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Singh M[1], Edgeley D[1], Pary B[1], Ramsden C S[1], Lingam K[1]
1. Rotherham General Hospital

PROSPECTIVE RANDOMISED CONTROLLED TRIAL OF INTRAVESICAL DIMETHYLSULPHOXIDE (DMSO) VERSUS CYSTISTAT (HYALURONIC ACID) IN THE TREATMENT OF FEMALE PATIENTS WITH INTERSTITIAL CYSTITIS (IC).

Aims of Study

Interstitial cystitis (IC) is a severe, debilitating chronic disorder of the bladder. There are various treatments but mainstay of treatment remains the intravesical instillation of dimethylsuphoxide (DMSO). Cystistat is a new drug. To date there has been no work published comparing Cystistat to DMSO. The aim of the study was to compare Cystistat with DMSO as the mainstay of treatment in the management of interstitial cystitis.

Methods

Ethical approval has been obtained for the study. It is a prospective randomised controlled trial of forty patients, with twenty patients in each arm of the trial. All patients must have met the National Institute of Health modified diagnostic and exclusion criteria for interstitial cystitis All patients had to also undergo cystoscopy to confirm the presence of Hunner's ulcers or glomerulations. Once the criteria have been met, they were randomised to receive either cystistat or DMSO. Comparison of response to therapy was assessed using pre and post treatment symptom score, 72-hour voiding diary and visual analogue scales relating to pain and urgency and quality of life questionnaire using King's Health Questionnaire at pre and at six months post treatment. Cystistat was given intravesically weekly for four week and then monthly for two months. DMSO was given intravesically every fortnightly for a period of three months.

Results

Thirty patients have been recruited to date into this trial. Fifteen patients have received or currently receiving Cystistat and fifteen patients have received or receiving DMSO. The age group of patients in the cystistat was between 28-71 years and the DMSO group was between 38-50 years. The pre treatment symptom score for both arms were between four and six. The pre treatment visual analogue score for pain was between 8-10 and urgency score was between 8-10 in both the groups. The King's College Health Questionnaire pre treatment showed that in all domains, the quality of life was affected. Hunner's ulcers were seen in 3 patients in the cystistat group and in 2 patients in the DMSO group. At the time of writing this abstract, twenty patients had only just completed their treatments, with follow up at six months available in only five patients. In this group, the ten patients in the cystistat arm completed all six treatment whilst in the DMSO treatment group, two patients had to withdraw due to severe side effects.

Conclusions

We present the rest of the data when all patients should have had a six months follow-up. We discuss immediate side effects and tolerability of both drugs and the response to treatment using the criteria, which include symptom score, voiding diary, visual analogue score and Quality of Life Questionnaires.