

**PAINFUL BLADDER SYNDROME (PBS)/
INTERSTITIAL CYSTITIS (IC)
THE MYTH**

Essay

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By

Amr Mahmoud Essam Eldine Riad
M.B.B.Ch

Supervised by

Prof. Dr./ Ismail Osman Abdel Hafeez
*Professor of Urology,
Faculty of Medicine, Ain Shams University*

Prof. Dr./ Ahmed Aziz Mihena
*Professor of Urology,
Theodor Bilharz Research Institute*

Dr./ Khaled Mokhtar Kamal
*Lecturer of Urology,
Faculty of Medicine, Ain Shams University*

Faculty of Medicine
Ain Shams University

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الطبيب/ عمرو محمود عصام الدين رياض
بكالوريوس الطب والجراحة العامة
كلية الطب - جامعة عين شمس

تحت إشراف

الأستاذ الدكتور/ إسماعيل عثمان عبد الحفيظ
أستاذ جراحة المسالك البولية - كلية الطب - جامعة عين شمس

الأستاذ الدكتور/ أحمد عزيز مهينة

أستاذ جراحة المسالك البولية - معهد تيودور بلهارس للأبحاث

الدكتور/ خالد مختار كمال

مدرس جراحة المسالك البولية - كلية الطب - جامعة عين شمس

كلية الطب
جامعة عين شمس

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List Of Abbreviations

AMP	: Adenosinemonophosphate
APF	: Antiproliferative factor
CP	: Chronic prostatitis
DIGs	: Detergint-insoluble glycosphingolipid complexes
DMSO	: Dimethylsulfoxide
DTPA	: Diethylenetriamine penta acetic acid
EMDA	: Electromotive drug administration
EMG	: Electromyogram
ESSIC	: European society for the study of interstitial cystitis
GABA	: Gammaaminobutyric acid
GAG	: Glycosaminoglycans
GP-51	: Glycoprotein-51
HA	: Hyaluronic acid
HB-EGF	: Heparin binding epithelial growth factor
IBS	: Irritable bowel syndrome
IC	: Interstitial cystitis
ICA	: Interstitial cystitis association
ICS	: International continence society
IL	: Interleukin
MAPP	: Multidisciplinary Approach to the study of pelvic pain
MC	: Mast cells
MHC	: Major histocompatibility complex
NIDDK	: National institute of diabetes, digestive and kidney diseases

NPY	: Neuropeptide Y
NSAID	: Non steroidal anti- inflammatory drugs
OAB	: Overactive bladder syndrome
PAG	: Periaqueductal gray area
PBS	: Painful bladder syndrome
PMC	: Pontine micturation center
PPS	: Pentosan polysulphate sodium
PTNS	: Percutaneous tibial nerve stimulation
SNS	: Sacral nerve stimulation
TENS	: Transcutaneous electrical nerve stimulation
UCPPS	: Urologic chronic pelvic pain syndromes

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Dedication

To ...

My Parents;

My Family

My Fiancée,

*Who gave me all support and love that I
needed.*



INTRODUCTION

Painful Bladder syndrome (PBS) formerly referred to as interstitial cystitis (IC) is a condition diagnosed primarily on the basis of clinical symptomatology. It requires a high index of suspicion on the part of the urologist.

It should be considered in the differential diagnosis of the patient presenting with chronic pelvic pain, often exacerbated by bladder filling and associated with urinary frequency. The highlight of the diagnosis is the presence of pain associated with the bladder.

The older term(IC) was not at all descriptive of the clinical syndrome and not accurate with regard to the pathologic findings. Originally considered a bladder disease, it is now positioned in the medical spectrum as chronic pain syndrome that may begin as a pathologic process in the bladder in most but not all patients. In a small percentage of patients it can progress into a disorder that even cystectomy may not benefit.

PBS encompasses a major portion of the painful bladder disease complex which includes large group of patients with bladder and/or urethral and/or pelvic pain, irritative voiding symptoms (urgency, frequency, nocturia, dysurea) and sterile urine cultures. It may have multiple causes and represents a final common reaction of the bladder to different type of insults.

Essentially, one must be confident that the patient with PBS is not actually suffering from any known cause of bladder pain before making the diagnosis. The international continence society (ICS) defines PBS as the complaint of suprapubic pain related to the bladder filling, accompanied by other symptoms such as increased daytime and night-time frequency in the absence of proven urinary infection or other obvious pathology. The ICS considers IC to be a subset of the broader PBS syndrome and reserves the interstitial cystitis designation to patients with PBS and typical cystoscopic and histologic features.

It is likely that PBS/IC has a multifactorial etiology. A leakly epithelium, mast cells activation, neurogenic inflammation, primary pelvic floor dysfunction and sequelae of bladder infection or pelvic surgery have all been prepared. It is possible the viral,

bilharzial or bacterial cystitis could begin the cascade that ultimately leads to a self-perpetuating process resulting in chronic bladder pain and voiding dysfunction.

It is very important in the diagnosis and management of PBS/IC to be familiar with the common differential diagnosis as:

- Radiation cystitis.
- Urethral caruncle.
- Large postvoid residual.
- Large fluid intake.
- Chemical irritants: contraceptive foams, douches, diaphragm.
- Upper motor neuron lesion.
- Atrophic urethral changes.
- Vulvodynia.
- CARCINOMA in SITU is crucial to be excluded by searching for micro hematuria, cystoscopy And biopsy before confirming the diagnosis of (PBS)/(IC).
- Pelvic mass.
- Diabetes mellitus.

- Overactive bladder.
- Genital Condyloma.
- Cervicitis.
- Diuretic Therapy.