

European Copenhagen Workshop on Interstitial Cystitis (IC) May 22-24, 2003

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Interstitial Cystitis is a poorly defined disease of the urinary bladder. The International Continence Society (ICS) has the following definition: Painful bladder syndrome is the complaint of suprapubic pain related to 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 believes this to be a preferable term to "Interstitial Cystitis".

Interstitial cystitis is a specific diagnosis and requires confirmation by typical cystoscopic and histological features. In the investigation of bladder pain it may be necessary to exclude conditions such as carcinoma in situ and endometriosis. Painful Bladder Syndrome might as stated, be a better general term, but nevertheless, defined in this way, the condition may include a number of causes. A major problem is that reliable diagnostic tools do not exist, and those currently in usage are not used in a standardized way. This makes accurate comparison between patient materials difficult or impossible.

Twenty-three European doctors with an interest in IC/Painful Bladder Syndrome therefore met to try to define standards for the investigations of these patients. No attempt was made to make disease definitions. The meeting ran over 3 days with sessions on diagnostic procedures including history, physical examination, laboratory tests, cystoscopy and morphological investigations on bladder biopsies.

The meeting started with a perusal of the Kyoto meeting on IC and a questionnaire filled in by European doctors. During the following days a lively discussion resulted in a consensus on history taking and physical examination.

It was decided to use O'Leary's questionnaire for symptoms and bother supplemented by a sexual score to be defined. Visual Analogue Score (VAS) for grading of pain, and voiding diaries were decided upon. In both women and men a filling cystometry should be performed, while men also should have a pressure-flow study provided the spontaneous maximum flow rate is less than 20 ml. per second. A modified potassium test is considered optional.

Procedures on how to perform cystoscopy, bladder distension and bladder biopsies were decided upon. The description and quantification of findings during cystoscopy was also determined. It was decided, that bladder biopsies are recommended and must contain detrusor smooth muscle for the investigation of inflammation, fibrosis and mast cells.

It is planned to create a database for patients evaluated according to the above-mentioned standards. Hopefully, this will lead to more information on the disease(s) and allow a scientifically based definition.

It was decided, that the consensus report should be submitted to European Urology for consideration for publication.

Work shop delegates were:

Nordling J. (DK) (chairman), Anjum F.H. (GB), Bade J.J.(NL), Bouchelouche K. (DK), Bouchelouche P. (DK), Cervigni M. (I), Oliveira P.D. (P), Elneil S. (GB), Fall M. (S), Hald T. (DK), Hanus T. (CZ), Hedlund H. (N), Hohlbrugger G. (A), Horn T. (DK), Larsen S. (DK), Leppilahti M. (SF), Nagendra M. (India), Mortensen S. (DK), Osborne J. (GB), Riedl C. (A), Sairanen J. (SF), Tinzl M. (A), Wyndale J.J. (B)

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