

Pudendal Neuralgia Treated With Fluoroscopy Guided Pudendal Nerve Block

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Introduction

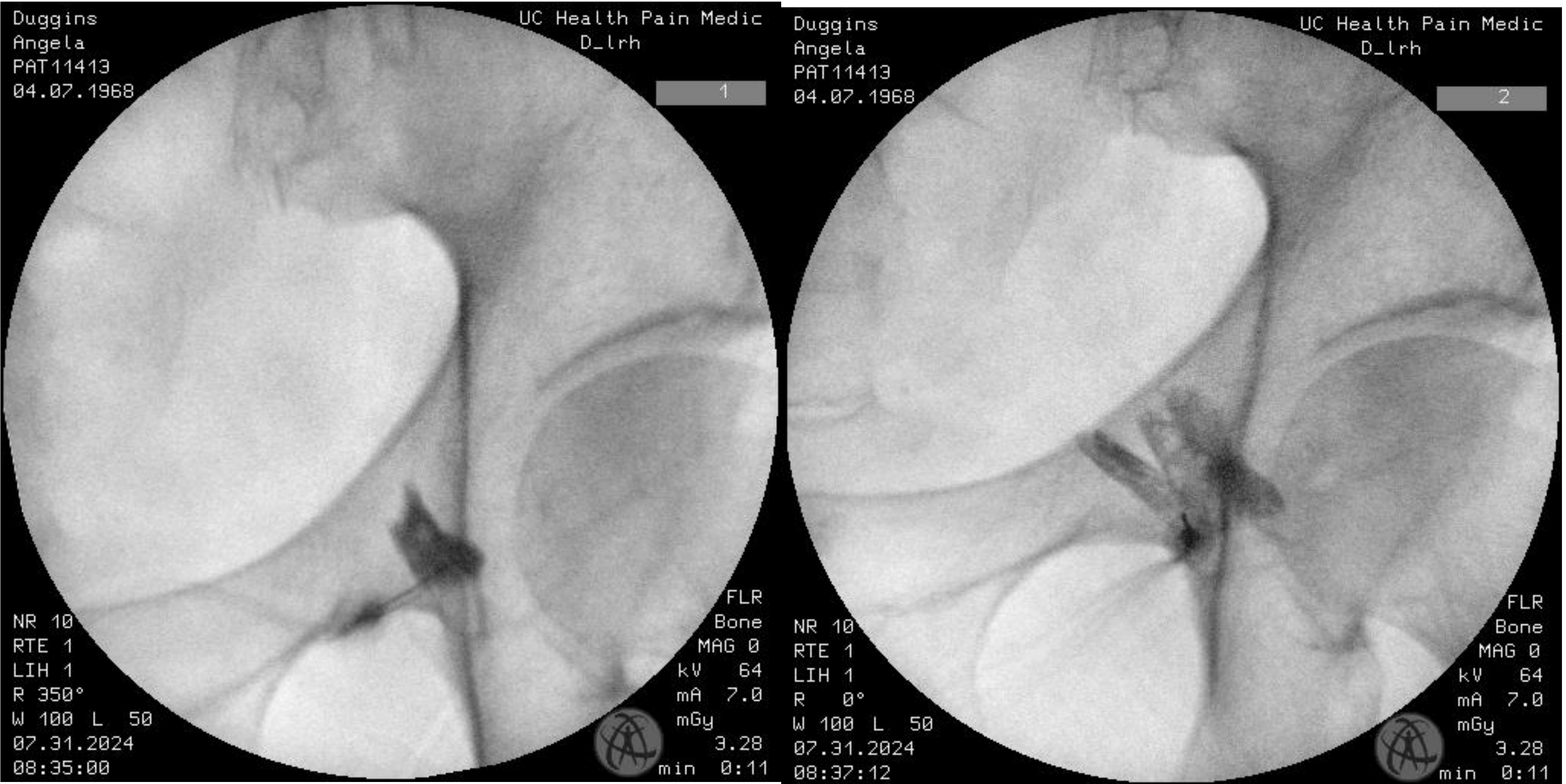
Pudendal neuralgia is an infrequently diagnosed and treated condition. In this case report, we present a patient with long term pudendal neuralgia that was misdiagnosed. The patient underwent many unnecessary procedures that had not treated or improved the patients chronic perineal pain. Upon making the diagnosis, correlating with the patients pain symptoms and mechanism of injury, fluoroscopy guided pudendal nerve block significantly improved the patients pain and improved their quality of life.

Methods and Materials

- The EMR was investigated for the patient’s history and the treatment plan.
- All patient information has been de-identified for this case report. Per University of Cincinnati Medical Center policy, single patient case reports are exempt from IRB review.

Case Report

- Our patient is a 56 year old female patient without significant medical history who presented to the University of Cincinnati after 7 years of chronic perineal pain. The pain started after the patient had a fallen down some stairs in a complete split of her legs. The pain is sharp and radiates from the rectum to vagina and the inner thigh and groin. The pain prohibited the patient from sitting down for extended periods of time. The pain had been treated with hamstring injections, piriformis injections, PRP and hip injections and none of these improved her pain. Under fluoroscopy guidance the pudendal block was performed bilaterally and completely improved the patient’s pain.



Discussion

There are 5 criteria for diagnosing pudendal neuralgia which include pain in the pudendal nerve region, pain while sitting, pain that does not wake the patient up at night, pain with no objective sensory impairment, and pain relieved by a diagnostic pudendal nerve block (1). There are multiple minor diagnostic criteria that also aid in diagnosing pudendal neuralgia (1). Pudendal nerve blocks can be performed many ways. Included in these are transvaginal, perirectal, and transperineal and transgluteal (2). Our procedure was performed using fluoroscopy with a transgluteal approach. The patient was positioned and Chlorhexidine was used to prep the area of injection. Before appropriate skin anesthesia, visualization of the ipsilateral spine of the ischium was obtained. Fluoroscopy was used to guide the needle to the spine of ischium and the injection was made (3).

References

1. Jean-Jacques Labat et al. 2008. Diagnostic Criteria of Pudendal Neuralgia by Pudendal Nerve Entrapment. Neurourology and Urodynamics. 27:306-310.
2. Ghanavatian S, Leslie SW, Derain A. 2023.Pudendal Nerve Block. StatPearls. PMID 31855362.
3. Levin, Danielle, et al. 2024. Fluoroscopy-Guided Transgluteal Pudendal Nerve Block for Pudendal Neuralgia: A Retrospective Case Series. J Clin Med. 13(9):2636.