

Infections/Inflammation of the GU Tract: Interstitial Cystitis
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PAINFUL SYMPTOMS EVALUATED BY NIH-CPSI ARE HIGHLY ASSOCIATED WITH CYSTOSCOPIC FINDINGS CONSISTENT WITH INTERSTITIAL CYSTITIS IN ELDERLY MALE PATIENTS UNDERGOING PROSTATE BIOPSY

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Introduction and Objective: Glomerulation has been considered as one of criteria for the diagnosis of interstitial cystitis (IC). Its specificity, however, still remains to be clarified. The present study was conducted to reveal the prevalence of glomerulation in male selected population and to correlate with clinical parameters available including symptoms as evaluated by National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI). **Methods:** Informed consent was obtained from all patients. Hydrodistention was performed in 78 elderly male patients (52-86 years old, mean 69) under spinal anesthesia, in whom transperineal systematic prostate biopsy was performed because of abnormally elevated serum PSA levels (4.1 to 95.0ng/ml). Cystoscopy was performed with drip infusion of saline by gravity from a height of 60 cm and hydrodistention was stopped when 500ml of saline was infused. Vascular events were examined during the filling and emptying phases. Cystoscopic findings were compared with conventional clinical parameters and symptoms as evaluated by NIH-CPSI and IPSS. **Results:** Out of 78 patients evaluated, prostate cancer was detected in 35 (44.9%), and glomerulation was recognized in 8 (10.3%). Glomerulation was recognized in 4 (11.4%) out of 35 patients with positive biopsy and 4 (9.3%) out of 43 with negative one. There was no difference in age, prostate volume, serum PSA levels between patients with and without glomerulation. Interestingly, statistically significant difference was noted in painful scores as evaluated with NIH-CPSI between patients with and without glomerulation (5.5 vs 1.5, $p < 0.005$). The frequency of glomerulation increased as painful scores did from 3.2% (2 out of 62) in patients with painful scores of 0 to 4 to 37.5% (6 out of 16) in those of 5 or more. On the other hand, there was no difference in LUTS-related symptoms as evaluated with IPSS. **Conclusions:** The present study first demonstrated that glomerulation was highly associated with painful symptoms as evaluated by NIH-CPSI in elderly men. These results suggest strongly the high prevalence of IC among elderly male patients complaining pains. Further studies are needed to clarify the clinical significance of IC among elderly male patients treated as clinical benign prostatic hyperplasia or overactive bladder.

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