



GLOBAL INTERSTITIAL CYSTITIS, BLADDER PAIN SOCIETY

Newsletter

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Addendum to GIBS Clinical Guidelines (2017) for Treatment of IC/BPS

Executive Board of GIBS August 2019

The broad term of Bladder Pain syndrome as we have it in contemporary time on one side of spectrum includes patients with low grade symptoms like having burning sensation in bladder or uro-genital region which resolves on passing urine with minimal nocturia to highly debilitating disease necessitating nocturia of about 20-30 times.

The former may form a subset of patients with low score disease and may be managed by nonspecific oral medication.

These patients may be treated without a cystoscopy but if the symptoms persist, it is up to the judgement of the treating clinician to advise cystoscopy to exclude confusing disorder. GIBS guidelines in no way advise against performing cystoscopy for diagnosis or treatment of patients suspected to be suffering from Bladder Pain Syndrome.

Lately, just to avoid delay in treatment, many guidelines have advocated that Cystoscopy and/or urodynamics should only be considered when the diagnosis is in doubt; these tests are not necessary for making the diagnosis in uncomplicated presentations. (Expert Opinion). [1]

Therefore, the value of cystoscopy is considered only when responses to first- and second-line treatments are inadequate to achieve acceptable quality of life, and one wants to rule out the presence of Hunner's lesions (HLs) and potential other pathologies that may be causing symptoms. [1]

But the fact is that most of entities in differential diagnosis such as bladder cancer, vesical stones, urethral diverticula, and intravesical foreign bodies can mostly be ruled out; just on basis of symptoms and few non-invasive diagnostic modalities including urine microscopy and radiology, except hunner's lesion. [2]

Till date; we don't have any diagnostic criteria like symptom score or biomarker, to even suspect the presence of HLs. Though many studies have been done to allocate HLs as distinct phenotype with different course and response to treatment. [3,4,5]

References

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5. Nigro DA, Wein AJ, Foy M et al: Associations among cystoscopic and urodynamic findings for women enrolled in the Interstitial Cystitis Data Base (ICDB) Study. Urology 1997; 49: 86.



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BLADDER PAIN SOCIETY**

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