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BLADDER SURVEILLANCE IN SCI PATIENT WITH LONG TERM SPC FOR MORE THAN 15 YEARS

Hypothesis / aims of study

Bladder dysfunction is well known disorder in spinal cord injury patients. A vast majority of patients will require assisted bladder techniques for emptying. The preferred option is clean intermittent self catheterisation. However, due to a variety of reasons this might not be possible and a significant proportion of patents choose suprapubic catheter as a means of bladder drainage (1). It is understood that spinal cord injury patients with long term catheter either urethral indwelling or suprapubic could be at a higher risk of developing bladder malignancy (2). The aetiology is not well established but it is thought to result from local tissue reaction to mechanical irritation and/or chronic inflammation (3).

Study design, materials and methods

We have been undertaking surveillance cystoscopies and bladder biopsies in our patients who have a long term suprapubic catheter. We reviewed the results of this surveillance with regard to diagnosis of bladder malignancy in patients who have a suprapubic catheter for more the 15 years.

We identified 31 patients who underwent routine follow up surveillance rigid cystoscopy and bladder biopsy over the last 15 months. All procedures were carried out under general anaesthetic or sedation. At least one biopsy was performed in every case. There were 14 female and 17 male patients in this study. All the patients had suprapubic catheter for more than 15 years.

Results

Age range between 35 and 84 years old with mean age of 54.00. The duration of suprapubic catheter varied between 15-34 years average 18.60. All the histology results showed benign changes. Histology showed chronic non-specific cystitis in 25 patients (11 females and 14 males). 3 patients showed squamous metaplasia (2 females and 1 male) while 2 patients had focal squamous metaplasia with mild basal atypia (1 female and 1 male). The remaining patient, histology was reported as chronic follicular cystitis (male).

Interpretation of results

Although our patients had suprapubic catheter for a minimum of 15 years, no bladder malignancy was demonstrated with routine surveillance cystoscopies and biopsies.

Concluding message

Although there is an increased risk of developing bladder malignancy in patients with a long term suprapubic catheter, routine surveillance cystoscopies and biopsies even in patients with catheters for a very long time does not pick up a malignant change. It appears further research is required to evaluate the optimal method for diagnosis of bladder malignancies in this cohort of patients.

References

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