

BLADDER TUBERCULOSIS

Hypothesis / aims of study

The bladder often is affected at genitourinary tuberculosis. Aetiotropic therapy alone is insufficient, lead to complications. Most severe from them are microcystitis and incontinence; in third of cases a posttuberculous cystalgia develops after specific cystitis, predominantly in old women. One of starting mechanisms of dysuria is hormonal insufficiency and disorder of trophity.

Study design, materials and methods

In this study 510 patients with urotuberculosis were enrolled: 250 men and 260 women. Bladder tuberculosis was revealed in 82 (16,1%). 6 patients had active bladder tuberculosis, and in 76 we have investigated it outcomes. All patients received standard polychemotherapy (Isoniazid + Rifampicinum + Streptomycin + Pyrazinamidum) in combination with local low-intensity laser therapy.

Objective inspection involved clinical and bacteriological tests, value of estradiol, cystoscopy with biopsy, uroflowmetry.

The treatment of posttuberculous cystalgia patients was carried by means of laser-heat puncture in combination with berlition.

Results

Woman have suffered from tuberculous cystitis more often ($59,5 \pm 5,6\%$) than the man ($40,5 \pm 5,6\%$), $P < 0,05$. As rule, bladder tuberculosis was complication of cavernous and polycavernous kidney tuberculosis. Third of patients had lesion of both kidneys. The men were cured to full recovery in 1,5 times more often, then women. Microcystitis as outcome of bladder tuberculosis have developed in men in two times less often than in women. Posttuberculous cystalgia was in third of patients.

Incontinence was in 16 patients (3,1% from all urogenital tuberculosis patients and 19,5% from bladder tuberculosis): in 6 woman (average age 60,3) and in 10 men (average age 66,4). All of them have suffered from bilateral cavernous kidney tuberculosis, men in addition – from cavernous tuberculosis of prostate.

The treatment of bladder tuberculosis was successful in 32 patients (42,1%), microcystitis was generated in 16 patients (21,1%). Specific cystitis resulted in posttuberculous cystalgia in each third patient: in 33,3% of male and in 39,1% of female patients. Among female group patients of higher age predominated.

Woman with posttuberculous cystalgia were treated with complex berlition + laser-heat puncturing. That therapy has resulted in significant diminution of dysuria. Bladder volume has increased. Pathomorphological investigation of tissue specimens testified the improving of trophic condition of an urocystis wall. The level of blood estradiol has increased on the average up to $30,4 \pm 1,1$ pkg/ml, the distinction with an initial level it is statistically authentic ($P < 0,05$).

Concluding message

Current polychemotherapy in complex with local low-intensity laser therapy permits to achieve full recovery of urotuberculous patients in case of opportune, in good time diagnosis. Unfortunately, poor knowledge of the population and small vigilance of the doctors concerning urogenital tuberculosis result that more than half of patients may see the specialist – phthiisourologist late. Among newly diagnosed urotuberculosis widespread and complicated forms predominate, when the surgical intervention and long-lived subsequent rehabilitation is necessary.