INTRODUCTION & AIM OF THE STUDY

Detrusor Underactivity (DU) is a diagnosis based on UDS, generally associated with relevant symptoms and signs, manifest by low detrusor pressure or short detrusor contractions in combination with a low urine flow rate resulting in prolonged bladder emptying and/or failure to achieve complete bladder emptying within a normal time span; a high PVR may be present. Treatment of DU is challenging:

Could PTNS be an effective option?

Aims of this study were:

• Evaluate the effect of PTNS in patients affected by non neurogenic DU
• Identify possible predictors of success

PATIENTS & METHODS

Patients enrolled were non-neurologic and non-diabetic and had a UDS in our center to confirm DU.

Data from IPSS/QoL questionnaire, bladder diaries and Uroflowmetry with RPM were collected before and after a complete PTNS cycle (12 sessions, 30 min.).

A simple PGI-I scale was used to assess patients’ satisfaction at Follow up (2-4 weeks from the end of the treatment).

INTRODUCTION & AIM OF THE STUDY

Basing on PGI-I, 11/19 (64.7%) patients reported improvement from the treatment.

Table 1: Responders vs Non Responders

<table>
<thead>
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<th>Responders (n=11)</th>
<th>Non Responders (n=8)</th>
<th>pValue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>M 7</td>
<td>M 4</td>
<td>&gt;0.05</td>
</tr>
<tr>
<td>Females</td>
<td>F 4</td>
<td>F 2</td>
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Changes in Uroflowmetry, bladder diaries and rate of clean intermittent catheterisation were present but not significant.

The only predictor of subjective success of PTNS was the dorsal flexion of the big toe.

CONCLUSIONS

According to our data, PTNS can be beneficial in >60% of patients affected with DU, even though objective improvements in terms of Uroflowmetry variables (Qmax, Vvoid, PVR), bladder diaries, and rate of CIC were found not significant.

Dorsal flexion of the big toe during nerve stimulation was found to be the only predictive factor of treatment success in terms of patients’ satisfaction/subjective benefit.

This highlights the importance of provoking the big toe’s flexion during the stimulation, suggesting that needle re-positioning might be needed whenever the flexion does not happen. Further studies are needed to confirm this finding and to further validate the use of PTNS in patients with DU.

REFERENCES