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AN AUDIT OF THE USE OF INTRA-VESICAL STEROID INJECTION FOR THE TREATMENT OF INTERSTITIAL CYSTITIS.

Hypothesis / aims of study

Interstitial cystitis as defined by ICS terminology is a specific entity relating to histological features(1). The disability resulting from this disease is well known but not the pathogenesis or aetiology. Treatments have varied in efficacy and side-effects with few randomised trials identifying the best treatment options. Currently the treatment of choice is DMSO(2). The use of intra-vesical steroids for this condition has been little researched and as a prelude to further studies we conducted an audit of the outcomes and side-effects of its use.

Study design, materials and methods

Women with histological evidence of interstitial cystitis as defined by the ICS standards were treated with intravesical 80mg Depomedrone mixed with 20 mls of 0.5 Marcaine and 1/200,000 adrenaline. At operative cystoscopy a thorough examination was performed to exclude other pathology. Infomed consent was obtained. This was injected into the bladder, avoiding the trigone, urethra and ureters at 10 sites roughly representing a box on the bladder, using a 0^{o} cystoscope. Women were followed in clinic at 4 monthly intervals to assess their symptoms and further injections administered as necessary. A questionnaire was administered assessing their quality of life as compared to pre-injection. This treatment is a standard treatment in this hospital for this condition. As it was an audit no ethical committee approval was sought.

Results

Eight women had treatment between July 2003 and December 2005. All women were identified using hospital computer coding and were confirmed to have interstial cystitis on histology. Treatments ranged from 2 to 4 with a median of 3 over 4-16 months, but no more often than 4 monthly. Only one woman required re-admission with acute urinary retention , although this problem had been present intermittently prior to treatment. Two women required admission overnight due to pain following injection but were discharged the next day and subsequently had further injections without incident. A questionnaire was sent anonomously and all women responded. Only one women was dissatisfied with treatment and had multiple symptoms including urinary incontinence following treatment which was the same as before treatment. All of the other women felt their irritative symptoms had improved.

Subject	Age	No of Treatments	Period of treatments (months)	Time since last injection (months)	Satisfied with treatment	Complications
1	29	3	11	8	yes	Pain overnight stay dose 2
2	34	3	13	6	Yes	nil
3	62	4	16	8	Yes	nil
4	37	2	8	14	No	Pain overnight stay, dose 1
5	34	1	1	17	Yes	nil
6	29	3	12	3	Yes	nil
7	48	3	11	4	Yes	nil
8	46	2	9	8	yes	Urine retention

Interpretation of results

The women in this study seemed to benefit from this therapy and maintain benefit upto 12 months following therapy. This was a retrospective audit and therefore without prospective data the results need to be interpreted with caution.

Concluding message

Intra-vesical steroids seems to be safe for the treatment of interstitial cystitis, and may offer an alternative treatment to the current best therapies. Further prospective studies are currently underway looking at the future role of this therapy.

(1) Abrams, P., L. Cardozo, et al. (2002). "The standardisation of terminology of lower urinary tract function: report from the Standardisation Sub-committee of the International Continence Society." Am J Obstet Gynecol **187**(1): 116-26.

(2) Rossberger, J., M. Fall, et al. (2005). "Critical appraisal of dimethyl sulfoxide treatment for interstitial cystitis: discomfort, side-effects and treatment outcome." Scand J Urol Nephrol **39**(1): 73-7.

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HUMAN SUBJECTS: This study did not need ethical approval because an audit and did not follow the Declaration of Helsinki - with approval by the ethics committee - in the sense that an audit Informed consent was obtained from the patients.