Aims of Study:
To investigate whether cystometric finding is different in patients with cerebrovascular accident according to site, dominance, type and range of the lesion.

Methods:
From June 1996 to January 2001, 48 patients with cerebrovascular accident were evaluated with urodynamic study. Patient's ages were 15-82 years old and all patients were diagnosed by computed tomography and/or magnetic resonance imaging.

Results:
The incidences of overactive bladder, underactive bladder, normal finding on cystometry were 56.3%, 27% and 16.7%, respectively. Cystometric finding was variable according to site of lesion. The incidences of overactive bladder according to site of lesion were 59.1% in frontotemporal lobe, 42.9% in parietooccipital lobe, 40.0% in basal ganglia, 60.0% in thalamus and 66.7% in multiple lesions. The dominance of brain lesion did not influence on cystometric finding. The incidences of overactive bladder according to dominance were 55.6% in right hemisphere, 50.0% in left hemisphere and 60.0% in both hemispheres. The type of lesion did not influence on cystometric finding. The incidences of overactive bladder according to type were 55.6% in hemorrhagic lesion and 58.3% in infarcted lesion. There was significantly higher incidence of underactive bladder in the group of more than 4cm in the site of lesion than in group of below 4cm.

Conclusion:
The incidence of overactive bladder was significantly higher than those of underactive bladder or normal finding on cystometry, but there were no significant differences among the types of lesion except the lesion of frontotemporal lobe. There were no significant differences in cystometric finding according to the dominance and the type of brain lesion. The wider the brain lesion, the more frequent underactive bladder.