GENITOURINARY PAIN AND INFLAMMATION
Genitourinary Pain and Inflammation: Diagnosis and Management, edited by Jeannette M. Potts, 2008


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GENITOURINARY
PAIN AND
INFLAMMATION

Diagnosis and Management

Edited by

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To my patients
Preface

Any physician who sees men or women for signs or symptoms presenting below the umbilicus would appreciate this comprehensive text in which multiple subspecialists share their perspective with respect to organ-specific disorders as well as the myriad overlapping syndromes that may manifest as genitourinary (GU) inflammation or pain.

Unlike other fields, the subspecialty of pain, particularly genitourinary or pelvic pain, suffers from the lack of objective data and the paucity of level I evidence-based studies. I recall an article about fibromyalgia read many years ago, in which the author stated, “the lack of level 1 evidence places a premium on the physician’s creativity.”

*Genitourinary Pain and Inflammation: Diagnosis and Management* is a compilation of expert creativity and opinion based on critical review of the literature, consensus reports, and the authors’ professional experiences. Inflammation and pain caused by infectious etiologies are presented by experts in urological and gastrointestinal fields. Pain syndromes specific to the pelvic floor or genitourinary system are discussed from several perspectives: gynecology, rheumatology, urology, physical medicine, and psychiatry. We also include chapters addressing iatrogenic causes of GU inflammation, such as those caused by catheters, prosthetics, radiation, or chemotherapy. Management by means of pharmacological, surgical, or alternative methods is likewise considered within the context of specific disease entities, as well as within the separate therapeutic chapters.

In this era of evidence-based medicine, authors needed to confront the ironic lack of level 1 studies in their respective fields. Indeed, the very nature of genitourinary pain may hinder this type of research, which is otherwise feasible for other diseases in which inclusion criteria and outcome measures are defined more objectively. This observation is both the reason and the inspiration for this textbook, the first of its kind.

Pain of any kind causes significant physical and mental disability. But the impact of such discomfort when it affects the pelvis or urogenital tract is tremendously magnified. Depression and desperation experienced as a consequence or as part of the pain syndrome impacts healthcare providers as well. This is especially true in the case of patients suffering from chronic pain. Often, attempts to find the cause are futile, leading to many invasive and unnecessary tests. Out of frustration, physicians may prescribe empiric therapies based on little evidence. Even worse, physicians compelled to “do something” for the patient can potentially cause more harm.

Many of these conditions overlap and might represent a more global or systemic diagnosis consistent with functional somatic syndromes. Recognition of this tendency of shared characteristics among patients and the increased prevalence of functional somatic syndromes observed in my own pelvic pain clinic has also been a significant motivation for this publication.

Our current medical environment limits the quality of the physician–patient relationship due to economic constraints and the reliance on more seductive technology. Yet, it is this relationship and the art of medicine that are most important for the evaluation and treatment of these patients.
Despite the high prevalence of pelvic and genital pain syndromes, frustration and avoidance abound among medical professionals. For this reason, we have compiled a host of expert reviews from all specialty areas involving male and female pelvic regional pain syndromes. The interrelationship of urological, colorectal, and gynecological pathophysiology is demonstrated in addition to the intricacies of biopsychosocial factors.

Dermatological disorders as well as rheumatological considerations are addressed in various sections. Chapters describing the neurophysiology of pain and corresponding pharmacologic interventions are also included.

The book is divided into sections corresponding to conventional diagnostic trends; however, each section contains chapters that address the diagnoses from different disciplinary perspectives.

*Genitourinary Pain and Inflammation: Diagnosis and Management* would not have been possible without the contributions and active support of the distinguished authors, who have shared their time and expertise. I thank them for their work and for their patience during the development of this book. We hope that our efforts help improve outcomes for your patients.

*Jeannette M. Potts, MD*
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