PD12-4: INTRAVESICAL BOTULINUM TOXIN-A INJECTIONS REDUCE BLADDER PAIN OF INTERSTITIAL CYSTITIS/BLADDER PAIN SYNDROME REFRACTORY TO CONVENTIONAL TREATMENT – A PROSPECTIVE, MULTICENTER, RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED CLINICAL TRIAL

Yuan-Hong Jiang, Hann-Chong Kuo. Department of Urology, Buddha Tzu Chi General Hospital and Tzu Chi University Hualien, Taiwan

Purpose: Intravesical onabotulinumtoxinA (BoNT-A) injection is a beneficial treatment for interstitial cystitis/bladder pain syndrome (IC/BPS), yet its therapeutic efficacy remains to be validated. This study tests efficacy and safety of intravesical BoNT-A injections for treatment of IC/BPS.

Materials and Methods: A multicenter, randomized, double-blind, placebo-controlled trial in patients with IC/BPS refractory to conventional treatment was conducted. Patients were randomized in a 2:1 ratio to hydrodistention plus suburothelial injections of BoNT-A 100U (Botox group) or the equivalent amount of normal saline (N/S group). The primary endpoint was a decrease in pain assessed using a visual analog scale (VAS) at week 8 after treatment. Secondary endpoints included voiding diary and urodynamic variables. The Wilcoxon sign rank and rank sum tests were used for statistical analyses.

Results: A total of 60 patients (8 males, 52 females, age 50.8 ± 13.9 years) including 40 in the Botox and 20 in the N/S groups were enrolled. At week 8, a significantly greater reduction of pain was observed in the Botox group compared to the N/S group (-2.6 ± 2.8 VS -0.9 ± 2.2, p = 0.021). The other variables did not differ significantly between groups except for cystometric bladder capacity, which was increased significantly in the Botox group. The overall success rates were 63% (26/40) in the Botox group and 15% (3/20) in the N/S group (p = 0.028). Adverse events did not differ between the groups.

Conclusion: Intravesical Botox injection of 100U of BoNT-A effectively reduced bladder pain symptoms in patients with IC/BPS. The adverse events were acceptable.

PD12-5: THE PREVALENCE OF NON-BLADDER COMORBIDITY BETWEEN PATIENTS WITH INTERSTITIAL CYSTITIS / BLADDER PAIN SYNDROME (IC/BPS) AND KETAMINE INDUCED UROPATHY (KIU)

Huei-Ching Wu, Ming-Huei Lee, Wei-Chih Chen. 1Department of Urology, Feng Yuan Hospital, Ministry of Health and welfare, Taiwan; 2Central Taiwan University of Science and Technology, Taiwan

Purpose: Recreational ketamine abuse cause lower urinary tract symptoms including dysuria, urinary frequency, urgency, urge incontinence and hematuria. Several reports showed denuded epithelial inflammation of the bladder and petechial hemorrhage. As with similarly presenting interstitial cystitis, several studies investigated the pathophysiology as purinergic neurotransmission of ketamine induced uropathy. A recent study found that patients with IC/BPS often have other non-bladder conditions such as irritable bowel syndrome (IBS), fibromyalgia (FM), migraine headaches, and depression. The aim of this study is to investigate subjective symptom score, voiding diary parameters he findings of cystoscopic hydrodistension and presence of non-bladder condition compared with IC/BPS patients.

Materials and Methods: This was a retrospective study. Of 24 patients who were admitted due to severe lower urinary tract symptoms with recreational ketamine abuse history more than one year and 173 female patients who were compatible with AUA/SUFU criteria including unreducible symptoms including dysuria, urgency, and hematuria. Several reports showed denuded epithelial inflammation of the bladder and petechial hemorrhage. As with similarly presenting interstitial cystitis, several studies investigated the pathophysiology as purinergic neurotransmission of ketamine induced uropathy. A recent study found that patients with IC/BPS often have other non-bladder conditions such as irritable bowel syndrome (IBS), fibromyalgia (FM), migraine headaches, and depression. The aim of this study is to investigate subjective symptom score, voiding diary parameters he findings of cystoscopic hydrodistension and presence of non-bladder condition compared with IC/BPS patients.

Results: The mean age on the development of symptoms and on the diagnosis were 56.0 ± 8.4 and 59.1 ± 7.0 years, respectively, with a mean VAS pain score 8.2 ± 1.4. Ten (71.4%) patients received intravesical Botox (botulinum toxin-A) injection with 50% (5 of 10) response rate of pain relief; however, in 4 of 5 patients, their pain increased again after 2.75 ± 0.38 months. All patients received electrocauterization with 85.7% (12 of 14) response rate; however, in 11 of 12 patients, their pain increased again after 3.09 ± 1.75 months. Five patients with poor electrocauterization outcome received simple partial cystectomy; however, four patients (80%) did not satisfy the surgical outcome due to rapid relapse of pain after 1.75 ± 0.75 months. Two of these 4 patients subsequently received extensive (supratrigonal) partial cystectomy concurrent with augmentation enterocystoplasty (AE). Finally, total 6 patients received extensive (supratrigonal) partial cystectomy concurrent with AE, and all patients (100%) satisfied with the surgeries due to the significant relief of pain and symptoms during a follow-up of 7.67 ± 3.22 months.

Conclusion: For ulcer type IC patients, electrocauterization as a treatment option is effective but with short term efficacy and a high relapse rate. Simple partial cystectomy is not feasible in these patients. Extensive partial cystectomy concurrent with AE can effectively relieve pain and symptoms with high satisfaction.

PD12-6: CASE REPORT-BLADDER VOIDING STIMULATION TECHNIQUE CAUSE VESICOURETERAL REFUX

Wei-Hsuan Huang, Chieh-Lung Chou, Chao-Hsiang Chang. Department of Urology, China Medical University Hospital, Taichung, Taiwan

Introduction: Neurogenic bladder is a dysfunction of the urinary bladder due to disease of the central nervous system or peripheral nerves involved in the control of micturition. Methods to improve bladder emptying consist of two main strategies: to increase intravesical pressure and to decrease outlet resistance. Textbook also mentioned that using trigger technique such as tapping or scratching the skin above the pubis or external genitalia, pulling the skin or hair of the pubis, scrotum, or thigh; squeezing the clitoris; or by digital rectal stimulation, could induce bladder reflexively to empty. Our patient had used this kind of technique but cause VU reflux and hydronephrosis.

Case report: A 62-year-old male who was falling down from a tree (3m height) developed T7 and T8 burst fracture. T7 complete paraplegia with left hemiparaplegia and decreased residual urine amount after TURP+TUI. He had regular OPD follow up and residual urine all around 100ml and renal echo found no hydronephrosis. We had suggested him not to tapping and had increase ICP frequency and add Anti-M drug. However, Recurrent UTI and follow up renal echo found Bil. Hydro nephrosis, and Left hydroureter recently. We arrange VUDS for