncture therapy has been widely used in China for various urinary diseases and symptoms, including chronic prostatitis. The results of several randomized controlled studies from different countries support that acupuncture can relieve the symptoms of CP/CPPS. Still, most randomized controlled trial (RCT) trials focus on symptom relief in patients, and the evidence on improving the QoL is insufficient. This study aims to assess the near-term and long-term efficacy of acupuncture in improving QoL in patients with CP/CPPS. Methods/Design: This is a double-arm, parallel, participant-blinded RCT. 70 male CP/CPPS subjects aged 18-50 will be randomly allocated to either the acupuncture group or the sham acupuncture group. Participants will receive acupuncture or sham acupuncture treatment thrice a week over eight weeks for 24 sessions. The primary outcome will be the change in the total score of QoL compared with the baseline after eight weeks of treatment and 24 weeks of follow-up. The expectancy of acupuncture, blinding, and safety will also be assessed. A two-sided test will perform all statistical analyses, and a p-value of less than 0.05 will be considered statically significant. Discussion(s): This study aims to provide quantitative clinical evidence of acupuncture effectiveness and safety in improving the QoL in patients with CP/CPPS. Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY 4.0 International license.

**Status:** In-Process

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**Publisher:** medRxiv

**Year of Publication:** 2022

111.

**Dysmenorrhoea: Can Medicinal Cannabis Bring New Hope for a Collective Group of Women Suffering in Pain, Globally?**

Seifalian A., Kenyon J., Khullar V.

Embase

[Review]

**AN:** 2020838672

Dysmenorrhoea effects up to 90% of women of reproductive age, with medical management options including over-the-counter analgesia or hormonal contraception. There has been a recent surge in medicinal cannabis research and its analgesic properties. This paper aims to critically investigate the current research of medicinal cannabis for pain relief and to discuss its potential application to treat dysmenorrhoea. Relevant keywords, including medicinal cannabis, pain,
cannabinoids, tetrahydrocannabinol, dysmenorrhoea, and clinical trial, have been searched in the PubMed, EMBASE, MEDLINE, Google Scholar, Cochrane Library (Wiley) databases and a clinical trial website (clinicaltrials.gov). To identify the relevant studies for this paper, 84 papers were reviewed and 20 were discarded as irrelevant. This review critically evaluated cannabis-based medicines and their mechanism and properties in relation to pain relief. It also tabulated all clinical trials carried out investigating medicinal cannabis for pain relief and highlighted the side effects. In addition, the safety and toxicology of medicinal cannabis and barriers to use are highlighted. Two-thirds of the clinical trials summarised confirmed positive analgesic outcomes, with major side effects reported as nausea, drowsiness, and dry mouth. In conclusion, medicinal cannabis has promising applications in the management of dysmenorrhoea. The global medical cannabis market size was valued at USD 11.0 billion in 2021 and is expected to expand at a compound annual growth rate (CAGR) of 21.06% from 2022 to 2030. This will encourage academic as well as the pharmaceutical and medical device industries to study the application of medical cannabis in unmet clinical disorders.

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PMID: 36555842 [https://www.ncbi.nlm.nih.gov/pubmed/?term=36555842]

Status: Embase

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Publisher: MDPI

Year of Publication: 2022

112.

Chronic abdominal pain after bariatric surgery: a narrative review.

Vogelaerts R., Van Pachtenbeke L., Raudsepp M., Morlion B.

Embase
Acta Anaesthesiologica Belgica. 73(4) (pp 249-258), 2022. Date of Publication: December 2022.

[Review]

AN: 2023770698

Objective: This paper reviews the prevalence, etiology, risk factors, diagnosis and prevention of chronic abdominal pain after bariatric surgery. Introduction: Chronic pain is a very common and complex problem that has serious consequences on individuals and society. It frequently presents as a result of a disease or an injury. Obesity and obesity-related comorbidities are a major health problem and are dramatically increasing year after year. Dieting and physical exercise show disappointing results in the treatment of obesity. Therefore, bariatric surgery is increasingly widely offered as a weight reducing strategy. In our pain clinic we see a lot of patients who suffer from chronic abdominal pain after bariatric surgery. This review aims to explore the link between chronic abdominal pain and bariatric surgery in this specific type of patients.

Method(s): The review is based on searches in PubMed, Embase and Cochrane databases. Keywords are used in different combinations. We did a cross-reference of the articles included.
Result(s): Chronic abdominal pain after bariatric surgery is very common. Around 30% of the bariatric patients experience persistent abdominal pain. An explanation for the abdominal pain is found in 2/3 of these patients. There is a wide variety of causes including behavioral and nutritional disorders, functional motility disorders, biliary disorders, marginal ulceration and internal hernia. Another, frequently overlooked, cause is abdominal wall pain. Unexplained abdominal pain after bariatric surgery is present in 1/3 of the patients with persistent abdominal pain. More studies are needed on the risk factors and prevention of unexplained abdominal pain in bariatric patients.

Status: Embase

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Publisher: BeSARPP

Year of Publication: 2022

113.

Pudendal Neuromodulation is Feasible and Effective After Pudendal Nerve Entrapment Surgery.


Embase
The journal of sexual medicine. 19(6) (pp 995-1001), 2022. Date of Publication: 01 Jun 2022.

[Article]

AN: 641036718

BACKGROUND: Patients with intractable pain in the pudendal nerve distribution may benefit from pudendal neuromodulation; however, some may have previously undergone pudendal nerve entrapment surgery (PNES), potentially altering nerve anatomy and function. AIM: We examined pudendal neuromodulation outcomes in patients with prior PNES.

METHOD(S): Patients with a history of PNES and quadripolar, tined pudendal lead placement for urogenital pain were reviewed. Symptoms and outcomes were collected from existing medical records.

OUTCOME(S): Patients with pudendal neuromodulation and prior PNES were compared to patients with no prior PNES who had pudendal lead placement.

RESULT(S): Fifteen patients with a history of 1, 2, or 3 prior PNES (n = 13, 1, and 1, respectively) were evaluated. Most (10; 67%) were female, with bilateral pain (9; 60%), and symptoms of 5-26 years. After trialing the lead, bladder symptoms and pain were improved in 8 of 12 and 9 of 14 patients, respectively, and 80% of patients (12/15) underwent permanent generator implantation. When prior PNES patients were compared to those with no prior PNES (n = 43), gender (67% vs 77% female; P = .50) and age (median 63 vs 58 years; P = .80), were similar; however, BMI differed (mean 24 vs 29; P = .008) and a lower proportion (12/15; 80% vs 42/43; 98%; P = .049) had generator implantation. Importantly, median lead implant time (48 vs 50 minutes; P = .65) did not differ between the 2 groups. CLINICAL IMPLICATIONS: Pudendal neuromodulation has the potential to provide pain relief for a very difficult-to-treat population; furthermore, it does not appear that prior PNES surgery made lead placement significantly more challenging.

STRENGTHS & LIMITATIONS: Study strengths include being a tertiary referral center for urogenital pain and having a single surgeon perform all procedures in a regimented way.
Limitations include the retrospective study design, small sample size and various approaches to PN.

CONCLUSION(S): Chronic pudendal neuromodulation can be a viable option even after prior PNES.

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Publisher: NLM (Medline)

Year of Publication: 2022

Internet-based Treatment for Vulvodynia (EMBLA) - A Randomized Controlled Study.

Hess Engstrom A., Bohm-Starke N., Kullinger M., Hesselman S., Hogberg U., Buhrman M., Skalkidou A.

Embase
The journal of sexual medicine. 19(2) (pp 319-330), 2022. Date of Publication: 01 Feb 2022.

[Article]

AN: 641037448

BACKGROUND: Internet-based ACT (Acceptance and commitment therapy) treatment may improve accessibility and reduce stigma related to seeking health care, but there are a lack of studies investigating internet-based treatment using ACT principles for women with vulvodynia. AIM: The aim of this study was to investigate the effects of an internet-based treatment of pain during intercourse for women with provoked vulvodynia compared with no intervention during the waiting period before clinical treatment. METHOD(S): A multicenter randomized controlled trial was conducted during 2016 to 2020, in which 99 participants were included. Participants were randomized to either a 6 week guided internet-based treatment using ACT principles or usual care. Data were collected at baseline, 6 weeks after baseline, and approximately 10 months after baseline. OUTCOME(S): Pain-related (pain during intercourse, tampon test, impact of pain on sexual function) and pain behavior-related outcomes (attempts at intercourse, sexual activities besides intercourse, willingness to perform the tampon test, chronic pain acceptance questionnaire) were used as outcomes. RESULT(S): Treatment was efficacious in what concerns pain during intercourse and pain acceptance. Less pain during intercourse among women in the intervention group was observed at both post-treatment (primary endpoint, P = .01, Cohen's d = 1.4, 95% CI = 0.33, 2.4), and follow-up (P = .04). Absolut mean difference between groups for pain during intercourse at post-treatment was -2.84, (95 % CI = -4.91, -0.78), and -1.58 at follow-up, (95 % CI = -3.17, 0.02), where the intervention group rated less pain than controls. No differences between groups over time were found for tampon test measures or impact of pain on sexual function. There was a significant difference between groups at all timepoints indicating fewer attempts at intercourse among participants in the intervention group. At post-treatment, women who underwent internet-based treatment reported higher pain acceptance and a rise in activity engagement compared
with the control group. CLINICAL IMPLICATIONS: There is an indication that internet-based treatment could be incorporated into clinical practice as a complement to clinical treatment. STRENGTHS & LIMITATIONS: Study strengths included using several forms of recruitment and an intervention built by different professions with long experience of treating patients with vulvodynia. High dropout rate was a limitation of this study. CONCLUSION(S): Internet-based treatment may have an impact on pain during intercourse and positive effects on pain acceptance. However, conclusions must be drawn with caution due to the small sample size.


Institution: (Hess Engstrom, Kullinger) Uppsala University, Center for Clinical Research, Vastmanland County Hospital, Vasteras, Sweden (Hess Engstrom, Kullinger, Hesselman, Hogberg, Skalkidou) Uppsala University, Department of Women's and Children's Health, Uppsala, Sweden (Bohm-Starke) Karolinska Institute, Department of Clinical Sciences, Division of Obstetrics and Gynecology, Solna, Sweden (Bohm-Starke) Danderyd Hospital, Stockholm, Sweden (Hesselman) Uppsala University, Center for Clinical Research, Falun, Sweden (Hogberg) Department of Epidemiology and Global Health, Umea University, Umea, Sweden (Buhrman) Uppsala University, Department of Psychology, Division of Clinical Psychology, Uppsala, Sweden

Publisher: NLM (Medline)

Year of Publication: 2022

115.

Treatment of Provoked Vulvodynia: A Systematic Review.

Bohm-Starke N., Ramsay K.W., Lytsy P., Nordgren B., Sjoberg I., Moberg K., Flink I.

Embase
The journal of sexual medicine. 19(5) (pp 789-808), 2022. Date of Publication: 01 May 2022.

[Article]

AN: 641037344

BACKGROUND: Treatment recommendations for provoked vulvodynia (PVD) are based on clinical experiences and there is a need for systematically summarizing the controlled trials in this field. AIM: To provide an overview of randomized controlled trials and non-randomized studies of intervention for PVD, and to assess the certainty of the scientific evidence, in order to advance treatment guidelines. DATA SOURCES: The search was conducted in CINAHL (EBSCO), Cochrane Library, Embase (Embase.com), Ovid MEDLINE, PsycINFO (EBSCO) and Scopus. Databases were searched from January 1, 1990 to January 29, 2021. STUDY ELIGIBILITY CRITERIA: Population: Premenopausal women with PVD. Intervention(s): Pharmacological, surgical, psychosocial and physiotherapy, either alone or as combined/team-based interventions. Control: No treatment, waiting-list, placebo or other defined treatment. Outcome(s): Pain during intercourse, pain upon pressure or touch of the vaginal opening, sexual function/satisfaction, quality of life, psychological distress, adverse events and complications.
Study design: Randomized controlled trials and non-randomized studies of interventions with a control group. STUDY APPRAISAL AND SYNTHESIS METHODS: 2 reviewers independently screened citations for eligibility and assessed relevant studies for risk of bias using established tools. The results from each intervention were summarized. Studies were synthesized using a narrative approach, as meta-analyses were not considered appropriate. For each outcome, we assessed the certainty of evidence using grading of recommendations assessment, development, and evaluation (GRADE).

RESULT(S): Most results of the evaluated studies in this systematic review were found to have very low certainty of evidence, which means that we are unable to draw any conclusions about effects of the interventions. Multimodal physiotherapy compared with lidocaine treatment was the only intervention with some evidential support (low certainty of evidence for significant treatment effects favoring physiotherapy). It was not possible to perform meta-analyses due to a heterogeneity in interventions and comparisons. In addition, there was a heterogeneity in outcome measures, which underlines the need to establish joint core outcome sets. CLINICAL IMPLICATIONS: Our result underscores the need of stringent trials and defined core outcome sets for PVD. STRENGTH AND LIMITATIONS: Standard procedures for systematic reviews and the Population Intervention Comparison Outcome model for clinical questions were used. The strict eligibility criteria resulted in limited number of studies which might have resulted in a loss of important information.

CONCLUSION(S): This systematic review underlines the need for more methodologically stringent trials on interventions for PVD, particularly for multimodal treatments approaches. For future research, there is a demand for joint core outcome sets.

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Publisher: NLM (Medline)

Year of Publication: 2022

116.

Chronic sacral nerve stimulation (SNS) for sexual functional disorders of women-A systematic review.
Chronische Sakralnervenstimulation (SNS) bei Sexualfunktionsstörungen der Frau - ein systematischer Review
Allemeyer E., Bauer M., Vollmer C., Strube F., Queissert F.

Embase
Gynakologie. 55(10) (pp 799-809), 2022. Date of Publication: October 2022.
Introduction: Sexual health should be a natural component of contemporary patient care. There is a high prevalence of sexual dysfunction, which significantly affects the quality of life even though the resulting costs for the healthcare system can at best only be estimated. In women treatment should address sexual appetency, sexual arousal, orgasm experience and lubrication. Sacral nerve stimulation (SNS) has previously been used primarily for neurogenic bladder dysfunction, idiopathic pelvic pain, nonobstructive urinary retention and fecal incontinence. This article reviews the evidence to date on the impact of SNS on sexual function and examines its potential as a new treatment alternative.

Method(s): A literature search was conducted with the healthcare databases advanced search (HDAS) platform using the Medline, EMBASE and CINHAL search engines and considering only publications from international peer-reviewed journals.

Result(s): To date there are no studies on sexual function as a primary outcome parameter of SNS. Overall, 16 studies including a total of 662 women that examined the effect of SNS on sexual function when used for other indications could be identified. The analysis found indications of significant improvements in sexual function, although it is unclear whether these were primary or secondary effects of SNS.

Discussion(s): The mode of action of SNS and the direct anatomical and physiological relationship of the functions to urinary bladder voiding, urinary bladder continence, pelvic pain, fecal continence and sexual function strongly suggest a possible primary effect of SNS on sexual function. This should be tested in high-quality studies with sexual function as the primary endpoint.

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Status: Embase

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Publisher: Springer Medizin

Year of Publication: 2022

117.

Microsurgical Denervation of the Spermatic Cord: A Historical Perspective and Recent Developments.

Sun H.H., Tay K.S., Jesse E., Muncey W., Loeb A., Thirumavalavan N.

Embase
Sexual medicine reviews. 10(4) (pp 791-799), 2022. Date of Publication: 01 Oct 2022.

[Review]

AN: 641030224
INTRODUCTION: The management of chronic scrotal pain is long and varied, with historical
treatment algorithms typically ending with orchiectomy. Microsurgical denervation of the
spermatic cord (MDSC) is a testicle-sparing option for patients who have failed conservative
treatment options and over its forty-year history has seen many technical refinements.
OBJECTIVE(S): To review the history and development of MDSC and discuss the outcomes of
different surgical techniques.
METHOD(S): A literature review using PubMed and Google Scholar was conducted to identify
studies pertaining to surgical treatment of CSP, MDSC, and outcomes. Search terms included
RESULTS: We included 21 case reports and series since the first seminal paper describing
MDSC technique in 1978. Additional studies that challenged existing conventions or described
novel techniques are also discussed. The current standard procedure utilizes a subinguinal
incision and a surgical microscope. Open, robotic, and laparoscopic approaches to MDSC have
been described, but access to minimally invasive instruments may be limited outside of
developed nations. Pain reduction following preoperative spermatic cord predicts success of
MDSC. Methods for identifying and preserving the testicular and deferential arteries vary
depending on surgeon preference but appear to have comparable outcomes. Future
developments in MDSC involve targeted denervation, minimizing collateral thermal injury, and
alternative techniques to visualize arterial supply.
CONCLUSION(S): For patients suffering from CSP, MDSC is a well-studied technique that may
offer appropriately selected patients’ relief. Future investigation comparing targeted vs full MDSC
as well as in vivo study of new techniques are needed to continue to improve outcomes.
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Publisher: NLM (Medline)

Year of Publication: 2022

118.

Retroperitoneal Causes of Genitourinary Pain Syndromes: Systematic Approach to
Evaluation and Management.

Khalife T., Hagen A.M., Alm J.E.C.

Embase
Sexual medicine reviews. 10(4) (pp 529-542), 2022. Date of Publication: 01 Oct 2022.

[Review]

AN: 641029331

INTRODUCTION: Women with pelvic pain commonly report pain in their ovaries, vagina, uterus,
or bladder. These symptoms may be caused by visceral genitourinary pain syndromes but also
may be caused by musculoskeletal disorders of the abdomen and pelvis. Understanding
neuroanatomical and musculoskeletal factors that may contribute to genitourinary pain is
important for evaluation and management.
OBJECTIVE(S): This review aims to (i) highlight the importance of clinical knowledge of pelvic
neuroanatomy and sensory dermatomal distribution of the lower abdomen, pelvis, and lower
extremities, exemplified in a clinical case; (ii) review common neuropathic and musculoskeletal causes of acute and chronic pelvic pain that may be challenging to diagnose and manage; and (iii) discuss female genitourinary pain syndromes with a focus on retroperitoneal causes and treatment options.

METHOD(S): A comprehensive review of the literature was performed by searching the PubMed, Ovid Embase, MEDLINE, and Scopus databases using the keywords "chronic pelvic pain," "neuropathy," "neuropathic pain," "retroperitoneal schwannoma," "pudendal neuralgia," and "entrapment syndromes." RESULTS: Retroperitoneal causes of genitourinary pain syndromes have substantial overlap with common conditions treated in a primary care setting. Thus, a comprehensive and systematic history and physical examination, with focused attention to the pelvic neuroanatomy, is key to establishing the correct diagnosis. In the clinical case, such a comprehensive approach led to the unexpected finding of a large retroperitoneal schwannoma. This case highlights the intricacy of pelvic pain syndromes and the complex nature of their possible overlapping causes, which ultimately affects treatment planning.

CONCLUSION(S): Knowledge of the neuroanatomy and neurodermatomes of the abdomen and pelvis, in addition to understanding pain pathophysiology, is critical when evaluating patients with pelvic pain. Failure to apply proper evaluation and implement proper multidisciplinary management strategies contributes to unnecessary patient distress, decreased quality of life, and increased use of health care services.

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PMID: 37051972 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37051972]

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Publisher: NLM (Medline)

Year of Publication: 2022

119.

Broaden Horizons: The Advancement of Interstitial Cystitis/Bladder Pain Syndrome.

Li J., Yi X., Ai J.

Embase
International Journal of Molecular Sciences. 23(23) (no pagination), 2022. Article Number: 14594. Date of Publication: December 2022.

[Review]

AN: 2020536006

Interstitial cystitis/bladder pain syndrome (IC/BPS) is a debilitating disease that induces mental stress, lower urinary symptoms, and pelvic pain, therefore resulting in a decline in quality of life. The present diagnoses and treatments still lead to unsatisfactory outcomes, and novel diagnostic and therapeutic modalities are needed. Although our understanding of the etiology and pathophysiology of IC/BPS is growing, the altered permeability of the impaired urothelium, the sensitized nerves on the bladder wall, and the chronic or intermittent sensory pain with inaccurate location, as well as pathologic angiogenesis, fibrosis, and Hunner lesions, all act as barriers to better diagnoses and treatments. This study aimed to summarize the comprehensive information on IC/BPS research, thereby promoting the progress of IC/BPS in the aspects of diagnosis, treatment, and prognosis. According to diverse international guidelines, the etiology of IC/BPS is
associated with multiple factors, while the presence of Hunner lesions could largely distinguish the pathology, diagnosis, and treatment of non-Hunner lesions in IC/BPS patients. On the basis of the diagnosis of exclusion, the diverse present diagnostic and therapeutic procedures are undergoing a transition from a single approach to multimodal strategies targeting different potential phenotypes recommended by different guidelines. Investigations into the mechanisms involved in urinary symptoms, pain sensation, and bladder fibrosis indicate the pathophysiology of IC/BPS for further potential strategies, both in diagnosis and treatment. An overview of IC/BPS in terms of epidemiology, etiology, pathology, diagnosis, treatment, and fundamental research is provided with the latest evidence. On the basis of shared decision-making, a multimodal strategy of diagnosis and treatment targeting potential phenotypes for individual patients with IC/BPS would be of great benefit for the entire process of management. The complexity and emerging evidence on IC/BPS elicit more relevant studies and research and could optimize the management of IC/BPS patients.

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Status: Embase

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Publisher: MDPI

Clinical Trial Number: https://clinicaltrials.gov/show/NCT00295854
https://clinicaltrials.gov/show/NCT00601484
https://clinicaltrials.gov/show/NCT00739739
https://clinicaltrials.gov/show/NCT00919802
https://clinicaltrials.gov/show/NCT01030640
https://clinicaltrials.gov/show/NCT01060254
https://clinicaltrials.gov/show/NCT01083979
https://clinicaltrials.gov/show/NCT01197261
https://clinicaltrials.gov/show/NCT01294878
https://clinicaltrials.gov/show/NCT01295814
https://clinicaltrials.gov/show/NCT01393223
https://clinicaltrials.gov/show/NCT01559961
https://clinicaltrials.gov/show/NCT01613586
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https://clinicaltrials.gov/show/NCT04789135
https://clinicaltrials.gov/show/NCT05147779
https://clinicaltrials.gov/show/NCT05275647
https://clinicaltrials.gov/show/NCT05337813
Systematic review and meta-analysis of the efficacy of gabapentin in chronic female pelvic pain without another diagnosis.


Embase
AJOG Global Reports. 2(1) (no pagination), 2022. Article Number: 100042. Date of Publication: February 2022.

[Article]

AN: 2016158683

Background: While widely used for the treatment of chronic pelvic pain, limited data exists on efficacy of gabapentin, especially in the subgroup of women suffering from chronic pelvic pain without a known diagnosis, such as endometriosis.

Objective(s): This study aimed to assess the efficacy of gabapentin when administered to women with chronic pelvic pain without another diagnosis.

Study Design: We performed a Systematic Review and Meta Analysis including all controlled clinical trials addressing the use of gabapentin for the treatment of chronic pelvic pain without another diagnosis. We searched PubMed, Scopus, Web of Science, ClinicalTrials.Gov, MEDLINE, and The Cochrane Library from inception of each database to April 30, 2021. We included all the studies that fulfilled the following criteria: (1) population: women suffering from chronic pelvic pain without another identified diagnosis (such as endometriosis); (2) intervention: gabapentin (regardless of the dosage); (3) comparator: placebo; (4) outcomes: pain score (visual analog scale) after 3 months and pain score (visual analog scale) after 6 months as primary outcomes; and (5) study design: we only included randomized or controlled clinical trials. Our exclusion criteria included (1) uncontrolled clinical trials, (2) studies that did not report data or measures for any of our selected outcomes, (3) studies that included patients with surgically or clinically diagnosed endometriosis, or (4) studies with no full-text manuscript available. Risk of bias assessment was performed using the Cochrane risk of bias tool. We analyzed dichotomous outcomes as percentages and totals, whereas continuous outcomes were analyzed using mean difference, standard deviations, and relative 95% confidence intervals using the inverse variance method.

Result(s): We included 4 placebo-controlled randomized controlled trials. Analysis was hindered because half of the studies (n=2) used the visual analog scale pain score and the other half (n=2) used the numerical rating scale. The analysis showed that when compared with the placebo, gabapentin significantly lowered the visual analog scale pain score at 3 months (mean difference, 0.79; 1.23 to 0.35; P=.005) and 6 months (mean difference, 1.68; 2.30 to 1.05; P=.001) and the numerical rating scale pain score at 3 months (mean difference, 0.20; 0.25 to 0.15; P=.001). However, in terms of the numerical rating scale pain score after 6 months, the 2 groups showed no significant difference (mean difference, 0.27; 0.80 to 0.26; P=.32).

Conclusion(s): Gabapentin may hold benefit for the management of chronic pelvic pain, with significant improvement in pain seen in both scales at 3 months when compared with the placebo, but only in the visual analog scale group at 6 months of usage. Secondary to the differences in the nature of the 2 scales, a further weighted combined analysis was not possible. Copyright © 2021 The Authors
Effect of Vaginal Stretching and Photobiomodulation Therapy on Sexual Function in Women with Pelvic Floor Myofascial Pain - A Randomized Clinical Trial.


Embase
The journal of sexual medicine. 19(1) (pp 98-105), 2022. Date of Publication: 01 Jan 2022.

[Article]

AN: 640874210

BACKGROUND: Spasm or increased tonus of the pelvic floor muscles (PFM) can cause myofascial pain (MP), which may result in painful intercourse and sexual dysfunction. AIM: The effect of vaginal stretching (VS) with photobiomodulation therapy (PBMT) is compared to VS with sham PBMT in overall sexual function, rate and severity of painful intercourse at baseline and after treatment in women with pelvic floor MP.

METHOD(S): A double-blind randomized clinical trial of 103 women with MP: 1 group received 10 sessions of VS with PBMT (4 Joules of near-infrared light-808 nm at 3 points), and the other group received VS with sham PBMT.

OUTCOME(S): Impact of treatment was measured by the number of women experiencing painful intercourse, Pain severity was measured by Visual Analog Scale and sexual function was assessed by the FSFI questionnaire. Variables were assessed at baseline and after ten sessions in the intervention groups.

RESULT(S): After treatment, the number of women experiencing painful intercourse was significantly lower in both the VS with PBMT group (90.2-55%, P = .001), and VS with sham PBMT group (86.6-46.2%, P < .001). There was a significant reduction in pain measure by Visual Analog Scale (P < .001, [VS with PBMT group: P = .002; VS with sham PBMT group: P < .001]). There was a significant decrease in the number of participants with sexual dysfunction (FSFI score <=26.55) after the treatment in the VS with PBMT group (92.2-74.5%, P = .003) and in the VS with sham PBMT group (90.4-76.9%, P = .035). Both groups showed improvement in the FSFI pain domain after treatment (P < .001, [VS with PBMT group: P = .038; VS with sham PBMT group: P = .005]). Only the VS with sham PBMT group had a significant increase in FSFI desire and total score (P < .001) after treatment. CLINICAL IMPLICATIONS: We found that VS associated or not with PBMT may be effective in reducing complaints of painful intercourse, alleviating pain severity, and reducing the number of women with pelvic floor MP suffering from
sexual dysfunction. STRENGTHS & LIMITATIONS: Strengths of this study are the randomized design and use of validated questionnaires. Limitation of the study is the lack of a long follow-up period and the lack of a usual care comparison group hampers generalizability of the results. CONCLUSION(S): VS only and VS with PBMT have short-term efficacy in reducing painful intercourse and reducing a number of women with sexual dysfunction.

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PMID: 36963977 [https://www.ncbi.nlm.nih.gov/pubmed/?term=36963977]

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Publisher: NLM (Medline)

Year of Publication: 2022

122.

A pilot study on oral cyclosporine A in association with fulguration for the treatment of interstitial cystitis with Hunner's lesions.

Briere R., Bouchard F., Ismail S., Gareau Labelle A.-K., Tu L.

Embase
Neurourology and Urodynamics. 41(6) (pp 1498-1504), 2022. Date of Publication: August 2022.

[Article]

AN: 2017981499

Aims: To evaluate the efficacy and safety of lesion fulguration in combination with cyclosporine A (CyA) as a maintenance therapy in patients with interstitial cystitis/bladder pain syndrome (IC/BPS) with Hunner's lesion (HL).

Method(s): Retrospective observational study of refractory patients with HL treated with daily 1.5 mg/kg or less of oral CyA following lesion fulguration. Pain severity, subjective improvement, urinary symptoms, and adverse events were used to assess long-term treatment efficiency and safety.

Result(s): Among the 22 patients, median follow-up under CyA was 27 months. Patients reported sustained significant reduction compared to pretreatment in pain (0/10 vs. 8/10; p < 0.001), urinary frequency per 24 h (9.5 vs. 20.8; p < 0.001), and nocturia (2.3 vs. 7.6; p < 0.001). Subjective improvement rate (SIR) and patient global impression of improvement were of 90% and 1 (“very much better”), respectively, including four patients who considered themselves cured (SIR: 100%). Three patients needed an additional procedure due to pain relapse. Minor increase in creatinine was observed and three patients developed or worsened their arterial hypertension. CyA dosage was decreased to 1.2 mg/kg or less for long-term relief (n = 8), creatinine increase (n = 5), and neutropenia (n = 1) with subsequent improvement in renal function without symptom deterioration.

Conclusion(s): Oral CyA seems to allow a sustained long-term relief following HL fulguration by alleviating pain, decreasing urinary symptoms, and procuring great subjective improvement.
daily low dose of 1.5 mg/kg or less appears to have limited adverse events while preventing repeated procedures. Larger trials are warranted.

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Status: Embase

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Publisher: John Wiley and Sons Inc

Year of Publication: 2022

123.

Fluoroscopic anterior approach versus ultrasound guided superior hypogastric plexus neurolysis in cancer pelvic pain: a randomized controlled study.

Abdelghaffar N.A., Farahat T.E.

Embase

BMC Anesthesiology. 22(1) (no pagination), 2022. Article Number: 403. Date of Publication: December 2022.

[Article]

AN: 2020848497

Background: Cancer-related pelvic pain can be difficult and debilitating to treat. Superior hypogastric plexus neurolysis (SHPN) is a good choice for adequate pain relief with fewer side effects. The current study compared between fluoroscopic anterior approach and ultrasound guided SHPN in the management of cancer-related pelvic pain.

Method(s): Patients were randomly allocated into two equal groups. The ultrasound group (US group) (n = 48) received SHPN by an ultrasound-guided anterior approach using 3 ml 5% bupivacaine plus 20 ml 10% phenol, while the fluoroscopy group (n = 48) received SHPN by a fluoroscopy-guided anterior approach using 3 ml 5% bupivacaine plus 20 ml 10% phenol.

Result(s): The time of the procedure was shorter in the fluoroscopic group (21.31 +/- 4.79 min) than the US group (24.88 +/- 6.02 min) (P = 0.002). Patient satisfaction was higher in the fluoroscopy group (5.38 +/- 1.482) than the US group (2.98 +/- 1.495) (P0.001). The need for analgesia using morphine was significantly limited in each group, at 1, 2 and 3 months intervals (P10.001, P2 0.001 and P3 0.001). There were statistically significant differences between both groups regarding fatigue at baseline, drowsiness at 3 months, nausea and vomiting at 1, 2 and 3 months and anorexia at 3 months. Group comparison also revealed statistically significant differences regarding depression at one month, anxiety at 2 and 3 months and insomnia at baseline.
Conclusion(s): The fluoroscopic anterior approach SHPN was more superior than the US guided SHPN regarding the time of the procedure and patient satisfaction, while both technique were similar regarding the numeric rating scale and the complications during block. Trial registration: Registered in the ClinicalTrials.gov (Identifier: NCT05299047) at 28/03/2022.

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Status: Embase

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Publisher: BioMed Central Ltd

Clinical Trial Number: https://clinicaltrials.gov/show/NCT05299047

Year of Publication: 2022

124.


Merlino L., Titi L., Pugliese F., D'Ovidio G., Senatori R., Rocca C.D., Piccioni M.G.

Embase Pharmaceuticals. 15(12) (no pagination), 2022. Article Number: 1514. Date of Publication: December 2022.

[Review]

AN: 2020752158

Background: Vulvodynia is defined in this international consensus as persistent vulvar pain that occurs for >3 months without an identifiable cause and with several potential associated factors. At present there is no univocal consensus in the therapeutic treatment of vulvodynia. The methods of intervention are based on various aspects including, above all, the management of painful symptoms.

Method(s): a research on scientific database such as "Pubmed", "Medline Plus", "Medscape" was conducted, using the words "women's genital pain" and "vulvodynia" for the review of the scientific evidence on the assessment and treatment of women's genital pain.

Result(s): Among the drugs with pain-relieving action, the most effective in the treatment of vulvodynia would seem to be those with antidepressant and anticonvulsant action, even if their mechanisms of action are not known and there are still insufficient studies able to demonstrate their real validity. Among the least effective are non-steroidal anti-inflammatory drugs (NSAIDs) and corticosteroids. However, the ideal would seem to use a combined treatment with multiple types of drugs.

Conclusion(s): Future studies are needed to draw up a unique therapeutic action plan that considers the stratification of patients with vulvodynia and the variability of the symptom. Copyright © 2022 by the authors.

Status: Embase

Author NameID: Merlino, Lucia; ORCID: https://orcid.org/0000-0002-4281-8308
Anxiety and Anticipated Pain Levels of Women With Self-Reported Penetration-Related Genito-Pelvic Pain are Elevated in Response to Pain-related Images.

Kelly K.J.M., Fisher B.L., Rosen N.O., Hamilton L.D.

Embase

[Article]

AN: 2019051292

Background: Genito-pelvic pain (GPP) affects a sizable minority of women and results of existing treatments can be variable. A method of general pain treatment that has not yet been extended to penetration-related GPP is Explicit Motor Imagery (EMI), which uses pain-related images to help individuals with pain alter their responses to pain, resulting in reduced pain, less pain-related anxiety, and improved function.

Aim(s): As a first step toward determining if EMI is a feasible method for treating penetration-related GPP, this study examined whether images that potentially signal genital pain are sufficient to induce an anxiety or anticipated pain response in women.

Method(s): Participants were 113 women (62 with genital pain, 51 pain-free) recruited to complete an online study. Participants viewed randomized images of women engaging in various activities that potentially cause pain for people with penetration-related GPP (sitting, walking, running, lifting, inserting a tampon, implied penetrative sex, actual penetrative sex, implied gynecological exam, actual gynecological exam). Participants then rated each image on how much anxiety they experienced viewing the picture (viewing anxiety), and how much anxiety (anticipated anxiety) and pain (anticipated pain) they expected to experience doing the activity in the picture.

Outcome(s): Outcomes were the self-reported viewing anxiety, anticipated anxiety, and anticipated pain of women with and without reported pain-related GPP in response to the pain-related images.

Result(s): Women who experienced self-reported penetration-related GPP reported significantly higher levels of viewing anxiety, anticipated anxiety, and anticipated pain in almost all categories of images, compared to women who were free of pain. The key exception was that women with and without self-reported penetration-related GPP reported similar levels of viewing anxiety when looking at images of implied and actual penetrative sex.

Clinical Translation: These results support that pelvic and genital imagery serve as a sufficient stimulus to generate anxiety and anticipated pain in our study sample. EMI, which targets desensitization of heightened anxiety warrants further research as a potential novel treatment option. Strengths & Limitations: This study was the first to assess responses to a wide array of
pain-eliciting images in women with and without self-reported penetration-related GPP. A key limitation was that the pain sample was self-reported and not clinically diagnosed.

Conclusion(s): Images of pain-related stimuli were sufficient to induce anxiety and anticipated pain in women with self-reported penetration-related GPP. This first step suggests that EMI may be a useful treatment option for women with penetration-related GPP. Kelly KJM, Fisher BL, Rosen NO, et al. Anxiety and Anticipated Pain Levels of Women With Self-Reported Penetration-Related Genito-Pelvic Pain are Elevated in Response to Pain-related Images. J Sex Med 2022;19:1281-1289.

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PMID: 35780013 [https://www.ncbi.nlm.nih.gov/pubmed/?term=35780013]

Status: Embase

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Publisher: Elsevier B.V.

Year of Publication: 2022

126.

Genotypes of Pain and Analgesia in a Randomized Trial of Irritable Bowel Syndrome.


[Article]

AN: 2015537161

Background: Irritable bowel syndrome (IBS) is a highly prevalent chronic pain disorder with multiple underlying mechanisms and few treatments that have been demonstrated to be effective in placebo controlled trials. One potential reason may be the use of composite outcomes, such as the IBS Symptom Severity Scale (IBS-SSS) which includes descriptive items related to pain frequency and pain intensity as well as bowel dysfunction and bloating. We investigated if different features of IBS pain have distinct genetic associations and if these may be moderated by sex hormones. Participants and Setting: Adult outpatients with moderately severe IBS (>175 on IBS-SSS) enrolled in a clinical trial reported IBS-SSS at baseline and after 6 weeks of therapy. Method(s): Fixed effects modeling was used to test the effect of COMT rs4680 genotype to change in pain severity (rated 0-100) and pain frequency (defined as number of days with pain in the past 10 days) from baseline to week 6 with IBS treatment. Parallel exploratory genome-wide association studies (GWAS) were also performed to identify single nucleotide polymorphisms (SNPs) associated with change in pain severity or pain frequency across all participants. Result(s): A total of 212 participants (74% female) were included. The COMT rs4680 met allele was associated with decreased pain severity over the course of the trial in gene dosage models [beta(SE) -5.9 (2.6), P = 0.028]. Exploratory GWAS for change in pain frequency identified 5 SNPs in close proximity on chromosome 18 near L3MBTL4 which reached genome-wide
significance (all P < 5.0E-8). This effect was not mediated by changing estradiol levels. There was also a region of chromosome 7 with 24 SNPs of genome-wide suggestive significance for change in pain severity (all P < 1.0E-5).

Conclusion(s): Previously reported association between COMT rs4680 genotype and treatment response as measured by IBS-SSS is related to pain severity, but not pain frequency. We also identified new candidate genes associated with changes in IBS pain severity (SNX13) and pain frequency (L3MBTL4) in response to treatment. Further studies are needed to understand these associations and genetic determinants of different components of IBS-SSS. ClinicalTrials.gov, Identifier: NCT0280224.

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Status: Embase

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Publisher: Frontiers Media S.A.

Year of Publication: 2022

127.

Sonographic findings of a gynecological cause of acute pelvic pain - a systematic review.


Embase Journal of Ultrasonography. 22(90) (pp e183-e190), 2022. Date of Publication: 2022.

[Review]

AN: 2013254249

Objective: The purpose of this study was to use ultrasonographic data to rule out and distinguish diseases that cause acute pelvic pain.

Material(s) and Method(s): The literature was reviewed using a systematic search of the databases Google Scholars and PubMed, as well as through hand searching. We looked through
a total of 35 articles, but only 26 were selected after preliminary screening. Furthermore, 14 articles were left out because they required a membership, copyright clearance, or featured non-English references. There were a total of 12 articles included in the final review. Among all the study-related articles, only original research studies and one systematic review that sonographically explored the gynecological etiology of acute pelvic pain were selected.

Result(s): Acute pelvic pain in women might be difficult to identify between gynecologic and non-gynecologic causes based solely on patient history and examination. Advanced imaging, like ultrasound, aids in determining the reason. Pelvic inflammatory disease can be difficult to diagnose, and clinicians should use a low threshold for starting presumptive treatment in order to avoid significant long-term effects such as infertility.

Conclusion(s): Pelvic pain can be acute, chronic or functional. Imaging investigations such as CT, ultrasonography, and MRI can assist in establishing a diagnosis. Particularly ultrasound scanning makes it possible to arrive at a diagnosis with a high degree of precision.

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Status: Embase

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Publisher: Polish Ultrasound Society

Year of Publication: 2022

128.

The interplay between endometriosis and fertility in rats: a systematic review.

Kanellopoulos D., Karagianni D., Pergialiotis V., Patsouras G., Patsouras K., Nikiteas N., Lazaris A.C., Iliopoulos D.

Embase
Journal of medicine and life. 15(6) (pp 742-746), 2022. Date of Publication: 01 Jun 2022.

[Review]

AN: 638669607

For the last decades, endometriosis has been a major gynecological problem and a significant cause of infertility for women worldwide. It is estimated that the disease affects about 10-15% of all women of reproductive age and 70% of women suffering from chronic pelvic pain. At the same time, the incidence is about 40-60% in women with dysmenorrhea and 20-30% in women with subfertility. Despite the high percentage of affected women, endometriosis is still characterized by insufficient knowledge of the pathogenic processes, leading to the development and continuity of the disease. For this reason, there is a significant need for insight and understanding of the pathogenesis of endometriosis. This systematic review aims to present the latest data on the use of rats in endometriosis research and to explore how fertility is affected in rats with endometriosis.

The methodology included a review of the available publications retrieved by a search in various scientific databases, such as PubMed, Scopus, Medline, and Google Scholar. The initial search generated 30 titles, with 10 articles fulfilling the inclusion criteria. In conclusion, several surgical techniques have been proposed to induce endometriosis, mainly using rats as the appropriate animal model. Studies in rats showed that endometriosis causes infertility and that pregnancy rates are lower for rats with endometriosis than those without endometriosis. In addition, rats with
endometriosis have significant abnormalities in the structure of their oocytes as well as in the development of their embryos (genetic abnormalities).
sample size was calculated to be 55 patients in each arm to achieve 80% power with an alpha of 0.05.

Result(s): From February 2020 to August 2021, 130 participants were randomized. Of those participants, 7 withdrew, and 123 were analyzed: 60 in the diazepam group and 63 in the placebo group. The median age was 65 years (interquartile range, 27-80), the median body mass index was 27.9 kg/m² (interquartile range, 18.70-45.90), and 119 of 123 participants (96.7%) were White. There was no difference in the baseline characteristics, prolapse stage, or types of procedures performed between groups. Most participants had concurrent uterosacral ligament suspension with anterior and posterior repairs. Of note, 50 of 123 participants (41%) had midurethral slings. Moreover, 61 of 123 participants (50%) were discharged on the day of surgery. There was no difference in the primary outcome of vaginal pain 3.5 to 6.0 hours postoperatively (25 vs 21 mm; P=.285). In addition, the amount of rescue narcotics used in the immediate postoperative period (19.0 vs 17.0 MME; P=.202) did not differ between groups. At 2-weeks postoperatively, patients in the placebo group reported higher satisfaction with pain control in the hospital (31 vs 43 mm; P=.006) and pain control at home (31 vs 42 mm; P=.022). No difference was noted between same-day discharges and those who were admitted overnight.

Conclusion(s): The placement of a 10-mg diazepam rectal suppository immediately after pelvic reconstructive surgery did not improve pain or narcotic usage in the early postoperative period. Although the placebo group reported slightly higher satisfaction with pain control 2 weeks after surgery, overall pain levels were low. Therefore, we do not believe that the addition of diazepam to the postoperative regimen is warranted.

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Status: Embase

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Publisher: Elsevier Inc.

Year of Publication: 2022

Cannabinoid Profiles in Medical Cannabis Users: Effects of Age, Gender, Symptoms, and Duration of Use.

Kalaba M., Ware M.A.

Embase
Cannabis and Cannabinoid Research. 7(6) (pp 840-851), 2022. Date of Publication: 01 Dec 2022.

[Article]

AN: 2022472462

Introduction: Clinical trials remain the gold standard for evaluating efficacy, but there is increasing interest in using real-world evidence (RWE) to inform health care decision making. The aims of this observational study were to describe patterns of medical cannabis use, associated changes in symptom severity over time, and to evaluate change in cannabis dose over time for pain-related symptoms.
Method(s): Data were collected by StrainprintTM, an application that is HIPAA, PIPEDA, and PHIPA compliant. A total of 629 participants recorded data between May 2017 and August 2019. A total of 65 symptoms were grouped as Pain, Mental Health, Physical Symptoms, Seizures, Headaches/Migraines, and Other. Descriptive statistics and mixed-effects modeling were applied.

Result(s): THC-dominant products were more frequently consumed for symptoms of pain and sleep, while CBD-dominant products were more frequently consumed for anxiety and depression. Male and female participants demonstrated significant differences in the type of cannabis they consumed. Females more frequently consumed CBD-dominant products, and males more frequently consumed balanced (THC:CBD) products. Oil use was more prominent among females, while vaping was more common among males. Product use also varied by age tertiles (<31; 31-39; >40 years). CBD-dominant products were more common among younger participants, <31 years, THC-dominant products were more common among the 31-39 years category and balanced (THC:CBD) products were common among older participants >41 years. Dosages of CBD-dominant and balanced (THC:CBD) products increased over time irrespective of symptom response. THC-dominant products demonstrated a significant relationship between dose and symptom reduction over time.

Conclusion(s): Recognizing that RWE has important methodological limitations, we observed cannabis product preferences based on demographic characteristics, such as gender and age and the primary symptom treated such as pain and anxiety. Our study offers real-world insights into how participants use and respond to cannabis products and suggests important avenues and methodologies for future research.

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Status: Embase

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Institution: (Kalaba, Ware) Canopy Growth Corporation, Smiths Falls, ON, Canada

Publisher: Mary Ann Liebert Inc.

Year of Publication: 2022

131.

Quality of Life of Japanese Dysmenorrhea/Heavy Menstrual Bleeding Patients Treated with Levonorgestrel Intrauterine Delivery System in a Real-World Setting.

Momoeda M., Akira S., Harada T., Kitawaki J., Maeda N., Ota I., Yoshihara K., Takahashi N.

Embase

Advances in Therapy. 39(8) (pp 3616-3634), 2022. Date of Publication: August 2022.

[Article]

AN: 2017899466

Introduction: The present study collected 1-year follow-up patient-reported outcome data from Japanese women with dysmenorrhea and/or heavy menstrual bleeding (HMB) who underwent insertion of the levonorgestrel-releasing intrauterine system (LNG-IUS) 52 mg. We aimed to evaluate the quality of life (QOL) of Japanese women over the course of the investigational period.
Method(s): This was a multicenter, non-interventional, prospective, single-cohort, post-marketing surveillance study (J-MIRAI). The primary outcome was the median change in the Menstrual Distress Questionnaire (MDQ) and Menorrhagia Multi-Attribute Scale (MMAS) scores from baseline to 3 and 12 months after LNG-IUS insertion, with decreasing and increasing scores, respectively, indicating improvement. The secondary outcomes were the statistical relationships between the MDQ and menstrual pain (measured by a visual analog scale, VAS), and between the MMAS and pictorial blood loss assessment chart (PBAC) scores by regression analysis.

Result(s): In total, 593 patients were evaluated; 376, 467, and 250 patients were diagnosed with dysmenorrhea, HMB, or both, respectively. The median MDQ score decreased significantly at 3 and 12 months after LNG-IUS insertion in both the premenstrual and menstrual periods (both p < 0.001 vs baseline), and the median MMAS score showed a similar improvement during the menstrual period. Changes in median MDQ and MMAS scores were observed regardless of patient background. Correlations between MDQ and menstrual pain (VAS) and between MMAS and PBAC scores were found (estimated regression coefficients 0.29 and -0.15, respectively).

Conclusion(s): The LNG-IUS contributed to improvements in the QOL of patients with dysmenorrhea, HMB, and both, regardless of patient background characteristics. Trial Registration: Registered at ClinicalTrials.gov (NCT02475356) on 18 June 2015.


Status: Embase

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Publisher: Adis

Clinical Trial Number: https://clinicaltrials.gov/show/NCT02475356

Year of Publication: 2022

132.

Evaluation of pain and quality of life after hyaluronic acid instillation in addition to botulinum toxin-A injection in women with refractory Interstitial Cystitis/Painful Bladder Syndrome: A pilot study.

Ghaith A.F., Radwan M.H., Taha M.R., Elbcndary M.A., Al Damhogy M.E., Hagras A.M.

Embase
Archivio Italiano di Urologia e Andrologia. 94(4) (pp 447-450), 2022. Date of Publication: December 2022.

[Article]
**Objectives:** The aim of this study was to assess changes in quality of life and pain alleviation in women with refractory Interstitial Cystitis/Painful Bladder syndrome following a combined intravesical injection of Botulinum Toxin-A and Hyaluronic Acid instillation versus Hyaluronic acid instillation alone.

**Method(s):** Two groups of women with painful bladder syndrome/interstitial cystitis were randomly divided (one to one randomization). Intravesical injections of botulinum toxin-A and intravesical Hyaluronic acid were given to Group (I). Only Hyaluronic acid was instilled intravesically in Group II. Patients were given voiding diaries, a visual analogue scale for pelvic pain, the International Cystitis Symptom Index and Problem Index, the Pelvic Pain Urgency/Frequency Patient Symptom Scale, and the Patient Health Questionnaire-9 to assess the candidates' quality of life. The Student t-test and mean and standard deviation were used in statistical analysis, with p 0.05 considered as significant (IBM SPSS statistics) Results: Thirty-four women were included in this study. The pain severity (VAS) of group (I) cases dropped dramatically from 8.5 +/- 1.5 at the start to 3.9 +/- 2.4 after three months and 2.9 +/- 2.1 after six months. Among group (II) cases, the pain score reduced dramatically from 8.6 +/- 1.3 to 5.8 +/- 1.4 to 4.3 +/- 2.6. Conclusion(s): In patients with refractory Interstitial Cystitis/Bladder Discomfort Syndrome, Botulinum Toxin-A injection combined with Hyaluronic Acid instillation improves pelvic pain and improves quality of life.

**Purpose:** Bladder Pain Syndrome/Interstitial Cystitis (BPS/IC) is a bladder-related chronic inflammatory disease. Data indicate that stress enhances the excitability of bladder nociceptors through the stimulation of alpha1A-adrenoceptors. Stress is known to play a crucial role in BPS/IC patients. We aimed to assess the efficacy and safety of daily silodosin in refractory BPS/IC female patients and its correlation with stress coping.
Material(s) and Method(s): An open-label trial was conducted with 20 refractory BPS/IC patients. Evaluations occurred at baseline and the 8th and 12th weeks. Primary endpoint was bladder pain evaluated by visual analogue scale (VAS). Secondary endpoints included daily frequency, nocturia and maximum voided volume obtained from a 3-day bladder diary, the O'Leary-Sant Symptom Score, and two questions accessing stress coping. Patients initiated daily doses of 8 mg silodosin, which could be titrated to 16 mg. Median values with percentiles 25 and 75 (25; 75) were used. Wilcoxon signed-rank test was used for comparisons. A minimally important difference of 3 points for pain was established to define clinically relevant improvement.

Result(s): Median age was 56 years. Median pain score decreased from 8.00 (6.00; 8.00) at baseline to 4.00 (2.00; 5.50) (p < 0.001), meaning that the primary endpoint was reached. Total urinary frequency decreased from 14.00 (13.00; 21.00) to 9.00 (7.50; 11.00) (p < 0.05), and all the other secondary endpoints also showed a statistically significant improvement. Eleven patients improved by >=3 pain points in VAS, meaning that 65% of patients that ended the study protocol achieved clinical significant improvement or, in the full analysis set, that 55% of the 20 initial patients improved significantly. Fourteen (82%) decreased by >=2 micturitions/day. Overall, the cohort's stress coping was low.

Conclusion(s): Silodosin can be an effective and well-tolerated treatment for refractory BPS/IC female patients.

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Status: Embase

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Publisher: MDPI

Year of Publication: 2022

Immediate Effect of Lumbar Sacral Orthosis and Abdominal Drawing-in Maneuver on Postural Control in Adults With Nonspecific Chronic Low Back Pain.

de Oliveira F.C.L., Lariviere C., Dallaire M., Mecheri H., Ngomo S., da Silva R.A.


[Article]

AN: 2021195386

Objective: The purpose of this study was to examine the immediate effects of lumbar sacral orthosis and the abdominal drawing-in maneuver on the trunk postural control of adults with chronic low back pain compared with asymptomatic controls during 1-legged and semi-tandem stances.
Method(s): An experimental and comparative study (cross-sectional design) was conducted in a laboratory setting. Twenty adults with chronic low back pain and 20 asymptomatic controls randomly performed 2 postural balance tasks over a force platform, considering 3 experimental conditions: (1) natural posture (baseline-control), (2) lumbosacral orthosis, and (3) abdominal drawing-in maneuver. Linear variables (mean amplitude, ellipse area, and sway velocity) derived from the center of pressure were computed, and 2-way analysis of variance (group x condition) for repeated measures were conducted.

Result(s): No group x condition interactions (.139 <= P <= .938) were detected in any center of pressure parameters. No condition effect was detected, but a group effect (P = .042) was observed for 1 center of pressure parameter. The chronic low back pain group presented with a lower mean anteroposterior center of pressure amplitude than asymptomatic controls ( = 0.31 +/- 0.66 cm [95% confidence interval, 0.05-0.56], P = .019) during the semi-tandem stance balance task.

Conclusion(s): Neither lumbosacral orthosis nor the abdominal drawing-in maneuver showed immediate improvement in trunk postural control in any group. Thus, clinicians should not expect immediate benefits or improvements yielded by lumbosacral orthosis or the abdominal drawing-in maneuver when patients with chronic low back pain undergo these interventions.

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Status: Embase

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Publisher: Elsevier Inc.

Year of Publication: 2022

135.


Remus A., Lempke A.F.D., Wuytack F., Smith V.

Embase
Journal of Pain. 23(12) (pp 2052-2069), 2022. Date of Publication: December 2022.
This study provides evidence- and consensus-based recommendations for the instruments to measure the five Pelvic Girdle Pain Core Outcome Set (PGP-COS): pain frequency, pain intensity/severity, function/disability/activity limitation, health-related quality of life and fear avoidance. Studies evaluating measurement properties of instruments measuring any PGP-COS outcome in women with PGP were identified through a systematic search of MEDLINE, EMBASE and PEDro databases (inception-July 2021). The methodological quality of studies and quality of measurement properties were evaluated using the COnsensus-based Standards for the selection of health status Measurement Instruments (COSMIN) checklist. Quality criteria and the synthesized evidence were graded using the modified grading of recommendations, assessment, development, and evaluation (GRADE) approach. A consensus meeting with PGP stakeholders was then held to establish recommendations, based on the evidence, for the instruments that should be used to measure the PGP-COS. Ten instruments were identified from 17 studies. No instrument showed high quality evidence for all measurement properties and/or measured all PGP-COS outcomes. Based on current evidence and consensus, the Pelvic Girdle Questionnaire (PGQ), the Short Form-8 (SF-8) and the Fear Avoidance Beliefs Questionnaire (FABQ) are recommended for measuring the PGP-COS. Future research should establish additional measurement properties of instruments and to substantiate these recommendations.

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PMID: 36115519 [https://www.ncbi.nlm.nih.gov/pubmed/?term=36115519]

Status: Embase

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Publisher: Elsevier B.V.

Year of Publication: 2022

136.

Non-Hunner's Interstitial Cystitis Is Different from Hunner's Interstitial Cystitis and May Be Curable by Uterosacral Ligament Repair.

Goeschen K., Gold D.M., Liedl B., Yassouridis A., Petros P.

Embase
Urologia Internationalis. 106(7) (pp 649-657), 2022. Date of Publication: 01 Jul 2022.

[Review]

AN: 2018326176
**Background:** The posterior fornix syndrome (PFS) was first described in 1993 as a predictably occurring group of symptoms: Chronic pelvic pain (CPP), urge, frequency, nocturia, emptying difficulties/urinary retention, caused by uterosacral ligament (USL) laxity, and cured by repair thereof.

**Summary:** Our hypothesis was that non-Hunner's interstitial cystitis (IC) and PFS are substantially equivalent conditions. The primary objective was to determine if there was a causal relationship between IC and pelvic organ prolapse (POP). The secondary objective was to assess whether other pelvic symptoms were present in patients with POP-related IC and if so, which ones? How often did they occur? A retrospective study was performed in 198 women who presented with CPP, uterine/apical prolapse (varying degrees), and PFS symptoms, all of whom had been treated by posterior USL sling repair. We compared their PFS symptoms with known definitions of IC, CPP, and bladder symptoms. To check our hypothesis for truth or falsity, we used a validated questionnaire, “simulated operations” (mechanically supporting USLs with a vaginal speculum test to test for reduction of urge and pain), transperineal ultrasound and urodynamics. Key Messages: 198 patients had CPP and 313 had urinary symptoms which conformed to the definition for non-Huner's IC. The cure rate after USL sling repair was CPP 74%, urge incontinence 80%, frequency 79.6%, abnormal emptying 53%, nocturia 79%, obstructive defecation 80%. Our findings seem to support our hypothesis that non-Huner's IC and PFS may be similar conditions; also, non-Huner IC/BPS may be a separate or lesser disease entity from "Huner lesion disease". More rigorous scientific investigation, preferably by RCT, will be required.

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PMID: 35512665 [https://www.ncbi.nlm.nih.gov/pubmed/?term=35512665]

**Status:** Embase

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**Publisher:** S. Karger AG

**Year of Publication:** 2022

137.

**Dorsal Root Ganglion Stimulation as a Salvage Therapy Following Failed Spinal Cord Stimulation.**


Embase

Neuromodulation. 25(7) (pp 1024-1032), 2022. Date of Publication: October 2022.
AN: 2018974468

Introduction: Spinal cord stimulation (SCS) can provide long-term pain relief for various chronic pain conditions, but some patients have no relief with trial stimulation or lose efficacy over time. To "salvage" relief in patients who do not respond or have lost efficacy, alternative stimulation paradigms or anatomical targets can be considered. Dorsal root ganglion stimulation (DRG-S) has a different mechanism of action and anatomical target than SCS.

Objective(s): We assessed DRG-S salvage therapy outcomes in patients who did not respond to SCS or had lost SCS efficacy.

Material(s) and Method(s): We retrospectively included consecutive patients from 2016 to 2020 who were salvaged with DRG-S after failed SCS trials (<50% pain reduction) or who had lost efficacy after permanent SCS. We compared numerical rating scale (NRS) pain, Oswestry disability index (ODI), health-related quality of life (EuroQol five-dimensions five-level), and oral morphine equivalent (OME) opioid requirements before DRG-S salvage and at patients' last follow-up.

Result(s): A total of 60 patients who had failed SCS were salvaged with DRG-S. The mean age was 56 +/- 12 years, and the most common diagnoses were complex regional pain syndrome (n = 24) and failed back surgery syndrome (n = 24). The most common failed modalities included tonic (n = 32), Burst (n = 18), and high-frequency (n = 10) SCS. The median follow-up duration of salvage DRG-S was 34 months. With DRG-S, NRS decreased (8.7 +/- 1.2 to 3.8 +/- 2.1), and OME declined (median 23 mg to median 15 mg), whereas EuroQol 5D scores increased (0.40 +/- 0.15 to 0.71 +/- 0.15), and ODI improved (64 +/- 14% to 31 +/- 18%) (all p < 0.05).

Conclusion(s): DRG-S can be used in patients with chronic pain who have previously failed to receive persistent benefit from SCS.

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PMID: 35760751 [https://www.ncbi.nlm.nih.gov/pubmed/?term=35760751]

Status: Embase

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Publisher: International Neuromodulation Society

Year of Publication: 2022

138.

High-Intensity Laser Therapy (HILT) as an Emerging Treatment for Vulvodynia and Chronic Musculoskeletal Pain Disorders: A Systematic Review of Treatment Efficacy.

Starzec-Proserpio M., Bardin M.G., Fradette J., Tu L.M., Berube-Lauziere Y., Pare J., Carroll M.-S., Morin M.

Embase
High-intensity laser therapy (HILT) has been gaining popularity in the treatment of chronic musculoskeletal pain, including vulvodynia. The objective of this study was to critically appraise and synthesize the available evidence on the efficacy of HILT for reducing pain and improving function in vulvodynia and other chronic primary musculoskeletal pain conditions. Electronic databases and the grey literature were searched. Effects on pain intensity, function, and adverse events were assessed. One study investigating HILT in the treatment of vulvodynia and 13 studies on the treatment of chronic musculoskeletal pain were selected. The study assessing vulvodynia showed favorable results for reducing pain. Regarding chronic musculoskeletal pain, 12 out of the 13 studies selected consistently showed that HILT was more effective than the placebo/active comparator for reducing pain and improving function. The available effect sizes for pain showed large to huge effects. Similar effects were observed for function except for two studies showing moderate effects. The GRADE score was moderate.

Conclusion(s): There are insufficient data to support the use of HILT in vulvodynia, but the promising results encourage further research. HILT appears to be effective in musculoskeletal pain conditions. More high-quality studies are needed to identify effective laser protocols.

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A randomized controlled study with a six-month follow-up was conducted to investigate the effects of sagittal head posture correction on 3D spinal posture parameters, back and leg pain, disability, and S1 nerve root function in patients with chronic discogenic lumbosacral radiculopathy (CDLR). Participants included 80 (35 female) patients between 40 and 55 years experiencing CDLR with a definite hypolordotic cervical spine and forward head posture (FHP) and were randomly assigned a comparative treatment control group and a study group. Both groups received TENS therapy and hot packs, additionally, the study group received the Denneroll cervical traction orthotic. Interventions were applied at a frequency of 3 x per week for 10 weeks and groups were followed for an additional 6-months. Radiographic measures included cervical lordosis (CL) from C2-C7 and FHP; postural measurements included: lumbar lordosis, thoracic kyphosis, trunk inclination, lateral deviation, trunk imbalance, surface rotation, and pelvic inclination. Leg and back pain scores, Oswestry Disability Index (ODI), and H-reflex latency and amplitude were measured. Statistically significant differences between the groups at 10 weeks were found: for all postural measures, CL (p = 0.001), AHT (p = 0.002), H-reflex amplitude (p = 0.007) and latency (p = 0.001). No significant difference for back pain (p = 0.2), leg pain (p = 0.1) and ODI (p = 0.6) at 10 weeks were identified. Only the study group's improvements were maintained at the 6-month follow up while the control groups values regressed back to baseline. At the 6-month follow-up, it was identified in the study group that improved cervical lordosis and reduction of FHP were found to have a positive impact on 3D posture parameters, leg and back pain scores, ODI, and H-reflex latency and amplitude.

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**Status:** Embase

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**Publisher:** MDPI

**Clinical Trial Number:** https://clinicaltrials.gov/show/NCT05553002

**Year of Publication:** 2022

140.

**Progestins in the symptomatic management of endometriosis: a meta-analysis on their effectiveness and safety.**

Mitchell J.-B., Chetty S., Kathrada F.

Embase
AN: 2020644661

**Background:** Endometriosis is a complex chronic disease that affects approximately 10% of women of reproductive age worldwide and commonly presents with pelvic pain and infertility. Method & outcome measures: A systematic review of the literature was carried out using the databases Pubmed, Scopus, Cochrane and ClinicalTrials.gov in women with a confirmed laparoscopic diagnosis of endometriosis receiving progestins to determine a reduction in pain symptoms and the occurrence of adverse effects. Result(s): Eighteen studies were included in the meta-analysis. Progestins improved painful symptoms compared to placebo (SMD = -0.61, 95% CI (-0.77, -0.45), \( P < 0.00001 \)) with no comparable differences between the type of progestin. After median study durations of 6-12 months, the median discontinuation rate due to adverse effects was 0.3% (range: 0 - 37.1%) with mild adverse effects reported. Conclusion(s): The meta-analysis revealed that pain improvement significantly increased with the use of progestins with low adverse effects. Systematic Review Registration: PROSPERO CRD42021285026. Copyright © 2022, The Author(s).

PMID: 36528558 [https://www.ncbi.nlm.nih.gov/pubmed/?term=36528558]

**Status:** Embase

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**Publisher:** BioMed Central Ltd

**Year of Publication:** 2022

141.


Moman R.N., Peterson A.A., Maher D.P., Eli I., Hagedorn J.M., Bendel M.A., Gerberi D., Murad M.H., Hooten W.M.

Embase Neuromodulation. 25(7) (pp 956-964), 2022. Date of Publication: October 2022.

[Review]

AN: 2012317874

**Background and Objectives:** Dorsal root ganglion stimulation (DRGS) is a newer form of neuromodulation that targets the dorsal root ganglion. DRGS has superior efficacy in complex regional pain syndrome compared to spinal cord stimulation (SCS) and may have efficacy in
other forms of chronic pain. While decades of safety data are available for SCS, there is less available safety information for DRGS. The objectives of this systematic review and pooled analysis of incidence are to determine the overall incidence of DRGS infections, incidence at each stage (trial vs implant vs revision), infection characteristics, and outcomes.

Material(s) and Method(s): A comprehensive search of databases from January 1980 to January 2021 was conducted.

Result(s): Ten studies met inclusion criteria. Eight studies reported patients with trial data (n = 291), ten studies reported patients with implant data (n = 250), and seven studies reported data with revisions (n = 26). The pooled incidence of trial infections was 1.03% (95% CI 0.35-2.99%), implant infections was 4.80% (95% CI 2.77-8.20%), revision infections was 3.85% (95% CI 0.20-21.59%), and overall infections was 2.82% (95% CI 1.62-4.54%). There was a statistically significant difference in infection rates between the trial, implant, and revision stages, X²(2, N = 567) = 8.9839, p = 0.01.

Conclusion(s): This is the first systematic review and pooled analysis that followed PRISMA guidelines to report infectious complications of DRGS by stage (trial vs implant vs revision). DRGS trial appears to be low risk for infection but that risk is significantly increased with DRGS implant. Our findings highlight the need for further study of infectious complications, their risks, and optimal prophylaxis.

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PMID: 34096135 [https://www.ncbi.nlm.nih.gov/pubmed/?term=34096135]

Status: Embase

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Publisher: International Neuromodulation Society

Year of Publication: 2022

142.

Pulsed Electromagnetic Field Therapy for Pain Management in Interstitial Cystitis/Bladder Pain Syndrome: A Proof-of-Concept Case Series.


Embase
Urology. 167 (pp 96-101), 2022. Date of Publication: September 2022.

[Article]

AN: 2018898131
Objective: To evaluate the efficacy of pulsed electromagnetic field (PEMF) therapy for symptom and pain management in women with non-bladder centric interstitial cystitis/bladder pain syndrome (IC/BPS).

Method(s): Women with non-bladder centric IC/BPS and a numeric rating scale score for pelvic pain >=6 underwent twice-daily 8-minute full body PEMF therapy sessions for 4 weeks. The primary outcome metric was a reduction in pelvic pain score >=2 points. A 7-day voiding diary (collected at baseline and conclusion), 3 validated symptom scores, and the Short Form-36 Quality of Life questionnaire (completed at baseline, conclusion of treatment, and 8-week follow-up), were used to assess secondary outcomes. Treatment effects were analyzed via Wilcoxon-signed rank test; P < .05 was considered significant.

Result(s): The 4-week treatment protocol was completed by 8 of 10 enrolled patients, and 7:8 (87.5%) had a significant reduction in pelvic pain (-3.0 points, P = .011) after 4 weeks. There was also a significant decrease in scores on all validated IC/BPS questionnaires, daily number of voids, and nocturia symptom score (P < .05). Significant increases in several quality-of-life questionnaire sub-scores were also identified at 4 weeks (P < .05). At 8-week post-therapy, the positive effects were somewhat attenuated, yet 4:8 patients (50%) continued to have significant pain reduction (P = .047). No adverse events or side effects were reported.

Conclusion(s): Whole body pulsed electromagnetic field therapy is an alternative treatment option for women with chronic bladder pain syndrome that warrants investigation through comparative trials.

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Status: Embase

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Publisher: Elsevier Inc.

Year of Publication: 2022

143.

The efficacy and tolerability of pollen extract in combination with hyaluronic acid and vitamins in the management of patients affected by chronic prostatitis/chronic pelvic pain syndrome: a 26 weeks, randomized, controlled, single-blinded, phase III study.

Cai T., Gallelli L., Cione E., Verze P., Palmieri A., Mirone V., Bonkat G., Wagenlehner F.M., Bjerklund Johansen T.E.

Embase
Minerva Urology and Nephrology. 74(6) (pp 780-788), 2022. Date of Publication: December 2022.

[Article]

AN: 2022342624
BACKGROUND: Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) remains a challenging clinical condition to manage. Here, we evaluate the efficacy and tolerability of a new treatment option (suppositories) containing pollen extract in combination with hyaluronic acid and vitamins in the management of patients with CP/CPPS.

METHOD(S): In this prospective, randomized, controlled, single-blinded, phase-III study we enrolled CP/CPPS patients between March and December 2019. Participants were randomized (1:1) to the following treatment groups: 1) pollen extract suppositories 1 daily for 10 days; or 2) ibuprofen 600 mg 1 tablet in the morning for 10 days. At the enrolment time and at the follow-up evaluations (3, 6 months), all patients completed baseline questionnaires ([National Institutes of Health Chronic Prostatitis Symptom Index [NIH-CPSI] and Quality of Well-Being [QoL]) and underwent urological examination and microbiological evaluation. The primary endpoint was the quality-of-life assessment with Patients' Reported Outcomes (PROs).

RESULT(S): One hundred and eighty-seven patients were screened. Finally, one hundred and twenty-four patients (mean age 34.6 +/- 3.9 years) were randomly allocated to the new pollen extract treatment (N.=63) or ibuprofen (N.=61) groups. At the end of follow-up examinations 56/63 group 1 patients (88.8%) showed a significant reduction of the NIH-CPSI total score, compared with 17/61 (27.8%) in group 2 (P<0.0001). Group 1 patients also reported a higher improvement in terms of PROs, when compared with the control group and group 1 patients reported a significant reduction of leucocyte count at the Meares-Stamey Test (-12; -4; P<0.001). Only mild adverse events were reported in the two groups and adverse events were less frequent in the pollen extract suppositories group.

CONCLUSION(S): The combination of pollen extract with hyaluronic acid and vitamins is more effective than ibuprofen in improving symptoms and Quality of Life in patients affected with CP/CPPS and has less side effects.

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PMID: 33781014 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33781014]

Status: In-Process

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Publisher: Edizioni Minerva Medica

Year of Publication: 2022

144.

Novel pharmacological therapies for the treatment of endometriosis.

Buggio L., Dridi D., Barbara G., Merli C.E.M., Cetera G.E., Vercellini P.
Introduction: Endometriosis is a chronic, estrogen-dependent, inflammatory disease associated with pelvic pain, infertility, impaired sexual function, and psychological suffering. Therefore, tailored patient management appears of primary importance to address specific issues and identify the appropriate treatment for each woman. Over the years, abundant research has been carried out with the objective to find new therapeutic approaches for this multifaceted disease.

Areas covered: This narrative review aims to present the latest advances in the pharmacological management of endometriosis. In particular, the potential role of GnRH antagonists, selective progesterone receptor modulators (SPRMs), and selective estrogen receptors modulators (SERMs) will be discussed. We performed a literature search in PubMed and Embase, and selected the best quality evidence, giving preference to the most recent and definitive original articles and reviews. Expert opinion: Medical therapy represents the cornerstone of endometriosis management, although few advances have been made in the last decade. Most studies have focused on the evaluation of the efficacy and safety of GnRH antagonists (plus add-back therapy in cases of prolonged treatment), which should be used as second-line treatment options in selected cases (i.e. non-responders to first-line treatments). Further studies are needed to identify the ideal treatment for women with endometriosis.

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PMID: 36000243 [https://www.ncbi.nlm.nih.gov/pubmed/?term=36000243]

Status: Embase

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Publisher: Taylor and Francis Ltd.

Clinical Trial Number: https://clinicaltrials.gov/show/NCT03213457

Year of Publication: 2022

The Benefits and Harms of Botulinum Toxin-A in the Treatment of Chronic Pelvic Pain Syndromes: A Systematic Review by the European Association of Urology Chronic Pelvic Pain Panel.


Embase
European Urology Focus. 8(1) (pp 320-338), 2022. Date of Publication: January 2022.
[Review]

AN: 2010866021

Context: Patients with chronic pelvic pain syndrome (CPPS) may have pain refractory to conventional management strategies. Botulinum toxin A (BTX-A) is a potential therapeutic option. Objective(s): To evaluate the benefits and harms of BTX-A injections in the treatment of CPPS.

Evidence Acquisition: A systematic review of the use of BTX-A in the treatment of CPPS was conducted (PROSPERO-ID: 162416). Comprehensive searches of EMBASE, PUBMED, Medline, and SCOPUS were performed for publications between January 1996 and May 2020. Identified studies were screened and selected studies assessed for quality prior to data extraction. The primary outcomes were improvement in pain and adverse events following treatment. Secondary outcomes included quality of life, global response assessment, sexual function, bowel function, and bladder function.

Evidence Synthesis: After screening 1001 abstracts, 16 studies including 11 randomised controlled trials were identified, enrolling 858 patients and covering a range of CPPS subtypes. Most studies showed high risks of bias and confounding across all domains. A narrative synthesis was performed as heterogeneity of included studies precluded a meta-analysis and calculation of pooled effect estimates of measured outcomes. BTX-A reduced pain significantly in patients with bladder pain syndrome in two studies and in patients with prostate pain syndrome in one study, but no included studies showed benefit for patients with gynaecological pelvic pain. Adverse event reporting was variable and generally poor, but no serious adverse events were described. Conclusion(s): Beneficial effects of BTX-A on pain, quality of life, and functional symptoms were seen in patients with certain CPPS subtypes, but the current evidence level is too weak to allow recommendations about BTX-A use for treating CPPS.

Patient Summary: Botulinum toxin A is used to treat different pain disorders, but current studies are of insufficient quality to determine whether it reduces pain and improves quality of life in patients with chronic pelvic pain. Further research is needed.

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Status: Embase

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Genito Pelvic Pain/Penetration Disorder (GPPPD) in Spanish Women-Clinical Approach in Primary Health Care: Review and Meta-Analysis.


Embase

[Article]

AN: 2016447279

Sexuality is a component of great relevance in humans. Sexual disorders are a major public health problem representing a high prevalence in the general population. DSM-5 genito-pelvic pain/penetration disorder (GPPPD) includes dyspareunia and vaginismus (DSM-IV-TR). To assess the importance of research on these disorders in Spain, we evaluated the Spanish scientific publications of primary and community care. The objective was to quantify the magnitude of the publications of GPPPD in Spanish women in primary and community care. For this, we used the method of conducting a systematic review and meta-analysis of studies evaluating GPPPD. As main results, of the 551 items found, we selected 11 studies that met the inclusion criteria. In primary care in Spain, one in nine women has these disorders; the percentage of women with GPPPD in this study (raw data) was 11.23% (95% CI: 0-29%) (vaginismus 5%; penetration pain 8.33%; dyspareunia 16.45%). These percentages can differ of those from other countries, and they are at the top of the data of the European countries (9-11.9%). There is much variability in the studies found in the world with respect to the prevalence of these health problems.

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Status: Embase

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Safety, Pharmacokinetics, and Efficacy of Olorinab, a Peripherally Acting, Highly Selective, Full Agonist of the Cannabinoid Receptor 2, in a Phase 2a Study of Patients With Chronic Abdominal Pain Associated With Crohn's Disease.


OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present Crohn's & Colitis 360. 3(1):otaa089, 2021 Jan.

[Journal Article]

UI: 36777064

Background: This randomized, open-label phase 2a study investigated the safety/tolerability, pharmacokinetics, and efficacy of olorinab—a highly selective, peripherally acting, full agonist of the cannabinoid receptor 2—in patients with Crohn's disease (CD) experiencing abdominal pain.

Methods: Eligible subjects 18-80 years of age with quiescent to mildly active CD were randomized to receive olorinab 25 or 100 mg three times daily for 8 weeks. The primary objective was to assess safety/tolerability.

Results: Fourteen subjects received olorinab 25 mg (N = 6) or 100 mg (N = 8). Ten subjects [4 (67%) in the 25-mg group and 6 (75%) in the 100-mg group] reported a total of 34 treatment-emergent adverse events (TEAEs; 32 grade 1/2, not serious events; 2 grade 3, serious, not treatment-related events). No dose reductions or discontinuations due to TEAEs or deaths were reported. Dose-proportional increases in olorinab exposure from 25 to 100 mg were observed, with minimal accumulation at both doses. At week 8, the mean (SD) change from baseline in average abdominal pain score at peak olorinab plasma concentrations was -4.61 (1.77) in the 25-mg group (P = 0.0043) and -4.57 (2.17) in the 100-mg group (P = 0.0036). The change from baseline at week 8 in the mean (SD) number of pain-free days per week was +1.60 (2.61) in the 25-mg group and +2.33 (3.62) in the 100-mg group. No subject required pain medication on study.

Conclusions: Patients with quiescent to mildly active CD receiving olorinab experienced mild-to-moderate adverse events and an improvement in abdominal pain scores in this study.

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Version ID: 1

Status: PubMed-not-MEDLINE

Author Initials: Yacyshyn, Bruce R; ORCID: https://orcid.org/0000-0003-3472-6697
The Effectiveness of Dorsal Root Ganglion Neurostimulation for the Treatment of Chronic Pelvic Pain and Chronic Neuropathic Pain of the Lower Extremity: A Comprehensive Review of the Published Data.

Nagpal A., Clements N., Duszynski B., Boies B.

Embase

[Review]

AN: 2021803078

Objective: To evaluate the effectiveness of dorsal root ganglion neurostimulation for the treatment of refractory, focal pain in the pelvis and lower extremities.

Design(s): Systematic review. Outcome Measures: The primary outcome was >=50% pain relief. Secondary outcomes were physical function, mood, quality of life, opioid usage, and complications.

Result(s): One pragmatic randomized controlled trial, four prospective cohort studies, and eight case series met the inclusion criteria. A worst-case scenario analysis from the randomized controlled trial reported >=50% pain relief in 74% of patients with dorsal root ganglion neurostimulation vs. 51% of patients who experienced at least 50% relief with spinal cord stimulation at 3 months. Cohort data success rates ranged from 43% to 83% at <=6 months and 27% to 100% at >6 months. Significant improvements were also reported in the secondary outcomes assessed, including mood, quality of life, opioid usage, and health care utilization, though a lack of available quantitative data limits further statistical analysis. Complication rates vary, though the only randomized controlled trial reported a higher rate of adverse events than that seen with traditional neurostimulation.
Conclusion(s): In accordance with the Grades of Recommendation, Assessment, Development, and Evaluation system, low-quality evidence supports dorsal root ganglion neurostimulation as a more effective treatment than traditional neurostimulation for pain and dysfunction associated with complex regional pain syndrome or causalgia. Very low-quality evidence supports dorsal root ganglion neurostimulation for the treatment of chronic pelvic pain, chronic neuropathic groin pain, phantom limb pain, chronic neuropathic pain of the trunk and/or limbs, and diabetic neuropathy.

PMID: 33260203 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33260203]

Status: Embase

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Publisher: Oxford University Press

Year of Publication: 2021

Clinical Study of Chaihu Shugansan Combined with Abdominal Acupuncture on Depression Caused by Chronic Pain.


Embase Chinese Journal of Experimental Traditional Medical Formulae. 27(9) (pp 94-99), 2021. Date of Publication: 2021.

[Article]

AN: 2023255067

Objective: To investigate the clinical effect of Chaihu Shugansan combined with abdominal acupuncture on depression caused by chronic pain, and to explore its mechanism. Method: A total of 97 patients with depression caused by chronic pain were randomly divided into control group (49 cases) and observation group (48 cases). Patients in both groups received routine western medicine treatment, including necessary psychological intervention and taking paroxetine. Control group: observation group: control group observation group. Patients in control group were treated with Xiaoyaowan, and patients in observation group were treated with Chaihu Shugansan combined with abdominal acupuncture. Both groups were treated for 6 weeks. The levels of serum neurotransmitters, cytokines and Hamilton depression rating scale (HAM-D) before and after treatment were compared between two groups. Result: There was no significant difference in HAM-D scores of the two groups before treatment and the HAM-D scores of two groups after treatment were significantly lower than those before treatment (P<0.05), and the HAM-D scores in observation group were significantly lower than those in the control group (P<0.05). There was no significant difference in the levels of serum 5-hydroxytryptamine (5-HT), norepinephrine (NE), and brain-derived neurotrophic factor (BDNF) between two groups before treatment. After treatment, the levels of serum 5-HT, NE, and BDNF in two groups were significantly higher than
those before treatment (P<0.05), and the levels in observation group were significantly higher than those in control group (P<0.05). There was no significant difference in the levels of serum interleukin-6 (IL-6), interleukin-1beta (IL-1beta) and tumor necrosis factor-alpha (TNF-alpha) before treatment. After treatment, the levels of serum IL-6, IL-1beta and TNF-alpha were significantly lower than those before treatment (P<0.05), and the levels in observation group were significantly lower than those in control group (P<0.05). Conclusion: On the basis of psychological intervention and paroxetine administration, the combination of Chaihu Shugansan and abdominal acupuncture exerts their respective advantages. It treats both symptoms and root causes of depression, relieves the degree of depression, reduces the classification of depression, and regulates the levels of neurotransmitter and cellular inflammatory factors, and inhibits inflammatory response. The clinical effect is significant.

Status: In-Process

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Publisher: China Academy of Chinese Medical Sciences Institute of Chinese Materia Medica

Year of Publication: 2021

150.

Surgical treatment for provoked vulvodynia - Where do we stand? A narrative review.

Lyra J., Lima-Silva J., Vieira-Baptista P., Preti M., Bornstein J.

Embase

Pelviperineology. 40(3) (pp 120-127), 2021. Date of Publication: 2021.

[Review]

AN: 2015243881

The treatment of vulvodynia remains challenging. Surgery (vestibulectomy) is an option for localized vulvodynia, but it is often considered only after failure of conservative approaches. The authors reviewed the available literature to establish the role, indications, complications, and success rates of surgical procedures. We conducted a literature search of all the papers published and indexed in PubMed since 2011 on the surgical treatment of vulvodynia. Women with localized provoked vulvodynia (LPV) form are the best candidates for the surgical treatment of vulvodynia. Success is associated with secondary LPV, improvement with lidocaine, premenopausal status, and intermittent rather than constant pain. While medical/conservative treatment should generally be the first option, if a neuroproliferative etiology is suspected, surgery can be a first-line treatment. The available data do not allow us to draw conclusions about the best surgical technique. Efficacy (defined in different ways) is high (52%-97%). The complication rate is low, cosmetic results are good, and vaginal delivery seems possible. Vestibulectomy is a safe and effective treatment for vulvodynia when delivered to appropriately selected women.

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Background and purpose: Small cell carcinoma of the ovary, hypercalcemic type (SCCOHT) is a rare gynecological malignancy with poor prognosis, which mostly occurs in young women. This study analyzed clinical characteristics and treatment of 11 patients with SCCOHT, then clinical manifestations, treatment patterns and prognostic factors were summarized through literature review.

Method(s): A retrospective study was conducted on clinical data of 11 cases diagnosed with SCCOHT from Jan. 2000 to Dec. 2019 in Fudan University Shanghai Cancer Center.

Result(s): The median age of 11 patients was 31 years (from 22 to 40 years). The main clinical presentations were abdominal pain (63.7%) and pelvic mass (36.4%). According to 2019 International Federation of Gynecology and Obstetrics (FIGO) staging system for ovarian cancer, stage included 4 cases, stage III consisted of 1 case and stage had 6 cases. Four (36.4%) patients had elevated serum calcium. All patients were administered with surgery followed by adjuvant chemotherapy. Nine (81.8%) cases died within 1 year from initial diagnosis, and the median survival time was 6 months. In this cohort, 6-month survival rate was 45.5%, and 10-month survival rate was 13.6%.

Conclusion(s): SCCOHT occurs in younger patients and is difficult to deal with due to its significantly aggressive behavior. Surgery combined with adjuvant chemotherapy is first-line treatment strategy. Pelvis and abdomen are the most common recurrence sites. Targeted therapy and immunotherapy are promising for SCCOHT.

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Long-term effects of a placebo-controlled trial of enoxaparin for treatment of severe provoked vulvodynia.

Ofir E., Palzur E., Bornstein J.

Embase Pelviperineology. 40(2) (pp 89-95), 2021. Date of Publication: June 2021.

[Article]

AN: 2007816665

Objective: Provoked vulvodynia (PV) is the main cause of dyspareunia, affecting millions of women worldwide. Its cause is yet unknown, and treatment is empirical in most cases. Our purpose was to assess the long-term beneficial effects of enoxaparin on PV.

Material(s) and Method(s): Women who previously participated in a three-month trial comparing enoxaparin to placebo for the treatment of severe PV were evaluated regarding their current pain levels using Numeric Rating Scale with various activities, whether they sought additional treatment for their condition and their satisfaction with their treatment. For pain levels, we compared time-time points within groups using a paired-sample t-test or Wilcoxon signed rank test, and we compared groups at any given time point using an independentsamples t-test or a Wilcoxon rank-sum test.

Result(s): Thirty-one of the 39 original participants completed the follow-up survey, 17 had been treated with enoxaparin, and 14 had received saline. Compared to their pain at the end of the prior trial, at the time of the present study, those treated with enoxaparin experienced greater decreases in pain during intercourse (34% decrease, p=0.012) than those who received placebo (22.5% decrease, p=0.064), this was also true for other activities.

Conclusion(s): Enoxaparin exhibited continuing benefits three years after daily treatment for 90 days for severe PV and may have an implication for women suffering from PV.

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Status: Embase

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Ceprnja D., Chipchase L., Fahey P., Liamputtong P., Gupta A.

Embase

[Article]

AN: 2022820769

Study Design. Cross-sectional study conducted between December 2017 and October 2019. Objective. To determine the prevalence and risk factors associated with pregnancy-related pelvic girdle pain (PPGP) in Australia. Summary of Background Data. PPGP is a common condition worldwide yet the prevalence and associated risk factors are not known in Australia. Methods. A random sample of pregnant women (N=780) of (mean [SD]) 31 (5) years of age between 14 and 38 weeks gestation attending ante-natal care in a tertiary referral hospital in Sydney, Australia was conducted. The main outcome measure was point-prevalence of PPGP as classified by recommended guidelines including a physical examination. A number of potential risk factors, including socio-demographic characteristics, country of birth, ethnicity, history of low back pain (LBP) and PPGP, family history of PPGP, occupational factors, and physical activity were investigated with logistic regression. Results. The point-prevalence of PPGP in a random sample of 780 Australian women was 44% with the odds of having PPGP increasing with each additional week of gestation (odds ratio [OR]) (OR 1.02). Increasing parity (P=0.03, OR 1.15), country of birth (P=0.03), and greater duration of time spent standing (P=0.009, OR 1.06) were associated with PPGP. The strongest predictors of PPGP were previous LBP and/or PPGP both pregnancy (P<0.001, OR 4.35) and not pregnancy related (P<0.001, OR 2.24), and a family history of PPGP (P<0.001, OR 3.76). Conclusion. The prevalence of PPGP in Australian women was high with almost half the sample classified with PPGP, matching data reported worldwide. The identified risk factors associated with PPGP can be included in routine ante-natal care to screen women and identify those at risk of this common and disabling condition.

Level of Evidence: 1.
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Status: In-Process

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The effectiveness of acupoint application of traditional Chinese medicine in treating primary dysmenorrheal: A protocol for meta-Analysis and data mining.


[Review]

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Background: Primary dysmenorrhea (PD) is a functional disease of the female reproductive system, which has adverse effects on patients physical and mental health and quality of life. At present, acupoint application of traditional Chinese medicine (TCM) as adjuvant therapy is undergoing clinical trials in different medical centers. However, there is no systematic review or meta-Analysis to evaluate the efficacy of acupoint application of TCM in the treatment of PD. There is also a lack of systematic evaluation and analysis of acupoints and herbs.

Method(s): All randomized controlled trials related to acupoint catgut embedding therapy on PD will be searched in the following electronic databases: Cochrane Central Registry of controlled trials, PubMed, Wed of Science, EMBASE, Science Net, China Biomedical Literature Database, China Science Journal Database, China National Knowledge Infrastructure and Wan-Fang Database, from inception to May, 2021 were searched without language restrictions. The primary outcomes contain visual analog score, The Cox Menstrual Symptom Scale, while the secondary outcomes consist of adverse events and the recurrence rate. Two reviewers will independently perform data selection, data synthesis, and quality assessment. Data meeting the inclusion criteria will be extracted and analyzed by Revman v.5.3 software. Two reviewers will evaluate the study using the Cochrane collaborative bias risk tool. We will use the scoring method to assess the overall quality of the evidence supporting the main results. We will also use Spass software (version 19.0) for complex network analysis to explore the potential core prescription of acupoint application of traditional Chinese medicine in the treatment of PD.

Result(s): This study will analyze the clinical effective rate, functional outcomes, quality of life, improvement of clinical symptoms of PD, and effective prescriptions of acupoint application for patients with PD.

Conclusion(s): Our findings will provide evidence for the effectiveness and potential treatment prescriptions of acupoint application for patients with PD.


Status: In-Process

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