

THE CLINICAL EFFECTIVENESS OF INTRAVESICAL CYSTISTAT® (HYALURONIC ACID) IN PATIENTS WITH REFRACTORY PAINFUL BLADDER SYNDROME OR RECURRENT URINARY TRACT INFECTIONS

Hypothesis / aims of study

Painful bladder syndrome (PBS) and recurrent urinary tract infections (UTI) are clinically challenging to manage in patients. We evaluate the clinical use of intravesical Cystistat® (Hyaluronic acid) in both these patient groups.

Study design, materials and methods

13 patients with recurrent UTI's (group 1) and 8 patients with PBS (group 2) received intravesical cystistat®. Preinstallation demographic parameters were statically comparable in both groups. The mean age of presentation was 54.6 years in group 1 and 57.5 years in group 2 (p=0.9). All 13 patients in group 1 were on low dose antibiotics. The mean number of installations completed in both groups was 9 (Range 4-21).

Results

Data was collected prospectively using a standard pre and post treatment questioner. At a mean follow up of 20.8 in both groups a significant improvement in bladder pain (p=0.05), daytime frequency (p=0.03) and quality of life (p=0.02) was noted in patients in group 1. 15% (2) patients had breakthrough UTI's during treatment. Within group 1, 7 (53%) patients responded well to treatment. Patients in group 2 had a significant improvement in bladder pain (p=0.02), urgency (p=0.01), nocturia (p=0.01) and quality of life (p=0.04). Within group 2, 6 patients (75%) responded to treatment.

Interpretation of results

Within group 1, 7 (53%) patients responded well to treatment. Patients in group 2 had a significant improvement in bladder pain (p=0.02), urgency (p=0.01), nocturia (p=0.01) and quality of life (p=0.04). Within group 2, 6 patients (75%) responded to treatment.

Concluding message

Intravesical Cystistat® can be used with minimal side effects and good compliance in both groups of patients with PBS and recurrent UTI's. Our data suggests patients with PBS have a better response to intravesical Cystistat® in comparison to patients with recurrent UTI's. Longer follow up and larger patient numbers in both groups will be required to confirm the long term efficacy of these two clinically challenging entities. Intravesical Cystistat should be considered before embarking on a major surgical intervention.

<i>Specify source of funding or grant</i>	271
<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	No
<i>This study did not require ethics committee approval because</i>	This is reterospetive patient data and not a trial. No eithics committee approval required in the currnet setting. Thank you.
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes