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IS THERE RELATION BETWEEN CLINICAL AND URODYNAMIC
FINDINGS IN FEMALES WITH INTERSTITIAL CYSTITIS?

AIMS OF STUDY Asses the relation between symptoms and findings on urodynamics with and without anesthesia in patients with interstitial cystitis (IC).

METHODS- Forty-nine female patients (mean age 59 (27-80)) with the diagnosis of IC by clinical and endoscopic crieteria where studied. They had had symptoms for 53 months (10-245) and fulfilled all the NIH exclusion criteria. The most prevalent symptom was suprapubic pain, with increased voiding frequency, both diurnal (mean: every hour) and nocturnal (mean 6 times). The protocol included medium fill rate water cystometry, cystometry under intradural anesteheasia and bladder biopsy. Glomerulations were present in 33 (67%) and ulcers in 8 (16%).

RESULTS- Bladder capacity under anesthesia was significantly higher 464 ml, whereas during cystometry was 225 ml. Average bladder compliance was 26 ml / cm H₂O. First desire and cystometric capacity at conventional cystometry and bladder volume at distension were significantly lower in patients with a daytime frequency less than 1 hour and night frequency greater than four times. No correlation was seen between endoscopic and urodynamic findings.

CONCLUSION- Urodynamic parameters correlate closely with storage symptoms in women with IC. Cystometry under anesthesia results in significantly higher bladder volume.

REFERENCE. Perez Marrero et al. Urology 1987; 29 (Supp 4): 27-30.