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BLADDER OUTLET OBSTRUCTION IN PATIENTS WITH INSTERSTITIAL CYSTITIS/PAINFUL BLADDER SYNDROME

Hypothesis / aims of study

Interstitial cystitis/ painful bladder Syndrome (IC/PBS) is a diagnosis based on clinical symptoms including urinary frequency, urgency, and bladder pain, pressure and/or discomfort in the absence of any pathologic findings. Bladder outlet obstruction (BOO) is characterized by a maximum flow rate (Q_{max}) ≤ 12 ml/sec and detrusor pressure at maximum flow ($P_{det}Q_{max}$) ≥ 25 cm H_2o.The objective of this study is to evaluate the relationship between the severity of IC/PBS and objective data from urodynamic testing (UDT) and cystoscopy.

Study design, materials and methods

A retrospective chart review of IC symptoms, UDT results, and bladder biopsy findings was conducted for forty one patients with IC/PBS that underwent cystoscopy and bladder overdistention. Subjects were stratified into two groups based on urodynamics criteria for bladder outlet obstruction. Nine patients (21%) met the classification of BOO and were compared to the rest of the patients for O'leary-Sant Problem and Symptom Index (ICSI, ICPI),frequency per day, glomerulations on cystoscopy, mastocytes cell count (in mm^2) on bladder biopsy, maximum cystometric capacity (MCC) and maximum urethral closure pressure (MUCP) on urodynamics using independent sample *t*-tests and Mann-Whitney tests.

Results

Participant demographics including age, body mass index, and duration of symptoms between the two groups were not significant between the two groups. ICSI (12.22 ±2.77 versus 9.44 ±4.05, P =.03), ICPI (13.00 ± 2.06 versus 9.34 ±4.98; P= 002) were significantly higher in those with BOO compared to the unobstructive group. Glomerulations was significantly higher (3.33 ± 1.00 versus 2.22 ±1.00; P= .01) while MCC was significantly lower (294.22 ±91.51 versus 398.28±147.72; P= .02) in the BOO group. However, frequency per day (15.67 ± 9.30 versus 12.81±6.20; P=.41), MUCP (118.11 ±39.61 versus 119.41±46.70; P= .94) and mastocytes cell count per mm^2 on bladder biopsy (67.11±68.69 versus 53.20 ±50.48; P= .51) were not significantly different between the groups.

Interpretation of results

Patients with high scores on ICPI and ICSI questionnaires have a clinically significant correlation with findings of BOO on urodynamics in patients with IC/PBS.

Concluding message

Urodynamics findings in patients with IC/PBS correlate with symptom severity. Patients with severe IC/PBS appear to have significant functional BOO. Clinical findings on urodynamics might provide additional information to confirm the diagnosis of IC/PBS.

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Was this study approved by an ethics committee?	**Yes**
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Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**