

## Letter to the Editor

Dear Editor,

in a recent issue of *Pelviperrineology* (2015; 34: 60-66) the article by A. Meneghini et al. "*Chronic pelvic pain syndrome in women. Review and preliminary results with low-energy extracorporeal shock wave therapy*" deserves a comment concerning the chronic pelvic pain syndrome (CPPS) and the use of Extracorporeal Shock Wave Therapy (ESWT). Research into CPPS is plagued by dilemmas of inconsistent definitions, misleading terminology and a lack of insight into the mechanisms of pain. Persistent symptoms of long-standing duration, a lack of demonstrable pathology as well as a history of unsuccessful consultations, result in high levels of frustration for patient and health care provider. Insights into predisposing factors and triggers continue to improve, however, the many potential causes of chronic pelvic pain, making CPPS patients a very heterogeneous group to study and the exclusion of medical causes is not always a simple process. On this account, trials of interventions and the management of CPPS becomes a challenge. Likewise, understanding of mechanisms of chronic pelvic pain appears to lag well behind. In this study each of the three patients discussed underwent multiple surgical procedures giving rise to the real possibility of iatrogenic triggers being implicated in chronic pain. Certainly palpation of the levator muscle identified tenderness and presence of trigger points as well as increased sensitivity in various pelvic structures. Given the apparent involvement of the musculoskeletal system ESWT becomes an optional intervention. As difficult as it is draw any conclusions from a study of three patients, each experiencing a different level of response, this paper provides a good overview of the classification of CPPS and brings to attention the need to further study of the potential benefits of ESWT use in chronic pain. Most of the earlier utilising ESWT have shown benefit and further research into its use with CPPS clients is warranted.

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### Author's response

I agree that the treatment of CPPS is extremely hard due to a multifactorial etiopathogenesis; I also agree that a scientific medicine cannot draw conclusions from a case report, and I think we need an approach to management of the CPPS that primarily considers an improvement in the quality of life of the patient. In fact, not knowing the cause, is very difficult to propose a remedy. A more humanistic and anthropocentric medicine may more easily accept the results of a case report however.

The pain therapists often use the word *treat* by acting on the pain, not the word *cure* that suggests the possibility of healing. This distinction is important because it recognizes the difficulty of being able to act on the cause; then they try to manage the effects. In this perspective we have to consider the approach with ESWT, that can be a tool to improve the quality of life of the patient.

I thank Marek Jantos for his comments which are shared and that lead me to the above beliefs.

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