

DIAGNOSIS AND TREATMENT OF MALE INTERSTITIAL CYSTITIS OR CHRONIC PROSTATITIS BY HYDRODISTENTION AND INSTILLATION

Hypothesis / aims of study

Male IC/PBS patients are commonly misdiagnosed with chronic prostatitis (CP), benign prostatic hyperplasia (BPH) or urinary tract infection (UTI) [4] and therefore, the prevalence of male IC/PBS may be underestimated. Primarily, differential diagnosis of IC/PBS and CP represents a significant challenge for urologists. Therapy for IC is generally acknowledged as empiric, palliative and in most cases, therapeutically marginal. The goals of pharmacologic therapy for IC/PBS are to restore bladder surface integrity, modulate neuronal dysfunction and reduce any coexisting inflammation. Hydrodistention serves the dual purposes of diagnosis and treatment of IC/PBS.

To improve the efficiency of diagnosis and treatment of interstitial cystitis (IC) in males. We report our experience of IC, its differential diagnosis with chronic prostatitis (CP) and effective treatment by hydrodistention (HD) with alkalized lignocaine instillation.

Study design, materials and methods

From April 2008 to December 2010, a total of 80 patients with symptoms of suprapubic pain, urinary frequency and urgency that were diagnosed as having CP were recruited for this study. All patients were treated for CP for at least 6 months with limited therapeutic responses. All of these 80 patients were recruited into this study with informed consent. IC was diagnosed according to the Pelvic Pain And Urinary/Frequency (PUF) Symptom Scale (range: 0-35) and the potassium sensitivity test (PST), which represent the criteria defined by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). Cystoscopy was performed under anesthesia to confirm the diagnosis prior to treatment by HD and instillation of alkalized lignocaine.

Results

According to the PUF Symptom Scale (range: 0-35) and PST, 45 of these 80 patients were suspected to have IC. Definitive diagnosis was confirmed in 38 of 45 patients by cystoscopy under anesthesia and 37 of 38 patients completed the treatment and follow-up. Twenty-six patients were treated by HD and instillation of alkalized lignocaine for a total of three months (twice every week for 1 month, once every week for the following 2 months). Eleven patients received only HD and one of eleven patient was lost in the follow-up. The instillation group (26 patients) and non-instillation group (11 patients) were compared at 1, 3 and 6 months after treatment and the outcomes showed statistical difference at all time-points.

Interpretation of results

Cystoscopy under anesthesia in combination with the PUF Symptom Scale (range: 0-35) and PST was effectively used for the differential diagnosis of IC and CP. Hydrodistention with alkalized lignocaine instillation demonstrated a marked curative effect in the IC patients in this study.

Concluding message

Cystoscopy under anesthesia in combination with the PUF Symptom Scale (range: 0-35) and PST was effectively used for the differential diagnosis of IC and CP. Hydrodistention with alkalized lignocaine instillation demonstrated a marked curative effect in the IC patients in this study.

References

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Disclosures

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