

Review Article

Chronic pelvic pain in Egypt, is it a reproductive health challenge?

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Abstract

<p>Keyword: Chronic Pelvic Pain, Reproductive health, Egyptian Society of Chronic Pelvic Pain for Women, Pelvic Dysfunction, Chronic Pelvic Pain Clinics.</p> <p>Corresponding author: Nasr Said Nassar Egyptian Society of Chronic Pelvic Pain in Women</p> <p>Mobile: 00201001435991</p> <p>Mail: nasrnassar1@hotmail.com</p>	<p>Egypt faces an important national problems or challenges facing the development process. The challenge is Chronic pelvic pain in women is a serious and widespread health problem that affects more than a quarter (25%) of all Egyptian women.</p> <p>Egyptian women who suffer from chronic pelvic pain who are not officially covered by any specialized health program, treat of more than 25% of Egyptian women who complain of chronic pelvic pain and pelvic dysfunction, which is frequently and often described as a major health problem for women, and conduct many statistics, studies and field medical researches on the incidence and prevalence of chronic pelvic pain in Egyptian women and many related statistics, studies, and medical researches.</p>
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Introduction

Chronic pelvic pain in women is a serious and widespread health problem, affecting 25% (a quarter of all Egyptian women). One of the most important human rights is to live without chronic pain. Chronic pelvic pain in women has a very high incidence

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Definition:

Chronic pelvic pain for women is defined as any pain (or even mere discomfort) that lasts more than 6 months in the area between the navel to the middle of the thighs in the front or the lower back.

Chronic pelvic pain in women is a symptom, and the pain is often severe and common. This pain is due to multiple causes belonging to most of the different body systems, such as the reproductive system, the digestive system, the urinary system, psychiatry, neurology, orthopedics...etc.)

Chronic pelvic pain is widespread in women, leads to weakness, causes disability, reduces the quality of life and general well-being, and leads to frustration and depression for about a quarter of women of reproductive age in any given society¹.

Chronic pelvic pain in women is a common disease or symptom in women that is often neglected by health care professionals due to the lack of a clear understanding of the condition and the prevailing scarcity of high-quality epidemiological data available.

Causes:

A wide list of diseases can lead to chronic pelvic pain and pelvic organs dysfunction:

A) Gynecological:

Endometriosis, pelvic inflammatory disease, pelvic adhesion , disease, recurrent ovarian cysts, adnexal cysts, leiomyoma, adenomyosis, hydrosalpinx, female sexual dysfunction, delayed complications of Female Genital Cutting (FGC),post-tubal ligation pain syndrome, vulvodynia, vestibodynia, pelvic organs prolapse, dysmenorrhea, dyspareunia, chronic ectopic pregnancy, chlamydial endometritis or salpingitis, endosalpingiosis, chronic endometritis, endometrial or cervical polyps, cervical stenosis, and abnormal uterine bleeding etc

B) Musculoskeletal:

Non-relaxed pelvic floor muscles, painful pelvic floor triggers points, abdominal wall myofascial pain, fibromyalgia, coccygodynia, pelvic floor tension myalgia, piriformis syndrome.

C) Urological:

Interstitial cystitis (painful bladder syndrome), recurrent cystitis, dysuria, - frequency of urine, stress incontinence and urgency. Radiation cystitis, chronic urolithiasis, urethral diverticulum, bladder cancer, and urethral syndrome, Chronic urinary tract infection ...etc.

D) Gastro-enterological:

Irritable bowel syndrome, celiac disease, inflammatory bowel disease, colorectal carcinoma, chronic constipation, colitis, diverticular disease, anal problems and hernias.

E) Neurological/vascular: –

Ilioinguinal nerve entrapment, iliohypogastric nerve entrapment, pudendal neuralgia, spinal cord injury, pelvic congestion syndrome, peripheral neuropathy, and vulvar varicosities.

F) Psychologic and other disorders:

Include the following: Personality disorders, Depression, Sleep disorders, Sexual and/or physical abuse

The Burden of the disease

Women with chronic pelvic pain rotates between different specialized clinics (gynecology, urology, gastroenterology, psychology, neurology and orthopedic clinics etc.)

Each specialist tries to tailor a diagnosis according to his specialty that is different from his colleague's diagnosis. The patient gets confused and lost between different clinics and different specializations, so that in the end, in practice, she may reach the appropriate diagnosis and correct treatment. In the end, she feels frustration.

For Chronic pelvic pain patients, there is no specific place for specialized examination. For example, cardiac patients go to specialized cardiac centers, also do chest patients and those with fever, cancer patients, and psychiatric patients all find the way to specialized medical centers but patients with chronic pelvic pain do not have any known specialized place to go.

Prevalence of chronic pelvic pain in women:

A) Age:

There is no official Egyptian government statistics on the prevalence of chronic pelvic pain among Egyptian women of reproductive age.

In an important study (in the United States of America) on women of reproductive age, at the primary health care level, the prevalence of chronic pelvic pain among women reported was 39% in general, and the prevalence of some chronic pelvic pain symptoms, such as: dysmenorrhea, was 90%, dyspareunia, 46% of women pelvic pain, 39% of women and irritable bowel syndrome, 12% of women.

It was found that women with low income generally have an increased risk of dysmenorrhea and dyspareunia. Otherwise, dysmenorrhea, dyspareunia, pelvic pain, and irritable bowel syndrome were not associated with age, parity, income, or education².

In another study, about 10% from total referral cases to gynecologists were cases of chronic pelvic pain³, also in a systemic review in United Kingdom, the prevalence of chronic pelvic pain was 39%⁴.

In New Zealand, chronic pelvic pain was more common in high school qualification than in women with intermediate school qualifications (21.5%) or no qualifications (23.2%). The prevalence of chronic pelvic pain varied by age with the lowest rate (19.7%) in the youngest age group (18-25), this result is similar to Zondervan et al 2004 found in a UK study (20%), the highest age group in this study found in 30-36 years (31%) and this is comparable with another UK study that found the highest age group was 36-40 years⁵.

We note from the above that chronic pelvic pain in women is significant in many women, and the risk of childbearing age for chronic pelvic pain is present in a large proportion.

B) Symptoms:

WHO systematic review on the prevalence of chronic pelvic pain. There were 178 studies on 459,975 participants. The rate was: dysmenorrhea from 16.8 to 81%, dyspareunia from 8 to 21.8%, and non-menstrual pain up to 24%.

C) Cost:

All differences in the rates of chronic pelvic pain around the world are due to the variable quality of studies. Where valid data are available, the cost and high burden of disease have been known for all types of ((*Pelvic pain)⁶. The cost burden of illness was significant for women in Australia with chronic pelvic pain. US\$16,970 to US\$20,898 (per woman per year). The results showed that the strength and intensity of pain are related to the high costs of treatment for the disease. The more severe the pain, the higher the costs. The costs of severe pain increase by 12.5 times for minimal or mild pain. Since pain is the most important factor, priority should be given to improving pain control in women with chronic pelvic pain⁷.

Prevalence of discontinuation of contraceptive use

The dynamics of contraceptive use, discontinuation, switching, and failure are important indicators of the extent to which the family planning program meets the family planning needs of women and couples.

A wide range of differences in the dynamics of contraceptive use was observed. Stopping or refraining from using reversible contraceptives on average, it is 38% of women by the twelfth month and 64% by the thirty-sixth month in 19 countries.

It is observed that the intrauterine device (IUD) is the lowest downtime rate is 12 months, (13%), the highest percentage of stopping was for condoms (50%), while they stopped about 40% of female users stopped using birth control pills and injections after the first 12 months. For all methods the percentage of stopping use was 34.7%⁸.

The rate of cessation after a period of 12 months was recorded stopping the use of IUDs (18.4%), while rates were observed higher for daily pills (38%), injections (32.7%) and condoms (62.9%)⁹.

There was a study to evaluate possible factors associated with discontinuation of contraceptive use for reasons after insertion (it was 26% in this study). It was found that personal reasons such as personal opinion, husband opinion or family against the use of IUDs among users within 12 months of use). This requires advanced intelligent effective appropriate counselling¹⁰.

Stopping and refraining from using contraceptives after starting to use them may be considered in some cases a failure in the performance of the family planning program, which leads to a high rate of population increase.

Physicians may need to use up-to-date advice to encourage women to discuss their reasons for wanting to stop using an effective method of contraception, help them with their concerns, or switch to other effective ways to protect themselves from unintended and unwanted pregnancy¹¹.

The focus of health intervention (reproductive health).

We must search and investigate why women stop using the IUD and decide to remove it and are exposed to unwanted pregnancies.

It is found that chronic pelvic pain, is the main cause¹².

One of the most important benefits that the family planning program will benefit from as a result of treating more than 25% of Egyptian women who complain of chronic pelvic pain is that it will reduce the number of women who stop using contraceptives.

Examples of some diseases that cause chronic pelvic pain in women and which hormonal contraceptives can be used to treat:

- 1- Menstrual bleeding disorders
- 2- Dysmenorrhea
- 3- Premenstrual syndrome (PMS) / Premenstrual dysphoric disorder
- 4- Ovarian cysts

- 5- Endometriosis / adenomyosis
- 6- Myoma
- 7- Pelvic inflammatory disease (PID)
- 8- Ovarian cancer
- 9- Endometrial hyperplasia / Endometrial cancer
- 10- Colon cancer
- 11- Menstrual migraine
- 12- Rheumatoid arthritis
- 13- Benign breast diseases

Some facts needed to highlight about relation of chronic pelvic pain and reproductive health:

1- Study the incidence and prevalence of chronic pelvic pain in Egyptian women. There are no documented statistics on the prevalence of chronic pelvic pain and its symptoms among Egyptian women.

2- Conducting many statistics, studies and field medical research on family planning methods and various protocols, and careful medical follow-up and registration to reach medically proven results related to contraception and chronic pelvic pain.

3- Study and investigate the relationship between chronic pelvic pain and its symptoms among Egyptian women with: Age groups and chronic pelvic pain, work, profession, occupation and chronic pelvic pain. Education or qualification level and chronic pelvic pain. Marital and family relationships and chronic pelvic pain. Pregnancy and chronic pelvic pain.

4 - Estimating the risk factors for chronic pelvic pain for girls and women and estimating the burden of chronic pelvic pain on sick women and society.

5- Discovering the area of endometriosis (endometriosis) in Egyptian adolescent girls.

6- High-quality epidemiological studies would improve the understanding of chronic pelvic pain in women and determine the appropriate, precise and carefully equipped combination to contain the risk factors for women suffering from chronic pelvic diseases, with the aim of developing and updating strategies for appropriate treatment methods.

As a result of the above proposed studies and the implementation of many unprecedented research, its excellent reputation will make Egyptian family planning programs among the best in developed countries due to this distinguished modern medical activity.

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Web site:

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