RISK FACTORS OF ENCRUSTED CYSTITIS AND PRINCEPLES FOR TARGETED THERAPY

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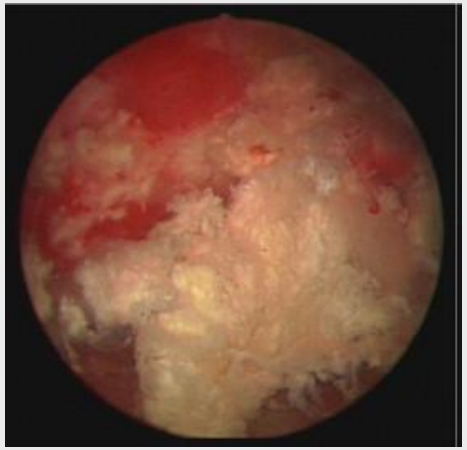
Background

Encrusted cystitis is a rare but severe bladder inflammation, mainly caused by *Corynebacterium urealyticum*. It is characterized by urinary salt deposition, leading to an alkaline environment that sustains inflammation, biofilm formation, and encrustation of the bladder mucosa.Risk rises with catheters, urological procedures, diabetes, and immunodeficiency.

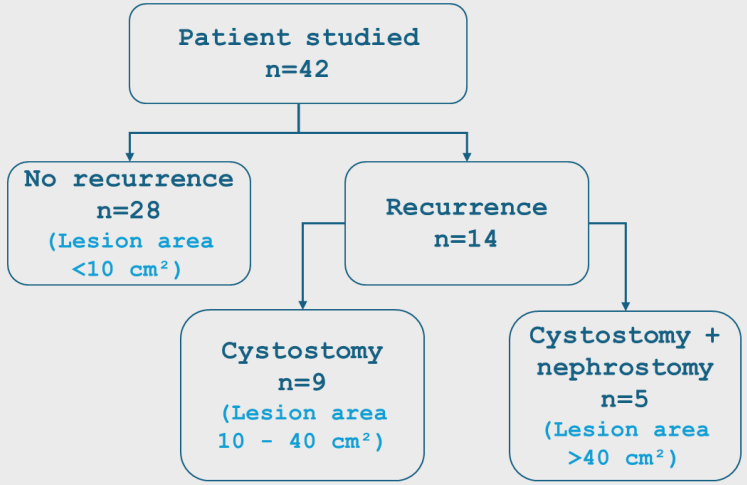


Methods

From 2010–2024, 42 patients (34–78 y) with encrusted cystitis were treated. They presented with pain, hematuria, antibiotic resistance, and history of long-term catheterization or surgery. Diagnostics showed alkaline urine (pH 7–9), leukocyturia, and mucosal encrustations (1–40 cm²). Common pathogens: E. coli, Klebsiella, Pseudomonas, mixed flora.

Results

Among 42 patients, 28 (66.7%) with encrustations <10 cm² achieved remission after TUR and 14-day bladder instillations, with no recurrences.



Overall, TUR was fundamental; small lesions responded to TUR alone, moderate cases required TUR + cystostomy, and extensive disease needed staged therapy with nephrostomy. Treatment success correlated with both symptom relief and imaging/lab confirmation.

Implications

Effective management of encrusted cystitis requires a combined strategy: TUR, antibiotics, bladder instillations, urinary diversion, and urine acidification. Strict adherence to this protocol is essential for durable remission and cure.