

Women's chronic pain syndrome

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Jaime Arango Hurtado*

Magister in epidemiology, University of Antioquia,
Colombia- South America

Clinical chronic pain picture in women's population presented with Pelvic pain, headache, musculoskeletal pain, lumbar pain, back pain, polyarticular pain, and malaise.

Common wrong diagnoses

This group of patients usually is diagnosed with Fibromyalgia, Unspecific Arthritis, Unspecific Myositis, Hypochondria, Anxiety- depressive disorder, and chronic fatigue syndrome.

In this group of patients we have found a long history of respiratory diseases like chronic sinusitis, chronic tonsillitis, chronic otitis, turbinate hypertrophy, nasal congestion, chronic rhinitis (Figure 1).

Materials and Methodology

Cross-sectional study

One hundred female patients in the San Juan de D-s Hospital at ages 20 to 60 years old with this symptomatology, we have found history of consultation for other causes different of pain. Most of other consultations are related with respiratory infections.

Findings on physical examination

Chronic sinusitis 70%

Chronic tonsillitis 40%

Chronic otitis 20%

Turbinate hypertrophy 20%

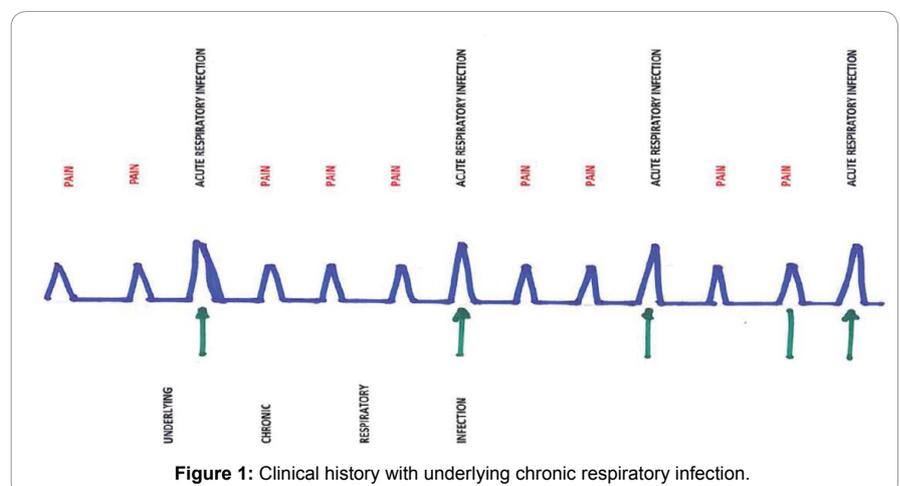
Nasal congestion 20%

Chronic rhinitis 45%

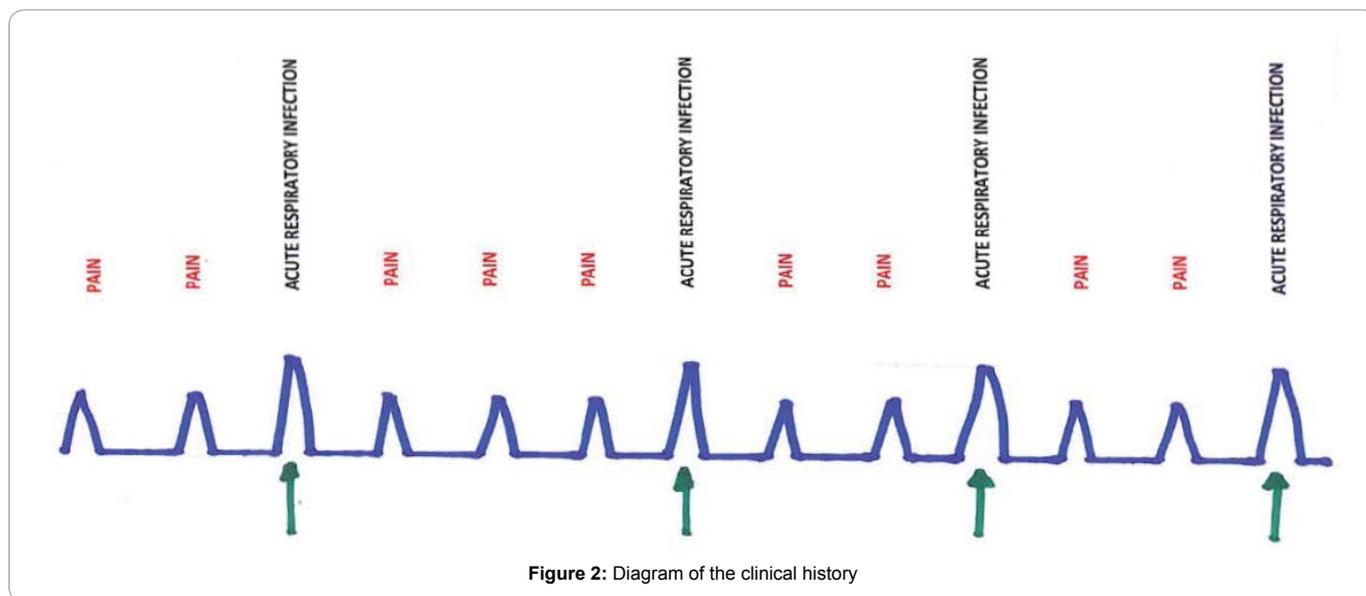
Musculoskeletal Tenderness on palpation: 100%

Tenderness on renal fossae palpation 90%

Tenderness on bimanual pelvic palpation 90%.



*Corresponding author: Jaime Arango Hurtado,
Magister in epidemiology, University of Antioquia,
Colombia- South America, Tel: (01157) 313 619 65
52, Email: jarangoh77@yahoo.com



According to these findings in the anamnesis and on physical examination, we suppose that acute respiratory episodes are manifestations of an underlying chronic respiratory infection (Figure 2).

What is the relationship between the clinic pain picture described in this group of patients and the chronic respiratory infection?

The explanation could be in the immune response by the immunologic system

The presence of an acute infectious process causes the immune system to catch the infection (antigen) by antibodies (IgM, IgD, and IgG).

Antigens and antibodies form immune complexes.

Antigens bound to antibodies in immune complexes through an acute infectious process are normally cleared by various cellular mechanisms (reticuloendothelial system). But when we have a chronic infection we have an overwhelmed reticuloendothelial system and an overload of immune complexes.

Immune complexes deposit on different tissues: joint structures, musculoskeletal system, renal basal membrane, endothelium of small vessels.

Immune disorders develop when immune complexes deposit pathologically in different organs, initiating inflammatory cascades which led to organ damaged/disease. Immune complexes are deposited on the articular surfaces, musculoskeletal system, renal glomerular basement membranes and vascular basement membranes and produce immune mediated inflammation, activation of humoral or cellular effectors mechanisms,

activation of complement, release of vasoactive peptides, release of chemotactic factors, neutrophil accumulation, and release of lysosomal enzymes, with subsequent inflammation of vascular basement membranes, inflammation of joint surfaces, inflammation of the musculoskeletal system, inflammation of renal glomerular basement membrane, inflammation of pelvic structures, cell injury, tissue injury, tissue remodeling.

What we have in this group of patients is a chronic inflammation which we have named: WOMEN'S CHRONIC PAIN SYNDROME. A disease with a clear picture of signs and symptoms. A disease with a clear pathophysiology: Immune complexes disease. A disease with clear target organs: joints, kidney (glomerular basal membrane) musculoskeletal system, basal membranes of small vessels.

This is an immune complexes disease described from clinical observation.

Laboratory aspects

These patients usually run with lab tests like rheumatoid factor, X-rays, antinuclear antibodies, all of them negative.

Positive lab test could be CIC (circulating immune complexes), high levels of immunoglobulins (IgG), C-reactive protein (CRP) levels, or erythrocyte sedimentation rate (ESR).

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