

10-YEAR VAGINISMUS MANAGED IN A MONTH: A CASE REPORT

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Study Design, Materials and Methods

A 30-year-old patient first visited us on August 24th, 2024, complaining of an inability to engage in penetrative intercourse for 9 years, since the very beginning of her marriage.

From her medical history: the patient experienced fear and pain when attempting to insert the penis into the vagina (up to 10 points on the VAS) and, at times, a burning sensation in the vagina (up to 7–8 points).

Due to her religious beliefs, she did not even consider the possibility of inserting partner's finger into the vagina. She associated her condition with repeated sexual abuse in her childhood.

In May 2024, she had another appointment with a gynecologist; but without an examination on a gynaecological chair, and she was advised to use local anesthetics (she was unable to insert suppositories into the vagina), without any positive effect.

Initial Clinical Assessment: Exclusionary Findings

A comprehensive clinical examination was conducted in August 2024 to identify any underlying somatic causes for her symptoms. Various tests were meticulously performed to rule out common musculoskeletal or neurological contributors to pelvic pain.

Carnett's Test Negative

Indicating abdominal wall pain was not the primary source.

Piriformis Tenderness Test Negative

Ruling out piriformis muscle involvement as a direct cause of pain.

Sacrospinous & Sacrotuberous Ligament Complex Tension Test Negative

Excluding ligamentous sources of deep pelvic pain.

Cotton Swab Test Negative

Suggesting that allodynia or hyperalgesia of the vulva was not the sole issue.

Despite these negative findings, a conventional vaginal examination remained impossible due to the patient's severe pain response.

Clinical Assessment: Key Pelvic Floor Dysfunctions



External palpation of the pelvic floor muscles revealed specific and significant findings indicative of severe hypertonicity and pain.



Bulbospongiosus

Tense, painful upon palpation, partially retracted.



Ischiocavernosus

Tense, painful upon palpation, partially retracted.



Superficial Transverse Perineal Muscles

Tense, painful upon palpation, partially retracted.

Pain levels were notably high: up to 10 points on the right side and 9 points on the left during palpation of these specific muscles.

Our Holistic Therapeutic Pathway

Based on the comprehensive assessment, a multifaceted and interdisciplinary treatment plan was initiated, addressing both psychological and physical components of her condition.



Psychotherapy

Referral for Cognitive Behavioural Therapy (CBT) to address underlying psychological factors and coping mechanisms.



Systemic Therapy

Prescription of a second-line systemic therapy, specifically the tricyclic antidepressant amitriptyline, to manage chronic pain and associated symptoms.



Pelvic Floor Rehabilitation

Instruction on breathing techniques, gentle touch exercises for relaxation, perineal self-massage, and the gradual use of vaginal dilators.



Early Victories: Breakthroughs in Treatment

The diligent adherence to the prescribed multimodal therapy yielded promising results remarkably quickly. Just four weeks after initiating treatment, the patient reported significant improvement in her symptoms.

Crucially, this progress enabled a pivotal step in her clinical management: we were successfully able to perform a vaginal examination using gynaecological speculums, a procedure previously rendered impossible by her severe pain and muscle spasm.



- ✔ **Key Milestone:** Successful gynaecological examination after just four weeks, indicating substantial progress in pain and muscle relaxation.

Full Recovery: A Decade Transformed

To consolidate her improvements, alleviate any residual muscle tension and soreness, and crucially, to prevent relapse, the patient was advised to continue her second-line systemic therapy long term. This sustained approach proved to be the cornerstone of her complete recovery.

Complete Recovery
Patient confirmed full resolution of symptoms.



Pain-Free Intimacy

Achieved first pain-free and fear-free sexual intercourse.

Decade of Change

A significant milestone after nearly ten years of struggle.

At her last appointment, the patient joyfully reported this life-changing outcome, validating the efficacy of her comprehensive treatment plan.

Foundational Principles: Interdisciplinary & Personalised Care

This case underscores a critical understanding in the management of vaginismus: the necessity of an interdisciplinary and highly personalised strategy. This approach must be broad, integrating various therapeutic modalities to address the multifaceted nature of the condition.

Psychological Support

Cognitive Behavioural Therapy is paramount.

Personalised Approach

Tailoring treatment to individual needs.



Pelvic Floor Rehab

Targeted exercises and dilator use.

Systemic Therapy

Pharmacological interventions where appropriate.

Local Therapy

Topical agents for symptom relief.

Such a holistic strategy encompasses both local interventions and systemic therapies, ensuring comprehensive care.

CBT & Pelvic Floor Rehab: A Powerful Synergy

Pain Reduction

Significantly reduces existing pain and discomfort.



Improved Outcomes

Enhances long-term functional and psychological results.



Relapse Prevention

Minimises the risk of recurrence of previously diagnosed conditions.



This powerful combination of cognitive behavioural therapy and pelvic floor rehabilitation represents the cornerstone of effective vaginismus treatment.

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