



## Pudendal Neuralgia. Pudendal Neuropathy. Pudendal Nerve Entrapment.

**Symptoms** - Symptoms vary based on which branch of the nerve is affected and whether entrapment is present. Can affect both men and women and may include burning, knife-like, stabbing, pinching, pulling, twisting, shocking, or aching pain (especially when sitting but may be relieved on toilet seat), numbness, tingling, muscle spasms, frequent urination, constipation, pain with sex or urination, foreign body/hot poker sensation, prickling, or persistent unwanted genital arousal. Pain is often severe requiring drastic lifestyle changes.

**Anatomy** - The pudendal nerve arises out of sacral roots 2, 3, and 4, and courses through the pelvis to innervate the anal, perineal, and genital areas. These are the primary areas of pain.

### Diagnosis -

1. Pelvic or rectal exam may reveal tenderness along the pudendal nerve, frequently accompanied by tight pelvic floor muscles.
2. History is important in the diagnostic process. History may include cycling, heavy exercise, pelvic trauma, pelvic surgery, prolonged sitting, childbirth, chronic constipation, endometriosis, a fall, or an infection.
3. MRI or MRN of sacral and pelvic areas to rule out other possible causes and to assess for pelvic abnormalities such as scar tissue.
4. Assessment by physical therapist specifically trained in treating pelvic floor tension and misalignment.
5. Pudendal nerve blocks - image guided, using long acting anaesthetic such as marcaïne for diagnosis; often combined with steroids for possible therapeutic effect. Patients should be warned of potential risks associated with nerve blocks.

### Treatment -

1. Pelvic physical therapy if accompanied by pelvic floor tension. Typical therapies include myofascial release, trigger point therapy, manual therapy, and pelvic realignment if needed. Certain types of physical therapy are contraindicated if entrapment is suspected.
2. Pharmacological therapy often includes tricyclic or SSRI antidepressants, neuropathic pain medications, benzodiazepines/muscle relaxers, opioids, and Botox to relax pelvic muscles.
3. Neuromodulation or intrathecal pain pump.
4. If entrapment or compression is suspected, consider pudendal nerve decompression surgery.

**May be Misdiagnosed as** - psychological, chronic prostatitis, vulvodynia/vestibulitis, interstitial cystitis

**Related Illnesses** - cauda equina syndrome, arachnoiditis, interstitial cystitis, ischial bursitis, coccydynia

**Quality of Life Impact** - Patients with PN/PNE have many challenges to deal with, including loss of job, loss of friendships, becoming dependent on others, financial problems, as well as dealing with depression, fear, frustration, anger, and resentment.

**HOPE** is a charitable tax exempt organization whose purpose is to provide relief to patients with pudendal neuralgia (PN). Established in 2009, our organization offers online support, information, advocacy, and financial assistance to patients. We seek to obtain funds for research and maintain lists of peer reviewed literature and providers who treat PN. We ask health care professionals to please support us in our quest to raise awareness of pudendal neuralgia.

### References:

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