

# Síndromes Dolorosos en Sexualidad Femenina

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**5to. Curso de Postgrado de Formación en Climaterio  
AAPEC 2019**

**Dr. Pablo O. Carpintero**

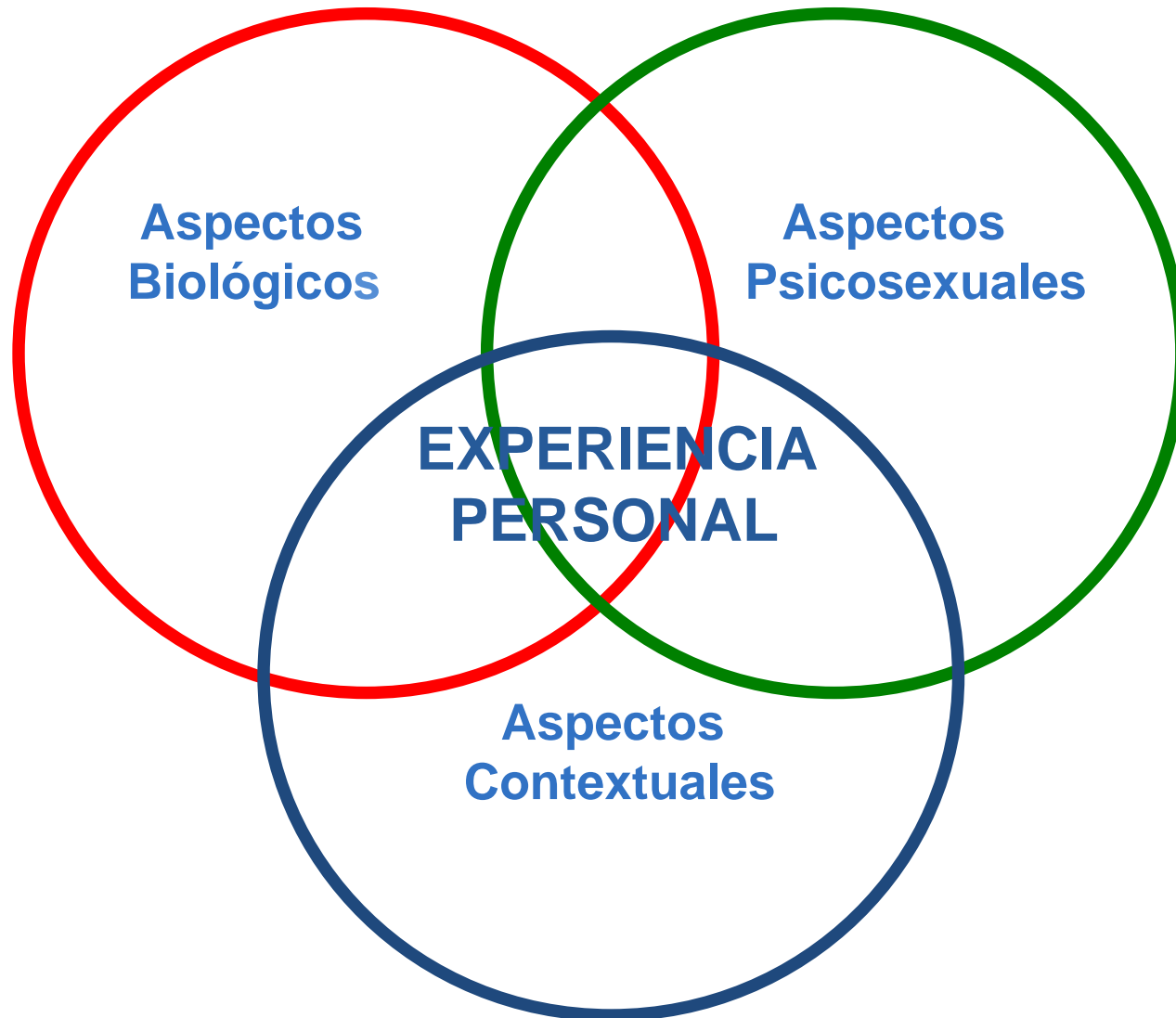
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# Síndromes Dolorosos en Sexualidad Femenina

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“ El mantenimiento de la **Salud Sexual individual**  
recae sobre la  
responsabilidad de los médicos”

*Organización Mundial de la Salud (2006). Defining sexual health:  
report of a technical consultation on sexual health, 28–31 January 2002, Geneva*

# Síndromes Dolorosos en Sexualidad Femenina

12-  
20%

Estimación general Dolor Pelviano

Dolor pelviano en  
ALGÚN momento  
de la vida

33%

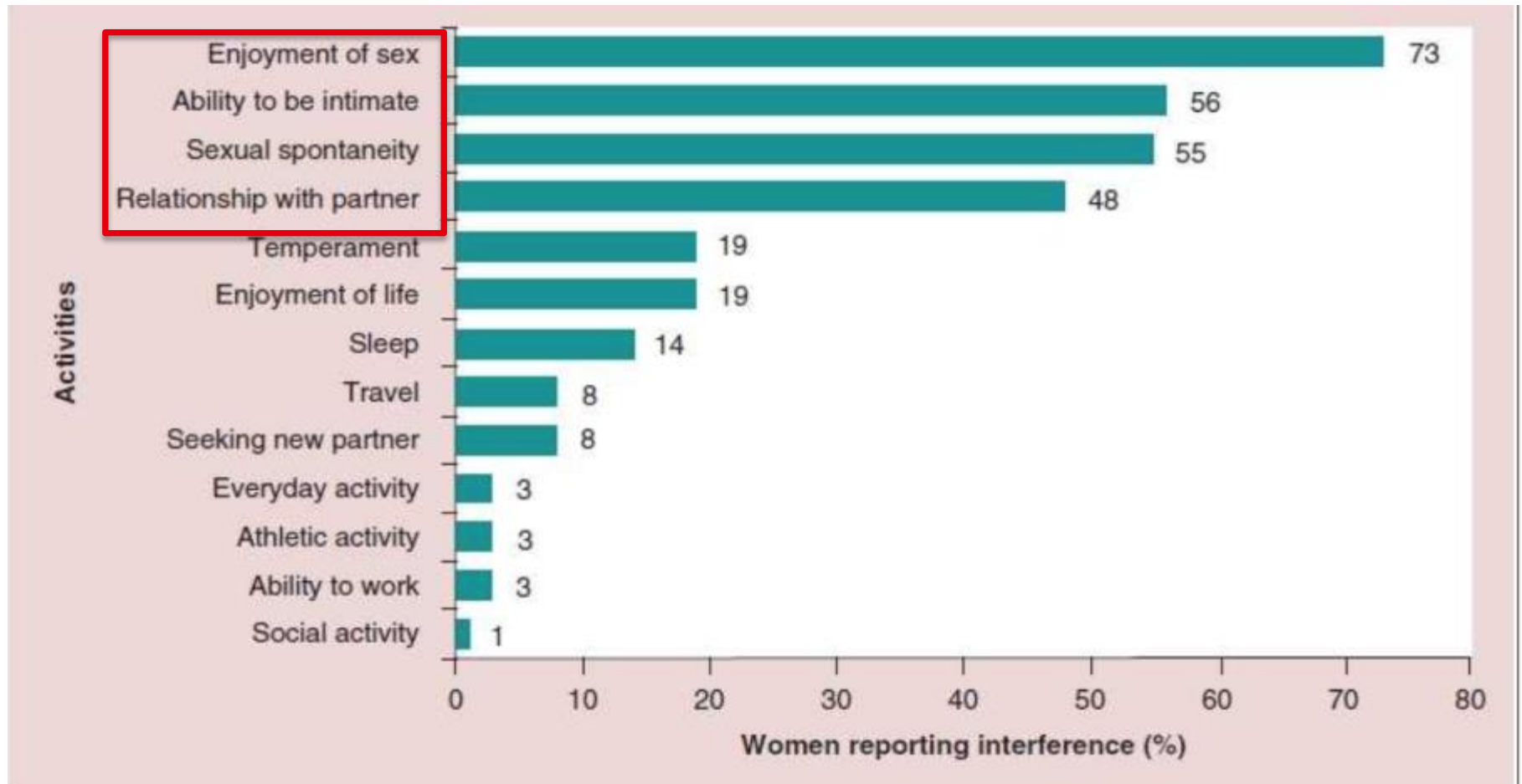
10  
%

Consulta para Diagnóstico y Tratamiento

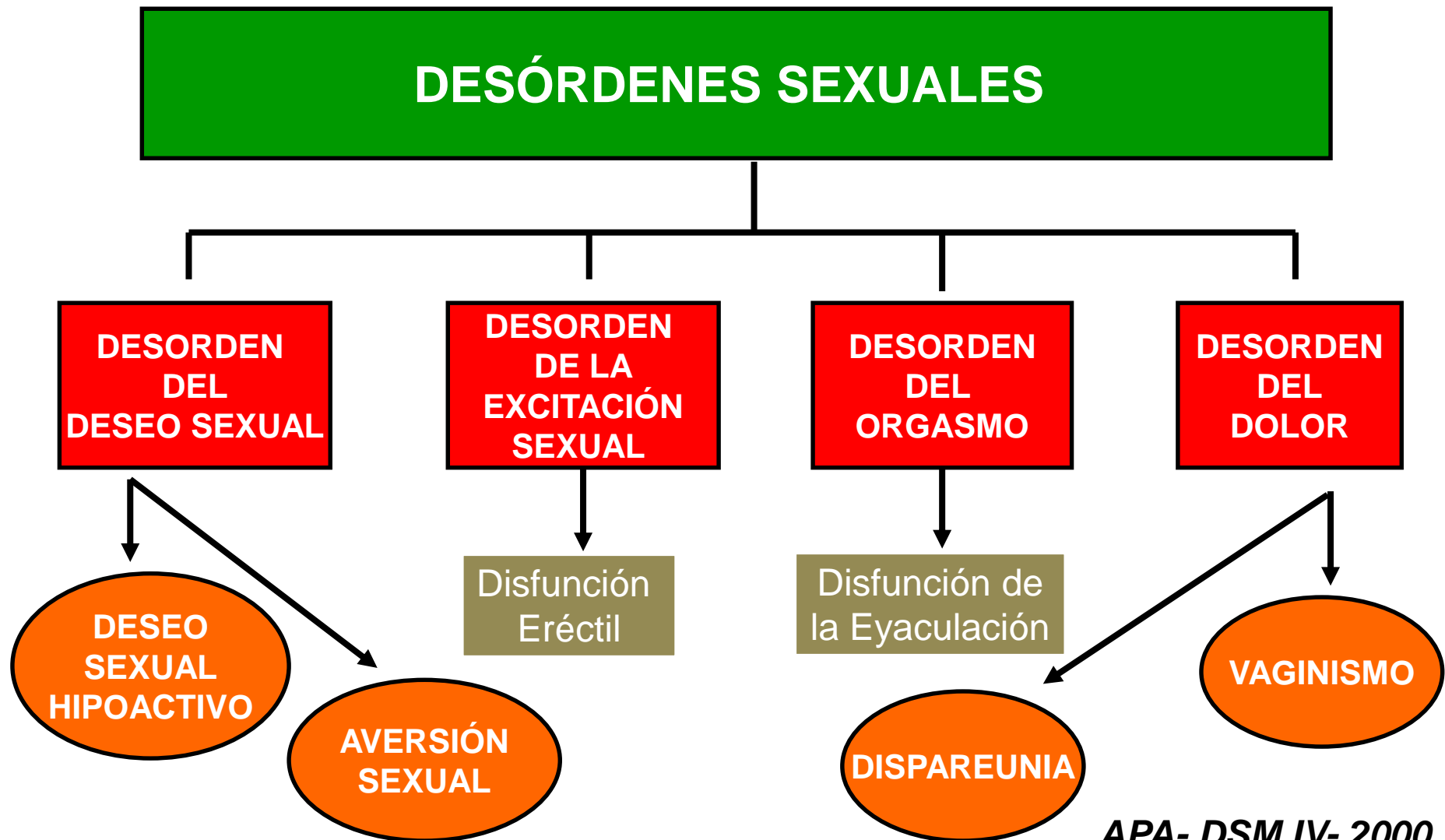
60%

**NUNCA RECIBE  
DIAGNÓSTICO  
ESPECÍFICO**

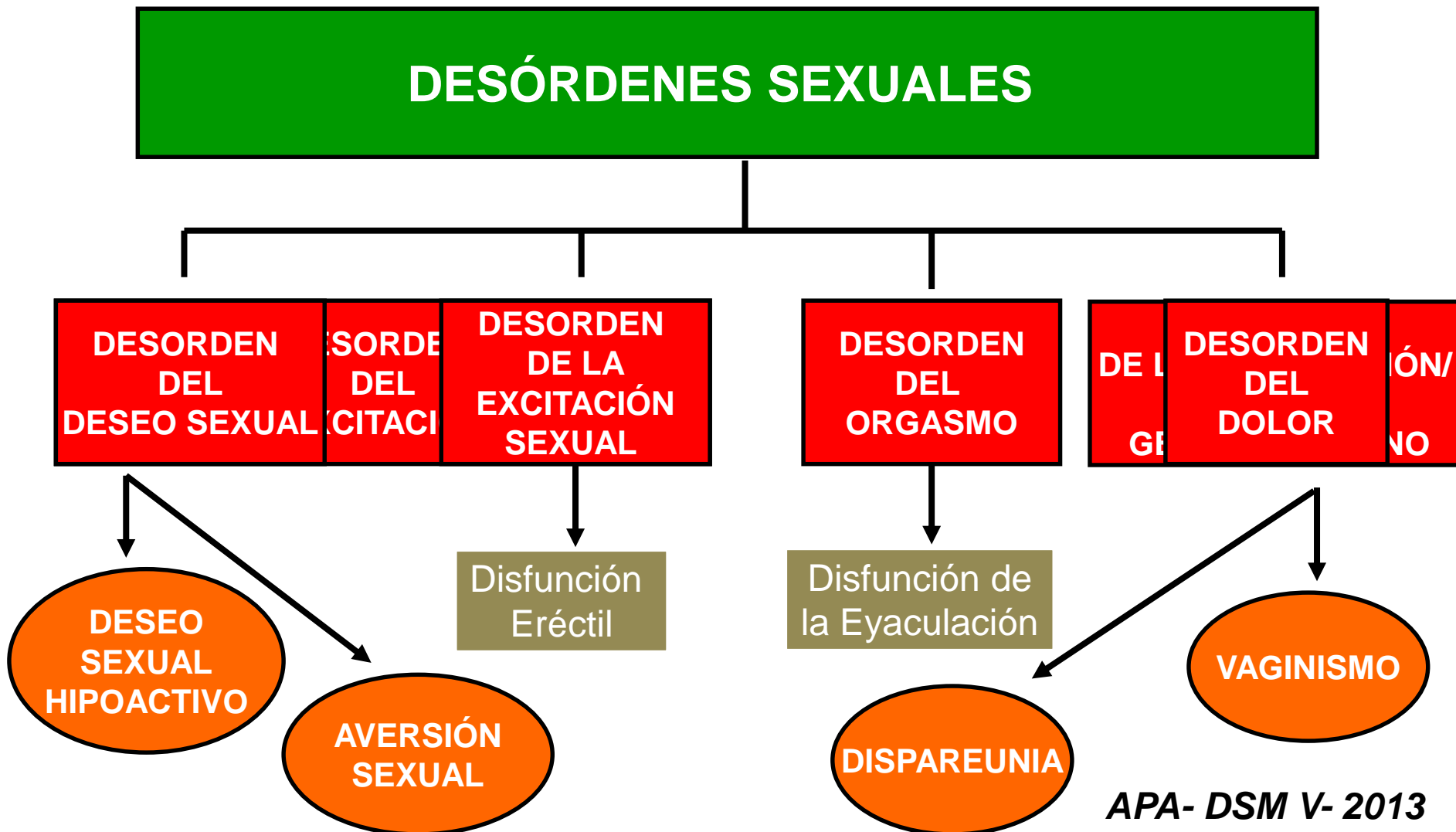
# Síndromes Dolorosos en Sexualidad Femenina



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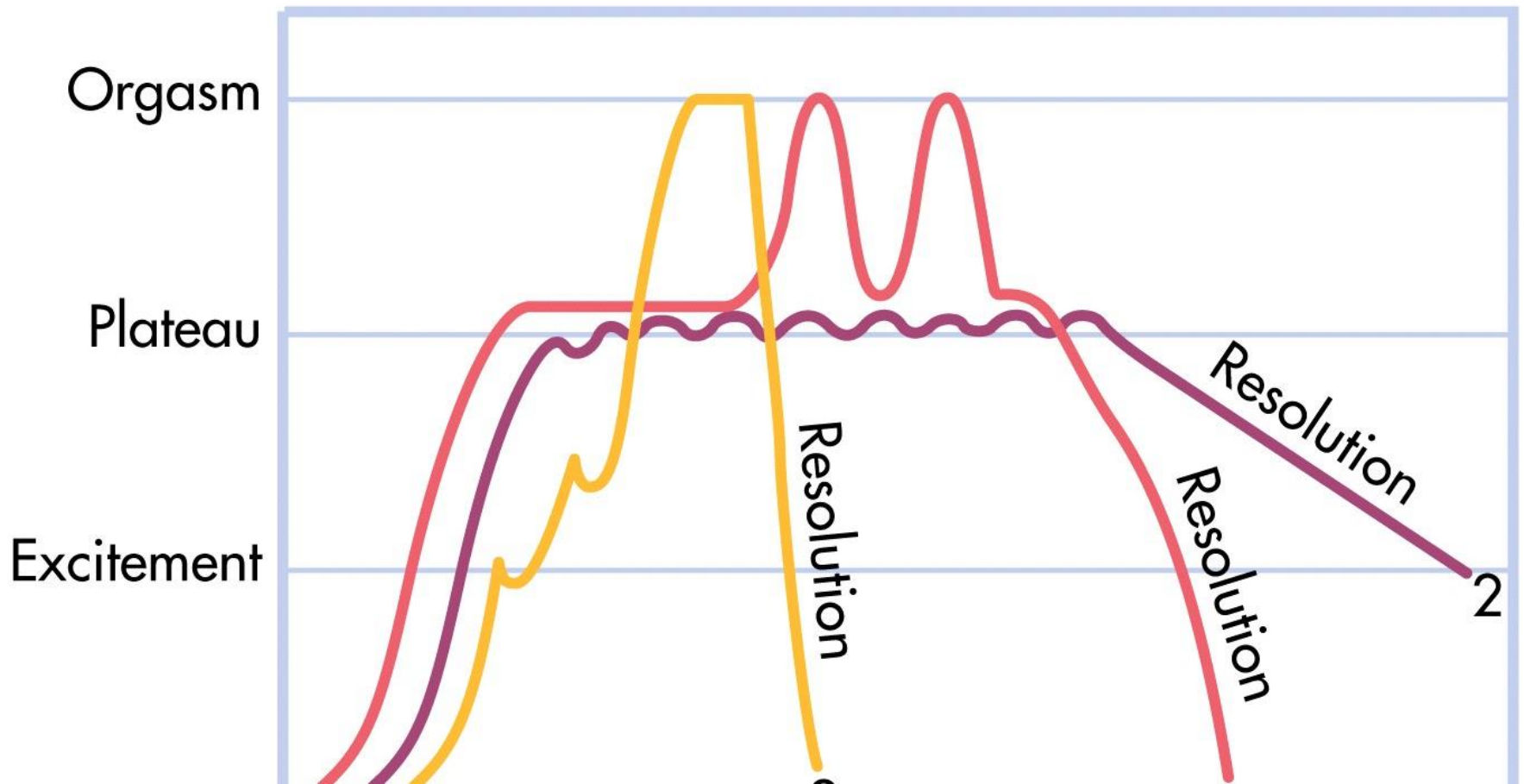


# Síndromes Dolorosos en Sexualidad Femenina



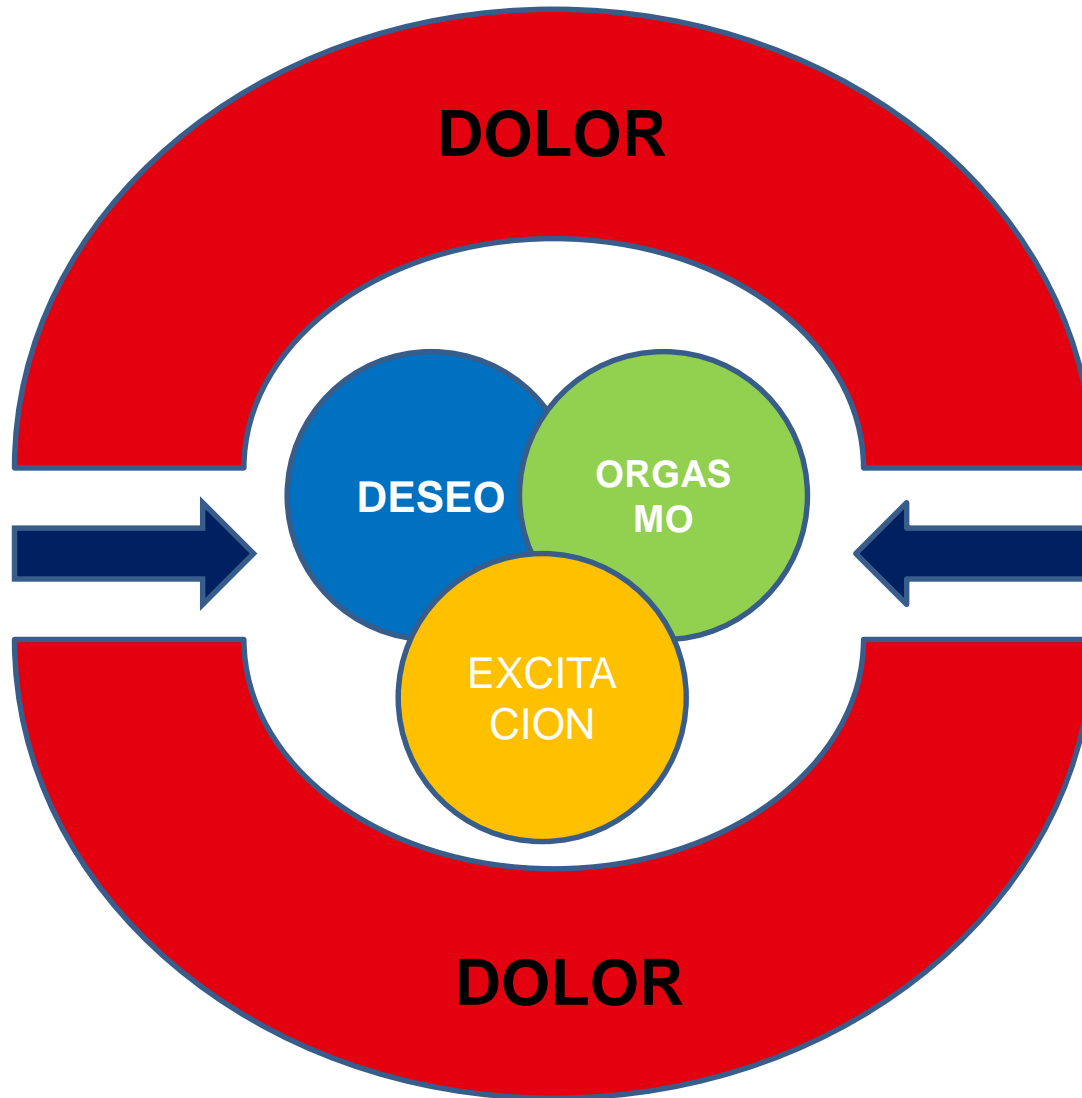
# RESPUESTA SEXUAL ♀

## Three Basic Variations





# Síndromes Dolorosos en Sexualidad Femenina



# DESORDEN DE LA PENETRACIÓN/ DOLOR GÉNITO-PELVIANO

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**MIEDO**

*ANSIEDAD*

**TENSIÓN**

contracción  
músculos abdómino-pelvianos,

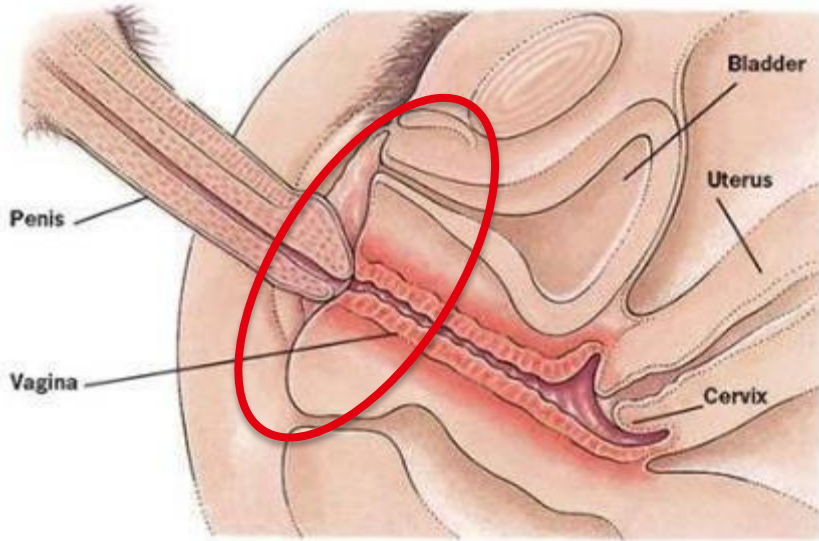
**DOLOR  
A LA  
PENETRACIÓN**

persistente o recurrente,

6 meses  
de duración

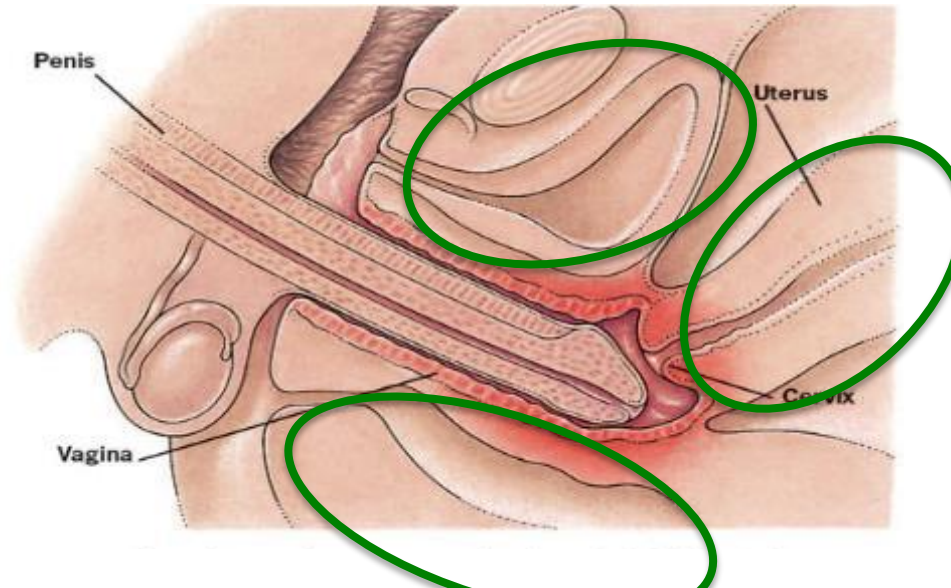
Superficial, Profundo o combinado

# Síndromes Dolorosos en Sexualidad Femenina

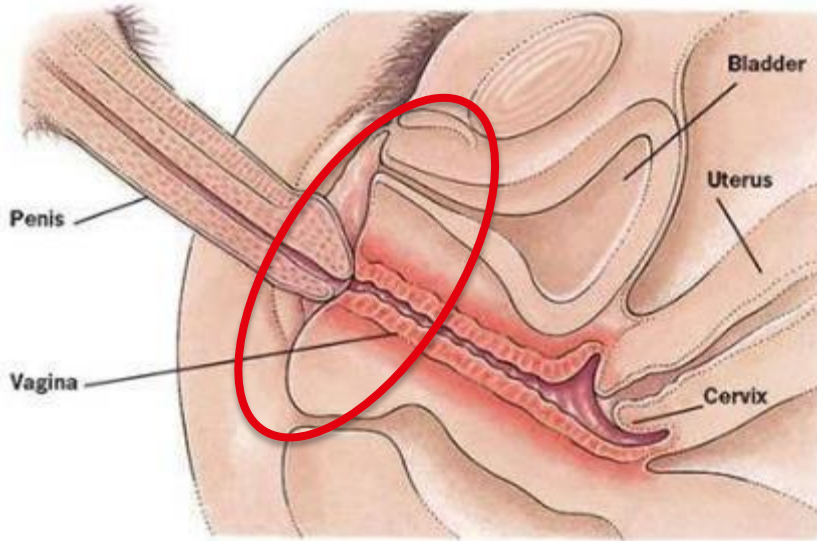


**PROFUNDA**

**SUPERFICIAL**



# Síndromes Dolorosos en Sexualidad Femenina



## VAGINALES

- ✓ Desorden de excitación
- ✓ Secuelas Quirúrgicas
- ✓ Malformaciones Congénitas
- ✓ VAGINISMO

## SUPERFICIAL

## VULVARES

- ✓ Infecciones
- ✓ Liquen escleroso
- ✓ Liquen plano
- ✓ VVA
- ✓ Alergias/Irritación
- ✓ Bartholinthis
- ✓ VULVODINIA

# Síndromes Dolorosos en Sexualidad Femenina

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**VAGINISMO**

**DIFICULTAD INVOLUNTARIA  
PERMANENTE O RECURRENTE  
PARA LA PENETRACIÓN VAGINAL  
DIGITAL, PENEANA O CON OBJETO  
DEBIDO A CONTRACCIONES O ESPASMOS  
DE LA MUSCULATURA 1/3 EXTERNO VAGINAL  
Y ELEVADOR DEL AÑO**

**PSICOLÓGICAS**

**DISPAREUNIA**

**DOLOR PERMANENTE  
O RECURRENTE  
DURANTE LA PENETRACIÓN ,  
CURSO O POSTERIOR  
AL ACTO COITAL**

**ORGÁNICAS**

# Síndromes Dolorosos en Sexualidad Femenina

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## DEFINICIÓN TEMPORAL

PRIMARIOS

Desde el **inicio** de la actividad sexual

ADQUIRIDOS

Luego de un período de actividad sexual normal

## DEFINICIÓN CONTEXTUAL

GENERALES

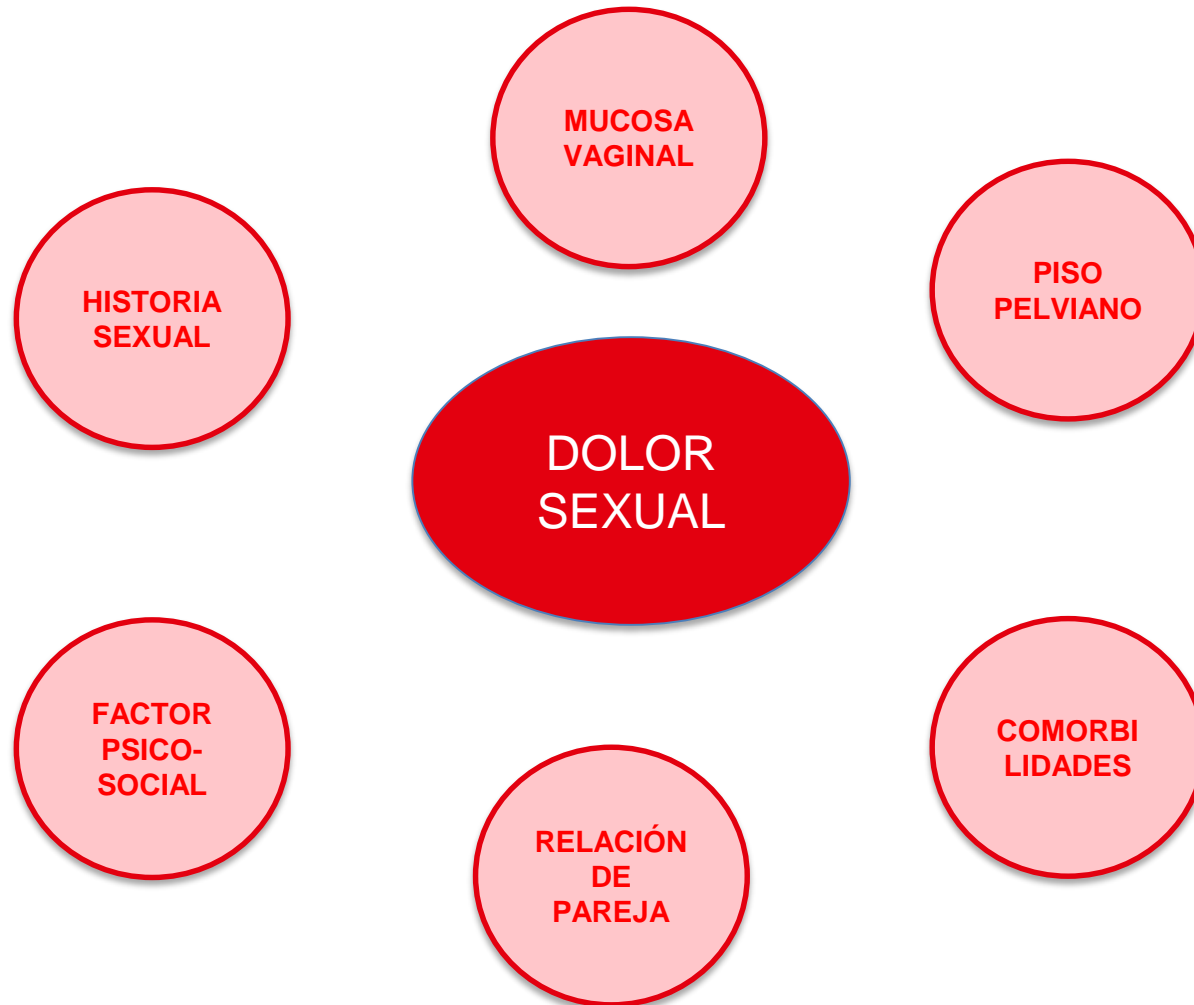
No se limitan a tipo de estimulación, situación o pareja

SITUACIONALES

Se limitan a tipo de estimulación, situación o pareja

# Síndromes Dolorosos en Sexualidad Femenina

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# Síndromes Dolorosos en Sexualidad Femenina

HISTORIA  
SEXUAL



THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS  
WOMEN'S HEALTH CARE PROVIDERS

## PRACTICE BULLETIN

CLINICAL MANAGEMENT GUIDELINES FOR GYNECOLOGICAL CONDITIONS

NUMBER 119, APRIL 2011

### Female Sexual Dysfunction

*Female sexual dysfunction (FSF) represents a number of conditions that can be grouped by one of the following symptoms: low or absent desire, difficulty or inability to become aroused, or sexual pain. A diagnosis of FSF is made when a woman reports an adjustment or concern in personal function (1). The clinical effect of female sexual dysfunction on the quality of life is reported to be similar to that reported by individuals with the same disorder in North American culture. Female sexual dysfunction is present in 10% after 10 years of marriage, and the prevalence of FSF increases with age (2). FSF is a common problem that affects women and affects the quality of life for both men and women. Objectives in describing female sexual dysfunction include a better understanding of the prevalence of the condition, the potential treatment options, and ways to assist the clinician in identifying, evaluating, and treating the condition, and the identification of the prevalence of female sexual dysfunction (1). The purpose of this document is to describe the basic entities of FSF, including the etiology of the condition, female sexual response, and the clinical diagnosis of FSF as found in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) (3), and to discuss the available DSM-IV-TR and ICD-9-CM-4 diagnostic categories and associated clinical implications, and to present data that relate to the condition.*

#### Background

During the 1990s, Kluge and colleagues published landmark studies of sexual practices in the United States that examined the sexual lives of females (4). Women and partners subsequently conducted research efforts that revealed our scientific knowledge of the sexual response (5). They identified four physiologic stages of the sexual response: 1) excitement, 2) plateau, 3) orgasm, and 4) resolution. These stages are linked biologic responses influenced by psychological, environmental, and physiologic factors. Later, a three-phase model was developed, consisting of 1) desire, 2) arousal, and 3) orgasm (6). A more complex, nonlinear model of female sexual response also has been proposed that integrates emotional, biologic, social stimuli, and relationship variables (7).

Desire and arousal are difficult to distinguish as discrete entities, and desire can sometimes precede arousal. In many women, a sexual encounter may begin without any desire or little desire. According to the DSM-IV-TR, sexual dysfunction generally is characterized as any sexual complaint or problem resulting from distress of desire, arousal, orgasm, or sexual pain that causes a notable decrease in personal or interpersonal satisfaction. One possible sexual dysfunction may occur in the same patient, it is important that the clinician determine which is the primary female sexual dysfunction and how other bidirectional sexual dysfunction evolved over time.

#### Normal Sexual Response

Sexual arousal in women results in increased genital blood flow, swelling of the labia minora (vaginal introitus),

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### Box 1. Brief Sexual Symptom Checklist for Women

Please answer the following questions about your overall sexual function:

1. Are you satisfied with your sexual function?  
\_\_ Yes \_\_ No

If no, please continue.

2. How long have you been dissatisfied with your sexual function?

3a. The problem(s) with your sexual function is: (mark one or more)

- 1 Problem with little or no interest in sex
- 2 Problem with decreased genital sensation (feeling)
- 3 Problem with decreased vaginal lubrication (dryness)
- 4 Problem reaching orgasm
- 4 [5] Problem with pain during sex
- 5 [6] Other:

3b. Which problem is most bothersome (circle)

1 2 3 4 5 [6]

[The problems were misnumbered in the source publication.—Ed.]

4. Would you like to talk about it with your doctor?  
\_\_ Yes \_\_ No

Reprinted from Hatzichristou D, Rosen RC, Derogatis LR, Low WY, Meuleman EJ, Sadovsky R, et al. Recommendations for the clinical evaluation of men and women with sexual dysfunction. *J Sex Med* 2010;7:337–48. Review.



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## HISTORIA SEXUAL

### Brief Sexual Symptom Checklist for Women

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Yes  No

If no, please continue.

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DSM- V

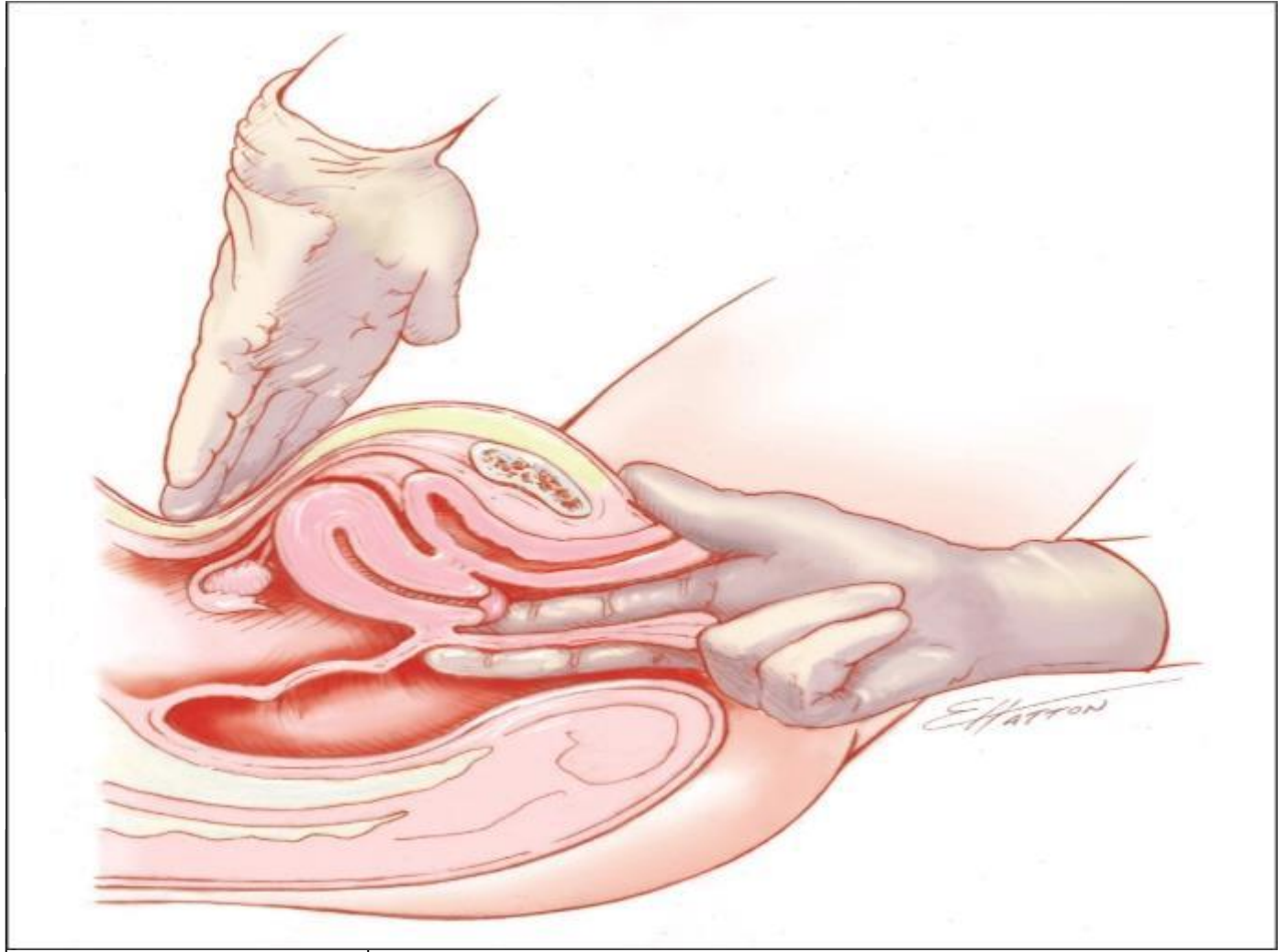
DESÓRDEN SEXUAL DEL INTERÉS/ EXCITACIÓN

DESÓRDEN DE LA PENETRACIÓN/DOLOR GÉNITO-PELVIANO

# Síndromes Dolorosos en Sexualidad Femenina

PISO PELVIANO

MUCOSA VAGINAL



no

ILLUSTRATION BY END HATTON

ocele.

# Síndromes Dolorosos en Sexualidad Femenina

COMORBI  
LIDADES

<b>Evaluación Clínica</b>	<b>Patologías</b>
<b>Gastrointestinal</b>	<b>SII- Gastritis- Diverticulitis- Enf. Crohn</b>
<b>Enf. Inmunes</b>	<b>Fibromialgia- AR-LES</b>
<b>Infecciones</b>	<b>ITS- HIV- PID-Infecciones Sistémicas</b>
<b>Psiquiátricas</b>	<b>Depresión- TOC</b>
<b>Locomotor</b>	<b>Artrosis- Fracturas</b>
<b>Urológico</b>	<b>Vejiga Hiperactiva- Cistitis Intersticial IU postcoitales</b>
<b>Ginecológico</b>	<b>Vaginosis- Atrofia- Endometriosis Patología Uterina/Anexial</b>
<b>Oncológico</b>	<b>Radioterapia- Quimioterapia</b>
<b>Neurológicos</b>	<b>Parkinson- Demencia- Enf. Degenerativas</b>
<b>Otras</b>	<b>Enf. Crónicas- Secuelas Quirúrgicas.</b>

# Síndromes Dolorosos en Sexualidad Femenina

## ABORDAJE TERAPÉUTICO BIOPSIICOSOCIAL

**ORGÁNICO**



Resolución de causa determinante

**PSICOLÓGICO**



**VAGINISMO**

Leve

Moderado

Grave

**TRATAMIENTO  
CONDUCTUAL  
FOCALIZACIÓN  
DESENSIBILIZACIÓN**

**AVERSIÓN**

**TRATAMIENTO  
PSIQUIÁTRICO  
PSICOANALÍTICO**

# Síndromes Dolorosos en Sexualidad Femenina

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**Factores de  
Mantenimiento**

**Factores Precipitantes**

**Factores Predisponentes**

**Crisis Vitales**  
**Adolescencia**  
**Embarazo**  
**Puerperio**  
**Climaterio**

**Creencias religiosas y culturales**  
**Autoaceptación – Autoestima**  
**Imagen Corporal**  
**Autoexigencia- Ansiedad- Culpa**  
**Experiencias pasadas**  
**Stresores vitales**

# Síndromes Dolorosos en Sexualidad Femenina

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FACTOR  
PSICO-  
SOCIAL

RELACIÓN  
DE  
PAREJA

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**Factores de  
Mantenimiento**

# Síndromes Dolorosos en Sexualidad Femenina



# Síndromes Dolorosos en Sexualidad Femenina

## Modelo Integral de Abordaje Psicosocial del Dolor

Teoría del  
Aprendizaje



Busca detectar **expectativas**  
**Erróneas o negativas** como  
Resultado de **educación sexual**  
**Insuficiente o ausente**

Teoría de la  
Evolución



Busca examinar el impacto de  
**Experiencias sexuales** sobre  
La formación de **actitudes negativas**

Teoría  
Operativa  
Condicionante



Busca determinar el **síntoma causal** y  
detener el **ciclo de respuesta**  
**condicionante negativa**



# Síndromes Dolorosos en Sexualidad Femenina

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¿**Porqué** se debe incluir el screening sexual  
en la consulta médica?

- La Salud Sexual impacta directamente sobre la calidad de vida y bienestar individual y sobre la Salud General.

# Síndromes Dolorosos en Sexualidad Femenina

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El primer paso para un tratamiento efectivo es :

**PREGUNTAR**

**No se puede tratar una disfunción sexual**

**Si se desconoce su existencia**

**#DIAMUNDIALDOLOR**

**#RELEASETHEPAIN**



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MUCHAS GRACIAS POR SU ATENCIÓN

