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RELATIONSHIP BETWEEN CHRONIC PROSTATITIS AND INTERSTITIAL CYSTITIS

Hypothesis / aims of study

The condition defined as category III chronic prostatitis is very often similar to interstitial cystitis, lower urinary tract obstruction and weak detrusor commonly seen in LUTS. We evaluated lower urinary tract function of category III chronic prostatitis by urodynamic study, attempting to see the interrelation between them.

Study design, materials and methods

We retrospectively reviewed the medical records of 60 men with category III chronic prostatitis who had undergone urodynamic study during the period of November 2000 to December 2002 in Harasanshin General Hospital. Hydrodistention was carried out in 22 cases with bladder hypersensitivity under spinal anesthesia.

Results

Mean age of total of 60 patients (10 with category III A and 50 with category III B at diagnosis) was 59.7 years (range 19 to 82). Mean volume of voided urine in a frequency/volume chart was apparently small (168.9 ml in average, range 27.2 to 329.6). In urodynamic study, the maximal cystometric volume was also decreased (245ml on average), and more than half of 60 patients felt maximum desire to void at the volume less than 250ml. Uninhibited contraction of the bladder was observed in only 6 cases. About half of the patients had weak or very weak detrusor and 10 % of patients had lower urinary tract obstruction over grade III in Schafer's nomogram. Of 22 patients who underwent hydrodistention, 19 (86.9%) had petechiae in the bladder and were considered to have possibly interstitial cystitis.

Interpretation of results

These results suggest that urodynamic study is very useful in evaluating lower urinary tract function of category III prostatitis and it may possibly leads to reclassify the part of them to another disease entity such as interstitial cystitis or voiding dysfunction due to weak detrusor.

Concluding message

We confirmed in the present study that the pressure-flow study was very useful in finding out possible interstitial cystitis and LUTS from category III prostatitis.

We think it is most important point that almost all cases characterized by the decrease of bladder capacity without uninhibited contraction were interstitial cystitis.

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Was this study approved by an ethics committee?	Yes
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Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	Yes