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CLINICAL COMPARISION OF INTRAVESICAL HYALURONIC ACIDE AND HYALURONIC ACIDE-CHONDROITIN SULPHATE THERAPY FOR PATIENTS WITH PAINFUL BLADDER SYNDROME/INTERSTITITAL CYSTITIS

Hypothesis / aims of study
In this study, patients with history of painful bladder syndrome/interstitial cystitis(PBS/IC) who had poor response or refractory to previous treatment(s) were compared for clinical efficacy of intravesical hyaluronic acid (HA) or hyaluronic acide-chondroitin sulphate (HA-CS) therapy.

Study design, materials and methods
Patients are randomised for intravesical therapy with 50 ml sterile sodium hyalurinic acid (HYACYST®) or sodium hyaluronate %1.6- sodium chondroitin sulphate %2(IALURIL®). Intravesical instillations were done weekly in first month, once in 15 days in second month and monthly in third and fourth months as total of 8 intravesical doses. Patients were evaluated with visual analog scale (VAS) of pain, 24 hours frequency, nocturia, Interstitial Cystitis Symptom Index (ICSI), Interstitial Cystitis Problem Index (ICPI), cystometric bladder capacity and median voided volume at the beginning and after 6 months of the therapy. Parson's test (potassium chloride sensitivity test) administered to all patients initially. Wilcoxon and Mann-Whitney U tests were used for statistical analysis.

Results
In our study, a total of 53 patients were randomised. Thirty patients were randomised for IALURIL® group had a mean age of 48.47. Twenty-three patients randomised for HYACYST® group had mean age of 49.61 (p>0.05). Parson's test was positive for 23 patients (60.5%) and 15 patients (39.5%) in IALURIL® and HYACYST® groups respectively (p>0.05). Total positive rate of Parson's test was 71.7% of the patients (38/53). Response of the patients regarding the VAS, ICCS, ICPS, 24 hours frequency, nocturia, cystometric bladder capacity and median voided volume at the initial and post 6 months after the therapy and comparing of two treatments are summarized in Table 1.There were no statistically significant differences between initial findings of the two groups (p>0.05). There were no severe adverse effects noted.
Table 1: Pretreatment and 6 months findings of the patients treated with HA-CS and HA.
Results of the two different therapy compared in the last column.

	HA - CS			**HA**			**HA - CS vs HA**
	Initial Visit	6. Month	p value	Initial Visit	6. Month	p value	p value
VAS	8.50	5.00	***p<0.05***	9.00	4.00	***p<0.05***	p>0.05
24 hours Frequency	14.50	11.00	***p<0.05***	13.00	11.00	***p<0.05***	p>0.05
Nocturia	2.50	1.00	***p<0.05***	3.00	1.00	***p<0.05***	p>0.05
ICSI	15.50	10.50	***p<0.05***	16.00	10.00	***p<0.05***	p>0.05
ICPI	13.00	8.00	***p<0.05***	14.00	8.00	***p<0.05***	p>0.05
Cystometric Capacity	257	277	p>0.05	260	302	p>0.05	p>0.05
Mean Voided Volume(ml)	142.50	170.50	p>0.05	145.00	168.00	p>0.05	p>0.05

VAS=visual analog scale , ICSI= interstitial cystitis symptom index, ICPI interstitial cystitis problem index

Interpretation of results
Symptoms of the patients with PBS/IC who have a failure of first line treatment are significantly improved with both intravesical HA - CS and HA treatment (p<0.05). There was no significant difference between HA - CS and HA treatment regarding the improvement of the symptoms(p>0.05).

Concluding message
: With 6 months follow up of patients with PBS/IC, both intravesical HA - CS and HA reduced symptoms significantly with no severe adverse effects. Although symptoms of the patients improved in the short term period , lack of long term effectiveness and the necessity of the repeat instillations are the major weakness of these two treatment options.

Disclosures
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