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DO WE NEED SURVEILLANCE CYSTOSCOPY IN PATIENTS WITH NEUROGENIC LOWER URINARY TRACT DYSFUNCTION?

Hypothesis / aims of study

Although it is generally agreed that patients with neurogenic lower urinary tract dysfunction (NLUTD) are at increased risk for bladder cancer, there is no consensus on the type and frequency of investigations to detect urological malignancies at an early stage. Considering the conflicting literature, we aimed to examine the value of surveillance cystoscopy in patients with NLUTD.

Study design, materials and methods

In a cross-sectional study, a consecutive series of 127 patients (50 females, 77 males, mean age 51 ±16 years) suffering from NLUTD for at least 5 years was prospectively investigated using cystoscopy and bladder washing cytology at a single university spinal cord injury (SCI) center.

Results

Due to suspicious cystoscopy and/or cytology findings, 10 of 127 (8%) patients underwent transurethral resection of the bladder lesion and/or random bladder biopsies. Histology showed T1 G3 bladder cancer in 1 male patient with diabetic cystopathy (78 years old, diabetes mellitus since 26 years, spontaneous bladder emptying), nephrogenic adenoma in 2 patients [1 female with spina bifida (21 years old, relying on intermittent self-catheterization), 1 male with SCI (52 years old, SCI since 20 years, relying on intermittent self-catheterization)], intestinal metaplasia in 1 female patient with cerebral palsy (45 years old, relying on a suprapubic catheter), eosinophilic cystitis in 1 male patient with SCI (43 years old, SCI since 16 years, reflex voiding by suprapubic triggering) and follicular cystitis in 2 patients [1 female with SCI (45 years old, SCI since 9 years, spontaneous bladder emptying), 1 male with SCI (26 years old, SCI since 7 years, relying on intermittent self-catheterization)].

Interpretation of results

Overall, relevant histological findings [bladder cancer (n=1), nephrogenic adenoma (n=2), intestinal metaplasia (n=1)] were found in almost 3% (4/127) of our patients.

Concluding message

Using surveillance cystoscopy, we found relevant histological findings in 3% of our patients suffering from NLUTD for at least 5 years. Thus, surveillance cystoscopy seems warranted, although the ideal patient selection, starting point and frequency remain to be determined in further prospective studies.

Disclosures

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