

INTERSTITIAL CYSTITIS: CLINICAL PRACTICE, DIAGNOSTIC PROCEDURES AND RESPONSE TO CIMETIDINE TREATMENT.

Hypothesis / aims of study

To describe the clinical presentation of patients with interstitial cystitis (IC), to determine the findings of the different diagnostic procedures used and the response to cimetidine treatment

Study design, materials and methods

A total of 139 female patients diagnosed as having an interstitial cystitis were followed in our institution between 1998 and 2007. The diagnosis was suggested by the clinical history and confirmed on the basis of clinical symptoms, voiding diary findings, Parson's test, O'Leary-Sant questionnaire, urodynamic investigations, cystoscopy and hydrodistension and by the exclusion of other significant pathologies. The first line therapy for all patients was cimetidine 200mg per os BID. The patients were evaluated in a prospective manner. We studied the demographics of our patients, described the common clinical presentation and determine the findings of the different diagnostic procedures and response to treatment by cimetidine.

Results

The patients were symptomatic for a median of 7,5 years before IC is diagnosed. The most common symptom was discomfort related to the bladder which was found in 100% of patients, frequency was found in 86% and nocturia in 65%. The common sites where pain was localized were suprapubic in 85%, perineal in 76% and genital in 40%. A burning sensation was found in 52% of patients. At presentation, the median O'Leary-Sant Symptom Index was 14,98±3,38 (7-20), the median O'Leary-Sant problem Index was 13,5±2,42 (8-16). In 20% of patients, the bladder capacity was more than 350cc. Detrusor hyperactivity was found in 7% of patients. The potassium sensitivity test was positive in 80,5% of patients. Hunner's lesion was found in 2,2% of patients. The cystoscopy with hydrodistension and biopsy revealed glomerulations or histology abnormalities in 92% of patients. Patients with cystoscopic/pathologic anomalies had a first line therapy with cimetidine. At follow-up, 77 patients (60%) had some improvement of the score O'Leary-Sant Index, of whom 38 patients (30%) had >50% amelioration. All patients needed a second line therapy on follow-up.

Interpretation of results

The symptoms of IC are variable, however all patients have a discomfort related to the bladder which must be the key symptom rather than suprapubic pain. The cimetidine treatment is efficient in a small proportion of patients.

Concluding message

The patient with interstitial cystitis (IC) is symptomatic for a median of 7,5 years before IC is diagnosed. The cimetidine treatment is efficient in a small proportion of patients. All patients needed several line therapies.

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<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	No
<i>This study did not require ethics committee approval because</i>	Not needed.
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	No