



GLOBAL INTERSTITIAL CYSTITIS
BLADDER PAIN SOCIETY

JANUARY 2025
VOLUME 7 ISSUE 1

GIBS NEWSLETTER



CYSTOSCOPIC APPEARANCE OF HUNNER'S LESION

Cystoscopy is desirable to be done upfront in patients who fit into the GIBS (Global Interstitial cystitis Bladder pain Society) definition of bladder pain syndrome. Cystoscopy in patients with bladder pain should be done under comfortable conditions, under general or spinal anesthesia. It is recommended that the video be recorded for the sake of review during follow up and as part of data collection, whether or not the urologist finds a Hunner's lesion.

Guy Hunner (1915) described the 'rare type of ulcer in the bladder of women,' which did not conform to usual known pathologies of bladder at that time. Skene (1915) around the same time described a disease with transmural inflammation of bladder and called it interstitial cystitis. In 1976 Stamey and Messing realized that Hunner's lesion was perhaps a different entity and the interstitial cystitis was perhaps diagnosed as finding glomerulations. As the quality of vision improved with innovation in technology, the clearer picture of Hunner's lesion was described by Magnus Fall (1987). He described the Hunner lesion as 'a reddened area of varying extension which includes fine vessels radiating toward a central pale scar, often with a small blood clot or fibrin deposit attached to the scar area.'

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The incidence of sighting a Hunner's lesion (HL) in various series has been variable to a very large degree. This could be due to the difficulty in recognising the Hunner's lesion due to various reasons. The methodology adopted during cystoscopy is highly varied itself across the globe, and this has been cited as one of the reasons of difference in recognition of HL. The methodology of cystoscopy described by GIBS was recently published and this might be a basic step towards standardisation of the technique and picking up the HL during cystoscopy.

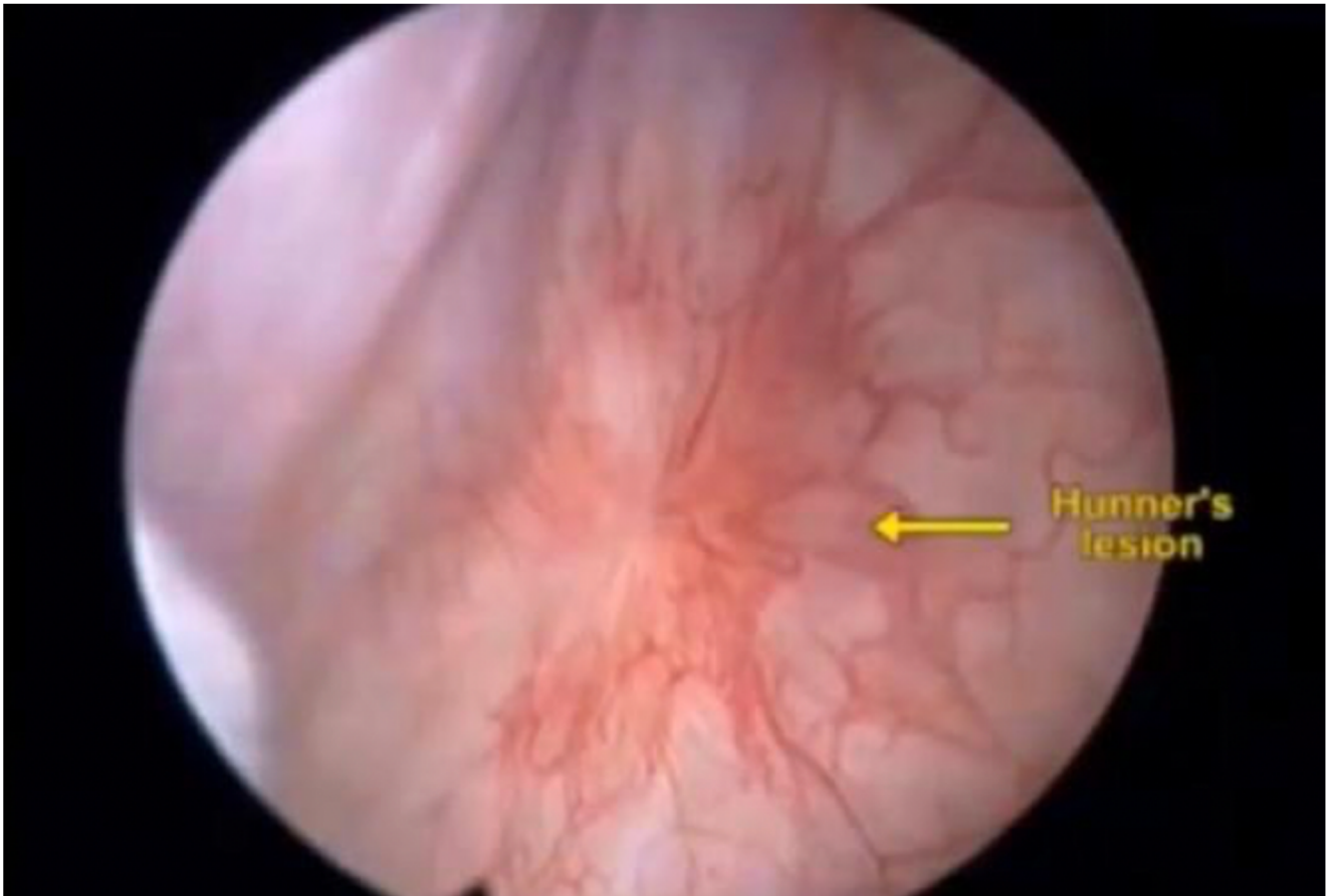
The identification of HL also depends upon the training of the urologist performing these procedures. An atlas of cystoscopy depicting various forms of HL, perhaps influenced by the duration of disease process is very much the need of hour.

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The current article is an attempt to present a collection of such cystoscopic appearances of HL of different duration of illnesses. The duration of illness may influence, the cicatrization at the base of HL, associated glomerulations and/or the mucosal cracking and the overall reduction in bladder capacity under anaesthesia during hydrodistension. Ablation of HL may be performed using a ball electrode, or resection using TURP Loop.

Patients with HL are now thought to have a different disease entity, rather than a type of bladder pain syndrome. Therefore, it is essential to identify these lesions with reasonable certainty.

**IT IS SAID THAT
'YOUR EYES SEE WHAT YOUR MIND KNOWS.'**

References

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4. Messing EM, Stamey TA. Interstitial cystitis: early diagnosis, pathology and treatment. *Urology.* 1978;12(4):381–392.
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GLOBAL INTERSTITIAL CYSTITIS
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MARCH 9TH | 2:00PM
HYBRID

FIFTH GIBS INTERNATIONAL IC/BPS PATIENT'S DAY



DECODE



DEMYSTIFY



DRIVE

FOR BLADDER PAIN WARRIORS

IT'S THAT TIME OF THE YEAR TO TALK ABOUT IC/BPS

"YOU'RE NOT ALONE: JOIN THE GLOBAL MOVEMENT TO BEAT BLADDER PAIN!"

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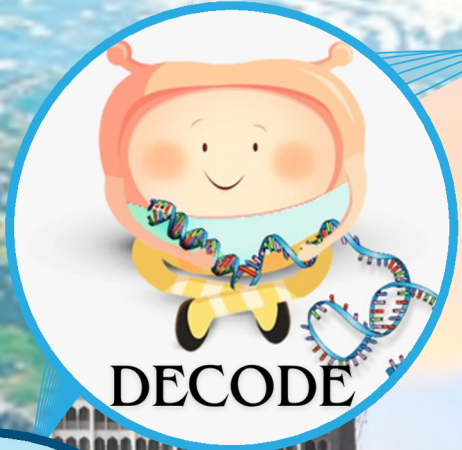
GIBS 2025

ANNUAL CONFERENCE

Celebrating a Decade!

AUGUST 23rd & 24th, 2025

- HIGHLIGHTS**
- ✓ Advances in IC/BPS
 - ✓ Workshops
 - ✓ Orations from Subject Expert around the Globe!



Kokilaben Dhirubhai Ambani Hospital, Mumbai, India

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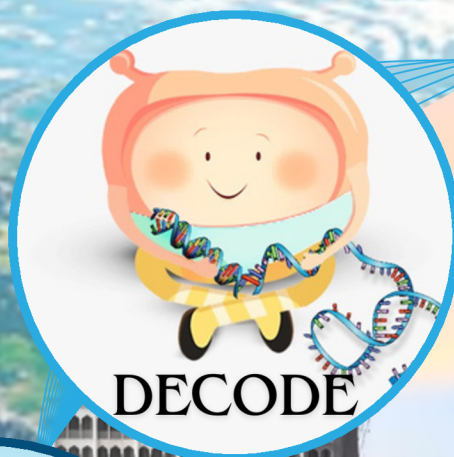


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CALL FOR ABSTRACT

LAST DATE FOR SUBMISSION: MAY 1ST, 2025

- ✓ Presentation Format: In Person
- ✓ Date: 24th August 2025
- ✓ Time: 09:00AM - 10:30AM IST
- ✓ Finalist Announcement: By 10th May
- ✓ Limited Slots Available!
- ✓ Registration: Mandatory!



Kokilaben Dhirubhai Ambani
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