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## Pretreating With Vaginal Lidocaine Reduces Induced Uterine Contractions and Pain in Chronic Dysmenorrhea

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**PURPOSE:** Dysmenorrhea is characterized by recurrent uterine cramping and pain at the time of menses. As an alternative to nonsteroidal anti-inflammatory drugs, which are not always well tolerated, we evaluated lidocaine's action on induced uterine contractions (UC) and pain as a model for preventing dysmenorrhea. Lidocaine was administered vaginally to maximize efficacy and limit adverse effects.

**METHOD:** Cramping episodes were triggered with a vasopressin (VP) infusion (0.2 IU, intravenously, over 2 minutes, Akerlund M, Andersson KE. *Obstet Gynecol* 1976;48:528-36) in 24 dysmenorrheic women on the first day after OC discontinuation. Intrauterine pressure (IUP) was monitored and pain assessed every 15 minutes for 60 minutes. To qualify, IUP increments after the first VP infusion (VP1) had to be greater than 40% and return to within 15% of baseline within

60 minutes. Participants then received either 5% lidocaine vaginal gel (COL-1077) or placebo gel and rested for 4–5 hours before undergoing the second VP infusion (VP2). Results were expressed as differences between VP1 and VP2.

RESULTS: Ten active and 9 controls entered VP2. All measures were diminished in women receiving COL-1077 compared with placebo gel (Table 1).

CONCLUSION: Pretreatment with vaginal lidocaine gel reduces IUP, UC frequency, and pain of induced dysmenorrhea, suggesting a new treatment option.

**Table 1.**

	Intrauterine Pressure (mm Hg)	Uterine Contractions (n/10 min)	Pain (1–10)	Perceived Uterine Contractions (n/10 min)
Placebo	4.72	-0.39	-1.39	2.94
Lidocaine	-18.25	-8.75	-12	-3.1
<i>P</i>	.012	< .001	.002	.008