

INTRODUCTION

More than half of women in the United States have used a vibrator and a study in 2009 also has demonstrated that 52% of women have incorporated sexual device assistance during sexual activity and up to 41% of women have reported using vibrator assistance with patterned activity.¹ Women who did engage in using devices demonstrated improvements in libido, sexual function, arousal and decreased sexually related stress. There are many case reports that discuss the improvement in vulvodynia with vibrator use; however, few to none case reports or scientific data exists regarding pelvic floor dysfunction secondary to sexual device use.

METHODS

This retrospective case report was conducted through chart review. The case was identified in an interventional pain management outpatient clinic between March and September 2025. Data were extracted from electronic health records including, diagnostic findings, and treatment modalities.

To our knowledge, this represents the first documented case of clitorodynia secondary to suction vibrator use. A PubMed search was performed using keywords “pelvic pain after using vibrators,” “clitorodynia after using a sex toy.”

CASE DESCRIPTION

This is an 18-year-old female with a history of anxiety, depression, dysuria who presented to pain clinic with pelvic pain that began 4 months prior to presenting. Differential diagnoses included neuromuscular dysfunction, pudendal nerve impingement and trauma related to the use of vibrators. Further clinical evaluation supported the diagnosis of clitorodynia secondary to vibrator use. Initial plan included a multimodal pain approach including pharmacological interventions; such as, amitriptyline 10 mg nightly, tizanidine 2 mg TID as needed, gabapentin 100 mg TID, baclofen 5 mg suppository along with pelvic physical therapy. If symptoms persist, a trial of low-dose naltrexone and trigger point injections would be considered.

DISCUSSION

Sexual health is a cornerstone to women’s overall physical health and well-being. However, talking about sexual health sometimes can become contradictory in certain practices. Sex toys and devices are not FDA approved and are advertised as “body safe.”³ There is however a searchable public database and platforms on the internet where consumer’s experiences along with manufacturer’s reviews can be viewed.

There are reported risks from chemical exposure which may contain phthalates which can be detrimental to the endocrine system.¹ There are many case reports and articles that discuss improvement in vulvodynia with sexual vibrator use; however, there are very few to none reports for pelvic pain secondary to their use.

This particular case is a fine example of exploring pelvic pain in young females by taking a deeper dive in sexual history to be able to appropriately treat the pain. However, more research is needed to explore this domain of pelvic pain.

REFERENCES

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