Long-term CISC appears to be an effective strategy for managing LUTD in men, without compromising renal function.

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Background

・CISC is standard management for chronic urinary retention/NLUTD and preserves renal function short term.

・Long-term renal outcomes remain unclear.

Aims

・To evaluate long-term renal function and explore factors related to decline.

Methods

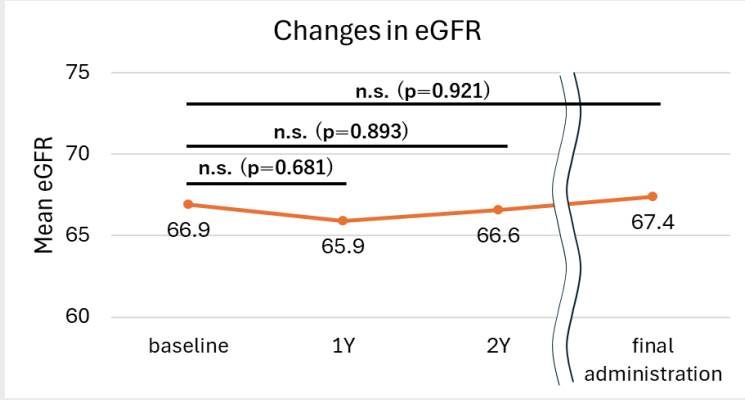
・Retrospective, single-center study.

・Evaluated longitudinal changes in renal function, using eGFR, in male patients who continued CISC for more than two years.

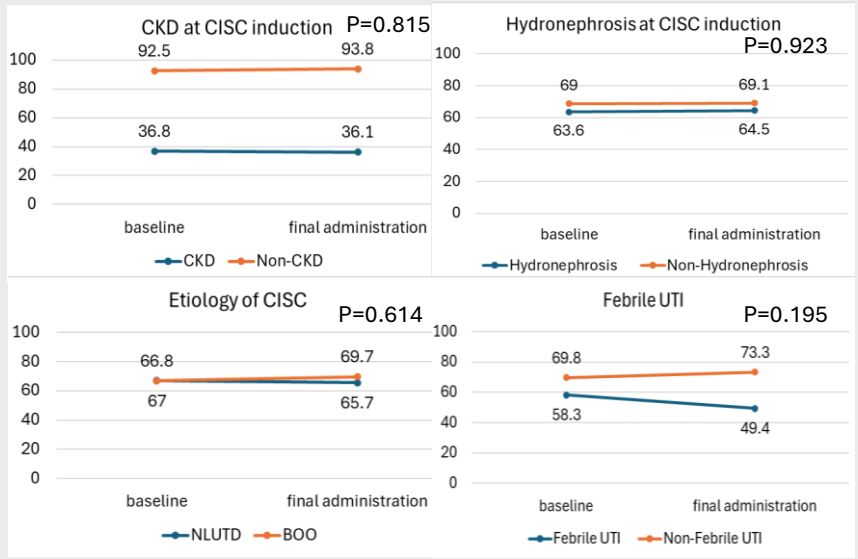
・ Primary outcome: Renal function change by eGFR at baseline, 1, 2 years, and final administration.

Results

	*Median [IQR] **Mean ± SD	n=24
Age, years*		67 [60-74]
Follow-up period, months*		72 [45-110]
Hypertension (%)		10 (41.7)
Diabetes mellitus (%)		3 (12.5)
Dislipidemia (%)		4 (16.7)
Baseline eGFR (mL/min/1.73m^2)**		66.9 ± 38.5
CKD (eGFR < 60) at CISC induction		11 (45.8)
Hydronephrosis at CISC induction		9 (37.5)
Etiology of CISC		
NLUTD		14 (58.3)
BOO		10 (41.7)
Febrile UTI		6 (25.0)



・No significant changes from baseline at 1y, 2y, or final.



・ Baseline eGFR <60, the presence of hydronephrosis at CISC initiation, NLUTD, and febrile UTIs showed no significant associations with decline.

Concluding Message

・ Long-term CISC suppresses renal function decline in men with LUTD.

COI：The authors declare no conflict of interest associated with this research