# Krónikus női kismedencei fájdalom

## Egy onkológiai beteg fájdalomterápiás útja

Dr. Csete Gergő PhD.

Aneszteziológia és Intenzív Terápiás Intézet
Szegedi Tudományegyetem

# Krónikus kismedencei fájdalom

Pain School International

## Definition

There are various definitions of CPP in the literature, with differences sometimes being subtle and at other times less so. The American College of Obstetricians and Gynecologists (ACOG) defines CPP as

> pain symptoms perceived to originate from pelvic organs/structures typically lasting more than 6 months. It is often associated with negative cognitive, behavioral, sexual and emotional consequences as well as with symptoms suggestive of lower urinary tract, sexual, bowel, pelvic floor, myofascial, or gynecological dysfunction.

Cyclic pelvic pain is also considered a form of CPP if there are significant cognitive, behavioral, sexual and emotional consequences involved. Pain triggered by coitus is a controversial issue, but one that has been discussed as a component symptom of CPP.[7,8]

CPP may or may not be associated with other medical conditions. When an association is established, it is reasonable to hypothesize that the pain is due to some physiopathological mechanism of the underlying disease such as inflammation, vascular or mechanical alterations. However, CPP may sometimes be completely dissociated from any other medical condition or may persist even after the woman has undergone adequate treatment for the underlying disease. Consequently, distinguishing between states of chronic secondary pain and states of chronic primary pain, as proposed by the International Association for the Study of Pain (IASP), also seems to be important.[9,10] Although CPP can also occur in men, that aspect is not within the scope of this review.

Open Access Full Text Article REVIEW

Current Challenges in the Management of Chronic Pelvic Pain in Women: From Bench to Bedside

Vânia Meira Siqueira-Campos[1], Mariana Siqueira Campos de Deus[1], Omero Benedicto Poli-Neto[2,3], Julio Cesar Rosa-e-Silva[3], José Miguel de Deus[1], Délio Marques Conde[1]

# Miért érdemes ezzel foglalkozni?

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Chronic pelvic pain (CPP) is estimated to affect 26% of the world's female population.[1-3] Although prevalence research is sparse, the frequency of CPP in the US is approximately 15%[4] and it is twice as common in women as it is in men.[5,6] Chronic pelvic pain accounts for 10% of all gynecology office visits, 40% of laparoscopies,[7] and 12% of hysterectomies[8] in the US annually even though the origin of CPP is not gynecologic in 80% of patients.[9-11] The US economic costs of CPP were conservatively estimated in 1996 at $2.8 billion annually (equivalent to $5.8 billion in 2020).[4] When the cost of individual conditions associated with CPP are combined, the estimated costs exceed $289 billion.[12]

**Common Symptoms**

- Pelvic or vulvovaginal pain or pressure, urgency, frequency or retention, and dyspareunia
- Abdominal or pelvic pain or pressure, bloating, nausea, constipation, diarrhea, and no hematochezia
- Pain associated with alteration in bowel form or frequency
- Pelvic or vaginal pain (present in ≤80% of women with chronic pain syndromes) described as pressure, sharp, or pulling that (1) may be intermittent and worsens with activity or at the end of the day; (2) may be associated with urgency, frequency or retention, constipation, or dyspareunia; and (3) may present at trigger points
- Pelvic pain or pressure and sharp, cramping, cyclic, or continuous pain
- Heavy or irregular menstrual bleeding
- Dyspareunia
- Dyschezia
- Burning pain with radiation along particular dermatomes
- Central sensitization symptoms such as multiple pain sites or syndromes, sleep disturbance, anxiety, depression, rumination, catastrophizing, hyperalgesia, allodynia, or failure to respond to treatment

JAMA | Review

Chronic Pelvic Pain in Women
A Review

Georgine Lamvu, MD, MPH; Jorge Carrillo, MD; Chensi Ouyang, MD; Andrea Rapkin, MD

# Anamnézis

Beteg: 68 éves nő.

Kórtörténet: 2023. októberben vastagbél-perforáció, adenocarcinoma igazolódott, Hartmann-rezekció történt.

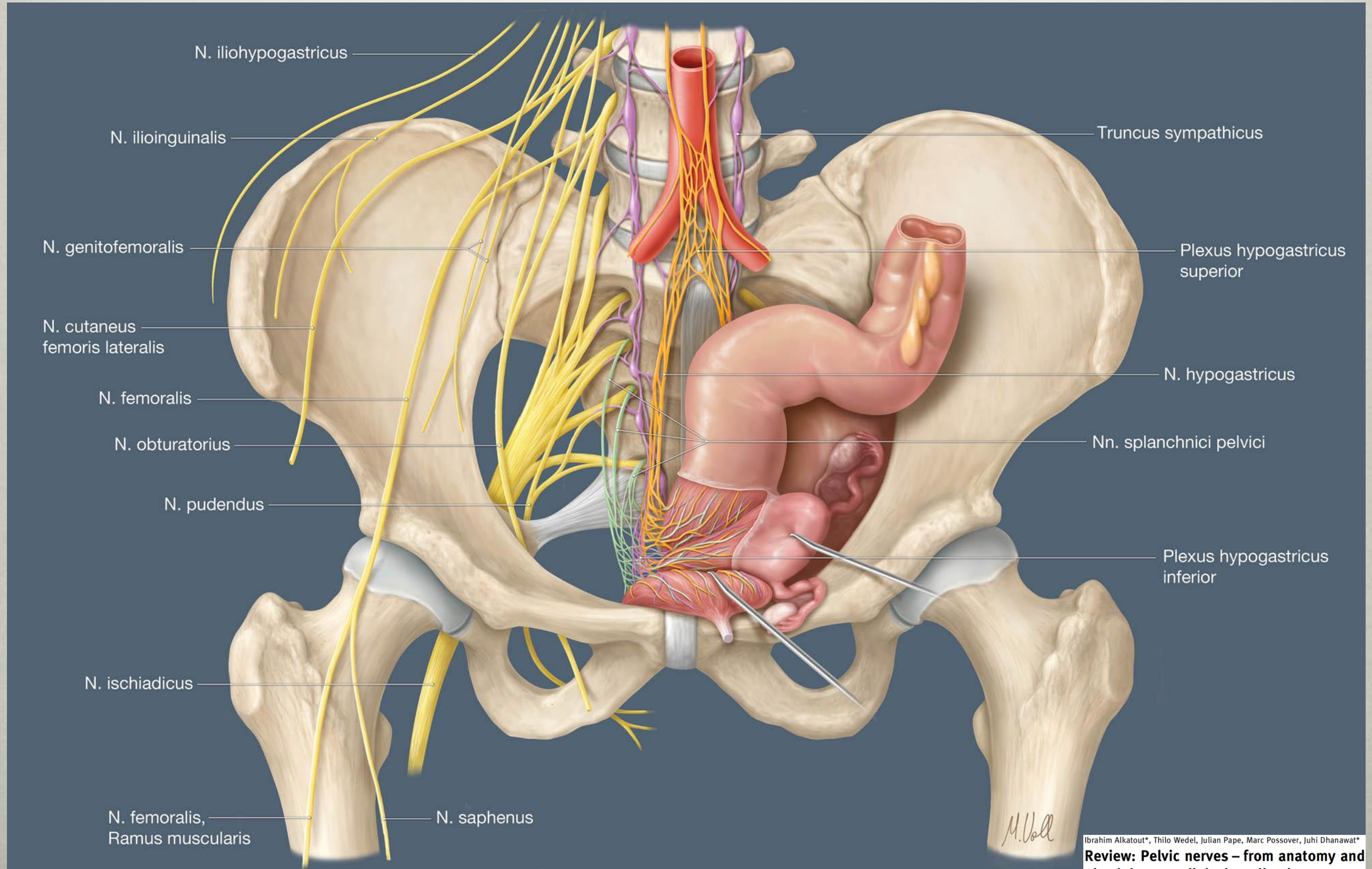
Progresszió: 2024-ben peritonealis disszemináció és nyirokcsomó-érintettség → chemoterápa

Aktuális állapot: 2025 nyarán kezdődő, kismedencébe és keresztcsontba sugárzó rectum táji fájdalom.

Átlagos VAS 4-5/10, legmagasabb 9/10
(gyakran óránként többször, pár másodpercig).

Gyógyszerek: Tramadol (3x50mg), Appranax (3x550mg)
– tompítják, de nem szüntetik meg a fájdalmat.

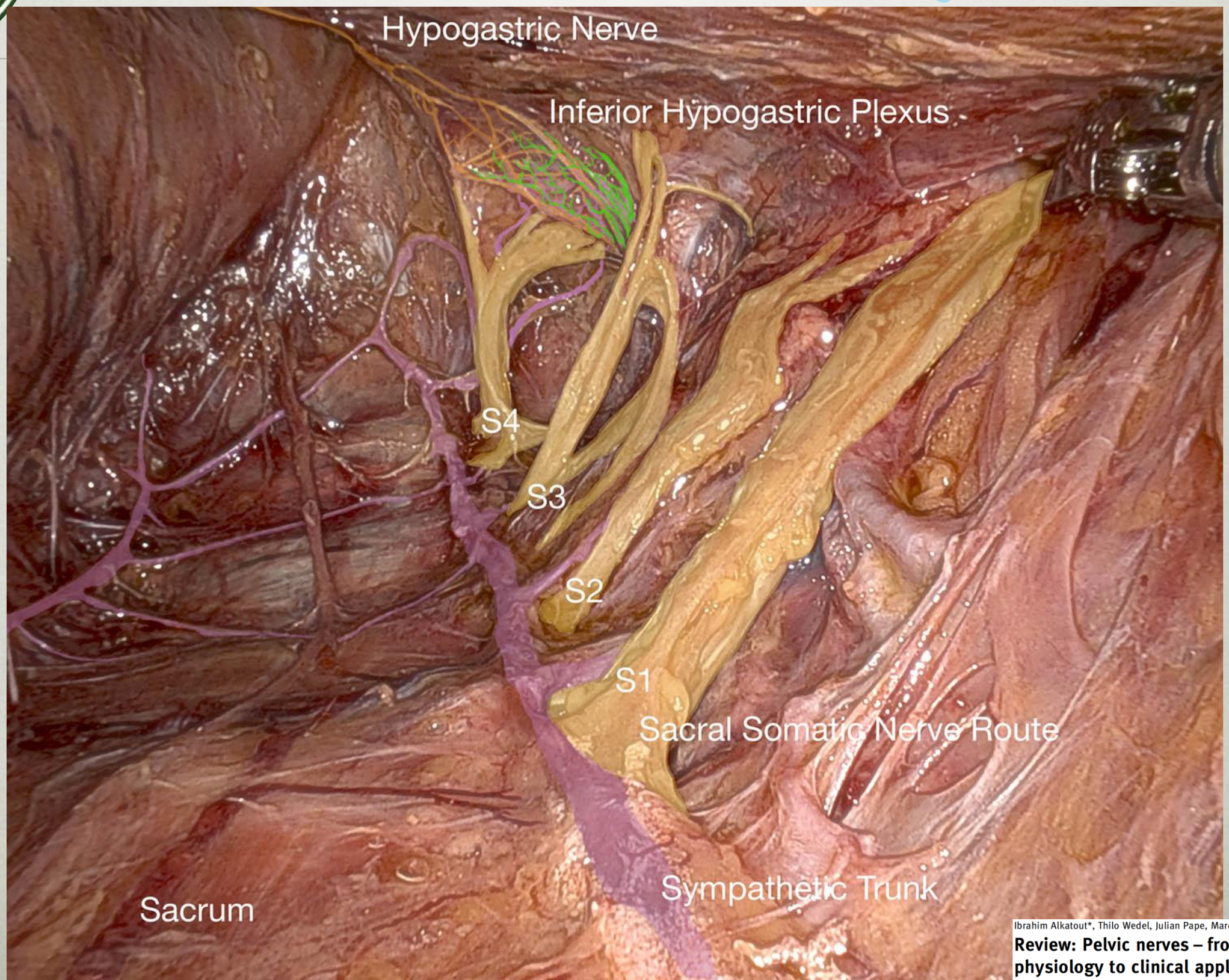
# Neuroanatómia




Ibrahim Alkatout*, Thilo Wedel, Julian Pape, Marc Possover, Juhi Dhanawat*

**Review: Pelvic nerves – from anatomy and physiology to clinical applications**

Pain School International

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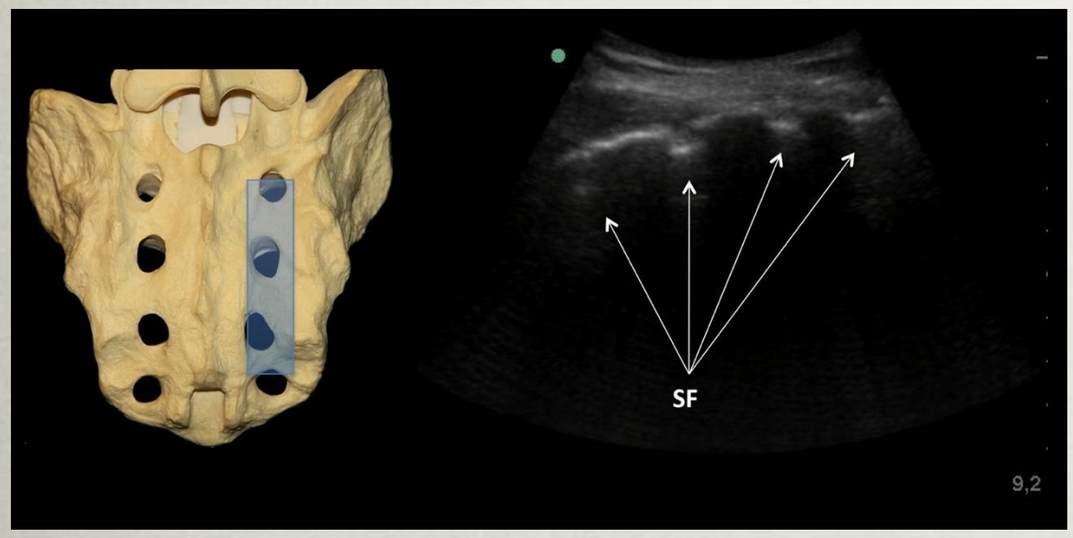
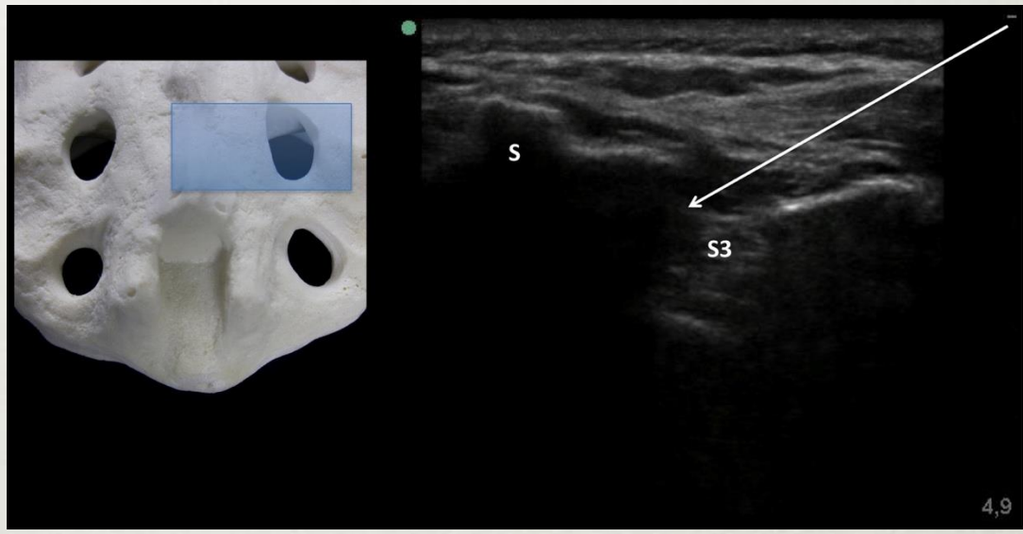
# 1. lépés

**Fizikális lelet:** A sacrum teljes felszíne nyomásérzékeny.

**Javaslat:** Diagnosztikus blokád (jobb S3, S4 ideggyök).




Ultrasound-guided pain interventions in the pelvis and the sacral spine

Tomàs Domingo-Rufes, MD[a,*], David A. Bong, MD[b], Víctor Mayoral, MD[a], Alejandro Ortega-Romero, MD[c], Maribel Miguel-Pérez, PhD, MD[d], Antoni Sabaté, PhD, MD[e]

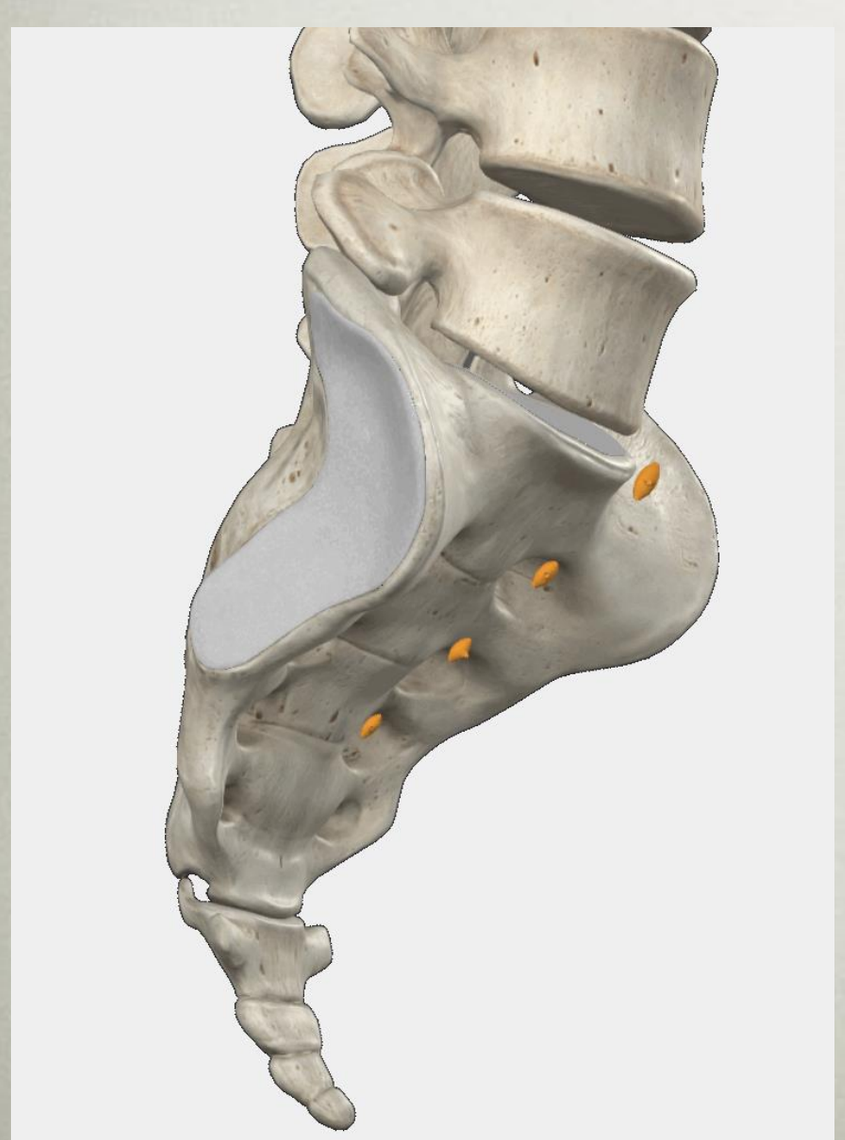
**Eredmény:** 2x1 ml Lidocain 1% után NRS: 0/10.

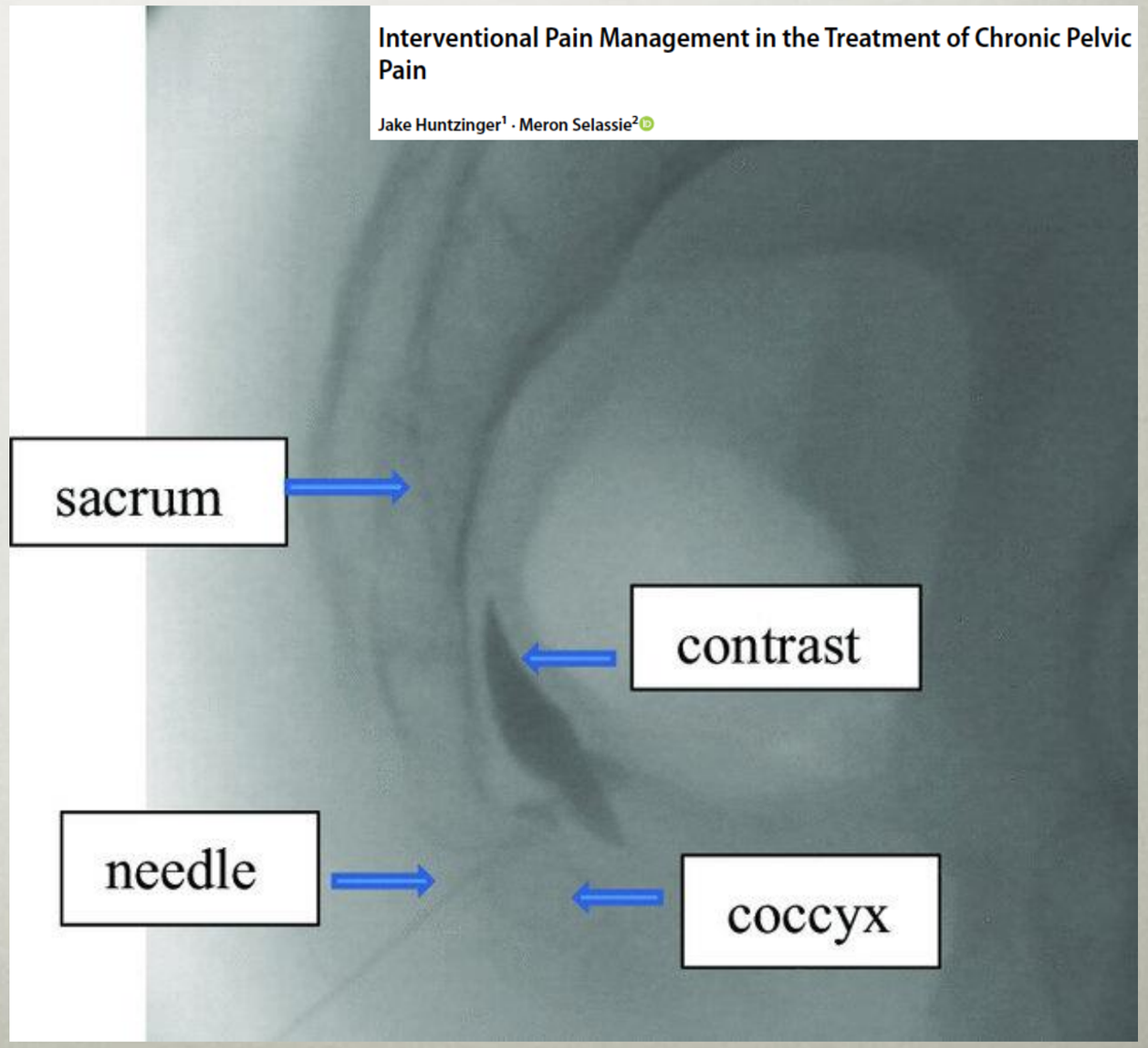
**Konklúzió:** A fájdalom forrása az alsó sacralis gyökök területén lokalizálható.

# Probléma

**A hatás csak 1,5 óráig tartott...**

Új célpont: **Ganglion Impar blokád**,
4 ml, 7% Phenol (kémiai neurolízis)





# Maladaptiv plaszticitás

**Pain, Plasticity, and Gain**

**Activation**

**Transduction** **Transmission** **Use-dependent augmentation**

***Autosensitization and Wind-up***

**Modulation**

**Phosphorylation of receptor/ion channels**

***Peripheral and Central Sensitization***

**Modification**

**Altered gene regulation** **Altered connectivity** **Cell death**

***Persistent Pathological Pain***

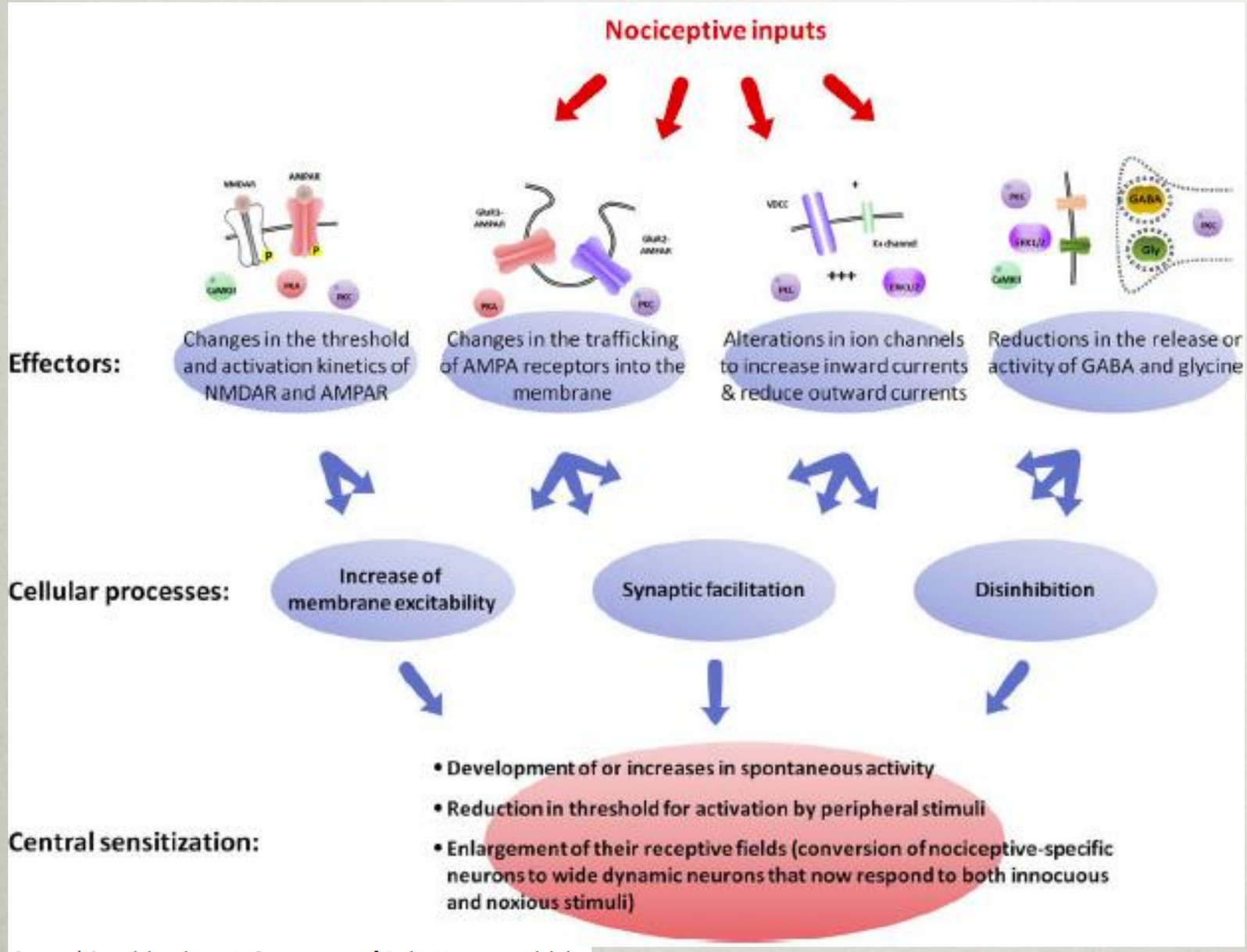
ELSEVIER

Seminars in Pediatric Neurology

## Pathogenesis of Pain

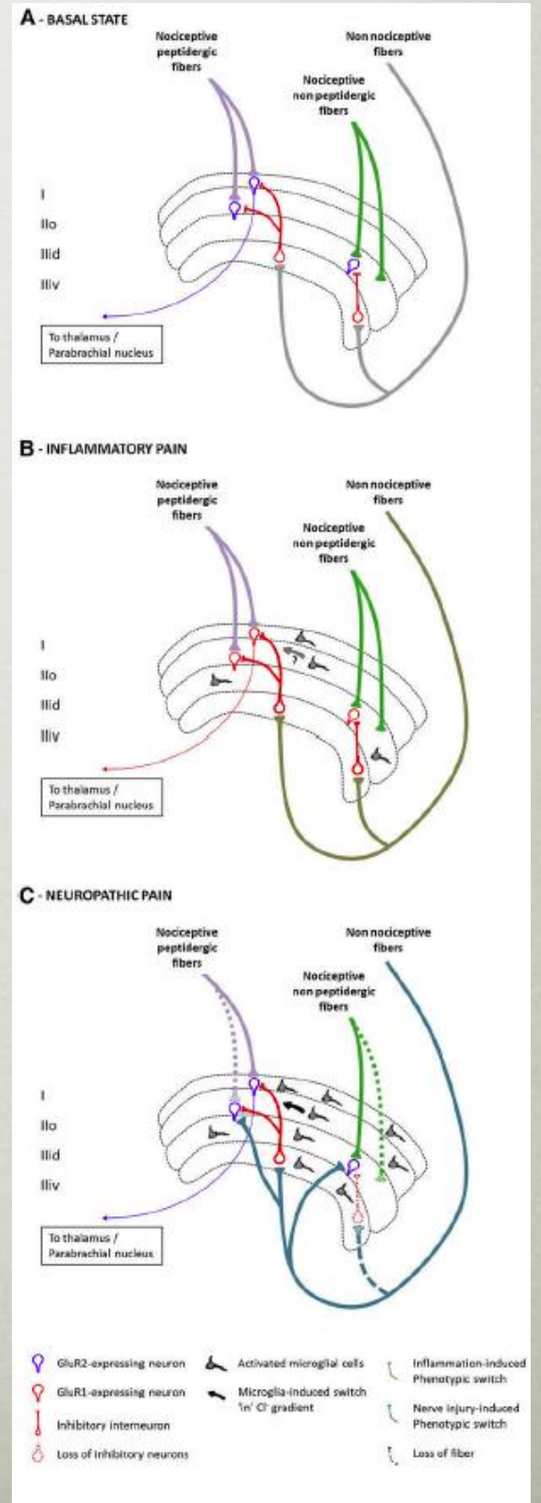
Pradeep Dinakar, MD, MS, FAAP,*,† and Alexandra Marion Stillman, MD‡

# Centrális szenzitizáció




Central Sensitization: A Generator of Pain Hypersensitivity by Central Neural Plasticity

Alban Latremoliere and Clifford J. Woolf



**A Végleges Megoldás**: Radiofrekvenciás Abláció (RFA)

Beavatkozás: **Jobb o. S3, S4 RFA**

Paraméterek: 90 °C, 2 x 90 sec termális lézió.

Biztonság: **Motoros stimuláció negatív** volt (nincs bénulásveszély)
Szenzoros stimulációval identikus helyen fájdalom.

Adjuváns: Kenalog

# SACRAL RFA

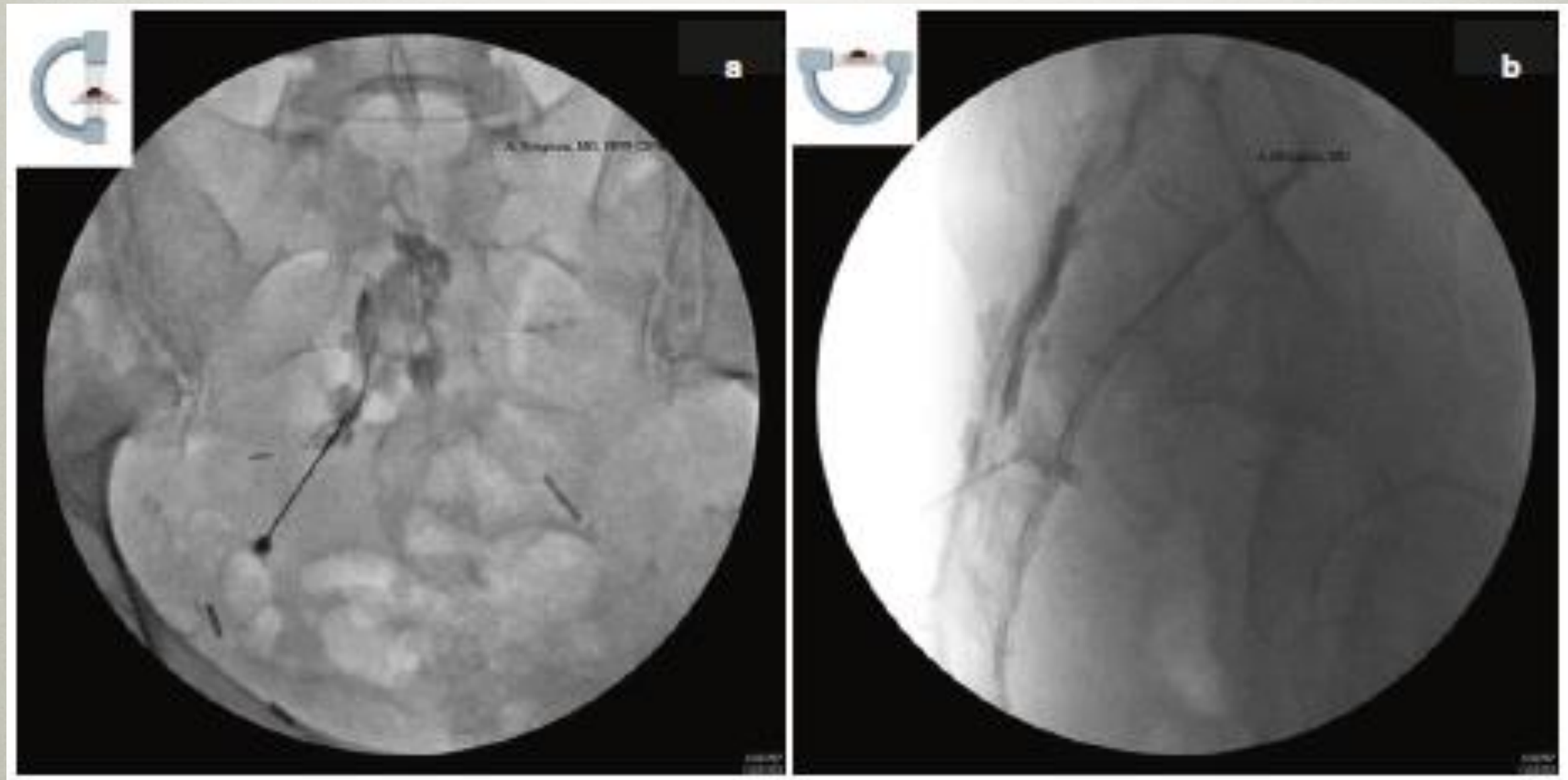
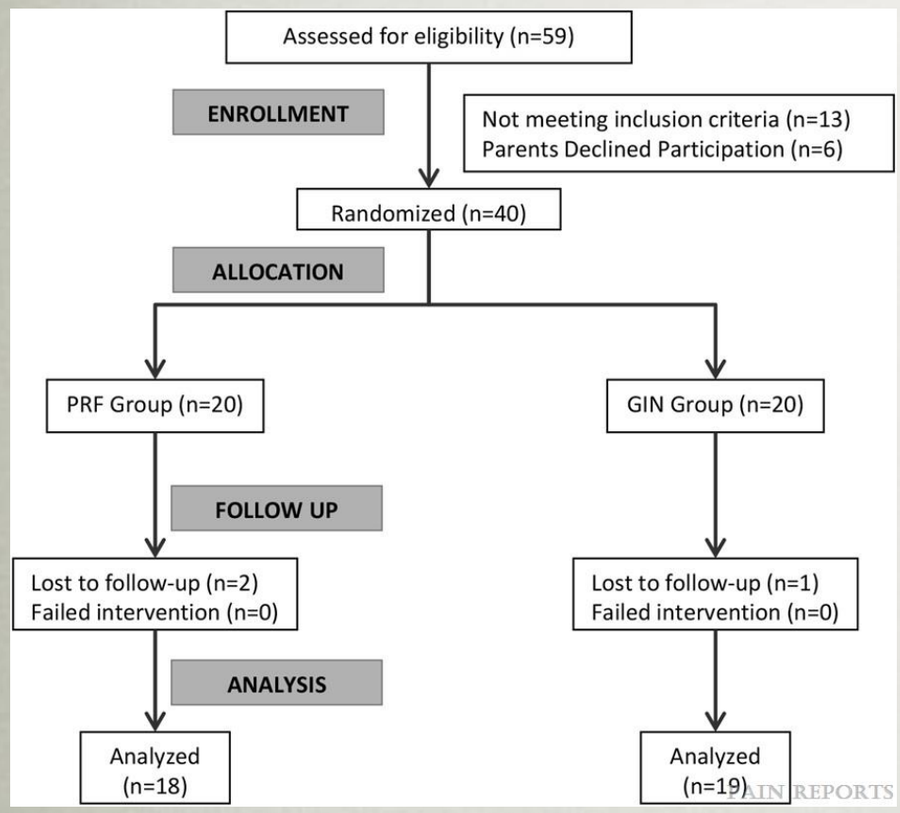
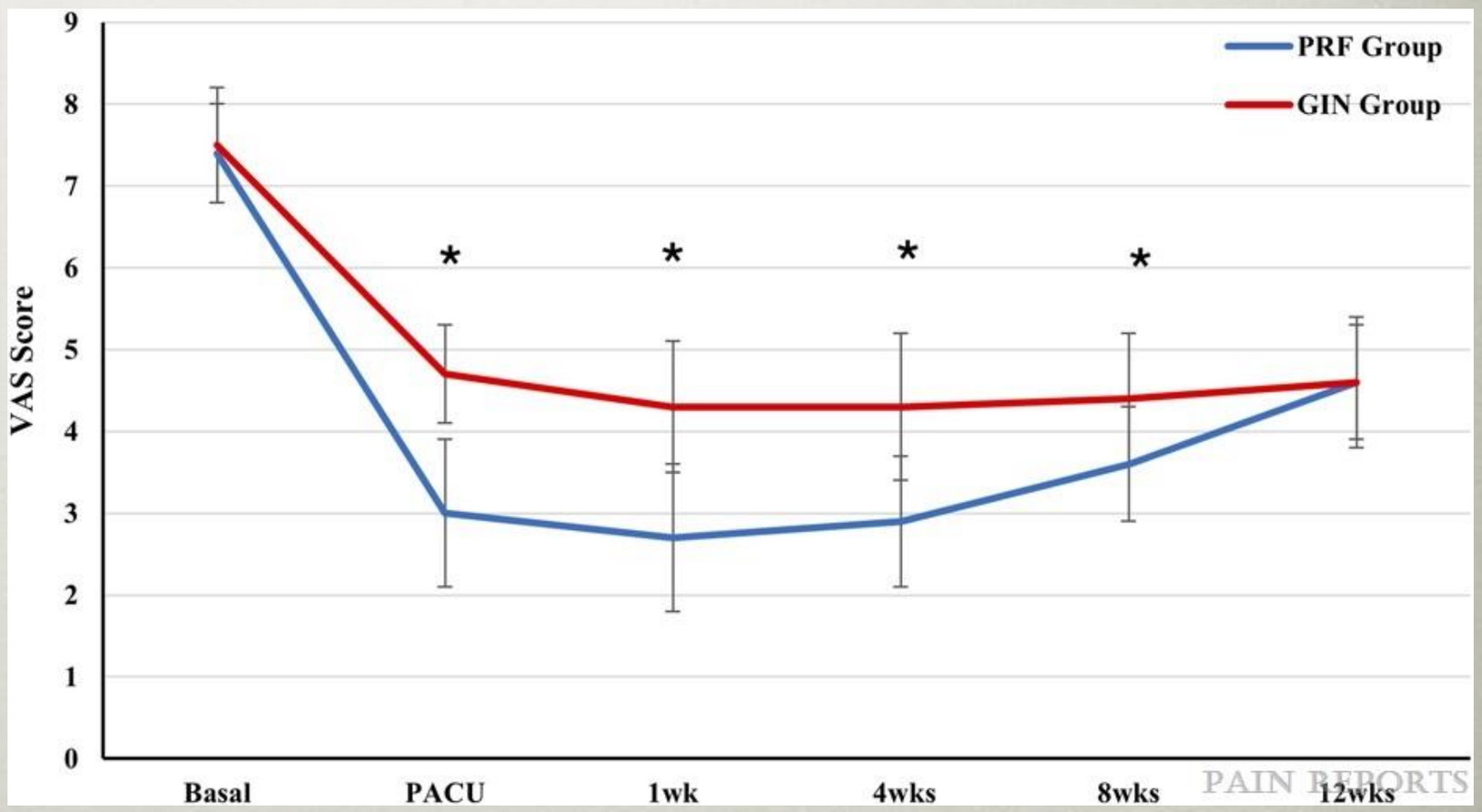



Fig. 25.2 AP (a) and lateral (b) image of the sacrum, needle in the S3 foramen, contrast in the epidural space and outlines S3 nerve root

# Háttér




**Pulsed radiofrequency of S2–4 nerve roots vs ganglion impar neurolysis for severe perineal cancer pain**

Sayed M. Abed, Taher S. Thabet, Mostafa A. Ibrahim, Ahmed F. Gad, Fatma H. Elshamy, Doaa Abd Eltwab, Mohamed A. Wadod, Walaa Y. Elsabeeny*

# CPP

Kezelése multimodális megközelítést igényel.

Fájdalomterapeuta, szülész-nőgyógyász, urológus, gastroenterológus, aneszteziológus, pszichológus, gyógytornász együttes munkája szükséges.

Komoly kihívás mind a beteg, mind az orvos számára.

# Köszönöm a figyelmet