Descriptors of Vulvodynia: A Multisocietal Definition Consensus (International Society for the Study of Vulvovaginal Disease, the International Society for the Study of Women Sexual Health, and the International Pelvic Pain Society)

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and on behalf of the International Society for the Study of Vulvovaginal Disease (ISSVD), the International Society for the Study of Women's Sexual Health (ISSWSH), and the International Pelvic Pain Society (IPPS)

Objectives: Three scientific societies, the International Society for the Study of Vulvovaginal Disease (ISSVD), the International Society for the Study of Women Sexual Health (ISSWSH), and the International Pelvic Pain Society (IPPS) developed the "2015 ISSVD, ISSWSH, and IPPS Consensus Terminology and Classification of Persistent Vulvar Pain and Vulvodynia" (referred to as the "2015 consensus terminology").

The terminology included 11 descriptors of vulvodynia. However, the definitions of the descriptors were not included in the 2015 consensus terminology publications. The objective of this article was to provide these definitions.

Materials and Methods: The ISSVD led a discussion on the definitions for the 11 vulvodynia descriptors, with participation from the ISSWSH and IPPS. The definitions were created through a consensus process.

Results: The definitions are described and the rationale for their choice is elucidated.

Conclusions: The definitions of vulvodynia descriptors were determined by a multistaged process of discussion among health care providers with expertise in the pathophysiology, evaluation, and treatment of vulvodynia. The definitions were approved by the ISSVD, ISSWSH, and IPPS. It is recommended that these definitions of vulvodynia descriptors as well as the 2015 consensus terminology be used for the classification of vulvodynia.

Key Words: vulvodynia, descriptors, ISSVD, ISSWSH, IPPS

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The authors of the current article represent the 3 societies involved in the 2015 consensus terminology paper (ISSVD, ISSWSH, and IPPS), and they are listed based on their relative contributions in developing the definitions proposed in the article.

Members of the 2017–2019 ISSVD Terminology Committee: Jacob Bornstein (Chair), Claudia Marchitelli (Co-chair), Jill Allbritton, Fabrizio Bogliatto, Tanja Bohl, Laura Brodzinsky, Christine Conageski, Jose Fonseca Moutinho, Micheline Moyal-Barracco, Chemen Neal (Tate), Gianluigi Radici, Maria Angelica Selim, Amanda Selk, Colleen Stockdale, Terry Vanderlinde, and Pedro Vieira Baptista.

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Three scientific societies, the International Society for the Study of Vulvovaginal Disease (ISSVD), the International Society for the Study of Women Sexual Health (ISSWSH), and the International Pelvic Pain Society (IPPS), published the "2015 ISSVD, ISSWSH, and IPPS Consensus Terminology and Classification of Persistent Vulvar Pain and Vulvodynia"[1] (referred to as the "2015 consensus terminology"). The process that had been used to prepare the 2015 consensus terminology is detailed in the publication. The 2015 consensus terminology was developed and approved by all 3 societies, prepared for publication by a writing group with representatives of the 3 societies, and co-published in the following 3 leading journals: *The Journal of Lower Genital Tract Disease*,[1] *Obstetrics and Gynecology*,[2] and *The Journal of Sexual Medicine*.[3] The terminology (Table 1) included the differentiation of vulvar pain into 2 broad categories, including vulvar pain caused by a specific disorder and vulvodynia, defined as "vulvar pain of at least 3 months duration, without clear identifiable cause, which may have potential associated factors". That section also contained 11 descriptors of vulvodynia (such as "primary" and "secondary"), which were arranged in 4 categories (i.e., pain location, provocation, onset, and temporal pattern).[1–3] However, specific definitions of these descriptors were not provided in these original publications.

The 2015 consensus terminology of vulvar pain reflected key developments in current understanding of vulvar disorders and chronic pain. It included "potential associated factors" (see Table 2), representing a paradigm shift in the approach to vulvodynia based on research showing that several factors may be associated with the evolution of the condition.[4] It implied that treatment should be selected according to the associated factors of the individual case, rather than according to the personal preference of a health care provider. The 2015 consensus terminology was accepted and incorporated into publications stemming from the Third International Consultation of Sexual Medicine.[5,6]

A few months after the publication of the 2015 consensus terminology, the ISSVD received a request to provide definitions of the descriptors of vulvodynia included in the publication.

Definitions of vulvodynia descriptors may be found in various texts, but official definitions have not yet been published. The article presents the developmental process of the consensus definitions of vulvodynia descriptors.

MATERIAL AND METHODS

The request to define the descriptors of vulvodynia was initially discussed by the writing group of the 2015 consensus terminology paper, representing the 3 societies (ISSVD, ISSWSH, and IPPS), and by the ISSVD Terminology Committee, resulting in a proposal of a few definitions per each of the 11 descriptors.

At the 24th World Congress of the ISSVD in in 2017 in Mendoza, Argentina, all proposed definitions were presented to the congress participants, discussed again by the terminology committee members in 2 committee meetings, and then discussed at the ISSVD Business meeting. Although accepted there by a majority vote, these definitions were sent electronically for further discussion and proposal to all ISSVD members and to ISSWSH and IPPS (because they had participated in the 2015 consensus terminology).

After the congress, the comments from the members were collected and discussed by the terminology committee. No changes from the accepted terminology proposal at the world congress were made. The ISSVD, ISSWSH, and IPPS executive councils confirmed acceptance of these definitions.

RESULTS

The 11 descriptors of vulvodynia were arranged in the following 4 groups: location, provocation, onset, and temporal pattern. The final definitions are presented in Table 3.

With regard to the location of vulvar pain, the differentiation between localized and generalized vulvodynia has been a matter of discussion for many years and represents a basic distinction between the 2 main types of vulvodynia. The definition of localized vulvodynia is involvement of portion of the vulva, such as the vestibule, within the Hart's line[7] (vestibulodynia), clitoris (clitorodynia), etc., whereas generalized vulvodynia is defined as involvement of the whole vulva, including the vestibule, clitoris, labia minora, and majora.[8]

In provoked vulvodynia, the discomfort is provoked by any type of physical contact. This definition acknowledges that the physical contact can include sexual, nonsexual, or both types of physical provocation. Examples are as follows: vaginal penetration, clothing, tampon insertion, cotton-tipped applicator pressure, and fingertip pressure. In spontaneous vulvodynia, the symptoms

TABLE 1. The 2015 Consensus Terminology and Classification of Persistent Vulvar Pain and Vulvodynia

A. Vulvar pain caused by a specific disorder[a]
- Infectious (e.g., recurrent candidiasis, herpes)
- Inflammatory (e.g., lichen sclerosus, lichen planus, immunobullous disorders)
- Neoplastic (e.g., Paget disease, squamous cell carcinoma)
- Neurologic (e.g., postherpetic neuralgia, nerve compression, or injury, neuroma)
- Trauma (e.g., female genital cutting, obstetrical)
- Iatrogenic (e.g., postoperative, chemotherapy, radiation)
- Hormonal deficiencies (e.g., genitourinary syndrome of menopause, vulvovaginal atrophy, lactational amenorrhea)

B. Vulvodynia—vulvar pain of at least 3-mo duration, without clear identifiable cause, which may have potential associated factors.

The following are the descriptors:
- Localized (e.g., vestibulodynia, clitorodynia) or generalized or mixed (localized and generalized)
- Provoked (e.g., insertional, contact) or spontaneous or mixed (provoked and spontaneous)
- Onset (primary or secondary)
- Temporal pattern (intermittent, persistent, constant, immediate, delayed)

[a]Women may have both a specific disorder (e.g., lichen sclerosus) and vulvodynia.

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TABLE 2. The 2015 Consensus Terminology and Classification of Persistent Vulvar Pain and Vulvodynia (Appendix: Potential Factors Associated With Vulvodynia[a])

- Comorbidities and other pain syndromes (e.g., painful bladder syndrome, fibromyalgia, irritable bowel syndrome, temporomandibular disorder)[b]
- Genetics[b]
- Hormonal factors (e.g., pharmacologically induced)[b]
- Inflammation[b]
- Musculoskeletal (e.g., pelvic muscle overactivity, myofascial, biomechanical)[b]
- Neurologic mechanisms
  - Central (spine, brain)[b]
  - Peripheral: neuroproliferation[b]
- Psychosocial factors (e.g., mood, interpersonal, coping, role, sexual function)[b]
- Structural defects (e.g., perineal descent)[c]

[a]The factors are listed in alphabetical order.

[b]Level of evidence – 2.

[c]Level of evidence – 3.

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TABLE 3. Definitions of Vulvodynia Descriptors

Descriptor	Definition
Location	
Localized	Involvement of a portion of the vulva, such as the vestibule (Vestibulodynia), clitoris (Clitorodynia), etc
Generalized	Involvement of the whole vulva
Provocation	
Provoked	The discomfort is provoked by physical contact. Such contact may be sexual, nonsexual or both, e.g., vaginal penetration, clothing, tampon insertion, cotton-tipped applicator pressure, fingertip pressure, etc.
Spontaneous	The symptoms occur without any provoking physical contact
Onset	
Primary	Onset of the symptoms occurs with first provoking physical contact (e.g., tampon insertion, intercourse)
Secondary	Onset of the symptoms did not occur with first provoking physical contact
Temporal pattern	
Persistent	The condition persists over a period of at least 3 mo (Symptoms can be constant or intermittent). Synonym – Chronic (condition)
Constant	The symptoms are always present
Intermittent	The symptoms are not always present
Immediate	The symptoms occur during the provoking physical contact
Delayed	The symptoms occur after the provoking physical contact

An addendum to the 2015 ISSVD, ISSWSH, and IPPS Consensus Terminology and Classification of Persistent Vulvar Pain and Vulvodynia.[1–3]

occur without any provoking physical contact. A woman may experience both provoked and spontaneous vulvodynia.

The descriptors regarding the onset of vulvodynia—primary and secondary—are used only to describe the provoked type of vulvodynia.[9,10] The rationale for this decision is because in spontaneous vulvodynia, there is no provocation that the condition can be related to. In many conditions, primary and secondary are used to define whether there is a known cause of disease: primary is when a condition is without a clear cause, idiopathic, and secondary is due to a well-defined reason. However, the descriptors of primary and secondary vulvodynia have been used for many years to describe the timing of the onset of the condition: primary provoked vulvodynia is defined as symptoms that began with the first time a provoking contact occurred, such as with tampon insertion or with first intercourse, whereas secondary provoked vulvodynia refers to the onset of symptoms occurring after some period of pain-free vulvar contact.

The definitions of the temporal pattern of vulvodynia are somewhat more controversial. The difference between "persistent" and "constant" was difficult to discern. However, persistent vulvodynia refers to the duration of the condition—meaning that it lasts at least 3 months. "Constant" and "intermittent" refer to the consistency and pattern of pain symptoms during the period of active disease. Thus, constant means that pain symptoms have always been present during this period, whereas in intermittent pattern, symptoms are not always present. For example, for generalized vulvodynia with constant features, pain is always present in all areas of the vulva. For generalized vulvodynia with intermittent features, pain is intermittently present in all areas of the vulva. In contrast, for localized provoked vulvodynia with constant features, each physical contact is painful in the specified vulvar part (vestibule, clitoris, etc.). However, for women with localized provoked vulvodynia with intermittent features, pain sometimes occurs with physical contact, but pain is not always felt with every physical contact.

The other 2 descriptors of the temporal pattern describe the relationship between the timing of the provoking physical contact to the onset of the pain. "Immediate" is defined as feeling pain at the time of the physical contact itself, whereas "delayed" is when the pain is perceived minutes or hours after the contact itself. Attempts to define the exact period of time of what constitutes delayed in this context have not been successful. Women may experience a "mixed" condition, i.e., they may have both immediate and delayed onset of pain, or both provoked and spontaneous vulvodynia types.

DISCUSSION

Inaugurating a terminology of a condition, which is diagnosed, researched, and treated by many, is associated with quite a few debates and deliberations. Various opinions and approaches were proposed. Because descriptors of vulvodynia have been in use for several decades already, the discussion started with appraisal of the definitions that were already in use. In addition, we intended to select definitions using plain and consistent wording. During the terminology dialogues, for each descriptor, all the definitions that were proposed were tabulated, discussed, and voted upon. Of the various discussions, we chose to present and elaborate on the deliberations on the definition of primary localized provoked vulvodynia. The various definitions proposed were the following: "pain has been consistently occurring since the first attempt at vaginal penetration"; "pain has been consistently present since the first attempt at vaginal penetration"; "onset with first activity (i.e., tampon placement, intercourse, vaginal penetration)"; and "no history of pain-free contact of vulva or pain-free sexual activity, tampon use." Then, during the second round of discussions, the definitions were amended: "onset of pain occurs with first physical contact (i.e., tampon placement, intercourse, vaginal penetration)"; "pain has been consistently occurring since the first attempt at vaginal penetration"; and "the symptoms have always been present". Finally, the definition that was chosen was "Onset of the symptoms occurs with first provoking physical contact (i.e., tampon placement, intercourse, vaginal penetration)." "Physical contact" was preferred over "penetration" or "touch," because physical contact encompasses all types of vestibular touch and pressure. "Provoked" was preferred over "triggering," because it has already been used in past terminologies. Another consideration was whether to introduce various terms recommended by the International Association for the Study of Pain, such as allodynia, dolorosa, causalgia, dysesthesia, or hyperpathia. However, the International Association for the Study of Pain terminology does not apply to vulvodynia in certain presentations.

This set of definitions is not perfect. For example, it lacks some descriptors of spontaneous vulvodynia. It has been decided that at the current time, there was no need to define primary and secondary onset for spontaneous vulvodynia, because no provoking contact is involved. Studies on spontaneous vulvodynia are limited. In the past, this condition was named dysesthetic vulvodynia or essential vulvodynia.[11] Once this condition becomes better understood, descriptors may be developed.

In addition, location and provocation descriptors of vulvodynia might vary over time, with treatment or spontaneously. Most terminologies do not address changes with time. Therefore, a description of the new location of vulvodynia or its development in response to provocation may be repeated when appropriate.

During the various stages of the formation of the set of definitions, more proposals were raised for these definitions. Indeed, the definitions may be subject to change, because they should reflect the active use of the terminology. Terminologies are revised every decade or so, and then, definitions may be revised as new studies further elucidate the pathophysiology of these complex conditions.

The ISSVD, ISSWSH, and IPPS recommend that these definitions of vulvodynia descriptors as well as the 2015 consensus terminology itself be used for diagnosis and description of vulvar pain and vulvodynia.

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