EPIDEMIOLOGY, PATHOPHYSIOLOGY:

Across the world chronic pain is prevalent, seriously affecting the quality of people’s social, family, and working lives, with differences between countries attributable to multiple causes, including study methodology.

Chronic primary pelvic pain syndrome (CPPPS): is the occurrence of chronic pelvic pain when there is no proven infection or other obvious local pathology that may account for the pain. It is often associated with negative cognitive, behavioural, sexual or emotional consequences, as well as with symptoms suggestive of lower urinary tract, sexual, bowel or gynaecological dysfunction. CPPPS is a sub-division of chronic primary pelvic pain.

Influence on Quality of Life (QoL): Pelvic pain syndromes have an impact in terms of QoL, depression, anxiety, impaired emotional functioning, insomnia and fatigue. QoL assessment is therefore important and should include physical, psychosocial and emotional tools, using standardised instruments where possible.

DIAGNOSTIC EVALUATION:

1. General evaluation: Clinical history and examination are mandatory when making a diagnosis.
2. Diagnostic evaluation of primary prostate pain syndrome (PPPS): PPPS has no known single aetiology and involves mechanisms of neuroplasticity and neuropathic pain.
3. Diagnostic evaluation of primary bladder pain syndrome (PBPS): PBPS has a high prevalence and no known single aetiology.
4. Diagnostic evaluation of scrotal pain syndrome: The nerves in the spermatic cord play an important role in scrotal pain. Ultrasound of the scrotal contents does not aid in diagnosis or treatment of scrotal pain. Post-vasectomy pain is seen in a substantial number of men undergoing vasectomy.
5. Diagnostic evaluation of urethral pain syndrome: Primary urethral pain syndrome may be a part of PBPS. Urethral pain involves mechanisms of neuroplasticity and neuropathic pain.
6. Diagnostic evaluation of gynaecological aspects of chronic pelvic pain:
7. Diagnostic evaluation of nerves to the pelvis: Multiple sensory and functional disorders within the region of the pelvis/urogenital system may occur as a result of injury to one or more of many nerves but there is no single aetiology for the nerve damage and the symptoms and signs may be few or multiple.
8. Diagnostic evaluation of psychological and sexological aspects in chronic pelvic pain: Chronic pain can lead to decline in sexual activity and satisfaction and may reduce relationship satisfaction.
9. Diagnostic evaluation of pelvic floor function: Over-activity of the pelvic floor muscles is related to chronic pelvic pain, prostate, bladder and vulvar pain and is an input to the central nervous system causing central sensitisation.

Chronic Pelvic Pain

- History
- Physical examination

- Symptom of a well known disease
  - yes
  - Chronic secondary pelvic pain
- Chronic primary pelvic pain syndrome
- Organ specific symptoms present
- Pelvic floor

Phenotype and proceed according to Chronic Pelvic Pain Guideline.

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