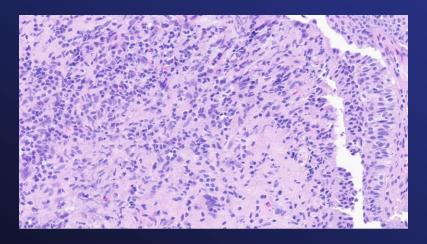


# Clinical Features and Treatment Outcomes of Hunner-Type Interstitial Cystitis in Men: A SingleCentre Observational Study



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### **Background**

Hunner-type interstitial cystitis (IC) is mostly diagnosed in women. In men, symptoms overlap with chronic prostatitis/CPPS → underdiagnosis. **Aim:** To characterise presentation, diagnostic pathway and outcomes in men with newly diagnosed Hunner-type IC.

# Study Design & Methods

Single-centre retrospective study (Sept 2024 – Mar 2025). Patients: 6 men, mean age  $59.5 \pm 10.2$  yrs, age  $\geq 18$  yrs, LUTS/pelvic pain  $\geq 6$  mo, cystoscopic Hunner lesions + biopsy confirmation.

Assessments: labs, urine culture, pelvic US, cystoscopy under anaesthesia.

Treatment: hydrodistention, electrocoagulation, bladder instillations, neuromodulation, pharmacotherapy.

# Clinical profile:

Pain: 100% (suprapubic/perineal)

Urgency/frequency: 100% (up to 40/day)

Nocturia: 83% (up to 10/night) Incomplete emptying: 83%

Symptom duration before diagnosis: 5.8 ± 3.0 yrs

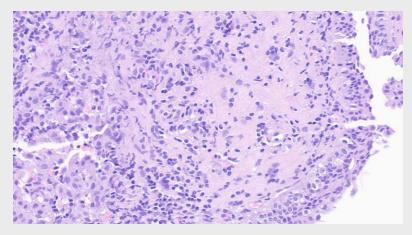
### **Treatment outcomes**

Mean VAS: **8.0**  $\rightarrow$  **3.0** (p<0.05)

2/6 → >80% improvement

4/6 → 40–60% improvement

Remission: 2-5 months



**Histology:** Chronic inflammation with lymphoplasmacytic infiltration, urothelial erosions and mast cell increase (100%)

# Other findings

Positive urine cultures: 67% (Morganella, E. coli, Klebsiella, Staphylococcus, Enterococcus)
Comorbidities: HCV (3/6), HIV (1/6)

### **Concluding Message**

- Hunner-type IC in men is rare and often misdiagnosed as chronic prostatitis/CPPS.
- Cystoscopy and histology are essential for accurate diagnosis.
- Our study shows that multimodal treatment provides meaningful symptom relief, even after years of diagnostic delay.
- Greater awareness and inclusion of IC in the differential diagnosis of male chronic pelvic pain/LUTS are crucial to improve outcomes.