Rajini P

M.S (O&G), D.G.O

- **ALUMNUS OF GOVT MEDICAL COLLEGE, KOZHIKODE, AND GOVT MEDICAL COLLEGE, THIRUVANANTHAPURAM**
- **WORKED AS ASST. PROFESSOR OF OBSTETRICS & GYNECOLOGY, GOVT. MEDICAL COLLEGE, MANJERI**
- **CURRENTLY WORKING AS A SPECIALIST IN O&G, BADR AL SAMAA HOSPITAL, SULTANATE OF OMAN**
- **PUBLISHED ARTICLES IN NATIONAL AND INTERNATIONAL INDEXED JOURNALS**
- **WROTE MORE THAN 20 HEALTH EDUCATION ARTICLES IN VARIOUS HEALTH MAGAZINES**

Vaginismus:
Diagnostic framework

Dr. Rajini P

Specialist in O&G

Badr Al Samma hospitals

Sultanate of Oman

Overview

- Introduction
- Vaginismus- Challenges in the diagnosis
- Proposed diagnostic criteria
- Conclusion

Introduction

- Female sexual dysfunction (FSD) is a widespread condition that is least addressed in clinical practice worldwide
- Vaginismus is an important FSD
- The term vaginismus was coined by James Marion Sims in 1862

Vaginismus

- Vaginismus is defined by DSM IV-TR as
  - “A recurrent or persistent involuntary spasm of the musculature of the outer third of the vagina, which interferes with coitus and causes distress and interpersonal difficulty”
- Dyspareunia is characterized by genital and/or pelvic pain

Vaginismus vs Dyspareunia

- Because of the challenges in differentiating these two, DSM-5 combined them into a single-entity **genito-pelvic pain/penetration disorder**
- Dyspareunia is caused primarily by physical or medical factors, whereas vaginismus is caused mainly by **psychological factors**
- Dyspareunia is associated with sexual abuse, whereas vaginismus is related to sexual and **emotional** abuse
- Treatment for dyspareunia includes addressing underlying cause and pain management, whereas treatment of vaginismus focuses on **alleviating fear and the associated pelvic muscle spasms**
- Because the **treatment approach** in these two conditions **differs**, all efforts should be taken to diagnose it correctly

Vaginismus: Challenges in diagnosis

- According to the definition, **involuntary spasm of the vaginal musculature** is an important requirement for the diagnosis of vaginismus
- In one study, only 28% of the vaginismus group had vaginal muscle spasms, and only 24% had spasms during attempted sexual intercourse
- Similarly, two independent gynecologists agreed on the diagnosis of vaginismus only 4% of the time, adding to the diagnostic confusion

Vaginismus: Challenges in diagnosis

- On induction of the vaginismus reflex, **surface EMG (SEMG) or needle electromyography** revealed higher vaginal/pelvic muscle (levator ani, puborectalis, and bulbocavernosus muscles) **tone** than the control group
- However, other studies have **failed to show increased muscle spasms** in people with vaginismus, adding to the diagnostic confusion
- Although some people regard **pain** to be a factor in the diagnosis of vaginismus ,various professional groups (DSM, ACOS, IASP, and World Health Organization) do **not** include it in their criteria

Vaginismus: Challenges in diagnosis

- Excessive dread of pain during penetration is a common symptom reported by people with vaginismus
- A **phobia** is defined as "**a marked and persistent fear that is excessive or unreasonable that is triggered by the presence or anticipation of a specific object or situation**"; thus, vaginismus is considered a phobia
- People with **dyspareunia** experience pain but do **not avoid** vaginal **penetration** situations, in contrast to those with **vaginismus**, demonstrating that the avoidance of vaginal penetration in people with vaginismus **cannot be explained** merely **by pain**

Provoked vestibulodynia

- Provoked vestibulodynia (PVD), a subtype of dyspareunia
  - Develop **severe intense burning pain** on vestibular touch or attempted vaginal entry
  - Symptoms like vaginismus, such as increased pelvic/vaginal **muscle tone**

  making distinction challenging
- Whereas vaginismus is a **phobic** disorder
  - Characterized by **significant emotional distress, fear, or anxiety** with vaginal penetration

  which helps to differentiate between the two
- PVD often causes superficial dyspareunia
  - Detected with a **cotton swab test**
- According to one study, 72.4% of women with **vaginismus had dyspareunia** symptoms, and 47.7% of women with **dyspareunia had vaginismus** symptoms

Vaginismus: Challenges in diagnosis

- Before diagnosing vaginismus
  - always **rule out secondary causes**

  in women who has difficulty penetrating despite their expressed wish to do so

- People with severe vaginismus **refuse vaginal examinations** because they **are afraid** of being penetrated

Pseudo-Vaginismus

- Some people **deliberately refuse vaginal penetrative intercourse** with their partner for reasons such as spouse rejection and extramarital relationships
- During clinical examination, they also **refuse vaginal examination** purposefully, citing spurious reasons, such as **fear or pain**
- Differentiating between people who claim to have difficulties in allowing vaginal penetration and true vaginismus is challenging
  - Requires **multiple sessions** of detailed history collection and clinical evaluation
- Some of these people will be misdiagnosed with vaginismus
  - More accurately called "**pseudo-vaginismus**"
- Pseudo-vaginismus must be distinguished from those who has actual vaginismus, in which penetration is difficult despite an expressed wish to do so

Vaginismus: Challenges in diagnosis

- The most common clinical manifestation of vaginismus
  - Difficulty with vaginal penetration
  - Typically associated with fear or emotional distress
- During attempted penetration, the female partner complains of fear, pain, and discomfort, and the male partner is **unable to penetrate** and generally feels like he is "**hitting a wall**"
- Typically, after prolonged attempts to penetrate, the **male** partner would **lose erection**, leading to a **misdiagnosis of erectile dysfunction** in the male partner
- Sometimes, a couple will present to an infertility clinic with an **unconsummated marriage**

Vaginismus: Proposed diagnostic Criteria

- Increased muscle spasm on per vaginal examination (**partial vaginismus**)

  or

- spasm leading to inability to perform per vaginal examination (**total vaginismus**)
  - which is disproportionate to the anticipated pain from underlying pathology confirms the diagnosis of vaginismus
- an **objective clinical criterion** for making the diagnosis of vaginismus
- Electromyography (EMG) or needle EMG might show the same result, confirming the diagnosis of vaginismus- **laboratory criteria**
- According to the proposed diagnostic criteria, the presence of **one of the objective clinical or laboratory (EMG) criteria** is essential for diagnosing vaginismus

Vaginismus: diagnosis

- In severe cases of vaginismus the patient **elevates her buttocks and closes her thighs** to prevent vaginal examination
- In extreme cases, in addition to generalized retreat, there will be **visceral reactions**
  - palpitations, hyperventilation, sweating, severe trembling, uncontrollable shaking, screaming, hysteria, wanting to jump off the table, a feeling of becoming unconscious, nausea, vomiting, and even a desire to attack the doctor
- **Genital examination** not only **confirms increased muscle** tone but also **rules out secondary causes** of pain on penetration in persons with suspected vaginismus

Proposed Criteria…

- Associated sexual distress and interpersonal problems are included in the diagnosis of vaginismus in DSM definition
  - "A recurrent or persistent involuntary spasm of the musculature of the outer third of the vagina, which interferes with coitus and causes **distress and interpersonal difficulty**"
- But these are **not included** in our proposed diagnostic criteria
- We believe that **distress** develop **due to** vaginismus
- Distress is **influenced by** various factors, such as interpersonal relationships and sociocultural factors
- As a result, associated **distress indicates the impact** of vaginismus and, in turn, reflect its severity
- Therefore, according to the **proposed criteria, distress is not required** for the diagnosis of vaginismus

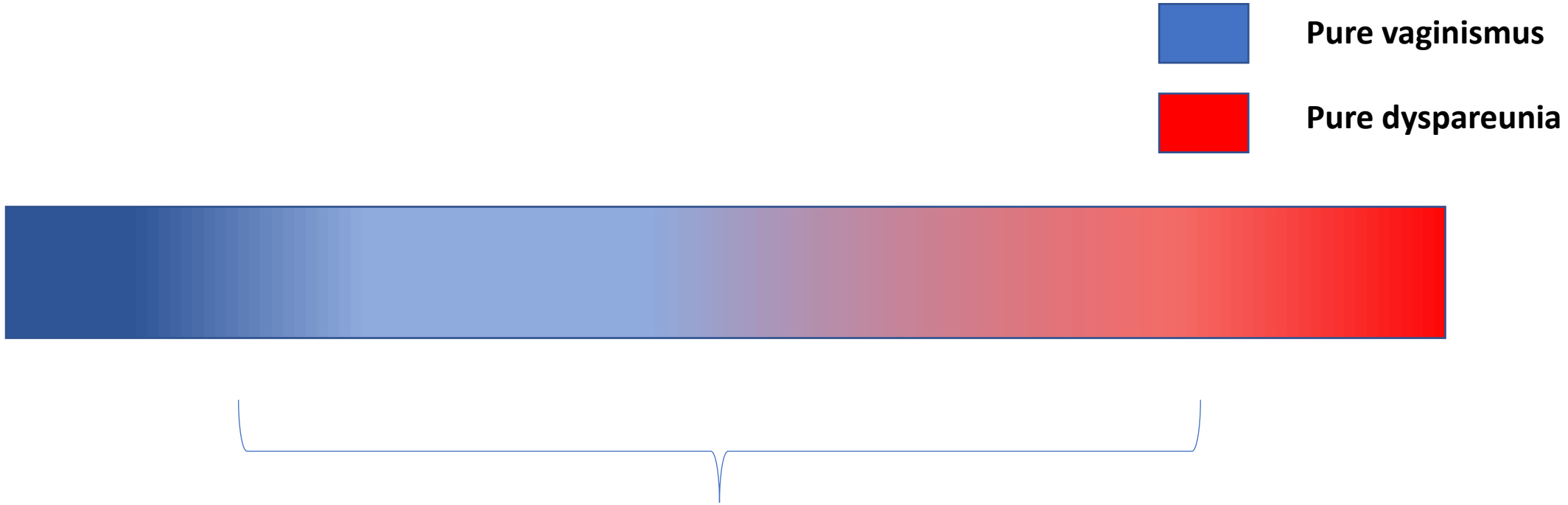
Proposed Criteria…

- The frequency-duration criteria include the **persistence** of symptoms for **more than 50%** of the time for a period of **6 months or longer**
- Those who do not meet the frequency duration criteria are diagnosed with **transient vaginismus**
- Transient vaginismus includes **situational vaginismus**

Dyspareunia-vaginismus overlap syndrome

- Vaginismus is a phobic disorder, whereas dyspareunia is a pain disorder
- The symptoms of vestibulodynia and dyspareunia can sometimes overlap with those of vaginismus
- Some people with painful genital conditions experience pain and spasms that are out of proportion to the underlying condition, resulting in phobic fear of penetration, a condition better called as **dyspareunia-vaginismus overlap syndrome**
- So, there will be features of **both** dyspareunia and vaginismus

Vaginismus-dyspareunia overlap syndrome



Dyspareunia-vaginismus overlap syndrome

- Some people have both dyspareunia and vaginismus, and it is better considered as a spectrum of diseases, with **one end** being **pure vaginismus** and the **other end** being **pure dyspareunia**
- DSM-5 classification of genito-pelvic pain/penetration disorder is more apt for dyspareunia-vaginismus overlap syndrome
- However, dyspareunia and vaginismus are **treated differently**
- Therefore, it is essential to assess the **contribution of each component** and make a clear diagnosis to plan proper management.

Proposed Criteria…

According to the newly proposed criteria

- Those who meet the subjective, objective, and frequency–duration criteria and the exclusion criteria are classified as having **vaginismus**
- Whereas those who do not meet the frequency duration criteria are classified as having **transient vaginismus**
- Those who have features of vaginismus and dyspareunia are diagnosed with **vaginismus-dyspareunia overlap syndrome**

Vaginismus: Proposed Diagnostic Criteria

Vaginismus: Proposed Diagnostic Criteria

- Subjective criteria
- Objective criteria
  - Clinical criteria
  - Laboratory criteria
- Frequency duration criteria
- Exclusion criteria

Vaginismus: Proposed Diagnostic Criteria

- **Subjective criteria**
  - Persistent and recurrent difficulty or inability to allow vaginal entry of penis, fingers, or any object despite the expressed wish of the female partner due to emotional distress or fear of pain, on anticipation or attempted penetration that is excessive and unreasonable leading to variable avoidance of vaginal penetration

Vaginismus: Proposed Diagnostic Criteria

- **Objective criteria**
  - **Clinical criteria**
    - Muscle spasm during vaginal clinical examination-marked tensing and tightening of pelvic floor muscle during attempted vaginal intercourse/penetration
  - **Laboratory criteria**
    - Increased muscle tone in an EMG study during induction of vaginismus by a vaginal dilator or attempted penetration

Vaginismus: Proposed Diagnostic Criteria.

- **Frequency duration criteria**
  - Symptoms persist for 6 months or more, with the inability or difficulty to penetrate during the majority of attempts (> 50%)
- **Exclusion criteria**
  - No secondary cause for pain/difficulty in penetration

Interpretation of Diagnostic Criteria

Subjective criteria	Objective criteria	Frequency-duration criteria	Exclusion criteria	Interpretation
+	+	+	+	Vaginismus
--	+	--	+	Asymptomatic vaginismus
+	+	--	+	Transient vaginismus
+	+	+	With features of dyspareunia	Vaginismus-dyspareunia overlap syndrome
+	+	--	With features of dyspareunia	Transient vaginismus-dyspareunia overlap syndrome
+	--	+	+	Probable vaginismus
+	--	--	+	Probable transient vaginismus

PMC PubMed Central®

Search PMC Full-Text Archive

Search in PM

Journal List > Balkan Med J > v.41(1); 2024 Jan > PMC10767778

galenos BALKAN MEDICAL JOURNAL
The Official Journal of Trakya University School of Medicine

Balkan Med J. 2024 Jan; 41(1): 80–82.
Published online 2024 Jan 3. doi: 10.4274/balkanmedj.galenos.2023.2022-9-62

PMCID: PMC10767778
PMID: 38173226

Vaginismus: Diagnostic Challenges and Proposed Diagnostic Criteria

Arkiath Veettil Raveendran[1,*] and Peedikakkal Rajini[2]

▸ Author information ▸ Article notes ▸ Copyright and License information PMC Disclaimer

Journal Artic

Scientific Letter | 80

Balkan Med J 2024;41:80-2

Vaginismus: Diagnostic Challenges and Proposed Diagnostic Criteria

Arkiath Veettil Raveendran[1], Peedikakkal Rajini[2]

[1]Clinic of Internal Medicine, Badr Al Samaa Hospital, Muscat, Oman
[2]Clinic of Obstetrics and Gynaecology, Badr Al Samaa Hospital, Muscat, Oman

We expect that the proposed diagnostic criteria would be useful for practicing clinicians worldwide in confidently diagnosing vaginismus and providing appropriate care to those in need

THANK YOU

Dr.Rajini. P

rajinipraveendran@gmail.com

Whatsapp: **+91 9656429904**