

## **COMMON THINGS ARE COMMON. COMPLETE RE-EVALUATION OF PATIENTS WITH A DIAGNOSIS OF INTERSTITIAL CYSTITIS - A 7 YEAR PROSPECTIVE STUDY.**

Samsudin A<sub>1</sub>, Irwin P<sub>2</sub>

1. Michael Heal Department of Urology, Leighton Hospital, CREWE, UK, 2. Michael Heal Department of Urology, Leighton Hospital, CREWE, UK.

### **Hypothesis / aims of study**

The diagnosis of interstitial cystitis (IC) and the methods used to reach a diagnosis remain confusing and inconsistent. The NIDDK criteria, introduced in 1987, were intended to harmonise the diagnostic process. However, very few centres appear to use the criteria and many who do use them do so selectively and incompletely. While most urologists agree that the NIDDK criteria are too restrictive for use in the clinical setting, there appears to be little uniformity in the diagnostic algorithms used even for research. We undertook this study to ascertain how IC is being diagnosed and to establish a working diagnosis in those cases that do not have the condition.

### **Study design, materials and methods**

All patients who were referred with a working diagnosis of IC were fully re-evaluated in a prospective and stepwise manner. Reinvestigation involved a comprehensive history and physical exam, urinalysis, serial urine cultures, frequency-volume records, urodynamics and cystoscopy under general anesthesia.

### **Results**

Fifty-nine patients (5 males, 54 females) with a mean age of 45.5 years were referred with a working diagnosis of IC. The original diagnoses were made on the basis of history and sterile urine in 21 cases, cystoscopy alone in 8 and cystoscopy and biopsy in 16. Only 23 cases had previously undergone urodynamic studies as part of their investigative work-up, and in 4 cases the cystoscopy was performed under local anesthetic using a flexible cystoscope. These patients had persistent severe symptoms despite treatment, hence the indication for full reinvestigation.

### **Interpretation of results**

Reinvestigation provided an alternative diagnosis in 19 cases: recurrent UTIs (5), detrusor overactivity (5), bladder outlet obstruction (4, all male), dysfunctional voiding (1), gynecological causes (3), irritable bowel syndrome (1) and psychogenic urgency (1). The diagnosis of IC was confirmed in only 35 (60%) cases. A final diagnosis remains elusive in 5 cases. Of the 35 cases in whom the diagnosis of IC was confirmed, 22 (63%) satisfied all the NIDDK criteria.

### **Concluding message**

A pragmatic and stepwise approach to investigation will provide a (common) diagnosis in most cases where pelvic pain and irritative bladder symptoms are the main complaints. Common things are common!