# ORIGINAL 2015 ISSVD Consensus Terminology and Classification of Persistent Vulvar Pain

Table 1: 2015 Consensus Terminology and Classification of Persistent Vulvar Pain

### A. Vulvar pain caused by a specific disorder\*

- Infectious (e.g., recurrent candidiasis, herpes)
- Inflammatory (e.g., lichen sclerosus, lichen planus, immunobullous disorders)
- Neoplastic (e.g., Paget disease, squamous cell carcinoma)
- Neurologic (e.g., post-herpetic neuralgia, nerve compression or injury, neuroma)
- Trauma (e.g., female genital cutting, obstetrical)
- latrogenic (e.g., post-operative, chemotherapy, radiation)
- Hormonal deficiencies (e.g., genito-urinary syndrome of menopause [vulvo-vaginal atrophy], lactational amenorrhea

**B. Vulvodynia** – Vulvar pain of at least 3 months duration, without clear identifiable cause, which may have potential associated factors

#### **Descriptors:**

- Localized (e.g., vestibulodynia, clitorodynia) or Generalized or Mixed (Localized and Generalized)
- Provoked (e.g., insertional, contact) or Spontaneous or Mixed (Provoked and Spontaneous)
- Onset (primary or secondary)
- Temporal pattern (intermittent, persistent, constant, immediate, delayed)

\*Women may have both a specific disorder (e.g., lichen sclerosus and vulvodynia)

## Table 2: 2015 Consensus Terminology and Classification of Persistent Vulvar Pain – Appendix: Potential Factors Associated with Vulvodynia\*

- Co-morbidities and other pain syndromes (e.g. painful bladder syndrome, fibromyalgia, irritable bowel syndrome, temporomandibular disorder)
- Genetics
- Hormonal factors (e.g., pharmacologically induced)
- Inflammation
- Musculoskeletal (e.g., pelvic muscle overactivity, myofascial, biomechanical)
- Neurologic mechanisms:
- Central (spine, brain)
- Peripheral
- Neuroproliferation
- Psychosocial factors (e.g., mood, interpersonal, coping, role, sexual function)
- Structural defects (e.g., perineal descent)

#### \*The factors are ranked by alphabetical order

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