



Health Organization for Pudendal Education

www.pudendalhope.org

Pudendal Neuralgia. Pudendal Neuropathy. Pudendal Nerve Entrapment.

Symptoms – Symptoms vary based on which branch of the nerve is affected and whether entrapment is present. Symptoms can affect both men and women and can include pain (especially when sitting but may be relieved on toilet seat), numbness, tingling, muscle spasms, frequent urination, pain with sex or urination, foreign body sensation, loss of sensation, itching not relieved by scratching, or persistent unwanted genital arousal. Pain is often severe requiring drastic lifestyle changes.

Anatomy – The pudendal nerve arises out of sacral roots S2, 3, 4, and courses through the pelvis to innervate the anal, perineal, and genital areas. These are the primary areas of pain.

Diagnosis –

1. Pelvic or rectal exam may reveal tenderness along course of pudendal nerve, frequently accompanied by tight pelvic floor muscles. There may be loss of sensation to areas innervated by the pudendal nerve.
2. History is important in the diagnostic process. History may include cycling, heavy exercise, pelvic trauma, pelvic surgery, childbirth, chronic constipation, or a fall.
3. 3T MRI or MRN of sacral and pelvic areas to rule out other possible causes and to assess for pelvic abnormalities such as scar tissue that may entrap the pudendal nerve.
4. Assessment by physical therapist specifically trained in treating pelvic floor tension and possible pelvic misalignment.
5. Pudendal nerve blocks - image guided or finger guided using long acting anaesthetic such as marcaine for diagnosis; often combined with steroids for possible therapeutic effect. Patients should be warned of potential risks associated with nerve blocks.

Treatment-

1. Pelvic physical therapy if accompanied by pelvic floor tension. Typical therapies include myofascial release, trigger point therapy, manual therapy, and pelvic realignment if needed. Certain types of physical therapy are contraindicated if entrapment is suspected.
2. Pharmacological therapy often includes tricyclic or ssri antidepressants, neuropathic pain medications, benzodiazepines/muscle relaxers, opioids, and Botox to relax pelvic muscles.
3. If entrapment is suspected consider pudendal nerve decompression surgery as a last resort.

May be Misdiagnosed as-psychological,chronic prostatitis, vulvodynia/vestibulitis, interstitial cystitis

Related Illnesses-cauda equina syndrome, arachnoiditis, interstitial cystitis, ischial bursitis, coccydynia

Quality of Life Impact - Patients with PN/PNE will have many challenges to deal with, i.e. relationships, loss of job, loss of friendships, becoming dependant on others, financial problems, as well as dealing with fear, frustration, anger, and resentment.

HOPE is a charitable non-profit, tax exempt organization whose purpose is to provide relief to patients with pudendal neuralgia (PN). Established in 2009, our organization offers online support, information, advocacy, and sometimes financial assistance to patients. We also seek to obtain funds for research and maintain lists of peer reviewed literature and providers who treat PN. We ask every health care professional to please support us in our crusade to raise awareness of pudendal neuralgia.