

## INTERSTITIAL CYSTITIS OR PELVIC FLOOR DYSFUNCTION? A TERTIARY CARE REFERRAL PERSPECTIVE

### Aims of Study

Accurate determination of the etiology of chronic pelvic pain syndrome associated with lower urinary tract symptoms (LUTS) in women may be difficult. Patients may be labeled with interstitial cystitis (IC) as a diagnosis of last resort. For the patient, this may have significant negative emotional, social and economic effects. We describe clinical and urodynamic findings in patients referred to our tertiary care center for evaluation of chronic pelvic pain syndrome associated with LUTS.

### Methods

We evaluated 26 consecutive women referred with chronic pelvic pain syndrome associated with LUTS. Ten patients (38%) had elsewhere been previously diagnosed with interstitial cystitis. Ten patients (38%) had undergone prior hysterectomy. All patients underwent history and physical examination, urinalysis and culture, selective pelvic imaging with computed tomography (CT), cystoscopy, potassium intravesical sensitivity testing, and fluorourodynamics with pelvic floor EMG.

### Results

Mean duration of symptoms for the 26 patients was 60 months (range 6 to 360). All patients had undergone therapy for IC in the past without significant symptomatic improvement. Six of the 26 patients (23%) demonstrated trigonal or levator tenderness on bimanual examination. All urine cultures were negative. Seven of the 26 patients (27%) underwent unrevealing pelvic CT. Three of the 26 patients (12%) had a positive response to KCl testing. Cystoscopy and biopsy revealed eosinophilic cystitis in 1 patient. Mean awake cystometric capacity for the group was 304cc (range 36 - 604). Detrusor overactivity was identified in 5 patients (19%). Marked pelvic floor spasticity with dysfunctional voiding was noted by EMG in 12 patients (44%). Increased bladder sensation was present in 5 patients (19%). Pain with bladder distension was present in 3 patients (12%). The diagnosis of IC was established in 5 patients (19%) based upon integrated analysis of their clinical and urodynamic findings. In total 6 of 10 patients previously diagnosed with IC were determined not to have IC but rather to suffer from pelvic floor spasticity with dysfunctional voiding.

### Conclusions

Women suffering from chronic pelvic pain syndrome associated with debilitating LUTS present a diagnostic challenge. Though IC may be responsible for symptoms in some patients, this particular label should not be applied to any one patient without thorough clinical investigation including urodynamics with pelvic floor EMG. It is evident from our cohort that patients suffering from pelvic floor spasticity and dysfunctional voiding may have symptoms mimicking overt IC. The positive findings on urodynamics in the presence of a negative KCl test should lead one to dismiss the diagnosis of IC and treat the pelvic floor problem rather than the bladder.