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RESEARCH ARTICLE

A CASE REPORT ON VAGINISMUS - AN UNTOLD STORY

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Abstract

Introduction: Vaginismus is common but less notified condition in women. It is defined as 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. The condition is noted in approximately one in two hundred young women. The reasons for vaginismus are not always clear. Various causative factors are reported like fear in the mind that the vagina is too small ,a bad first sexual experience ,an unpleasant medical examination ,believing sex is shameful or wrong and associated painful medical condition, like fungal infection of vagina.

Materials and Methods: A case report of 25 years old married woman, who presented with primary vaginismus. She did not have any predisposing factors for vaginismus.

Results: The report revealed that there were emotional and psychological disturbances in the woman and her spouse due to severe vaginismus. She was successfully treated by Gynaecologist and Psychologist using bimodal therapy. The report demonstrates a successful approach towards managing vaginismus in a clinical setting.

Conclusion: Multi-modal therapy includes psycho sexual therapy, a type of therapy that aims to help woman understand and change her feelings about her body and sex ,pelvic floor exercises -squeezing and releasing exercises to gain control of the vaginal muscles, mindfulness and relaxation techniques that include breathing and gentle touching exercises to help woman learn to relax the vaginal muscles. Sensate focus exercises to help with relaxation during sex and increase in sex drive. Treatment is initially done under the guidance of specialised therapists. Woman is expected to practise some of the exercises at home. Treatment usually works in a matter of few week time.

Introduction:-

Vaginismus was defined as recurrent or persistent involuntary spams of the musculature of the outer third of vagina which interfere with coitus and cause distress and interpersonal difficulty.In DSM-V, vaginismus is included as part of genito-pelvic pain penetration disorder (GPPPD) characterized by persistent or recurrent difficulties with 1 (or more) of the following:

1.Marked vulvovaginal or pelvic pain during vaginal intercourse or penetration attempts;

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2.Marked fear or anxiety about vulvovaginal or pelvic pain in anticipation of, during, or as a result of vaginal penetration; (or)
3.Marked tensing or tightening of the pelvic floor muscles during attempted vaginal penetration.

Case Report
This is a case report of a 25 years old married woman, who was diagnosed with primary vaginismus and was successfully treated with multi-modal therapy.

History
A 25-year-old nulliparous female, married since one year, came with the complaints of tightness of vagina and introitus pain while attempting penetrative inercourse with her husband.These symptoms started from one month of their married life. After marriage, patient had postponed attempts of penetrative intercourse as whenever penetration was attempted, she would bring her thighs close to each other and intercourse wouldn't be possible. She complained of severe spasmodic introitus pain.The couple began to engage only in foreplay, thinking it would be subsided eventually with time, but as the pressure from family members regarding children had arrived, the couple started getting worried about the problem, for which couple consulted a gynaecologist, after one year, who diagnosed the condition as primary vaginismus.

Clinical Examination
General physical examination of the patient was normal. No systematic abnormalities were detected. Local genital inspection showed no abnormality. She was described to be shy and sensitive by nature. There was no history of sexual abuse during childhood and after marriage or earlier penetrative intercourse and no trauma from any gynaecological examination or other medical procedure involving vaginal insertion in the past.

Diagnosis
Primary Vaginismus

Treatment And Clinical Outcome
A multi – modal therapy was given to the patient involving agynaecologist, a psychologist and a sex specialist. Her treatment was divided into multiple sessions. Counselling the couple with specialists explaining about anatomy of the female and male genitals, about her menstrual cycles, husband was explained about various issues and fears that are faced by his wife and how to deal them patiently, wife is explained about anatomy of male genitals. Later, she was encouraged to touch an area as close to the vaginal opening as possible without causing pain. Each day, she will move her touch closer to the vaginal opening.Once she was able to touch the area around the vagina, she was encouraged to touch and open the vaginal lips, or labia. This is called progressive desensitization. This therapy involves slowly and gradually exposing a person to penetration. Along with this, pelvic floor exercises were also advised to the patient. Gradually the patient was started on dilator therapy consisting of a set of 6 serial plastic dilators of increasing in length and size which were given to the patient, each to be inserted into her vagina for 2 minutes , once a week. Once she started to insert this without pain, she was asked to leave it in for 10– 15 minutes to let the muscles get used to the pressure. The same procedure is repeated with all 6 dilators serially. After her successful 6 weeks of this multi – modal therapy, the couple had a successful penetrative intercourse and all the apprehensions of the female were cleared.

Discussion:-
Vaginismus is caused by emotional and physical triggers. Emotional triggers include fear of pain or pregnancy, anxiety about performance or because of guilt, relationship problems like abusive partner, traumatic life events like sexual assault, including sexual assault and childhood sexual abuse and bad experiences. Physical triggers include pelvic or urinary infection, health conditions such as cancer or lichen sclerosis, childbirth, inadequate foreplay, insufficient vaginal lubrication, medication side effects, menopause and any pelvic surgery.

Primary vaginismus is a lifelong condition in which the spasm begins the first time a person tries to have sexual intercourse or insert an object like a tampon into the vagina. It may be difficult for a person to undergo a gynaecological exam. During sex, a partner is unable to insert anything into the vagina. They may describe a sensation like "hitting a wall" at the vaginal opening. A person may experience pain, burning, or generalized muscle spasms. The symptoms stop when the attempt at vaginal entry stops. Whereas secondary vaginismus develops after a person has already experienced expected sexual function. Vaginismus has not always been present. It can occur at

any stage of life, and it may not have happened before. This usually stems from a specific event, such as an infection, menopause, a medical condition, surgery, or childbirth. Even after a doctor successfully treats any underlying medical condition, the pain can continue if the body has become conditioned to respond in this way.

Treatment usually comprises of a multi-modal approach involving pelvic floor exercises, education and counselling, dilator therapy, pulsed radio-frequency (PRF) and botox.

Conclusion:-

Since the causes of vaginismus can be so multifaceted, a person's treatment should focus on both physical and psychological factors. A person may need to work with a therapist and/or a psychiatrist, who may recommend medications that can treat underlying psychological issues. The stigma around vaginismus exists because not many people talk about it. There needs to be a more open conversation about this condition to sensitize people. Although it is rarely considered as a serious condition, it still haunts the lifestyle of a person. The inability to have a penetrative intercourse is often blamed on a woman and this can be emotionally exhausting but it should be remembered that it is not an INDIVIDUAL'S fault.

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