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THE INTERSTITIAL CYSTITIS MYTH

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Rationale

Interstitial Cystitis (IC) is a diagnosis of exclusion based on symptoms and a large number of negative tests. The pathophysiology, is chronic inflammation where mast cells and glomerulations are expected. UTI is excluded by the discredited mid stream urine culture. We report on patients diagnosed with IC whom we treated successfully for chronic urinary tract infection.

Methods and Results

We studied 489 women, diagnosed at other centres with IC, presenting between September 2016 and January 2019, their mean age was 46.5 years (sd=17). They had suffered from symptoms for 6.7 years (sd=7.2). Their pyuria at presentation averaged 10 wbc ul-1 (sd=6) and their urinary epithelial averaged 48 wbc ul-1 (sd=76, median=20). Their average symptoms score out of 39 symptoms was 10 (maximum 27, sd= 6). Those with pyuria we treated as describe elsewhere 1,2.

100 (20%) patients presented with zero pyuria; 53 (10%) remained thus, so that 90% eventually manifest pyuria. The 10% without pyuria were followed up least (mean=2.5, median=1) had the worst outcome with 60% failing review.

By contrast, 80% of those with pyuria improved during the time of observation (Kruskal-Wallis chi-squared = 39.02, df = 1, p-value < .001). These had failed installations, cystodistension, urethral dilation and alternative treatments.

Conclusion

IC should not be diagnosed unless infection has been properly excluded. 90% of this cohort were improved by antibiotic treatment.

References

1. Swamy S, Barcella W, De Iorio M, et al. Recalcitrant chronic bladder pain and recurrent cystitis but negative urinalysis: What should we do? *Int Urogynecol J*. 2018.
2. Swamy S, Kupelian AS, Khasriya R, et al. Cross-over data supporting long-term antibiotic treatment in patients with painful lower urinary tract symptoms, pyuria and negative urinalysis. *Int Urogynecol J*. 2018.