

BLADDER TRABECULATION DID NOT PREDICT BOTULINUM TOXIN RESPONSE

However, patients without trabeculation showed a consistent trend toward greater symptom improvement.

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BACKGROUND

Bladder trabeculation reflects structural remodeling and may represent a distinct OAB phenotype.

AIM

Does bladder trabeculation influence treatment response to intradetrusor botulinum toxin in idiopathic OAB?

METHODS

Retrospective study | Idiopathic OAB | 3-month follow-up
idiopathic OAB treated with intradetrusor botulinum toxin
December 2024 - December 2025

Trabeculation: cystoscopic grade **0–3**
Outcomes: OAB total score & OAB-QoL
Response: Δ = preoperative – postoperative score

n = 13–14, depending on available outcome data

Improvement	Grade 0	Grades 1–3	p
Δ OAB total	4.5	3.0	0.695
Δ OAB-QoL	15.0	12.5	1.000

NO TRABECULATION vs ANY TRABECULATION

Patients without trabeculation showed numerically greater improvement in both outcomes.

WHAT PREDICTED RESPONSE?

-Baseline symptom severity
Significant predictor

-Trabeculation
Not an independent predictor

RESULTS

TRABECULATION GRADE DID NOT PREDICT RESPONSE

OAB total score
 $r = -0.08$
 $p > 0.05$

OAB-QoL
 $r = -0.31$
 $p > 0.05$

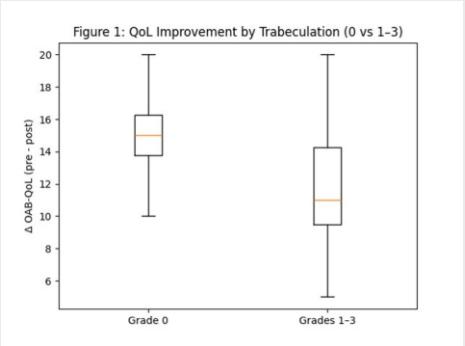


Figure 1. OAB-QoL improvement was numerically greater in patients without trabeculation (grade 0) than in patients with trabeculation (grades 1–3).

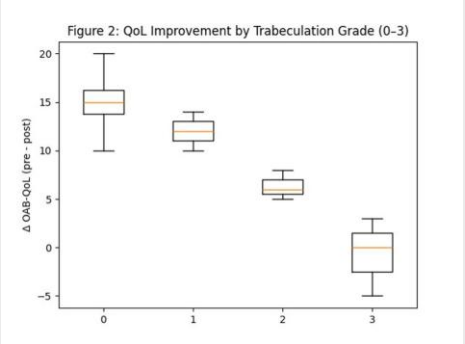


Figure 2. OAB-QoL improvement showed a stepwise numerical trend toward lower response with increasing trabeculation grade.

TAKE-HOME MESSAGE

Trabeculation was not an independent predictor of botulinum toxin response. However, the consistent trend toward better outcomes in grade 0 patients suggests a potential role of bladder remodeling in defining OAB treatment phenotypes. Larger prospective studies are needed to confirm this hypothesis.