

STERIOD INJECTION FOR HUNNER'S ULCER INTERSTITIAL CYSTITIS

Introduction

Interstitial cystitis, also referred to as painful bladder syndrome, has been well described as the debilitating symptoms of urinary frequency, urgency, nocturia, and pelvic pain of varying degrees. The prevalence of interstitial cystitis ranges between 10.6 per 100,000 people to as high as 1 in 4.5 women. Several etiologies may be responsible for this troublesome disorder and can be divided into two groups clinically; ulcerative and non-ulcerative. The ulcerative subtype is found in 5 to 20 percent of patients given the diagnosis of interstitial cystitis. Promising results have been reported with the endoscopic submucosal injection of triamcinolone into these ulcers, with statistically significant improvement on validated questionnaires. This video gives an overview of Hunner's ulcer interstitial cystitis, including diagnostic evaluation and management. To our knowledge, submucosal steroid injection is not yet mainstream treatment for Hunner's ulcer interstitial cystitis. The purpose of this video is to inform other physicians of our successes so that they too can offer treatment to this problematic subclass of patients.

Design

In the office setting, patients who present with symptoms of interstitial cystitis are evaluated with flexible cystoscopy. If an ulcerative lesion is encountered that is painful when touched with the flexible cystoscope, patients are given a presumptive diagnosis of Hunner's ulcer subtype interstitial cystitis. A biopsy of the lesion must be performed to rule out malignancy. Under general anesthesia, triamcinolone acetonide (40mg/mL) is injected in 0.5 mL aliquots into the submucosal space both into the center and peripherally around the ulcer using an endoscopic needle. Each injection should create a submucosal wheal. Bleeding from the ulcers may occur with overdistention of the bladder leading to obscured vision, thus keeping bladder volumes to a minimum is optimal.

Results

Thom et al. have submitted their results on submucosal injection of triamcinolone in 58 consecutive patients with Hunner's ulcer interstitial cystitis with mean follow up of 11 months. The mean preoperative International Prostate Symptom Score and the mean Pelvic Pain and Urgency/Frequency questionnaire showed statistically significant improvements in symptoms after steroid injection. History of urinary tract infection, prior steroid injection, and the presence of multiple ulcers do not affect treatment outcomes. Repeat injections are well tolerated without evidence of tachyphylaxis.

Conclusion

In patients with Hunner's ulcer subtype interstitial cystitis, submucosal injection of triamcinolone offers significant improvement in patient symptoms and quality of life on validated questionnaires. Steroid injections are well tolerated and can be performed in the outpatient setting.

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