

## EARLY CYSTOSCOPY IN MEN FOR THE EVALUATION OF INTERSTITIAL CYSTITIS/PAINFUL BLADDER SYNDROME

### Hypothesis / aims of study

Interstitial Cystitis/Painful bladder syndrome (IC/PBS) significantly impacts the quality of life in women and men yet may be under-diagnosed in men. Men with recurrent or chronic refractory pelvic pain and lower urinary tract symptoms are often empirically diagnosed as having chronic prostatitis or chronic pelvic pain and treated accordingly. We present our experience with male IC/PBS in an observational cohort of patients. The purpose of our study is to review the lead time to diagnosis, presenting signs and symptoms, and prior diagnoses in our cohort of patients.

### Study design, materials and methods

An analysis of male patients who have undergone cystoscopy and hydrodistension for pelvic pain and lower urinary tract symptoms in the last three years was performed. Each patient's workup included a detailed history and physical, and when indicated, urine and semen cultures, antibiotics, and appropriate imaging. The diagnosis of IC/PBS was based on glomerulations found in the bladder mucosa after cystoscopic hydrodistension under general anesthesia. Cystoscopic evidence of IC/PBS was based on the National Institute of Diabetes and Digestive and Kidney Diseases diagnostic criteria for IC/PBS.

### Results

From January 2005 to July 2009 147 men underwent cystoscopic hydrodistension under general anesthesia. A total of 82 (56%) men were diagnosed with IC/PBS by the above NIDDK criteria. The mean lead time to diagnosis was 2.5 years (range 3 months to 14 years). The patients symptoms in decreasing order were: urinary frequency 84% (69), dysuria, 74% (61), supra pubic/bladder pain 63% (52), urgency 61% (50), testicular/penile pain, 51% (42), bothersome nocturia 49% (40), Pelvic floor pain 41% (50), and ejaculatory pain 18% (15). The patient's prior diagnoses included prostatitis 48% (39), chronic pelvic pain syndrome (CPPS) 26% (21), benign prostatic hyperplasia 24% (20), urinary tract infections 41% (34), epididymoorchitis 12% (10), and overactive bladder 6% (5). Of those men with a prior diagnosis of prostatitis, 27 (69%) had negative semen cultures.

### Interpretation of results

These results support the idea that many men with IC/PBS present with symptoms long before being diagnosed. Furthermore, this study not only provides an estimate of the incidence of IC/PBS in the male population, but also characterizes the common presenting symptoms of men with IC/PBS.

### Concluding message

IC/PBS in males is under diagnosed. Men with a history of recurrent nonbacterial prostatitis and men with prostatic pain or chronic pelvic pain, specifically suprapubic pain, penile, and/or testicular pain should be considered for early cystoscopic hydrodistension for the evaluation of IC/PBS so the patient can be appropriately treated.

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<b><i>Is this a clinical trial?</i></b>	<b>No</b>
<b><i>What were the subjects in the study?</i></b>	<b>HUMAN</b>
<b><i>Was this study approved by an ethics committee?</i></b>	<b>Yes</b>
<b><i>Specify Name of Ethics Committee</i></b>	<b>University of Tennessee IRB</b>
<b><i>Was the Declaration of Helsinki followed?</i></b>	<b>Yes</b>
<b><i>Was informed consent obtained from the patients?</i></b>	<b>No</b>