

Avaliação Dor pélvica Crônica

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Conflito de interesse

Ache, Bayer, Ferring, Merck

Causas de DPC

- ✓ Ginecológica: endometriose
- ✓ Urológica (cistite insterstitial)
- ✓ Gastro-intestinal (SCI)

DPC

- Síndrome que afeta comportamento social, sexual, auto-estima, trabalho, lazer.
- Subjetivo
- Avaliação médica deve incluir uma anamnese completa: DPC, dispareunia, dirmenorrréia.
- EAV: 0-10
- Irradiação/característica/duração

Differential diagnosis	Associated historical feature	Physical examination
Musculoskeletal		
Pelvic floor dysfunction	Complicated delivery, dyspareunia	Vaginismus, point tenderness, or high tone of pelvic floor
Myofascial pain or fibromyalgia	Tender points, chronic somatic pain	Tender points
Stress fractures	Pain with repetitive movements, improved with rest	
Degenerative disk disease	Burning, paresthesias	Radicular signs, muscle weakness

Gastrointestinal

Constipation

Inflammatory bowel disease Bowel urgency, hematochezia

Irritable bowel syndrome Bowel symptoms; may increase premenstrually

Gynecologic (often cyclic with menses)

Adhesions	Surgical history	Immobile uterus, nodularity
Adenomyosis	Menorrhagia, dysmenorrhea	Enlarged, irregular tender uterus on bimanual examination
Adnexal mass	Localized to 1 area	Localized adnexal mass
Chronic pelvic inflammatory disease		
Dysmenorrhea	Uterine cramping with menses	
Endometrial or cervical polyp	Intermenstrual or postcoital bleeding	Visual inspection
Endometritis		Uterine tenderness on bimanual examination
Endometriosis	Diffuse pelvic pain with menses, deep dyspareunia	Fixed or immobile uterus, nodularity
Leiomyomata	Menorrhagia, pressure or heaviness	Uterine nodularity, enlargement
Pelvic congestion syndrome	Multigravid patient; deep dyspareunia, postcoital pain, worse after prolonged standing	Varicosity of labia, uterine tenderness on bimanual examination
Vulvar vestibulitis	Vulvodynia, dyspareunia	Exquisite localized tenderness

Urologic

Interstitial cystitis	Urgency, increased frequency of urination
Urinary tract infection	Dysuria
Urolithiasis	Localized sharp pain
Radiation cystitis	History of radiation

Other

Psychiatric (depression,
somatization)

Concurrent mood disorder

Neurologic (herpes zoster,
nerve entrapment)

Hot, burning, electric shock-like pain; shingles

Anamnese

- Efeito da dor: atividade física, diária, comportamental.
- Tipo, intensidade
- Uso de medicação, troca, aumento de dose
- Dor afeta suas atividades, academia?
- Perda de aula?
- Lazer?
- ACT-UP

Table 1 Brief psychosocial screening: ACT-UP

1. Activities: how is your pain affecting your life (i.e. sleep, appetite, physical activities, and relationships)?
2. Coping: how do you deal/cope with your pain (what makes it better/worse)?
3. Think: do you think your pain will ever get better?
4. Upset: have you been feeling worried (anxious)/depressed (down, blue)?
5. People: how do people respond when you have pain?

Table 2 Sample of standardized tools for chronic pain assessment

Measure	Number of items	Domain assessed
Unidimensional pain measures		
Numerical Rating Scale (NRS) ²⁰	1	Pain intensity using a numbered scale (e.g. 0–10, 0–100)
Verbal Rating Scale (VRS) ²²	1	Pain intensity using verbal descriptors (e.g. mild, moderate, severe)
Visual Analog Scale (VAS) ²²	1	Pain intensity using 10 or 100 mm line, anchored by no pain and worst possible pain
Facial Pain Scale (FPS) ⁴⁵	1	Pain intensity using a range of facial expressions
Pain thermometer ⁴⁶	1	Pain intensity using a depicted thermometer to rate pain
Pain quality and location		
McGill Pain Questionnaire (MPQ) ²⁶	20	Pain quality, location, exacerbating, and ameliorating factors
Short-form-McGill Pain Questionnaire-2 (SF-MPQ-2) ²⁷	22	Pain quality, location, exacerbating, and ameliorating factors
Neuropathic Pain Scale (NPS) ⁴⁷	10	Neuropathic pain qualities
Regional Pain Scale (RPS) ²⁵	19 Sites	Extent of body pain
Pain interference and function: general		
Pain Disability Index (PDI) ³⁴	7	Pain disability and interference of pain in functional, family, and social domains
Brief Pain Inventory (BPI) ⁴⁸	32	Pain intensity and interference of pain with functional activities
PROMIS pain interference and pain behaviours item banks ^{49 50}	Interference Bank=41; Behaviours Bank=39	Pain interference and behaviours related to the impact of pain
Functional Independence Measure ⁵¹	18	Physical and cognitive ability, burden of care
Pain interference and function: disease specific		
Western Ontario MacMaster Osteoarthritis Index (WOMAC) ³⁵	24	Pain and function in people with osteoarthritis
Fibromyalgia Impact Questionnaire (FIQ) ⁵²	20	Health status for people with fibromyalgia
Roland-Morris Disability Questionnaire (RDQ) ³⁶	24	Pain and disability for people with back pain
HRQOL		
Medical Outcomes Study Short Form Health Survey (SF-36) ³³	36	Mental and physical health
West Haven-Yale Multidimensional Pain Inventory (MPI) ⁵³	60	Pain severity, interference, mood, activities, sense of control, support, quality of life
EuroQOL (EQ-5D) ⁵⁴	5	Health status, pain, and mood
Sickness Impact Profile (SIP) ⁵⁵	136	Physical and psychosocial dysfunction
Psychosocial measures		
Beck Depression Inventory (BDI) ³⁹	21	Depressive mood
Profile of Mood States (POMS) ⁴⁰	65	Mood and emotional functioning
Symptom Checklist-90 Revised (SCL-90R) ⁵⁶	90	Multiple domains of psychological functioning
Pain Catastrophizing Scale (PCS) ⁵⁷	13	Catastrophic thoughts related to pain
Coping Strategies Questionnaire (CSQ) ⁵⁸	10	Coping strategies for chronic pain
Observational pain assessment		
Pain Behaviour Checklist (PBC) ⁴⁴	16 Categories	Observational measure to assess patient's pain behaviours
Real-time assessment of pain behaviour ⁵⁹	5 Categories	Real-time assessment of pain behaviours integrated with a standardized assessment

Sensibilização

Ocorre reação desproporcional do estímulo a percepção de dor.

Neuroplasticidade: diminui a inibição, aumento sinapses e excitabilidade. Diminuição do limiar da dor.

Manifestação da dor

Nociceptiva

- ✓ Aperto
- ✓ Cãibra
- ✓ Visceral

Neuropática

- ✓ Facada
- ✓ Elétrica
- ✓ Queimar
- ✓ Lancetar

Definitions of pain terminology and its relevance in the endometriosis setting. Definitions from the Kyoto protocol of IASP Basic Terminology [7]. Table adapted and updated from Morotti et al., 2017 [23].

Term	Definition	Endometriosis Setting
Nociceptive pain	Pain that arises from damage to non-neural tissue. It is due to the activation of nociceptors (sensory receptor of the peripheral nervous system capable of transducing noxious stimuli). Nociceptive pain can be divided into visceral and somatic depending on the location.	Visceral nociceptive C-fibres activated by noxious stimuli from cells in target organs have been implicated as mediators of noxious stimulus intensity.
Inflammatory pain	Pain associated with active inflammation. It falls in the category of nociceptive pain.	Endometriotic implants cause a local inflammatory reaction, which irritates nerve endings [16]. Nerve fibres also play an active role in the mechanism of inflammatory pain by secreting pro-inflammatory neuromediators [17]. This is called neurogenic inflammation.
Neuropathic pain	Pain caused by a lesion or disease of the somatosensory nervous system. Neuropathic pain is a clinical description and not a diagnosis, which requires a demonstrable lesion or a disease that satisfies established neurologic diagnostic criteria.	Recent work suggests that a small proportion of women with endometriosis-associated pain have definite neuropathic pain; however, more than half may have a mixed nociceptive–neuropathic picture [18].
Centralised pain	Pain with origin of amplification as the central nervous system [19]. This does not imply that peripheral nociceptive input is not contributing to the pain experience.	Evidence is beginning to emerge of these phenomena in women with endometriosis-associated pain [20].
Hyperalgesia	Increased pain from a stimulus that normally provokes pain.	Regional hyperalgesia has been observed most commonly in women with current, biopsy-proven endometriosis compared to those with pain only. It was significantly higher in both groups compared with healthy controls. Increased behavioural responses to noxious stimuli at a distant site have been demonstrated in women with chronic pelvic pain and endometriosis likely reflecting plastic changes in the central nervous system [21].
Allodynia	Pain due to a stimulus that does not normally provoke pain.	In women with chronic pelvic pain, allodynia is detected more often than in healthy controls [21].
Dysmenorrhoea	Pain during menstruation.	In 78.7% of women with endometriosis, dysmenorrhoea was a symptom that led to a diagnosis [22].
Dyschesia	Pain during defaecation.	In 29% of women led to diagnosis [22].
Dysuria	Pain during urination.	Led to diagnosis in 9.9% of women [22].
Dyspareunia	Pain during sexual activity. Can be ‘deep’ or ‘superficial’.	44.9% of women who reported this led to diagnosis [22].

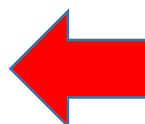
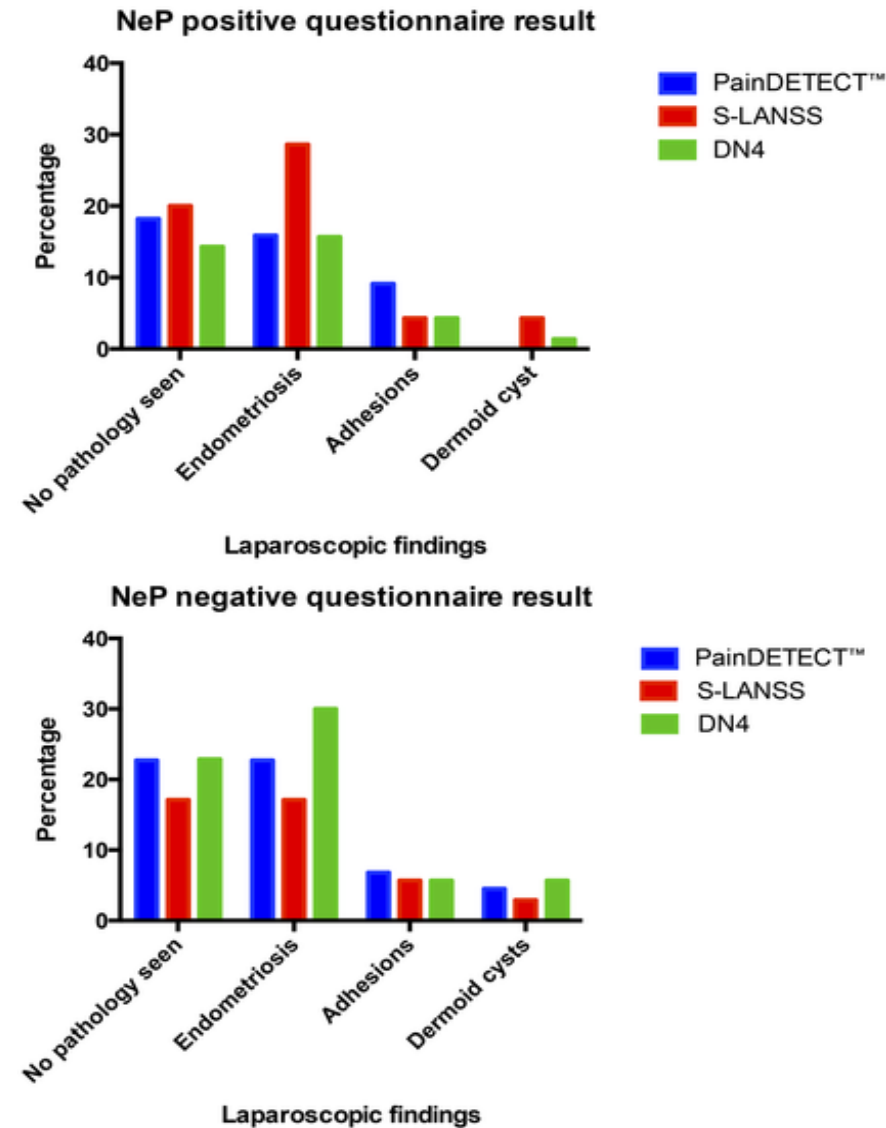


Fig 3. Laparoscopic findings in women with questionnaires positive and negative for NeP.



Exame de imagem (US)

- Suspeita de massa
- Obesidade
- Suspeita de endometriose profunda (acurácia do exame físico 90%)
- Adenomiose (pacientes com DPC e sangramento irregular)

Dor em endometriose

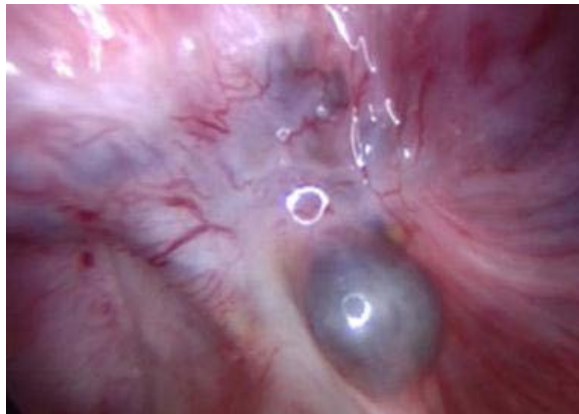
1. Bloqueio ovulatório
2. Avaliar dor (anamnese e exame físico)
3. Padrão e tipo de dor: neuropática/inflamatória/nociceptiva
4. Estabelecer atendimento multiprofissional com foco não apenas na dor, mas qualidade de vida
5. Relação com adenomiose: SANGRAMENTO IRREGULAR

Fenótipo endometriose

peritoneal

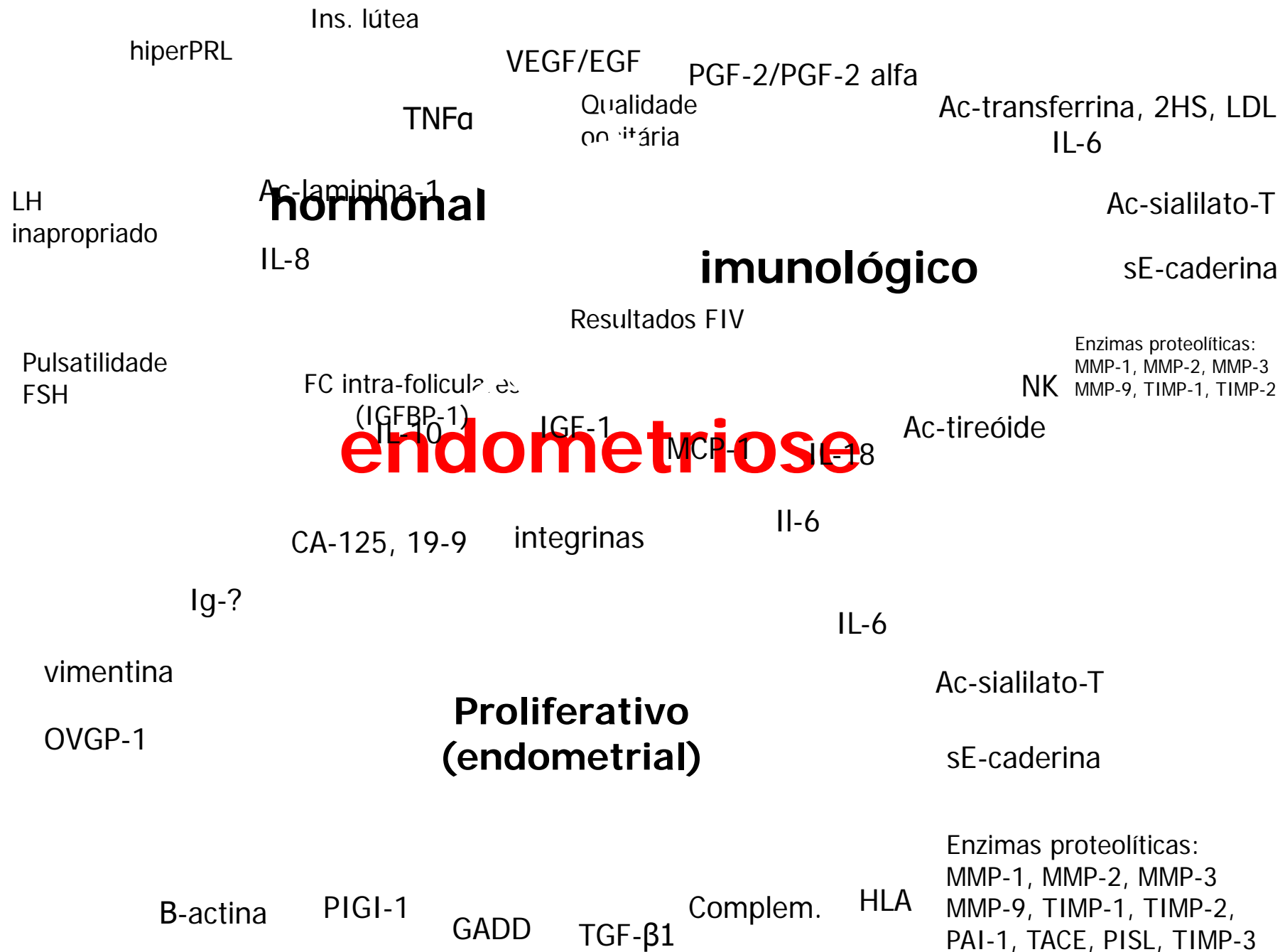


profunda



ovariana



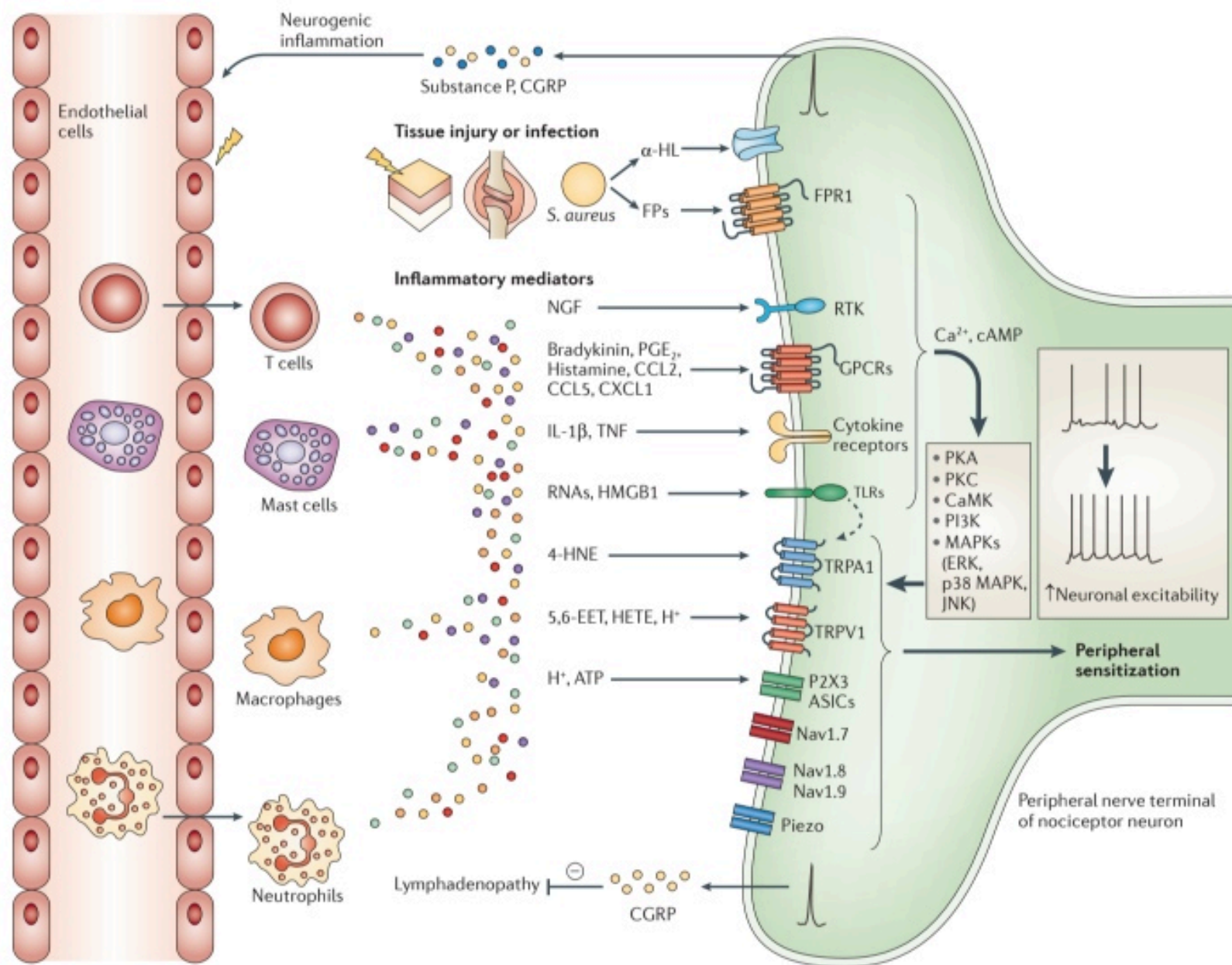


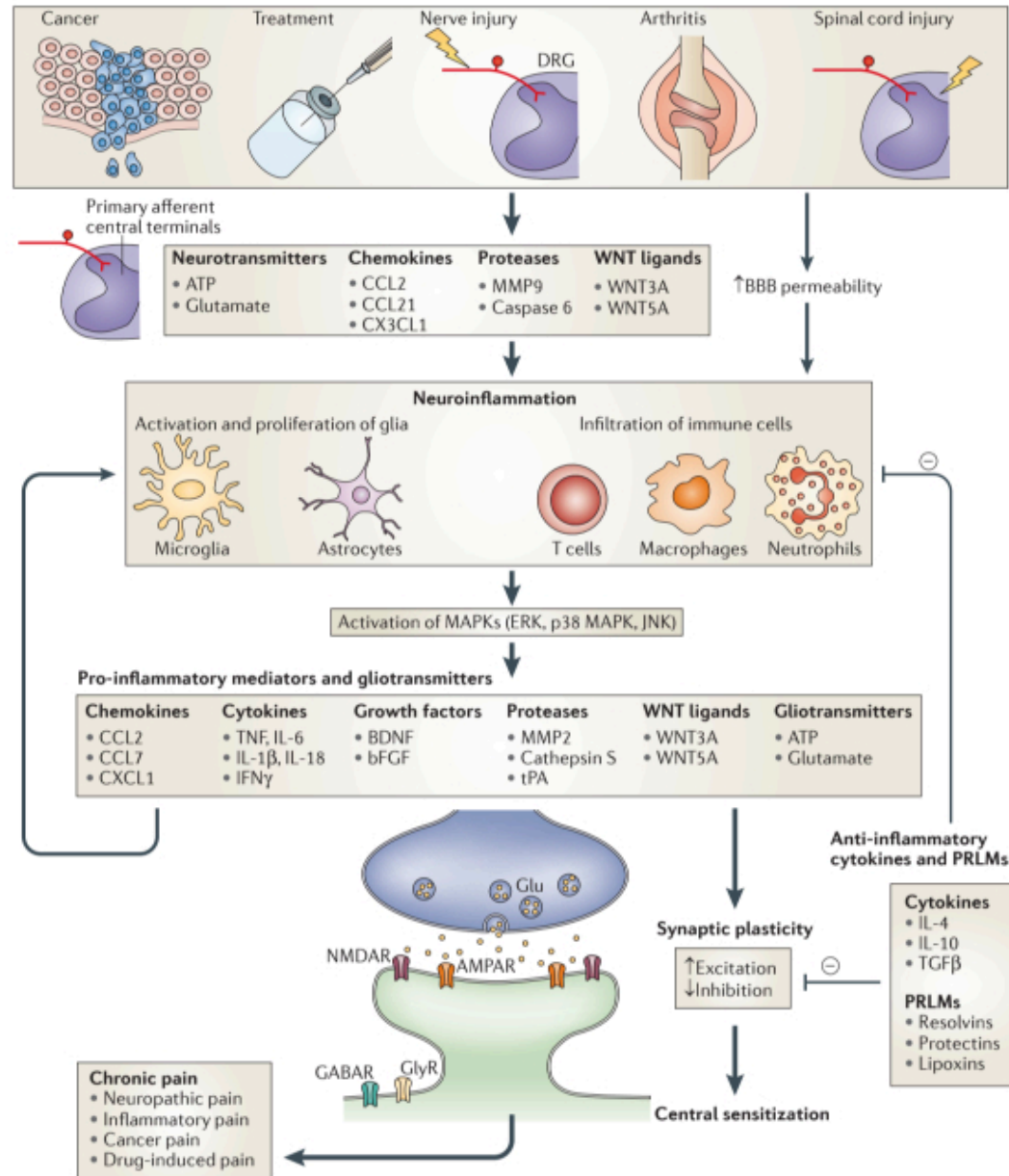
Endometriose é sempre uma doença progressiva?

Não, apenas 30% irão progredir...

Lembrar: pacientes com endometriose tem diferentes fenótipos e apresentam dor crônica

- Sensibilização periférica e central.
- Não adianta apenas tratar o foco: explica 40% falha terapêutica em mulheres com EDT.

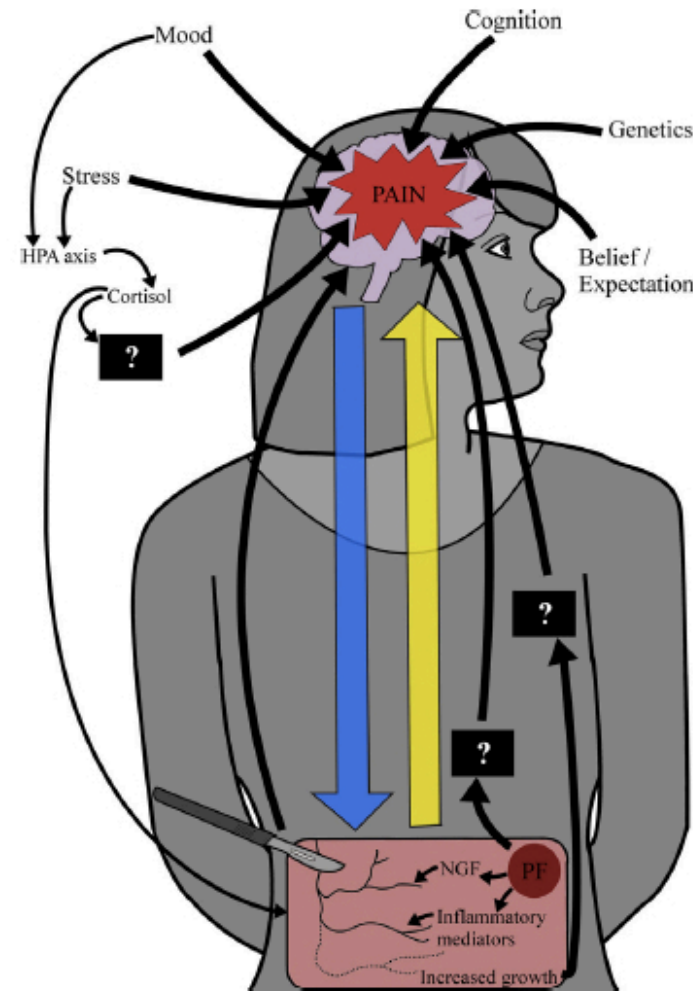




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Dor e endometriose



Manifestação da dor

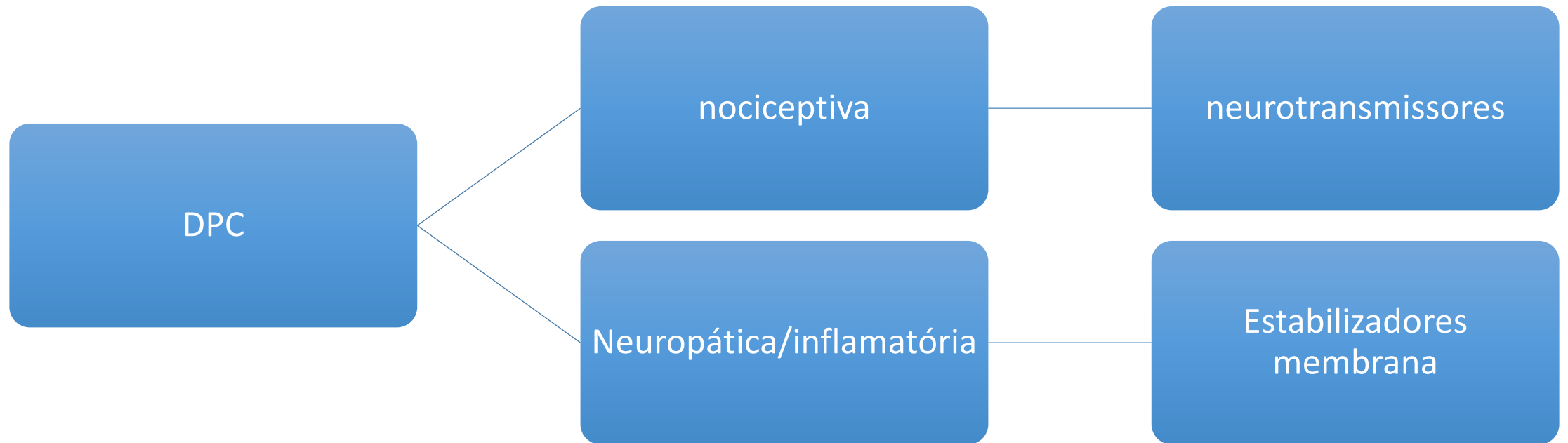
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Tratamento DPC



Conclusões

- Não precisa solicitar CA-125 ou Clamídia;
- LPC não é primeira escolha, apenas em casos que não respondem ao tratamento empírico para EDT;
- Diagnóstico de EDT pode ser realizado clinicamente;
- EDT superficial não aparece em US ou RNM;
- RNM e US são equivalentes para EDT;
- Cuidar EDToma, marcador de EDT profunda;
- Não existe laparoscopia diagnóstica, se for operar faça com certeza da extensão da doença e preparado (equipe médica e paciente).