THE YIELD OF OFFICE CYSTOSCOPY IN THE EVALUATION OF FEMALE LOWER URINARY TRACT SYMPTOMS

Aims of Study
To determine the yield of office cystoscopy for the detection of benign and malignant lower urinary tract lesions, during the evaluation of female lower urinary tract symptoms.

Methods
The study population included all patients evaluated with office cystoscopy at a single continence center between 1991-2001, due to one or more of the following symptoms: urinary frequency, urgency, nocturia, dysuria, hematuria, bladder tenderness or urethral tenderness. Evaluations were performed awake without sedation, and routinely included urethroscopy (0º endoscopy lens), followed by cystoscopic evaluation at maximum cystometric capacity using a 70º cystoscope. Office cystoscopy reports, intake history, visual analog symptom questionnaires, pathology and cytology reports were manually reviewed for this analysis.

Results
Chart reviews were performed for 1011 patients undergoing cystoscopy, representing all consecutive studies performed during the study period. The study sample had a mean age of 60 years (17-95); 8.2% were active smokers, and 47.5% had a history of prior pelvic surgery. Irritative lower urinary tract symptoms were highly prevalent including nocturia (90.2%), urgency (73%), and urinary frequency (median voiding interval 2.0 hrs, range 0-8); 59.9% of women reported stress incontinence, and 70.2% reported urge incontinence. Other signs and symptoms prompting cystoscopy included urethral tenderness (27.6%), bladder tenderness (23.7%), hematuria (21.6%), dysuria (19.2%), recurrent or persistent infections (16.8%), postvoid dribbling (15.6%), urethral mass (3.3%), and previous pelvic surgery (47.5%). Diagnoses cited to ‘rule out’ with cystoscopy included post-surgical foreign body (13.6%), sensory urgency (15.5%), metastases from prior non-urological cancer (11.6%), and diverticulum (2.7%). Cystoscopy findings, by order of frequency, included: chronic urethrotrigonoitis (30.0%), trabeculation (13.2%), atrophic urethrotrigonoitis (11.3%), glomerulation (6.9%), urethral stenosis or stricture (4.8%), cystitis cystica (3.0%), cystitis glandularis (2.1%), absent ureteral efflux (2.1%), benign polyp (1.4%), urethritis (1.0%), radiation cystitis (1.0%), vesicovaginal fistula (0.3%), urethrovaginal fistula (0.2%), permanent suture material (0.2%), bladder stone (0.1%), retained surgical ‘coil’ (0.1%), and duplicated ureter (0.1%). Transitional cell carcinoma was diagnosed in 0.9% (9 women); of these, 8 (89%) were superficial and one was invasive. No cases of adenocarcinoma, squamous cell carcinoma, or metastatic lesions from other primary cancer sites were detected.

Conclusions
Within the setting of a referral-based urogynecology practice, outpatient cystoscopy for the evaluation lower urinary tract symptoms is an integral tool. Analysis of this large cohort revealed a substantial incidence of inflammatory conditions, non-malignant anatomic abnormalities, and a small but clinically significant incidence of malignancy.