Background: Vulvodynia is defined as “vulvar pain of at least three months duration without clear identifiable cause”. The clinical spectrum ranges from mild with distressing discomfort to severe and disabling pain. Provoked pain localized to the vaginal entrance, most often triggered by attempted vaginal penetration, is the most prevalent type of vulvodynia. It affects at least 6% of women and can be found at any age and in all ethnic groups. However, up to date, no effective therapy options or consensus on treatment exist.

Observation: A 23-year-old woman was seen with a 3-year history of severe vaginal pain while trying sexual intercourse (rated 9/10 on the visual analogue scale), which made a proper sexual intercourse impossible. She was in a relationship and was wishing to get pregnant. Findings of gynecologic, urologic and psychologic evaluations were without any pathological results. In the physical examination, normal vaginal epithelium and reproducible pain localized to the vaginal vestibule at the introitus could be observed. The use of vaginal dilator, pelvic floor gymnastics and topical anesthetics as well as lubricants provided no improvement. A total of 24 units of botulinum toxin A were injected circumferentially in four sites around the introitus. Already two weeks later, the patient reported of a dramatic reduction of pain (2/10 on the visual analogue scale) and a sexual intercourse was possible. Three months after the treatment she was pregnant. In total, the effect of botulinum toxin A injection lasted for about seven months.

Key message: In refractory cases of vulvodynia, local injection of botulinum toxin A can be considered as a therapeutic option, especially in case of failure of conventional treatment methods.