Evaluation of bladder-sphincter disorders sclerodermia: 69 patients

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Keywords: Systemic scleroderma; Bladder-sphincter disorders; Self-administered questionnaire

Introduction.– Scleroderma is a rare chronic disease of the immune system. Bladder involvement is exceptional.

Patients and methods.– This study included 293 patients with scleroderma constituting the cohort of the Internal Medicine Unit of the Cochin Hospital. In March 2010, a self-administered questionnaire was addressed to these patients. The variables recorded were: age, gender, duration of scleroderma, bladder-sphincter disorders, presence of urinary infections.

Results.– In all, 131 (44%) of patients responded with 114 completed questionnaires. Five patients had died, the address was inaccurate for six, two patients decline participation in the study and one patient was hospitalized and could not complete the questionnaire. For the 114 patients included in the analysis, 69 (23.5% of the 293 initial questionnaires) were correctly identified. The other participants did not provide their name, initials or file number. Fifty-six (81.2%) were female. Mean age, in general at the time of evaluation, was 56 ± 14.4 years. Men were 2 years older than women. Mean duration of the disease the day of the evaluation was 9.3 ± 7.7 years. Twenty-seven women (48.21%) presented exercise-induced incontinence, 48 (85.71%) had bladder overactivity, and 24 (women 42.85%) dysuria. Twenty-two women had a urinary tract infection (39.28%), including three with fever (5.35%) and 21 (37.5%) treated with antibiotics. Two men presented exercise-induced urinary incontinence (15.38%) and 12 men had an overactive bladder (92.30%). Dysuria was present in 7 men (53.38%). Two men had a urinary tract infection (15.38%), including one with fever (7.69%); both were treated with antibiotics.

Conclusion.– Urinary disorders are more common in patients with scleroderma than in the general population. Urinary disorders are more common than bladder overactivity.


Transcutaneous electric stimulation (TENS) for the treatment of neurogenic and idiopathic overactive bladder: 24 cases

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Objective.– Demonstrate the efficacy of TENS in the treatment of neurogenic and idiopathic overactive bladder (NOAB, IOAB).

Patients and methods.– Retrospective study of 24 patients with symptoms of overactive bladder who failed to respond to anticholinergic medication. The patients were divided into two groups by etiology: group 1 post-trauma NOAB; group 2: IOAB. All patients were treated with TENS at the level S3. An adapted protocol including one stimulation per hour for each session, three sessions per week for 12 weeks was instituted without use of anticholinergic agents. The patients were reviewed at treatment end then at 3 and 9 months. Urinary flow and micturition diary were used to assess outcome: volume, intermiction interval (diurne, nocturne), frequency of urinary leakage between self-catheterizations for IOAB.

Results.– Group 1 included 15 patients (1 f, 14 m), mean age 31 years (27–35 years). Most patients (66.6%) were totallycontinent with decreased miction frequency and increased miction volume at the end of the protocol. This result was sustained at 3 and 9 months. Only 3 patients had recurrent symptoms and were not satisfied with the protocol, requesting an alternative treatment.

Conclusion.– The early results of TENS in patients with idiopathic or neurogenic OAB are encouraging. This is a simple and effective non-invasive technique with low cost. Long-term outcome remains to be determined.


Evaluation of sexuality in 53 paraplegic patients

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Introduction.– Sexual disorders are frequent in paraplegic patients. Few studies have evaluated the impact on quality of life.

Objectives.– Evaluate sexual disorders in these patients using validated scores and assessing impact on quality of life.

Patients and methods.– This retrospective study included 62 paraplegic patients treated from 2003 to 2009. Only 53 patients were retained for study (the others were lost to follow-up or declined participation): 71% of patients were male and 29% female; the sex ratio was 2.4 and the mean age 45.3 years. Etiologies were trauma (51%), tumor (21.5%), operated discal hernia (27.5%). Spinal cord injury (thoracic and upper lumbar) were noted in 55%, equine cauda disorders in 45%; 20.5% of patients could walk, 29.5% with...
assistance aids, and 50% required a wheelchair. For the men, ED was temporary (<3 months) in 9 patients (16%). All of the other patients (84%) had permanent erectile dysfunction. The two domains most commonly affected were: capacity to maintain erection and sexual arousal. For women, the FSFI score was perturbed in 85% and the most affected elements were arousal, dyspareunia and overall satisfaction. The two scores were validated in Arabic.

Conclusion.– Tetraplegia is a serious condition which can be life threatening in addition to the functional impairment, which includes sexuality. Further studies are needed in this poorly explored domain.


P013–EN

OAB-q: Validation of the Moroccan Arabic version of the quality of life questionnaire on overactive bladder
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Keywords: OAB-q; Overactive bladder; Quality of life; Moroccan Arabic

Objective.– Validation of the Moroccan Arabic version of the OAB-q, initially developed and validated in English [1].

Material and methods.– The Moroccan Arabic version of the OAB-q was obtained by translation then back translation (English–Arabic). Three experts reviewed the translations and tested the cultural adaptation with 10 patients presenting overactive bladder.

Results.– The OAB-q has two parts. The first part has 8 items and evaluates disorders related to bladder overactivity (diurnal and nocturnal pollackuria, urge and incontinence). The second includes 25 items measuring the impact on quality of life (coping behaviour, sleep, social interactions). Cultural adaptations were performed with 10 patients (5 with multiple sclerosis, and 5 with spinal cord injury), mean age 42.47.6, sex ratio 1.0.

Discussion and conclusion.– The OAB-q was validated in men and women presenting symptoms of overactive bladder with or without incontinence (neurological origin or not). The internal coherence and construct validity were demonstrated [1]. This questionnaire was thus validated for patients with multiple sclerosis and spinal cord injury [2]. Validation of the Morocco Arabic version is the initial stage of work towards psychometric validation in a larger number of patients.

References


P014–EN

Qualiveen: Validation of the Moroccan Arabic version of the quality of life questionnaire for spinal cord injury patients
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Keywords: Qualiveen; Quality of life; Micturition disorders; Spinal cord injury; Multiple sclerosis; Arabic; Questionnaire

Objective.– The purpose of this work was to validate the Moroccan Arabic version of Qualiveen developed and validated in French initially for spinal cord injury patients [1] and secondarily for multiple sclerosis patients [2].

Material and methods.– The Moroccan Arabic version of the Qualiveen questionnaire specific for micturition disorders was obtained by translation and back translation (French-Arabic). Experts reviewed the translations and tested comprehension in a sample of six patients including three with spinal cord injury and three with multiple sclerosis presenting bladder disorders.

Results.– This questionnaire is composed of 30 items evaluating the impact of urinary disorders on four domains of quality of life: difficulties, constraints, fears and experience. The Qualiveen is a self-administered questionnaire normally completed by the patient alone, excepting non-literate patients who require assistance. Linguistic validation is not a literal translation of the original questions but a cultural adaptation acceptable for Moroccan patients.

Discussion and conclusion.– The Moroccan Arabic version of the Qualiveen is one of the first quality of life measurement tools validated in the Moroccan dialect of Arabic and specifically developed for patients with spinal cord injury and MS with bladder disorders.

References


P015–EN

Infectious risk and neurological bladder: Institution of protocols for clean intermittent self-and hetero-catherization
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Keywords: Neurological bladder; Quality of care; Self-catheterization

Introduction.– Self-catheterization is a gold standard method recognized nationally and internationally for bladder emptying. Symptomatic urinary infection remains the primary cause of morbidity and the second cause of mortality in spinal cord injury patients, even though clean intermittent self-catheterization has limited the number of infections.

Objective.– Our objective was to determine the prevalence of nosocomial urinary tract infection in the PRM unit of the Limoges University Hospital before and after the implementation of self- and hetero-catheterization protocols.

Material and methods.– This was a retrospective analysis of patients with a neurological bladder who required clean intermittent catheterization and who were hospitalized from May 1, 2008 to March 1, 2010.

Results.– Regarding the 47 hospital stays, 31 men (66%) and 16 women (34%), mean age 49 years, mean stay 82 days, were included. The reasons for hospitalization were variable, 16 patients were learning intermittent catheterization. During their hospital stay, 19 patients (40%) developed a urinary infection (one patient twice) and one or more colonizations in certain patients. Among the 20 confirmed urinary tract infections, 18 were nosocomial. Among the 47 hospital stays, antibiotics were prescribed at admission for 21 patients (44.7%), eight for pressure sores complicated by osteitis, three for baclofene pump infection and one for urinary tract infection; 36 (76.6%) of hospital patients received on average 2.7 antibiotics.

The important antibiotic prescriptions create a bias too important for comparing the prevalence of nosocomial urinary tract infections before and after institution of our protocols. Data in the literature has already demonstrated the efficacy of