

## TRIAMCINOLONE INJECTION VS. FULGURATION FOR TREATMENT OF HUNNER'S ULCER-TYPE INTERSTITIAL CYSTITIS: PRELIMINARY RESULTS OF A PROSPECTIVE RANDOMIZED TRIAL

### Hypothesis / aims of study

Classic interstitial cystitis (IC) is characterized by Hunner's ulcers and affects 5-10% of all IC patients. While both fulguration and steroid injection of Hunner's ulcers have been described as successful treatments, to date no studies have compared these options. We sought to compare treatment response and duration between these two therapies for Hunner's ulcers.

### Study design, materials and methods

Patients presenting with Hunner's ulcer-type IC were recruited for the study beginning in January 2012. We included patients with urgency, frequency, and chronic pelvic pain consistent with IC as well as a cystoscopy and biopsy confirming the presence of Hunner's ulcers. Patients were excluded if they had an active urinary tract infection, history of bladder malignancy, recent bladder surgery, allergy to triamcinolone, were pregnant or unable to undergo anesthesia.

Patients were randomized 1:1 to either fulguration (using Bugbee electrocautery) or triamcinolone injection (10 ml of triamcinolone acetate, 40 mg/mL) of Hunner's ulcers. Patients were blinded to the type of procedure they received. The surgeon was blinded to the type of procedure until just prior to the start of surgery in the operating room.

Treatment response was evaluated using 48 hour voiding diary and validated questionnaires including the Pelvic Pain and Urgency/Frequency (PUF) symptom scale, the IC Symptom and Problem Questionnaire (ICSPQ), and the Patient Global Impression of Change (PGIC). Each questionnaire was prospectively administered monthly following the procedure.

### Results

Of 10 patients recruited to the study thus far, average age is 68 years, 8 patients are female, and 2 are male. Follow-up data was only available in 4 patients in the triamcinolone arm and 2 patients in the fulguration arm. Patients who received triamcinolone injection had an average improvement of 7.7 points on the PUF symptom scale at 1 month postoperatively. At 3 months postoperatively, the average PGIC score was 6.75 in the steroid group vs. 5.5 in the fulguration group. For those patients who had longer follow up data, there was a trend toward persistent improved ICSPQ score up to 6 months postoperatively in the triamcinolone group which was not seen in the fulguration group. The number of voids per day was relatively unchanged in both groups.

### Interpretation of results

While the number of patients evaluated thus far limits any definitive conclusions, our preliminary results agree with prior studies that submucosal injection of triamcinolone for Hunner's ulcer-type IC offers improvement in patient symptoms and quality of life. We are awaiting further results of this study which will allow better comparison of these treatment options.

### Concluding message

Preliminary results of a prospective randomized trial comparing triamcinolone injection vs. fulguration for the treatment of Hunner's ulcer-type IC suggest that triamcinolone injection of Hunner's ulcers results in improvement in symptoms and quality of life for patients and may offer a more durable response when compared with fulguration.

### Disclosures

**Funding:** None. **Clinical Trial:** Yes **Public Registry:** No **RCT:** Yes **Subjects:** HUMAN **Ethics Committee:** Human Research Protection Office **Helsinki:** Yes **Informed Consent:** Yes