

# A Clinical Monitoring Approach to The Treatment of Chronic Pelvic Pain Syndrome in Women with Gynecological Diseases (Literature Review)

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## Abstract

Chronic pelvic pain syndrome is one of the most pressing and common problems in female morbidity, especially in patients with gynecological pathologies. This condition has a significant negative impact on quality of life, accompanied by a decrease in physical functioning and disturbances in psychoemotional state, which necessitates a comprehensive and interdisciplinary approach to diagnostics and treatment.

**Keywords:** Pain, pelvic pain syndrome, organ dysfunction.

## Introduction

According to numerous studies, in 60–80% of cases chronic pelvic pain (CPP) in women has a gynecological etiology. The leading role is attributed to endometriosis, chronic inflammatory diseases of the pelvic organs, adhesions, and pelvic venous congestion.

Endometriosis is currently considered one of the key diseases associated with CPP formation. Chronic inflammation, angiogenesis, and neuroinvasion of endometrioid lesions create conditions for persistent pain impulses. Modern research also highlights the role of local neuroinflammation and peripheral sensitization.

Central sensitization plays an important role in CPP pathogenesis, where pain persists regardless of the severity of organic damage. Long-term nociceptive stimulation leads to functional restructuring of spinal and supraspinal structures, causing non-painful stimuli to be perceived as painful.

The aim of this literature review is to analyze modern data on the causes of CPP, justify criteria for objective pain assessment, and consider effective personalized treatment approaches.

In clinical practice, the “CPP triad” is widely used, including three main symptoms:

- **Dyspareunia** – common in patients with endometriosis and adhesions
- **Dyschezia** – associated with pelvic floor dysfunction
- **Dysuria** – often accompanies endometriosis and interstitial cystitis

CPP is multifactorial. It develops due to a combination of immune, endocrine, neurovegetative, and psychoemotional factors, although organic pelvic pathology remains the main trigger.

### Main causes of CPP in women:

1. Adhesions due to inflammation
2. Neoplastic processes causing compression
3. Endometriosis with chronic inflammation
4. Pelvic varicose veins causing venous congestion

Adhesions cause pain not only due to mechanical tension but also due to impaired microcirculation and innervation. Neoplasms may compress nerve plexuses. Pelvic venous congestion leads to tissue hypoxia and chronic pain stimulation.

For diagnosis, validated pain assessment scales such as the Pain Quality Assessment Scale are recommended. They help differentiate nociceptive and neuropathic pain components.

Modern clinical guidelines (ESHRE, 2022; ACOG, 2023) emphasize комплекс диагностики, including ultrasound, MRI, endoscopy, and diagnostic laparoscopy (gold standard for endometriosis and adhesions).

**Treatment** should be personalized and aimed at both eliminating organic pathology and modulating pain sensitivity. A combined approach significantly improves quality of life and reduces recurrence.

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