ABSTRACT

Interstitial cystitis (IC) and vulvar pain disorders are chronic pelvic pain (CPP) conditions that have a profound detrimental impact on a patient’s quality of life. There is no clear understanding of the pathophysiology or etiology of these disorders, therefore, no effective strategies have been developed to address these pain disorders. The primary symptoms of these disorders include dysuria, bladder pain, and nocturia. The management of bladder or pelvic pain includes medications, behavioral modification, dietary changes, pelvic floor physical therapy, and procedures such as diagnostic cystoscopy with hydrodistension, intraurethral balloon dilations, and bladder injection with local anesthetics, corticosteroids, and botulinum toxin. There are no reported issues of dependency. There are no reported cases of allergic reactions. There are no reported cases of infection, abscess, or fistula formation. There are many reports of improvement with increased energy. She no longer requires opiates, sedatives or sleeping medication. She takes a 50mg Ultra Pain Relief daily. The use of OMT and alternative pain management is likely contributing to improved health outcomes.

REFERENCES


CASE REPORT

PATIENT COMPLAINT: Pelvic Pain

HISTORY OF PRESENT ILLNESS: 41 year old female anesthesiologist and former US Army Officer, presented to the Mountain View Regional Medical Center outpatient Osteopathic Neuromusculoskeletal Medicine (ONMM) residency clinic for alternative treatment for CPP that is safe, effective, and drug-free.

METHODS

PIT points were identified and injected addressing neuroinflammatory mechanisms and PVM, T6; FRSL. Lumbar: L1 and L5; FRSL. Sacrum: R on L sacral torsion. Pelvis: right anterior innominate. Abdominal: TT 1-2; son of present illness.

RESULTS OF THE TREATMENT PROTOCOL

After the initial trial, the patient emailed stating that [she] had the best daytime eight hours [she] had in 9 months. Until 1800 yesterday, [she] didn’t have the slightest inkling that [she] could experience such a change in [her] life so quickly. [She] was reminded of her initial attempt in a common regional pain syndromes as idiosyncratic and just learn to live with the pain. They are often treated with unnecessary and potentially toxic medications and therapies (cns, antidepressants, bisphosphonates, and corticosteroids). Unfortunately, in many cases, the pain persists. Men may also present with idiopathic pelvic pain and can also be attributed to diagnostic procedures. They need to be identified.

WHAT IS IT GOING TO TAKE TO HELP HER?

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Perineural injection treatment for interstitial cystitis and chronic pelvic pain (ICPP) is a non-invasive, minimally invasive pelvic wall treatment. This treatment includes the use of local anesthetic, corticosteroid, and botulinum toxin to the intramural and perimural atriums.

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