Chronic pelvic pain is a non-malignant pain perceived in structures related to the pelvis. It can be difficult to manage because it is often impossible to identify the pathophysiological origin. There is no ideal classification for the conditions included in the set that constitutes chronic pain syndrome.

Background and diagnosis
The NIDDK system is the preferred classification identifying four major subtypes of prostatitis (Table 2). In 5 to 10% of cases, prostatitis is shown to have a bacterial aetiology. In the remaining proportion the symptoms have been attributed to chronic non-bacterial prostatitis, prostatodynia, or chronic prostatitis associated with chronic pelvic pain syndrome. The latter is defined as discomfort or pain in the pelvic region with negative examination results. There is no clear definition of chronic pelvic pain can be defined as intermittent or constant pain in the lower abdomen or pelvis of a woman of at least 6 months in duration, not occurring exclusively with menstruation or intercourse and not associated with pregnancy. It is a symptom not a diagnosis. Chronic pelvic pain presents in primary care as frequently as migraine or low-back pain and may significantly impact on a woman’s ability to function. In the only study of its kind, 106 women with chronic pelvic pain were randomised to an integrated approach or standard treatment, which involved exclusion of organic causes followed by a laparoscopy. If the laparoscopy was negative, attention was then given to psychological factors. ABSTRACT Chronic pelvic pain is defined as a persistent painful condition which lasts for at least six months under umbilicus. Numerous factors are blamed for etiopathogenesis, and quality of life of individuals is adversely affected. Chronic pain as well as functional disorders are accompanied to chronic pelvic pain. The treatment and rehabilitation program should be tailored for specific causes, targeting general pain treatment. Consequently, chronic pelvic pain management can be used to propose personalized treatment options and include patient education, behavioral therapy, and a biopsychosocial approach.