

## #394 Comparison and analysis of urodynamics between central neurogenic bladder and peripheral neurogenic bladder in the elderly over 60 years old QingBin, Jian Guo Wen, et al

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## Abstract

Aims of study:

To compare the results of urodynamic examination between patients with central neurogenic bladder and patients with peripheral neurogenic bladder.

## **Methods and Materials**

57 elderly patients (aged 60-83 year) of the First Affiliated Hospital of Zhengzhou University in China with NB were included.

Clinical data include age, sex, onset time, and classification of nerve injury.

The parameter of urodynamic examination including: (1)maximum urinary flow rate (Qmax)(2)maximum cystometric capacity (MCC) (3)post-void residual urine volume (PRV)(4)Safe bladder capacity(SBC)(5)detrusor overactivity(DO) (6)bladder sensation (BE).

## Results

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Table3 Bladder safety capacity of patients with different bladder sensations in two groups(ml,mean±s)

group	Number of cases	Safe blad der volume	
Bladder sensation of CNB	24	283.21±28.81	
Normal	8	292.00±27.91	
Disappear	4	266.00±37.48	
Fade	10	280.30±27.42	
) sensitive	2	297.00±19.80	
Bladder sensation of PNB	33	348.58±33.96	
Normal	9	338.22±32.14	
Disappear	8	359.88±29.42	
Fade	14	346.50±34.96	
sensitive	2	364.50±64.35	

Table 1 show that there is a significant difference between CNB group and PNB group in detrusor activity rate (P < 0.05), and there is no significant difference in age, sex and onset time (P > 0.05).

Table2 show that there were significant differences in bladder safe capacity between he two groups (P < 0.05). There was no significant difference in the incidence of maximum cystometric capacity,maximum urinary flow rate,post-void residual urine volume between the two groups (P > 0.05)

## Results

Table1	Basic	information	of patients	in 2
groups				
Group		CNB	PNB	P-value
Number of cases(9	%)	24 (42.1)	33(57.9)	
average age (year,mean±s)	68.5±5.3	68.7±7.1		
				>0.05
Gender(%)		18 (75)	20 (60.6)	
Man Woman		6 (25)	13 (39.4)	
Average o time(month,mean	nset n±s)	57.20±46.27	76.06±90.66	
ncidence rate	of	66.7	36.7	< 0.05

# Table2 Comparison of urodynamics between

#### CNB group and PNB group **CNB**组 PNB组 t P-value (n=23) (n=33) 0.775 Qm ax (ml) $9.6 \pm 4.8$ $10.1 \pm 4.1$ -.287 maximum cystometric 348.1±93.2 capacity (ml) 277.8±101.0 -2.74 0.08 post-void residual

Table 3 show In CNB group, bladder sensation was normal in 8 cases, disappeared in 4 cases, decreased in 10 cases and sensitive in 2 cases; In PNB group, bladder sensation was normal in 9 cases, disappeared in 8 cases, decreased in 14 cases and sensitive in 2 cases. There was no significant difference in the safe bladder volume between groups and within groups (P > 0.05).

#### Discussion

The results show that CNB patients are more likely to have overactive detrusor and reduced safe bladder capacity, which is consistent with the relevant literature.

On the one hand, the nerve pathway above the brain stem is damaged. Although the nerve reflex pathway of the lower urinary tract is complete and does not change the neurophysiological characteristics of detrusor contraction during micturition, the cerebral cortex cannot perceive bladder filling and cannot control micturition at will. When the detrusor contraction occurs, the myoelectric activity of the external sphincter of the urethra disappears and reflex micturition occurs in most patients.

On the other hand, the outlet of the urethra, The decline of muscle strength, abnormal muscle tension or dyskinesia of pelvic floor muscle denervation are also important factors, but there are few pelvic floor research data for such patients.

## **Conclusions**

urine volume(ml)	41.5±49.3	48.2±45.7	526	0.601
Voided volume	165.8±89.4	222.0±144.1	-1.69	0.097
(ml)				
Safe bladder	283.2±28.8	348.6±34.0	-7.64	0.000
capacity(ml)				

There are differences in urodynamic characteristics between elderly patients with central neurogenic bladder and peripheral neurogenic bladder. Patients in CNB group were more likely to have neurogenic bladder dysfunction and detrusor activity, and early treatment should be strengthened.

### References