

Lumbo-Sacral Low Intensity Shock Wave Therapy for Persistent Genital Arousal Disorder/Genito-Pelvic Dysesthesia Using the UroGold 100 MTS (Yih et al., 2020. 21st Annual Fall Scientific Meeting of Sexual Medicine Society of North America (SMSNA), Abstract No.134)

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Introduction: Low intensity shockwave therapy (LiSWT) was introduced to sexual medicine in 2010 as penile shockwave therapy for the non-invasive, non-hormonal, non-pharmacologic treatment of erectile dysfunction. Ever since, sexual medicine clinicians have been broadening LiSWT utilization for bothersome sexual health concerns. LiSWT has been shown to be anti-inflammatory to such processes as radiculitis and researching Pubmed for LiWST treatments of various pain conditions yields over 600 citations. Persistent genital arousal disorder (PGAD) a form of genito-pelvic dysesthesia (GPD), is a sexual medicine condition highly associated with despair, emotional lability, catastrophization and suicidality.

Objective: The objective of this chart review was to examine outcomes of a specific population of women with distressing PGAD/GPD suspected to be from radiculopathy of the sacral spinal nerve roots who underwent lumbo-sacral LiSWT.

Methods: Patients with PGAD/GPD suspected to be from radiculopathy of the sacral spinal nerve roots have the following: i) abnormal neuro-genital testing, ii) abnormal lumbo-sacral MRI with degenerative disc disease, herniated nucleus pulposus, annular tear, facet cyst, and/or Tarlov cyst; and iv) consultation with a spine surgeon. Patients were selected for lumbo-sacral LiSWT who had distressing symptoms of PGAD/GPD with unrelenting, unprovoked feelings of arousal, pain or other dysesthesia > 3 mo, who had either had minimally invasive spine surgery (MISS) without full resolution of symptoms; had not been considered a candidate for MISS, or had chosen not to have lumbosacral surgery. Treatment involved using the UroGold 100 MTS, OP155 parabolic probe, Hz 3, energy density 0.06 - 0.10 mJ/mm² for 2-4 treatments, with 2100 - 4200 shocks to the left and right sacral and/or lumbar regions depending on the suspected site of pathology based on the MRI. The Patient Global Impression of Improvement (PGI-I) was administered at the second treatment visit and thereafter.

Results: Thirteen women (mean age 38 +/- 11 years) with various symptoms of PGAD/GPD were identified. 7 had MISS with improvement but not full resolution of their distressing symptoms and 6 did not have spine surgery. After treatments, 8/13 (62%) realized improvement of distressing symptoms selecting very much better, much better or somewhat better on the PGI-I. Four of the patients maintained improvement, reporting minimum PGAD/GPD distressing symptoms at 4-6 months following the last LiSWT. The adverse event of temporary worsening of back pain was observed in 5 patients, noted for 1- 14 days post-treatment, that fully resolved in all patients.

Conclusion: While more research is needed, initial results are promising for this non-invasive, non-hormonal, non-pharmacologic shockwave energy-based strategy for a highly selected population of women with distressing PGAD/GPD secondary to suspected radiculopathy of sacral spinal nerve roots.