



GLOBAL INTERSTITIAL CYSTITIS, BLADDER PAIN SOCIETY

Newsletter

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Hunner's Lesion: Is it a Different Disease?

The term 'Interstitial cystitis' was first used by Skene in 1887, to describe the intense inflammation of all the layers of bladder, resulting in painful a condition associated with urinary frequency. Guy Hunner, in 1915 described an elusive ulcer in the bladder of women who suffered from incessant pain and urinary frequency, which would not respond to usual contemporary methods of treatment. These two became interchangeable and were used to report cases of painful bladder condition, commonly known as interstitial cystitis. Hunner's ulcer, as it was then called, was supposed to be pathognomonic of interstitial cystitis.

However, clinicians had started to realize that there could be painful condition of bladder without the presence of Hunner's ulcer. This continued till 1987 when NIDDK set up a project to objectively identify these patients as suffering from interstitial cystitis without the presence of Hunner's ulcer. They defined Interstitial Cystitis (IC) as patients presenting with pain and /or urgency with cystoscopic findings of glomerulations and /or Hunner's ulcers.

European society for study of interstitial cystitis (ESSIC) convened its first meeting under the chairmanship of Jorgen Nordling in the year 2003. The objective was to define this disease in a manner that would include all patients having a sensation of pain or pressure, perceived to be originating from the bladder, with one or more urinary symptoms like

frequency or urgency, when all other confusable disorders could be excluded. This was a very wide definition and encompassed a lot of patients suffering from pain perceived to be originating from bladder with normal cystoscopic findings also. Thus the recommendation was made to change the nomenclature to Bladder Pain Syndrome (BPS).

ESSIC further recommended to sub classify these patients based on cystoscopy and bladder biopsy findings. A specific subtype, IIIC was defined by the presence of 'Hunner's Lesion' on cystoscopy. By this time, the morphology of Hunner's lesion had been amply described by Magnus Fall and it was emphasized that it was indeed not an ulcer in true sense but a specific pale stellate lesion with parallel centrifugal capillaries in the background of hyperemia of bladder. There was usually a deposit of fibrin on the summit of this lesion. Upon hydro distension this usually cracked and caused bleeding and this was inappropriately interpreted to be an ulcer to begin with. Glomerulations, or the pinpoint mucosal bleeding on hydro distension was not thought to be characteristic of BPS as it was not unusual to witness them in patients without any bladder pain.

Gradually the new definition, proposed by ESSIC and endorsed by European Association of Urologists (EAU) included a heterogeneous population of patients justifying the diagnosis of BPS but responding very differently to treatment modalities. Lately, it has been recognized that patients in whom Hunner's lesion is seen on cystoscopy, respond to a set pattern of treatment very well. Trans urethral resection (TUR) of these lesions is very gratifying and so is the GAG replenishment therapy. Patients without Hunner's lesion tend to do less well with treatments like hydro distension and GAG replacement.

So one is forced to think if the presence of Hunner's lesion indicated an entirely separate disease process with a set etiopathogenic pathway?

Was it really wise to keep it grouped under one umbrella diagnosis along with heterogeneous entities resulting in bladder pain?

The science of IC/BPS is still in evolution. It is time to think whether we need to consider Hunner's lesion as a separate disease. There is no doubt that Hunner's lesion is a distinct entity, but whether the global experts in taxonomy would agree to give it a definition of a separate disease or not is a matter of debate as of now.



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References

1. Skene AJC. Diseases of Bladder and Urethra in Women. New York: Wm Wood; 1887. p 167
2. Hunner GL. A rare type of bladder ulcer in women; report of cases. Boston Med Surg J. 1915;172:660-4.
3. Fall M, Johansson SL, Aldenborg F. Chronic interstitial cystitis: a heterogeneous syndrome. J Urol. 1987;137:35-8.
4. Wein A, Hanno P, Gillenwater J. Interstitial cystitis: an introduction to the problem. In: Interstitial cystitis. Eds Hanno, Staskin, Krane, Wein London Springer-Verlag. 1990. pp 3-15.
5. Hanno P, Levin RM, Monson FC, Teuscher C, Zhou ZZ, Ruggieri M, et al. Diagnosis of interstitial cystitis. J Urol. 1990;143(2):278-81.
6. van de Merwe JP, Nordling J, Bouchelouche P, Bouchelouche K, Cervigni M, Dahan LK, et al. Diagnostic criteria, classification, and nomenclature for painful bladder syndrome/interstitial cystitis: an ESSIC proposal. Eur Urol 2008;53(1):60-7.
7. Quaghebeur J, JJ. Wyndaele. Bladder pain syndrome (BPS): Symptom differences between type 3C BPS and non-type 3C BPS. Scand J Urol 2015;49(4):319-20.
8. Wennevik G, Meijlink J, Hanno P, Nordling J. The Role of Glomerulations in Bladder Pain Syndrome: A Review. J Urol. 2016;195 (1):19-25.
9. Pecker R, Aldenborg F, Fall M. Complete transurethral resection of ulcers in classic interstitial cystitis. Int Urogynecol J. 2000;11:290-5.
10. Logadottir Y, Fall M, Kåbjörn Gustafsson C, Pecker R. Clinical characteristics differ considerably between phenotypes of bladder pain syndrome/interstitial cystitis. Scand J Urol Nephrol 2012;46(5):365-70.

Newsletter

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BLADDER PAIN SOCIETY**





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Dr. Rajesh Taneja (Organizing Chairperson GIBS)

Dear Colleagues,

It is a great pleasure to announce the upcoming **4th Annual Conference** of the Global Interstitial Cystitis Bladder Pain Society (GIBS) to be held in Mumbai, **24-25 August 2019**. The aim of GIBS has been to perpetuate and disseminate the science of IC/BPS and this has been amply exemplified in the past.

After the conferences on 'Basic Understanding' (2016), 'Practical guidelines' (2017) and 'On the Horizon' (2018), this year the theme is going to be **'Beyond Horizon'**. I am sure you would be looking forward to this conference as the science of Interstitial Cystitis/ Bladder Pain syndrome is going to be presented at a yet higher plane on understanding. This year will mark the scientific deliberations on the subjects which may not seem to be directly part of current clinical practices, but as part of research, including basic sciences, which may form the basis of treatment of this for midable disease in the coming years.

International participation in the form of faculty and delegates makes the meeting truly 'Global'. This year too we are expecting eminent faculty from major international organizations spearheading the science of IC/BPS. I do hereby extend invitation to you and your colleagues to register for this scientific bonanza and be a part of the 'science in evolution' on this yet incompletely understood subject of IC/BPS.

Looking forward to meeting you in Mumbai.
Best Wishes.



Dr. Sanjay Pandey (Organizing Secretary GIBS)

Dear Colleagues,

This year it is a time to take the campaign of IC-BPS to highest levels @GIBS. With your dedicated and focussed concern on this subject we have truly turned the tide in past 3 editions and reached the pinnacle of management by multi disciplinary care in solving the agony of so many patients.

We still have miles to go as the Global body awaits your latest clinical and research work with bated breath. 2019 edition of GIBS hold the vision and rightfully the theme **"Beyond Horizon"** of all that we can and which is in grasp of the medical realm to solve the phantasmagoria of this dreaded subject IC-BPS.

I heartily welcome you to the discovery **"Beyond Horizon"** of the scientific feast as never before. Your contributions and presence on **24th – 25th Aug 2019** will strengthen the resolve to overtake the challenges of IC-BPS.

With each of you being there on the occasion to hear out the experts and the patients **"Yes! We can"**
March - BEYOND HORIZON.

Best Wishes.

4 Annual meeting on Interstitial Cystitis Bladder Pain Syndrome

24th & 25th August 2019, Mumbai

GIBS 2019

"Beyond Horizon"

"Registration Started"
Visit www.gibsociety.com

GIBS 2019 - "TOPICS TO BE DISCUSSED":

1. Session on Differential Diagnosis in women

- Overactive Bladder
- Endometriosis
- Recurrent UTI
- Chronic Pelvic pain

2. Session on IC BPS management

3. Video workshop on IC (Cystoscopy and Hydro distension)

4. Session on Quality of Life

- Indian IC diet
- Pain management in IC/BPS
- Stress and IC
- Sexually Dysfunction Couples

5. Abstract Presentations

6. Scientific session based on the 'Beyond Horizon'

- Basic research on animal models
- GUT microbiota
- New Delivery systems for oral PPS
- Hunner Disease
- Session on latest IC research