



Vulvodynia Relief with Cox® Flexion/Distraktion

by

Michael A. Johnson, DC

submitted February 9, 2014

2990 East Main Street

Richmond, IN 47374

765-962-9900

info@DrMichaelJohnson.com

Discussion:

Vulvodynia is a chronic pain syndrome that affects the vulvar area and often occurs without an identifiable cause or visible pathology. The pain can be debilitating or frequently “life controlling”. Treatment options include psychological therapies, oral medications, topical agents, dilation physical therapy, and even surgical removal of the vestibule.

A PubMed review of the literature for discogenic vulvodynia resulted in a single paper published in *Neuromodulation* in 1999 titled “Lumbar and Sacral Nerve Root Stimulation (NRS) in the Treatment of Chronic Pain: A Novel Anatomic Approach and Neuro Stimulation Technique” where the authors describe a single patient with vulvodynia who reported a reduction in pain with a trial of NRS.

Presenting Complaints:

Chastity B., age 36, presented herself to my office on April 26, 2012. She complained of a three year history of lower back pain with left hip and leg pain to her knee as well as left pelvic pain. She was having an acute exacerbation of one week’s duration after lifting her 5 year old son. She described her symptoms as burning, aching, shooting, and tightening. She rated her pain an 8-10 on a visual analog scale of 0-10, with 0 being no pain and 10 being excruciating pain. She reported sitting and arising increased her pain. Her previous diagnoses included fibromyalgia and vulvodynia.

She described her three year, daily genital pain as raw and burning. She reports the pain being so intense that it was unbearable to have even fabric against her. Chastity complained that sitting, crossing her legs and intercourse increased her pain.

Treatment History:

She had an extensive three year treatment history for her diagnosis of **vulvodynia** that included amitriptyline, Lyrica, Cymbalta, Neurontin, Effexor, Wellbutrin, various hormones, various steroids, Lortab, and two years of vaginal physical therapy in

Indianapolis (an hour away). She also reported having spinal injections and physical therapy for her lower back pain.

Examination:

Lumbar range of motion was limited to 45 degrees in flexion and 15 degrees in extension. Kemp's test was positive bilaterally. Lasegue sitting test was positive on the left. Left straight leg raising was positive at 30 degrees. Farfan's compression test was positive. Lower extremity reflexes were 2+ and symmetrical. Heel walk and toe walk were both negative. Palpation of the spine produced a pain response with digital pressure over the spinous processes of L4 and L5. Trigger point sensitivity was noted about the left posterior hip.

Imaging:

Lumbar x-rays were taken during her initial visit to my office. There is a left convexity apexing at L3 with pelvic unleveling. There is early facet arthrosis at L5/S1.

I ordered a lumbar MRI that was obtained at Reid Hospital on May 8, 2012. There is an L4-L5 disc bulge and mild bilateral facet degenerative change. This results in mild spinal canal stenosis. The disc bulge touches the ventral nerve roots within the spinal canal. See figures 1 and 2 to view the images.

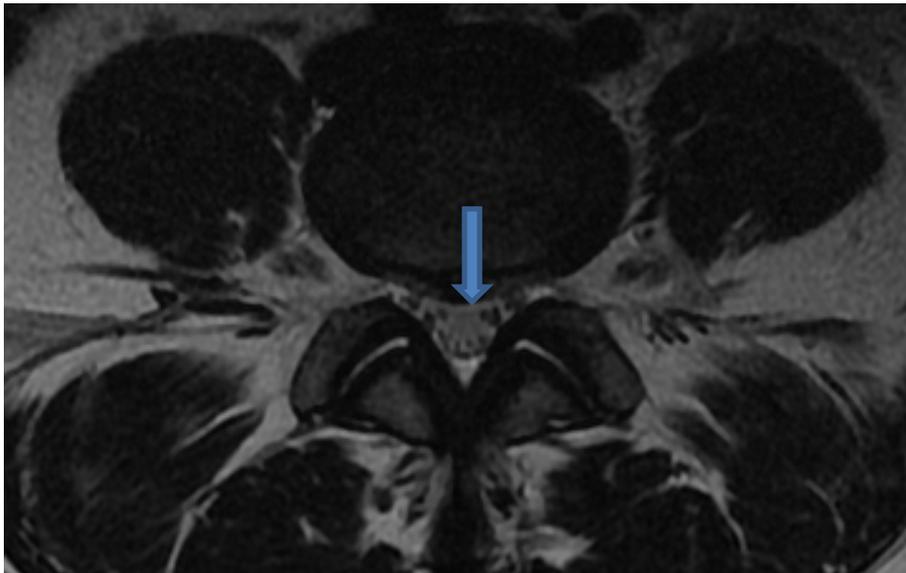


Figure 1: Axial image showing the L4-5 medial disc protrusion that touches the cauda equina and L5 nerve roots. (see arrow)

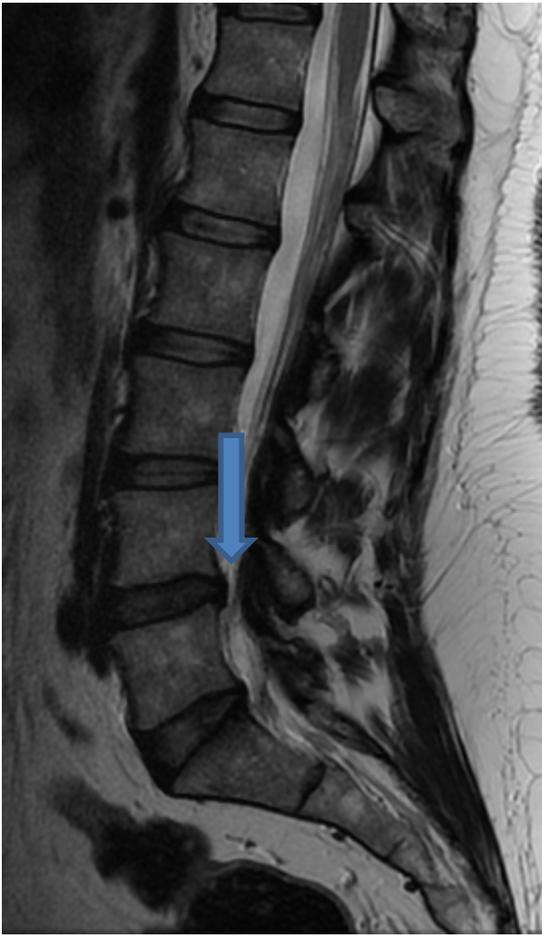


Figure 2: sagittal image showing the L4-5 disc protrusion producing stenosis at the L4-5 level. (see arrow)

Diagnosis:

Lumbar disc bulge with associated spinal canal stenosis resulting in low back pain, left sciatica and pelvic pain.

Treatment:

Her treatment included manual manipulation/Cox® flexion/distraction/decompression (98940) of the lumbar spine with mechanical traction (97012) to increase the disc heights and open the facet joints. Electric muscle stimulation (97014) was also applied to the lumbar spine and left hip. She also took Discat during her treatment program.

Prognosis:

After an eight week treatment program, Chastity reported her overall pain level including her back, left hip, and *vulvodynia* down to a 2-3.

During a follow-up conversation with Chastity this week, she reported that her *vulvodynia* symptoms completely resolved after her Cox® flexion/distraction treatments and have not returned since.