



ORIGINAL ARTICLE

## An aberrant or functional perineal pain in otherwise psychological disturbed women: A thought provoking study.

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**ABSTRACT... Objective:** To provide update about increase frequency of aberrant perineal pain among women with Psychological disorders. Moreover, to signify the practicing health services about prevention of injudicious and on demand perineal operative interventions. **Study Design:** Prospective and descriptive. **Period:** Surgery OPD from January 2023 to July 2024. **Methods:** Female patients with perineal pain along with Psychological disorders with constipation, disturbed sleep and appetite. All male and female who had obvious perineal pathology. All patients biodata, personal history, socioeconomic status, number of children, marital status, dietary, sleep, bowel habits recorded in the preset approved Performa from hospital's ethical review committee. In addition, perineal pain and its onset, characteristics, nature, duration and intensity by Visual analogue scale (VAS) scale also recorded and data compiled in SPSS version 17. After confirming the unremarkable clinical examination on follow-ups, the patients' Psychological status inquired by detailed personal history, and referred to psychiatric services for evaluation of aberrant perineal pain. Psychological disturbance marked when they found anxious and depressed. Detailed history revealed sedentary living (no marriages), post puerperal stress, weird life style (frequent use of junk food, excessive use of screen), low finances and high expenditure, increase work load at home (increase number of children, joint family system) are the contributory factors. Consequently, conservative local initial treatment started with acknowledgement of symptoms, reassurance, 0.2 % GTN, Sitz bath and psycho education about reschedule of routine, nutritious rich fiber diet, and advice of good thinking lead to good performance. Psychiatrist intervention with selective serotonin receptor inhibitor (SSRI) found helpful in refractory cases. **Results:** Total 200 female patients having Psychological disorders included in the study. Age range from 16 to 75 years studied about their aberrant perineal pain with no any organic cause. **Conclusion:** Although aberrant perineal pain in women without any organic cause but with Psychological disorders is, frequent and important to update the practicing contemporary health professionals to prevent future injudicious and on demand perineal operative interventions. The Psychological disorders manifested as aberrant perineal pain, postpartum depression and constipation found interlinked each other. This pain entity is frequent and successfully reverse with conservative measures.

**Key words:** Functional or Aberrant Perineal Pain, Psychological Disorders, SSRI.

### INTRODUCTION

Functional anorectal pain syndrome or perineal pain is a neglected yet often disabling clinical entity resulting in significant economic and psychological burden to the patient.<sup>1</sup>

Although pelvic pain is a symptom of several structural anorectal and pelvic disorders (eg, anal fissure, endometriosis, and pelvic inflammatory disease), this comprehensive review will focus on the nonstructural, or functional, disorders associated with pelvic pain.

Functional anorectal pain or perineal pain is (Levator ani syndrome, unspecified anorectal pain, proctalgia fugax and Complex regional pain syndrome (CRPS) is a chronic neuropathic pain disorder characterized by hyperexcitability of the central nervous system and hypersensitivity to pain). The management tailored symptoms, partly supported by clinical trials, and includes multidisciplinary approaches such as life style modifications and pharmacological, behavioral and physical therapy. Surgical treatment has limited role.<sup>2,3</sup>

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Underlying structural abnormalities clinically suspected but rarely demonstrated objectively. The condition frequently considered a psychological disorder.<sup>4</sup>

Persistent postpartum pain has both somatic and psychosocial provoking factors following childbirth and is an important clinical consideration.<sup>5</sup>

Postpartum depression (PPD) manifested, as perineal pain is a condition that can affect any woman regardless of ethnicity, age, parity, marital status, income, and type of delivery. This condition is highly prevalent worldwide. Interpersonal psychotherapy (IPT) reported as an effective treatment of PPD in previous studies as this focuses on relationship and social support issues. IPT for depression given by nurses, psychologists and community health workers.<sup>6</sup>

The prevalence of fear of birth and depressive symptoms treated by perineal pain management during childbirth for better mental health outcomes among postnatal women.<sup>7</sup>

Tricyclic antidepressants (TCAs) used for treating depression, but over time applied to a variety of conditions, mostly off-label. TCAs can serve as first-line for neuropathic pain, headache, migraine, gastrointestinal syndromes, fibromyalgia, perineal pain, insomnia, and psychiatric conditions other than depression. Due to their adverse effects and lethality largely replaced by selective serotonin re up-take inhibitors (SSRIs).<sup>8</sup>

Sertraline (SSRI) is one of the safest antidepressants for perineal pain management during breast feeding post nately.<sup>9</sup>

The purpose of study is to provide update about increase frequency of aberrant perineal pain among women with psychological disorders. Moreover, to signify the practicing health services about prevention of injudicious and on demand perineal operative interventions.

## METHODS

This prospective and descriptive study conducted in Surgical OPD from January 2023 to July 2024

on two hundred patients. All female patients with perineal pain included in the study. Psychological disorders further inquired by detailed history when found no any perineal organic cause of its pain. While male and those female who had perineal pathology seen objectively excluded from the study.

All patients biodata, personal history, socioeconomic status, number of children, marital status, dietary, appetite, sleep, bowel habits recorded in the preset approved Performa from hospital's ethical review committee IRB letter number DOC No. BMCHK-VP-25-845. In addition, perineal pain and its onset, characteristics, nature, duration and intensity by Visual analogue scale (VAS) scale also recorded and data compiled in SPSS version 17.

In Surgery OPD, perineal pain and discomfort evaluated by clinical history, abdominal and perineal examination, DRE (Bi manual digital rectal examination), proctoscopy, CT scan and MRI to rule out mechanical cause if present in lower rectum, anus and vulval region.

The common presenting complaint was lower perineal pain of various duration ranging from more than two weeks to 2 months. Its precise location either in the perineum, anal, rectal or vulval region could not be elicited specifically. However, associated symptoms like loss of appetite, lack of sleep, constipation and discomfort in sitting position, peri anal itching, and extremes of sudden and severe bouts of pain usually of short duration extending few seconds to few minutes, resembling crawling insects or stabbing knife also noted. Remarkably, this acute exacerbated episodic pain was usually self-resolving and mainly relieved by sitz bath while improvement also noticed in pain visual analogue scale (VAS). VAS is a pain intensity numerical scale categorized as mild (1-3), moderate (4-7) and severe (8-10).

Perineal pain, headache, lack of sound sleep, loss of appetite, no or less interest in performing simple task, social distraction were the manifestation of psychological disturbance.

According to history either sedentary living (no marriages), post puerperal stress, weird life style (frequent use of junk food, excessive use of screen) or other worries including low finances and high expenditure, increase work load at home (doing chores and taking care of increase number of children or joint family system) were the contributory factors in developing psychological illness.

After confirming the unremarkable clinical examination on follow-ups. Conservative local treatment initiated with acknowledgement of symptoms, reassurance, 0.2 % GTN, Sitz bath, and psycho education about reschedule of routine, nutritious rich fiber diet and advice of good thinking lead to good performance and time management.

Psychiatrist involved in refractory cases where non-compliance seen. As a last resort, selective serotonin receptor inhibitor (SSRI) started in a dose of 50 mg twice daily for 2 months then once daily for 3 months.

## RESULTS

Total number of 200 female patients with age range from 16 to 75 years studied in Surgery OPD from January 2023 to July 2024. The number of patients in different age group seen in Table-I.

Age Range	16-25 Years	26-35 Years	36-45 Years	46-55 Years	56-66 Years	67-75 Years	Total No of Patients
Number of Patients	45	80	50	10	05	10	200

**Table-I. Age range in total number of patients:**

The intensity of aberrant perineal pain categorized numerically as mild (1-3), moderate (4-7) and severe (8-10) using visual analogue scale (VAS) See Table-II

The mainstay of treatment was acknowledgement of symptoms, reassurance and careful counseling, use of warm baths, topical application of 0.2 % glyceryl trinitrate cream. The use of oral SSRI in refractory cases yielded satisfactory outcome. See Table-III

Sr. No	Age range	Mild (1-3)	Moderate (4-7)	Severe (8-10)
1	16-25 years	10%		
2	26-35 years		20%	
3	36-45 years			30%
4	46-55 years			25%
5	56-65 years		10%	
6	66-75 years	5%		

**Table-II. Intensity of perineal region pain measured by VAS**

Age	Conservative Treatment	SSRI	Total (200)
16-25 YR	95%	5%	100%
26-35 YR	80%	20%	100%
36-45YR	85%	15%	100%
46-55 YR	90%	10%	100%
56-65 YR	75%	25%	100%
66-75 YR	60%	40%	100%

**Table-III. Response of conservative treatment and SSRI**

Forty-five patients with age range from 16-25 years suffering from aberrant perineal pain either due to restricted diet in order to keep them slim, or with unexplained anorexia or excessive use of screen, junk food resulted in constipation. The passage of infrequent hard stool associated with anal ulceration or itching and severe pain. Remarkably, 95% patients responded to the simple measures while 5% needed SSRI for 4-6 weeks and found remediable.

In ages between 26 - 45years, the total numbers of patients enrolled were 80 and 50 in number each decade respectively. Here the frequent reason of perineal pain was the constipation during pregnancy, which in turn due to nausea, anorexia nervosa which led to decreased food intake while in some due to antenatal depression of coping of new born with new responsibilities and above all, it was amalgamated with fear of raised financial burden. That was usually associated with lack of sleep, irritability and lack of proper attention and complete avulsion from her life style well-being.

Ten patients registered for aberrant perineal

pain in age group 46-55 and evaluated by additional imaging studies i.e. CT scan and MRI to rule out any mechanical cause. In these cases psychological disturbance manifested as perineal pain, constipation, headache and anorexia either due to no marriages in late ages i.e. after 40, confining them to one corner of home, lack of social contacts, family communication and attention from the family members living in the same houses found as the main contributing factor.

Fifteen patients found in the age range from 56 to 75 years it was 05 and 10 in number each decade respectively. Here the history revealed thinking them lonely, disturb sleep, constipation and lack of appetite due to stress contributed the major reason of aberrant perineal pain and constipation.

## DISCUSSION

Several studies reveal that feeling of emotional and social isolation, lack of friendships, financial strain, and history of depression, past childbearing experiences, low social support and lack of partner support, poorer pre-conception general psychological health, and lack of employment with income during pregnancy are associated with Sub Acute Pain can cause depression. Strong family communication and cohesiveness, availability of friends or companions with whom to interact or affiliate, contributes to good psychological health and satisfaction with performing one's usual social roles and activities. All above factors are contributing in depression and perineal pain as shown in our study.<sup>10,11,12,13</sup>

The majority of the patients in our study were in the age group of 40-50 years, and were all females; similar to the study done by Malhotra in 2025.<sup>14</sup>

As our study done in patients residing in low or middle-income country (LMIC). Psychosocial factors, such as nursing care, social support and social role changes, are important course and addressed in psychotherapy. Commencement of treatment with counselling, education, psychotherapy (cognitive behavioral therapy; CBT and interpersonal therapy; IPT) alone or with

antidepressant medications to be more effective than no psychotherapy in aberrant perineal pain.<sup>5,15,16</sup>

Similar to our study first line of treatment most commonly provided is reassurance that pain is benign. Conservative lines of treatment are used first in the management of functional or aberrant perineal pain, include lifestyle adaptations, positive and optimistic thinking, diet changes, fibers, laxatives, warm sitz baths and topical nitroglycerin ointment shown effective to decrease anal sphincter pressure and perineal comfort both been reported in different studies as well.<sup>17,18</sup>

## CONCLUSION

Although aberrant perineal pain in women without any organic cause but with Psychological disorders is, frequent and important to update the practicing contemporary health professionals to prevent future injudicious and on demand perineal operative interventions.

The Psychological disorders manifested as aberrant perineal pain, postpartum depression and constipation found interlinked each other.

The conservative treatment generally, while SSRI specifically beneficial in treating aberrant perineal pain.

This pain entity is frequent and reverse with conservative measures.

## CONFLICT OF INTEREST

The authors declare no conflict of interest.

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1	Ambreen Mannan: Organizing and language.
2	Suhail Ahmed Soomro: Ideology and processing.
3	Samar Memon: data collection.
4	Saifullah Brohi: Managed and collection.
5	Naveen Akmal: Data collection.
6	Tufail Ahmed Baloch: Supervision.