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Title (type in CAPITAL LETTERS)	WHAT WAS THE ROLE OF HISTOPATHOLOGIC FINDINGS IN THE MANAGEMENT OF OUR 57 PATIENTS WITH INTERSTITIAL CYSTITIS?

INTRODUCTION

There is a central problem of heterogeneity and variability of features of interstitial cystitis (IC) observed by light microscopy only. The role of histopathology including ultrastructural morphology in electron microscopy in the management of IC is still controversial.

AIMS OF STUDY

We have studied four problems in our IC patients:

1) Is there any relationship between the mean bladder capacity under anesthesia and severity of glomerulations?
2) Is there any specific ultrastructural abnormality of mast cells components of the bladder wall in patients with IC?
3) Is there any relationship between the severity of clinical symptoms of IC and histopathologic features of biopsies after diagnostic hydrodistension?
4) What is the efficacy of the different treatment of IC?

METHODS AND PATIENTS

Seventy four female patients of the age 22-85 years were investigated for suspected IC from February 1997 to January 1999. Histopathological features of IC were confirmed in 57 of them (77%). These patients were divided into 3 therapeutic groups - Fig. 1.The mean follow-up is 12 months .Therapeutic options were based on clinical diagnosis including subjective symptoms, urodynamic results and cystoscopic findings after hydrodistension. The further investigation was focused on electron microscopy and quantitative histopathology of mast cells of the bladder wall.

A „mild" type of IC (Group I -22 patients) was treated by oral or subcutaneous pharmacotherapy (spasmolytics,anticholinergics, antihistamine drugs, heparin). Patients with "a moderate" form of IC (Group II-21 patients) underwent intravesical instillations. It is our practice to use heparin on a daily basis. We usually employ 20.000 units in 10 cc water intravesically. This is mostly self-administered by the patients at home. If it takes more than 3 to 4 months to get a good response to therapy we used to switch a patient to surgery. A promising is our limited experience with the last two patients who were treated with 6-weeks courses of BCG instillation. „Severe" forms of IC (Group III -14 patients) were managed surgically (supratrigonal or subtrigonal cystectomy).

RESULTS

1) There was a linear relationship between the mean bladder capacity under anesthesia and severity of glomerulations.
2) Clinical diagnosis of IC was confirmed by histopathologic investigations of the bladder biopsies in 57 of 74 patients (77%).There were no specific ultrastructural changes of granules of mast cells in most patients with clinical

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diagnosis of IC. Moreover, we have not confirmed published observations that the most prominent and extensive histologic features are in biopsies from areas of glomerulations following diagnostic bladder hydrodistension.
3) We have not elucidated any relationship between the severity of clinical symptomatology and severity of histopathologic changes observed by or a light or electron microscopy.
4) The effect of oral treatment in 22 patients in the Group I (38% of all patients) has reached 78%.
Twenty one patients in Group II (37% of patients) were treated by intravesical instillations with a 47% of a success rate.The surgical approach, used in 14 patients of Group III (25% of all patients), was effective in 82% of them - Fig.2.

CONCLUSION

The diagnosis of IC remains primarily a clinical one, although much current research (including ultrastructural histopathologic studies) seeks to find more objective laboratory criteria. The grade of IC (mild, moderate or severe) and subsequent treatment is still based more on clinical findings than on histopathological features.