Chronic pelvic pain treatment in women:  
the efficacy of tolperisone

rehabilitation, pelvic pain, myogenic trigger zone, tolperizone

Background. Chronic nonspecific pelvic pain (CNPP) is common in women, especially at the age of 27-30 years [Ahangari 2014; Engeler 2016; Speer 2016, Balasundaram 2017; Carney 2018; Cashman 2018]. The prevalence of CNPP is 27-39%, which is comparable to the prevalence of lower limb veins diseases in women (25-33%).

Materials and methods. We examined 50 women with CNPP at the age of 20-40 years (average age 30.05 ± 1.6) with pain syndrome duration from 6 months to 3 years [Esin 2017]. The intensity of the pain syndrome was assessed by Visual Analogue Scale (VAS).

Tolperisone is an analgesic drug with a mechanism of action similar to lidocaine (blockade of sodium channels of neurons). Tolperisone was prescribed in tablets 300 mg/day for 1 month.

Results. Myogenic trigger zones (MTZ) were revealed in all women: in pelvic floor muscles – 11 (22%), in the gluteal muscles – 23 (46%), in femoral adductor muscles – 9 (18%), in oblique abdominal muscles – 7 (14%). During the palpation of MTZ, the patients noted the appearance of referred pain. The area of referred pain corresponded to the localization of pain, which caused complaints of patients and was the reason for contacting a doctor. The intensity of pain according to VAS before treatment was 52.9 ± 6.2 mm. One month after treatment, the pain intensity was reduced by 32-43%, according to VAS – 13.8 ± 4.7 mm (p <0.01). Active MTZs have passed into the state of latent trigger zones.

Conclusions. A special feature of CNPP in women is the presence of MTZ in pelvic muscles, anterior abdominal wall and femur with signs of central sensitization. Tolperisone reduces central sensitization and can be used in the treatment of CNPP in women. Other mechanisms of pain may include articular dysfunction, anxiety and depressive disorders, which require specific treatment.
References


