

TISSUE REGENERATION AND INTERSTITIAL CYSTITIS

Regenerative medicine involves stem cells and growth factors. The successful clinical application depends on effective technologies to gain autologous preparations and modifying to the lesions caused by the disease or trauma.



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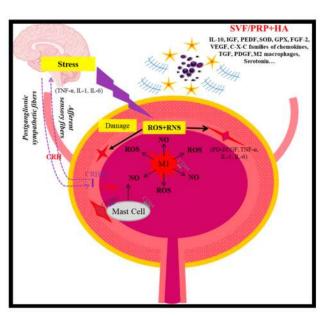
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Mesenchymal stem cell and platelet derived growth factors are proved to be essential because of their versatile and easy sampling. These factors not only work on interstitial tissue but also on the epithelium. Successful application of regenerative medicine in the dermatology and recent application in urethroplasty enhances recent research on interstitial cystitis.

IC/BPS is defined as a chronic (> 6 weeks), poorly understood pelvic condition, characterized by suprapubic discomfort, or pressure related to bladder filling; it is associated with increased frequency of urination in the absence of UTI or any other obvious pathology. (1) It fluctuates over time with waxing and waning course and no pathophysiological mechanism is clearly defined here. Therefore, treatment is primarily directed toward symptom palliative. Biopsy even cystoscopy is not mandatory to reach the diagnosis. The glycosaminoglycan (GAG) layer is damaged and it exposes the submucosal layers to urinary irritants

Dietary and lifestyle modification is the initial treatment. Sodium pentosan polysulfate is the only US-FDA approved drug(1). Amitriptyline in fact is a staple drug with different dose formulations and varied response rates. Therefore, there are clear lacunae as patients have to wait months for symptoms palliation.

Stem cell transplantation in the bladder do not fill up the damaged epithelium rather it secretes antiinflammatory, anti-apoptotic factors and it is endogenous stem cells cover the damaged part(2). In 2022, Shin et al. reported the 12-month follow-up of three IC/BPS patients treated with MSCs derived from hESCs(3). VAS and their lesions were greatly improved, and one lesion in the first patient became unidentifiable under cystoscopy(3). Lander et al.investigated the effect of the combined intravenous and local injection of autologous stromal vascular fraction (SVF) into the pelvic floor in 91 women and 18 men with IC/BPS(4). Stromal vascular fraction contains an adipose pool of MSCs.71.5% of patients reported that they felt better after SVF treatment(4). Patients also reported significant decreases in overall mean pain scores, significant decreases in mean Urgency/Frequency Patient Symptom Scale (PUF), and improved O'Leary-Sant symptom (OSS) and bother scores at 1 year(4).

Platelet-rich plasma (PRP) carries growth factors and cytokines that can stimulate the healing of soft tissue and joints. For its properties, PRP may offer an treatment option to improve the healing of bladder mucosa injuries and to reduce neuropathic pain. In their study, 40 patients (37 women and 3 men) with IC/BPS, who had previously failed to conventional treatments, received four injections of PRP at monthly intervals. They analyzed parameters of global response assessment (GRA) score as the primary endpoint at 3 months after the last injection of PRP and OSS score, visual analog scale (VAS) score, micturition frequency, nocturia, functional bladder capacity, posturination residual (PVR), and maximum flow rate as the secondary endpoints at baseline and at 3 months after the last injection.

They observed a significant decrease in GRA and symptom score post-treatment, as well as a significant decrease in OSS, VAS, urinary frequency, and nocturia. The same authors, in another recent clinical trial, showed a significant improvement in urothelial tight junction defects in patients with refractory nonulcer IC/BPS.MSCs and PRP has promising 5 yr long term follow up period.

CONCLUSION

Regenerative approaches towards IC/BPS seems to be promising for future standardization protocols. But regenerative medicine in IC/BPS has no standardized procedures and lacks guidelines. It appears more complicated than pharmacological or surgical intervention and need multidisciplinary approaches.

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