In-Office Treatment of Clitorodynia: Lysis of Clitoral Adhesions Following Dorsal Nerve Block

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Clitorodynia

- Uncommon, localized form of vulvodynia
- Confined to the glans clitoris, clitoral shaft, and/or the adjacent prepucial area
- Constant, intermittent or provoked
- Burning, stinging, and/or sharp pain
- Commonly increases with sexual activity
- Generally chronic

- Typically managed with the same treatments used for generalized vulvodynia → usually ineffective
Anatomy of the Clitoris

Crus = 7cm

- Glans clitoris
- Corpus cavernosum
- Crus clitoris
- Urethral opening
- Bulb of vestibule
- Vaginal opening

Penis

Lubricating glands.
Glands of Littre

Embryology
Figure 6-27 PENIS AND CLITORIS. Both the penis and clitoris (A and B) are composed of a pair of corpora cavernosa, but the penis in addition is composed of a midline corpus spongiosum. C, Frenulum and prepuce of the clitoris are extensions of the labia minora. D, Relationship of the corpora cavernosa and bulbs of the vestibule are shown.

See ATLAS, Figs. 6-44, 6-45, 6-48.
Clitoral Phimosis

- Clitoral hood obscures visualization of the glans clitoris

- Varying degrees
  - Complete phimosis
  - Adhesions of adjacent skin to the glans with numerous keratin pearls and sebum emanating through the adhesions that conceals the glans corona

- Persistent balanitis underneath the adhesions
Methods

- 7 patients (mean age 37 years, range 18 - 62 years)

- Adhesions from the clitoral hood to the glans, obscuring the corona of the glans clitoris

- Vulvoscopy identified smegma underneath the adhesions.
Lysis of Adhesions

• Dorsal nerve block was performed with 5 mL of either of mixture lidocaine/bupivacaine or liposomal bupivacaine

• Jacobson hemostat forceps was used to bluntly lyse the epithelial adhesions and remove the underlying keratin pearls

• Continue until the corona was visualized completely around the circumference of glans clitoris

• An additional 5mL of the local anesthetic was injected around the prepuce and frenulum of the clitoris for post-operative pain control
Post Procedure Instructions

- BID baths and soak the area
- **Gentle** retraction of the clitoral hood
- MUST visualize the corona to prevent the re-adherence of the adjacent clitoral hood to the glans
Post Procedure Instructions

• Even after the initially healing period, it was **IMPORTANT** for them to observe the corona and to continue retracting the hood daily to prevent adhesions.
Results

• None of the patients had recurrence of adhesions 6 months post procedure

• 5/7 women had significant reduction of clitoral pain
Conclusion

• Clitorodynia can be caused by adhesion of adjacent skin to the glans clitoris
  • secondary to underlying unrecognized balanitis

• Release of these adhesions can be achieved in-office under local anesthesia with preservation of the prepuce

• The corona of the glans clitoris must be observed during physical examination of women with clitorodynia

• This closed compartment balanitis clitorodynia is an outpatient treatable form of chronic pain or trigger for women with PGAD
IT HURTS!

DOCTOR!

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