

#478 Pelvic Pain caused by Endometriosis – a systematic overview about conservative options

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Introduction

Pelvic pain and endometriosis are significant health concerns for women. Berghmans et al. (1) highlight the underutilized potential of physiotherapy in diagnosing and treating pelvic pain. The common symptoms associated with a decrease in activity and quality of life include dysmenorrhea, cyclical and non-cyclical lower abdominal pain, dysuria, dyschezia, and dyspareunia. With time, nociceptive pain often changes into neuropathic pain.

Methods

We conducted a literature search on Pubmed and Medline Ovid for the period between 2018 and 2024 using the keywords "Pelvic pain," "Dysmenorrhea," "Trigger points," and "Electrical stimulation." The purpose of the search was to create an overview of the positive impact of conservative interventions. Additionally, we have conducted two studies on Electrotherapy - Biofeedback and Pelvic Pain. At the same time, the ESHRE Endometriosis Guidelines 2022. (<https://www.eshre.eu/guideline/endometriosis>) were taken into account in the conservative therapy planning.

Results



Table 1: Figure from the ESHRE guideline on endometriosis 2022.

- Cautious approach to the use of diagnostic laparoscopy, which should now only be performed in cases of unsuccessful empirical treatment of symptoms and/or in the absence of a correlate in imaging.
- Regarding focusing on the main symptom of pain.



Dysmenorrhea, CPP, Vulvodinia, and dyspareunia have been confirmed with a high level of evidence. Kirca et al. (2) showed that regular yoga practice, especially cobra, fish, cat-cow, and sun salutations, significantly reduced primary dysmenorrhea. Gunebakan et al. (3) demonstrated the beneficial effects of yoga in combination with telemedicine. Active dosed aerobic exercise also has lasting effects, as described by Dehnavi et al. (4) In a comprehensive meta-analysis of 381 TENS studies, Johnson et al. (5) showed very good effects on acute and chronic pain. This was confirmed by Terzoni et al. (6) Tennfjord et al. (7) found good effects with correctly performed active pelvic floor exercises.

In our own study, Muallem et al. (8) showed very good effects of local stimulation with the MAPLe probe, which stimulated precisely at the tense muscle groups and achieved very good effects in reducing dyspareunia.

Conclusion

Segmental stabilizing pelvic floor and trunk muscles by biofeedback training, electrotherapy and manual therapy, thus improving the Female Sexual Index and reducing pain very effective in a interprofessional setting (9). The pivotal role of physiotherapy in the holistic management of

endometriosis, providing a comprehensive understanding of the various physiotherapy interventions and their potential benefits for individuals living with this complex and debilitating condition.

References: 1. Berghmans B. Physiotherapy for pelvic pain and female sexual dysfunction: an untapped resource. *International urogynecology journal*. 2018;29(5):631-8.; 2. Kirca N, Celik AS. The effect of yoga on pain level in primary dysmenorrhea. *Health Care Women Int*. 2023;44(5):601-20.; 3. Gunebakan O, Acar M. The effect of tele-yoga training in healthy women on menstrual symptoms, quality of life, anxiety-depression level, body awareness, and self-esteem during COVID-19 pandemic. *Ir J Med Sci*. 2023;192(1):467-79.; 4. Dehnavi ZM, Jafarnejad F, Kamali Z. The Effect of aerobic exercise on primary dysmenorrhea: A clinical trial study. *Journal of education and health promotion*. 2018;7.; 5. Johnson MI, Paley CA, Jones G, Mulvey MR, Wittkopf PG. Efficacy and safety of transcutaneous electrical nerve stimulation (TENS) for acute and chronic pain in adults: a systematic review and meta-analysis of 381 studies (the meta-TENS study). *BMJ open*. 2022;12(2):e051073.; 6. Terzoni S, Mora C, Cloconi C, Gaia G, Sighinolfi MC, Maruccia S, et al. Transcutaneous electrical nerve stimulation for pelvic pain: A scoping review of treatment protocols, practical indications, and caveats. *NeuroUrology*. 2023;42(3):631-40.; 7. Tennfjord MK, Engh ME, Bø K. An intra- and inter-rater reliability and agreement study of vaginal resting pressure, pelvic floor muscle strength, and muscular endurance using a manometer. *Int Urogynecol J*. 2017;28(10):1507-14.; 8. Muallem J, Velho RV, Netz J, Sehouli J, Mechsner S. Pelvic floor hypertension: possible factors for pelvic floor tenderness endometriosis patients—a pilot study. *Archives Gynecology and Obstetrics*. 2023;1-7.; 9. Ghaderi F, Bastani P, Hajebrahimi S, Jafarabadi MA, Berghmans B. Pelvic floor rehabilitation in the treatment of women with dyspareunia: a randomized controlled clinical trial. *International Urogynecology Journal*. 2019;30(11):1849-55.