



Sindrome da Stanchezza Cronica e Disturbi Urologici

All Databases PubMed Nucleotide Protein Genome Structure OMIM PMC Journals Books

Search MeSH for urination disorders [Go](#) [Clear](#) [Save Search](#)

[Limits](#) [Preview/Index](#) [History](#) [Clipboard](#) [Details](#)

"Fatigue Syndrome, Chronic"[MeSH] AND "Urination Disorders"[MeSH]

[Search PubMed](#) [Clear](#)

Suggestions: [Urination disorders](#); [Urination disorder](#); [Disorders, urination](#); [Disorder, urination](#); [Phonation disorders](#); [Rumination disorders](#); [Lactation disorders](#); [Sensation disorders](#); [Elimination disorders](#); [Phonation disorder](#); [more...](#)

Display Full

All: 1

- If making selections (e
- Select PubMed under
- Select [NLM MeSH B](#)

☐ 1: Urination Disorders
Abnormalities in the p

"Fatigue Syndrome, Chronic"[MeSH] AND "Urination Disorders"[MeSH]

[Search PubMed](#)

[Clear](#)

Subheadings: This list includes those paired at least once with this heading in MEDLINE and may not reflect current rules for allowable combinations.

- ☐ blood ☐ cerebrospinal fluid ☐ chemically induced ☐ classification ☐ complications ☐ congenital ☐ diagnosis ☐ diet therapy ☐ drug therapy ☐ economics
- ☐ embryology ☐ enzymology ☐ epidemiology ☐ ethnology ☐ etiology ☐ genetics ☐ history ☐ immunology ☐ metabolism ☐ microbiology ☐ mortality ☐ nursing
- ☐ parasitology ☐ pathology ☐ physiology ☐ physiopathology ☐ prevention and control ☐ psychology ☐ radiography ☐ radionuclide imaging ☐ radiotherapy
- ☐ rehabilitation ☐ surgery ☐ therapy ☐ ultrasonography ☐ urine ☐ veterinary ☐ virology

☐ Restrict Search to Major Topic headings only

☐ Do Not Explode this term (i.e., do not include MeSH terms found below this term in the MeSH tree).

Entry Terms:

- Disorder, Urination
- Disorders, Urination
- Urination Disorder

About Entrez

Text Version

Entrez PubMed

Overview

Help | FAQ

Tutorials

New/Noteworthy

E-Utilities

PubMed Services

Journals Database

MeSH Database

Single Citation

Matcher

Batch Citation Matcher

Clinical Queries

Special Queries

LinkOut

My NCBI

Related Resources

Order Documents

NLM Mobile

NLM Catalog

NLM Gateway

TOXNET

Consumer Health

Clinical Alerts

ClinicalTrials.gov

PubMed Central

All Databases PubMed Nucleotide Protein Genome Structure OMIM PMC Journals Books

Search PubMed for "Fatigue Syndrome, Chronic"[MeSH] AND "Urination" Go Clear Save Search

Limits Preview/Index History Clipboard Details

Display Summary Show 20 Sort by Send to

All: 3 Review: 1 X

Items 1 - 3 of 3

One page

About Entrez

Text Version

Entrez PubMed

Overview

Help | FAQ

Tutorials

New! Noteworthy

E-Utilities

PubMed Services

Journals Database

MeSH Database

Single Citation

Matcher

Batch Citation Matcher

Clinical Queries

Special Queries

LinkOut

My NCBI

Related Resources

Order Documents

NLM Mobile

NLM Catalog

NLM Gateway

TOXNET

Consumer Health

Clinical Alerts

ClinicalTrials.gov

PubMed Central

☐ 1: [Adler CH, Thorpy MJ.](#)

 Sleep issues in Parkinson's disease:
Neurology. 2005 Jun 28;64(12 Suppl 3):S12-20. Review.
PMID: 15994219 [PubMed - indexed for MEDLINE]

☐ 2: [Hershfield NB.](#)

 Nongastrointestinal symptoms of irritable bowel syndrome: an office-based clinical survey.
Can J Gastroenterol. 2005 Apr;19(4):231-4.
PMID: 15861265 [PubMed - indexed for MEDLINE]

☐ 3: [Azpiroz F, Dapoigny M, Pace F, Muller-Lissner S, Coremans G, Whorwell P, Stockbrugger RW, Smout A.](#)

 Nongastrointestinal disorders in the irritable bowel syndrome.
Digestion. 2000;62(1):66-72.
PMID: 10899728 [PubMed - indexed for MEDLINE]

All: 3

Review: 1



Items 1 - 3 of 3

Related Articles, Links

About Entrez

Text Version

Entrez PubMed

Overview

Help | FAQ

Tutorials

New/Noteworthy

E-Utilities

PubMed Services

Journals Database

MeSH Database

Single Citation

Matcher

Batch Citation Matcher

Clinical Queries

Special Queries

LinkOut

My NCBI

Related Resources

Order Documents

NLM Mobile

NLM Catalog

NLM Gateway

TOXNET

Consumer Health

Clinical Alerts

ClinicalTrials.gov

PubMed Central

Limits Preview/Index History Clipboard Details

"Prostate"[MeSH] AND "Urination Disorders"[MeSH]

Search PubMed Clear

Suggestions: [Urination disorders](#); [Urination disorder](#); [Disorders, urination](#); [Disorder, urination](#); [Phonation disorders](#); [Rumination disorders](#); [Lactation disorders](#); [Sensation disorders](#); [Elimination disorders](#); [Phonation disorder](#); [more...](#)

Display Full Show 20

All: 1

☐ 1: **Urination Disorders**
Abnormalities in the process of URINE voiding, including

Subheadings: This list includes those paired at least once with this heading in the MeSH tree and may not reflect current rates for answering certain questions.

☐ blood ☐ cerebrospinal fluid ☐ chemically induced ☐ classification ☐ complications ☐ congenital ☐ diagnosis ☐ diet therapy ☐ drug therapy ☐ economics ☐ embryology ☐ enzymology ☐ epidemiology ☐ ethnology ☐ etiology ☐ genetics ☐ history ☐ immunology ☐ metabolism ☐ microbiology ☐ mortality ☐ nursing ☐ parasitology ☐ pathology ☐ physiology ☐ physiopathology ☐ prevention and control ☐ psychology ☐ radiography ☐ radionuclide imaging ☐ radiotherapy ☐ rehabilitation ☐ surgery ☐ therapy ☐ ultrasonography ☐ urine ☐ veterinary ☐ virology

☐ Restrict Search to Major Topic headings only

☐ Do Not Explode this term (i.e., do not include MeSH terms found below this term in the MeSH tree).

Entry Terms:

Search PubMed Clear

All Databases PubMed Nucleotide Protein Genome Structure OMIM PMC Journals Books

Search PubMed for "Prostate" AND "Urination Disorders"[MeSH] Go Clear Save Search

About Entrez

Text Version

Entrez PubMed

Overview

Help | FAQ

Tutorials

New/Noteworthy

E-Utilities

PubMed Services

Journals Database

MeSH Database

Single Citation

Matcher

Batch Citation Matcher

Clinical Queries

Special Queries

LinkOut

My NCBI

Related Resources

Order Documents

NLM Mobile

NLM Catalog

NLM Gateway

TOXNET

Consumer Health

Clinical Alerts

ClinicalTrials.gov

PubMed Central

Limits Preview/Index History Clipboard Details

Display Summary Show 20 Sort by Send to

All: 2132 Review: 256

Items 1 - 20 of 2132

- ☐ 1: [Kaminetsky J.](#)
Comorbid LUTS and erectile dysfunction: optimizing their management.
Curr Med Res Opin. 2006 Dec;22(12):2497-506. Review.
PMID: 17265598 [PubMed - indexed for MEDLINE]
- ☐ 2: [Marklund-Bau H, Edell-Gustafsson U, Spangberg A.](#)
Bothersome urinary symptoms and disease-specific quality of life in patient
Scand J Urol Nephrol. 2007;41(1):32-41.
PMID: 17366100 [PubMed - indexed for MEDLINE]
- ☐ 3: [Descazeaud A, de La Taille A.](#)
[Benign hypertrophy of the prostate]
Rev Prat. 2006 Dec 31;56(20):2283-9. French. No abstract available.
PMID: 17352329 [PubMed - indexed for MEDLINE]
- ☐ 4: [Antunes AA, Srougi M, Coelho RF, de Campos Freire G.](#)
Botulinum toxin for the treatment of lower urinary tract symptoms due to benign prostatic hyperplasia.
Nat Clin Pract Urol. 2007 Mar;4(3):155-60. Review.
PMID: 17347660 [PubMed - indexed for MEDLINE]
- ☐ 5: [Carey B, Swift S.](#)
The current role of imaging for prostate brachytherapy.
Cancer Imaging. 2007 Feb 28;7:27-33. Review.
PMID: 17339141 [PubMed - indexed for MEDLINE]
- ☐ 6: [Kaphin AD, Naigovzina NB, Ivanov SA, Bashmakov VA.](#)
[Cost effectiveness of screening for prostate cancer]

All: 2132

Review: 256

Items 1 - 20 of 2132

Related Articles, Links

Related Articles, Links

Related Articles, Links

Related Articles, Links

Comorbid Clinical Conditions in Chronic Fatigue

A Co-twin Control Study

Leslie A. Aaron, PhD, MPH, Richard Herrell, MS, Suzanne Ashton, BS, Megan Belcourt, Karen Schmaling, PhD, Jack Goldberg, PhD, Dedra Buchwald, MD

J GEN INTERN MED 2001;16:24-31.

Clinical Conditions

On the basis of a computerized search of the medical literature from 1975–1999, a review of extant publications, and our clinical experience, we identified 10 clinical conditions listed on the questionnaire that appeared to be commonly associated with CFS: fibromyalgia, irritable bowel syndrome, multiple chemical sensitivity, temporomandibular disorder, interstitial cystitis, postconcussion syndrome, tension headache, chronic low back pain, chronic pelvic pain (women), and chronic nonbacterial prostatitis (men). These syndromes have the following in common: (1) an unknown etiology; (2) the absence of objective findings on physical or laboratory examination; (3) disability often out of proportion to pathophysiology; and (4) exacerbations associated with “stress.” Impor-

Table 2. Frequency of Comorbid Clinical Conditions Among Fatigued and Nonfatigued Twins by Fatigue Classification*

	Level 1		Level 2		Level 3	
	Fatigue ≥ 6 Months		Presumptive CFS		Clinical CFS Diagnosis	
	Fatigued	Nonfatigued	Fatigued	Nonfatigued	Fatigued	Nonfatigued
Individual diagnoses, % [†]						
Fibromyalgia	72	7	75	4	77	0
Irritable bowel syndrome	52	14	54	14	59	9
Multiple chemical sensitivities	13	2	11	3	24	0
Temporomandibular disorder	29	11	33	11	27	14
Interstitial cystitis	17	2	16	1	9	5
Postconcussion syndrome	6	2	8	0	5	0
Tension headache	42	22	39	22	46	23
Chronic low back pain	48	25	48	23	43	24
Chronic pelvic pain [‡]	26	7	25	8	30	5
Chronic nonbacterial prostatitis [§]	0	0	0	0	0	0
Comorbid clinical conditions, N						
None	8	56	7	55	5	48
1	15	19	12	23	14	33
2	13	11	12	13	5	14
≥ 3	63	14	69	9	76	5

Comorbid Clinical Conditions in Chronic Fatigue

A Co-twin Control Study

Leslie A. Aaron, PhD, MPH, Richard Herrell, MS, Suzanne Ashton, BS, Megan Belcourt, Karen Schmaling, PhD, Jack Goldberg, PhD, Debra Buchwald, MD

“Chronic pain and fatigue syndromes such as fibromyalgia represent a part of a clinical spectrum of overlapping disorders that afflict a significant portion of the general proportion.”

DANIEL J. CLAUW, M.D.

Similarly, there has been no information published on the frequency of interstitial cystitis or chronic pelvic pain among chronically fatigued individuals. While interstitial cystitis was not one of the more prevalent disorders in the level 3 group, it was associated with an OR of 20 in the level 1 sample. In support of an overlap with chronic fatigue, a recent, large survey found that 9% of interstitial cystitis patients had CFS.¹³ Finally, with regard to multi-

Comorbid Clinical Conditions in Chronic Fatigue

A Co-twin Control Study

Leslie A. Aaron, PhD, MPH, Richard Herrell, MS, Suzanne Ashton, BS, Megan Belcourt, Karen Schmaling, PhD, Jack Goldberg, PhD, Debra Buchwald, MD



II

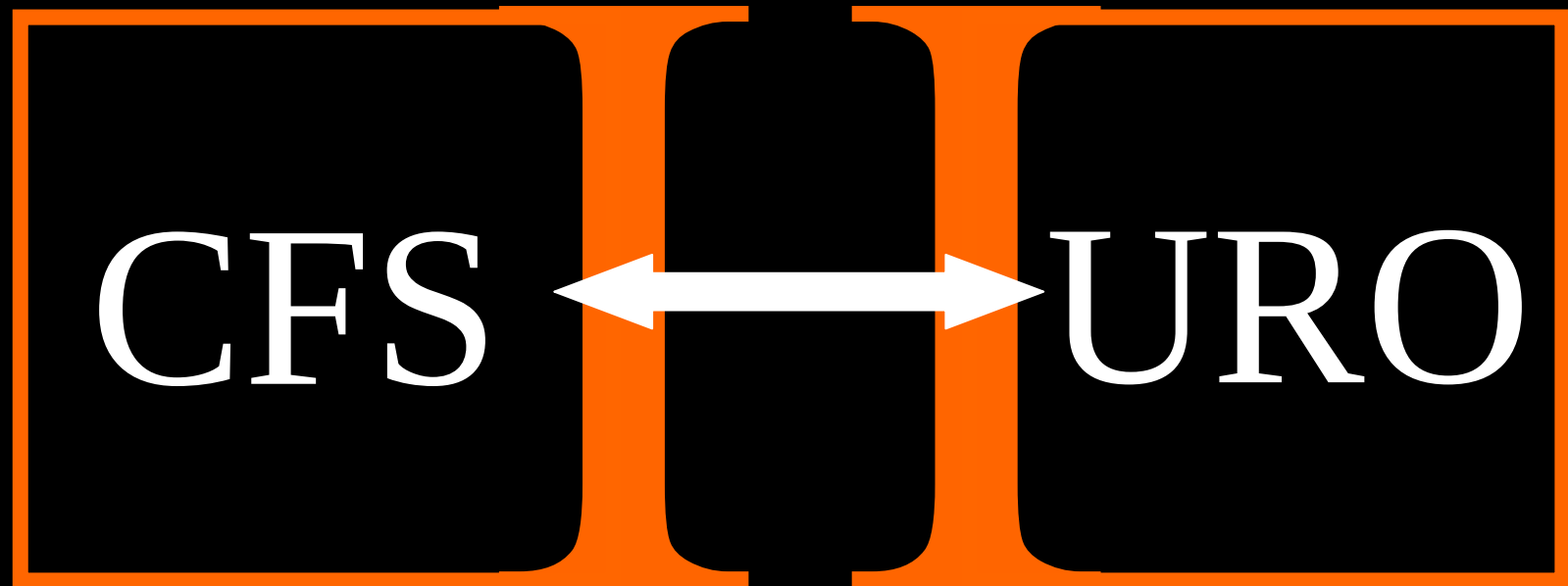


H

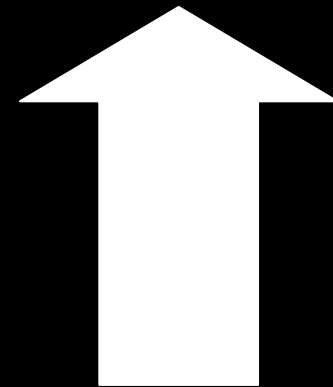
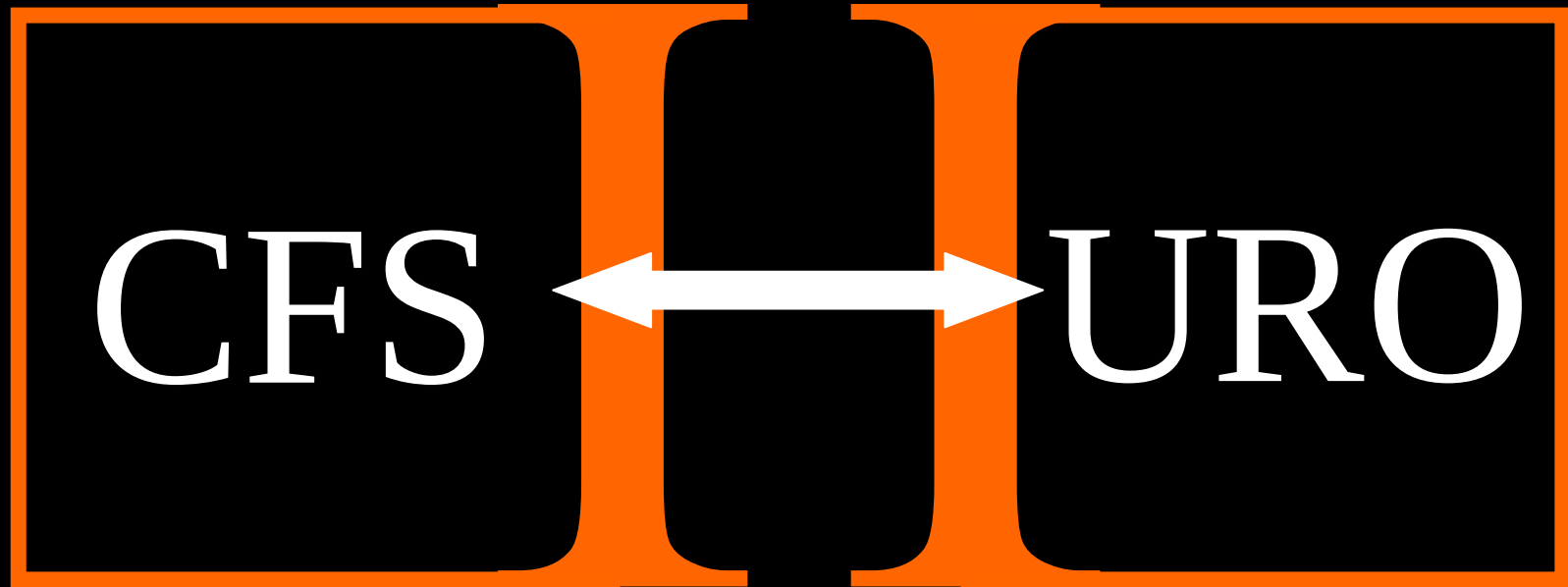


HE

Ipotesi **i**nvestigativa



Ipotesi **i**nvestigativa

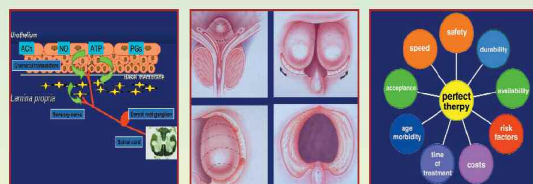


LUTS: Low Urinary Tract Symptoms

MALE LOWER URINARY TRACT DYSFUNCTION Evaluation and Management

EDITORS

J. McCONNELL, P. ABRAMS, L. DENIS,
S. KHOURY, C. ROEHRBORN



6th International Consultation on New Developments in Prostate Cancer and Prostate Diseases

June 24-27, 2005

Co-sponsored by
International Union Against Cancer



I.C.U.D (International Consultation on Urological Diseases)

S.I.U (International Society of Urology)

EORTC-GU (European Organisation for Research and Treatment of Cancer)

Edition 2006

2006

Co-Sponsored by
International Union Against
Cancer (U.I.C.C.)
International Consultation
on Urological Diseases
(I.C.U.D.)
International Society of
Urology (S.I.U.)

In collaboration with
American Urological
Association (AUA)
Confederacion Americana
de Urologia (CAU)
European Association
of Urology (EAU)
Urological Association
of Asia (UAA)
and
The Major Associations
of Urology

6th International Consultation on New Developments in Prostate Cancer and Prostate Diseases

Recommendations of the International Scientific Committee:

Evaluation and Treatment of Lower Urinary Tract Symptoms (LUTS) in Older Men



J. McConnell, P. Abrams, S. Khoury, C. Roehrborn

H. Akaza, K.E. Andersson, M. Barry, L. Denis, C. Chapple, P. Gan,
M. Murai, M. Resnick, J. de la Rosette, T. Schaeffer, J. Schalken
and the Members of the Committees.

INTRODUCTION

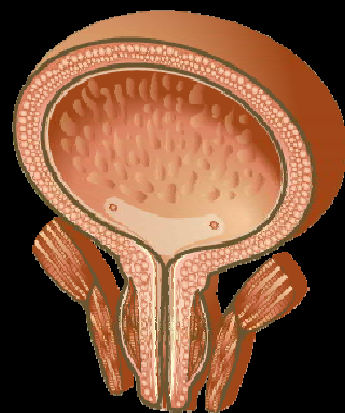
The 6th International Consultation on New Developments in Prostate Cancer and Prostate Diseases met from June 24-28, 2005, in Paris, France, under the co-sponsorship of the Union Internationale Contre le Cancer (UICC), to review new developments in prostate cancer, lower urinary tract symptoms (LUTS), benign prostatic disease, prostatitis and chronic pelvic pain syndrome (CPPS) and other related fields.

The recommendations are based on a thorough review of the available literature, and the global subjective opinion of recognized experts serving on focused committees. The individual committee reports were developed and peer-reviewed by open presentation and comment. Final recommendations were then refined by the Scientific Committee, consisting of the Chairmen of all the committees. The recommendations are graded whenever possible according to the International Consultation level of evidence and grading system adapted from the Oxford system.

The recommendations apply only to the standard patient defined below. Patients falling outside the definition of a standard patient may require diagnostic evaluation and treatment beyond the scope of these recommendations.

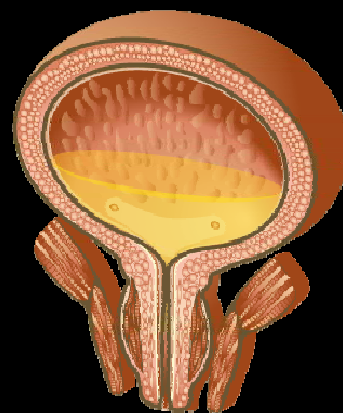
These recommendations agreed upon in 2005 will be periodically re-evaluated in the light of clinical experience and technological progress.

LUTS: Low Urinary Tract Symptoms



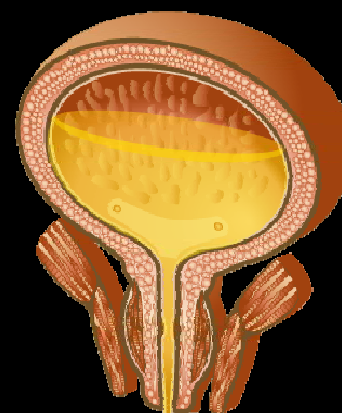
Bladder filling

Bladder
relaxes
+
Urethra
contracts
+
Pelvic floor
contracts



First voiding phase

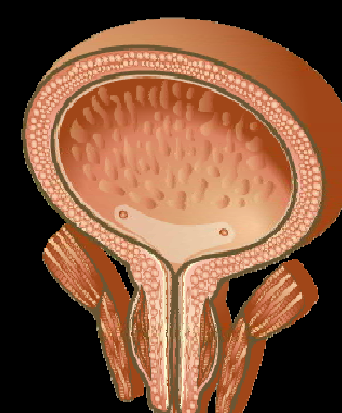
Bladder
relaxes
+
Urethra
contraction increases
+
Pelvic floor
contracts



Second voiding phase

Bladder
contracts
+
Urethra
relaxes
+
Pelvic floor
relaxes

incontinence



Bladder filling

Bladder
relaxes
+
Urethra
contracts
+
Pelvic floor
contracts

LUTS: Low Urinary Tract Symptoms



- ✓ Fase di riempimento
- ✓ Fase di svuotamento
- ✓ Postminzionali

LUTS: Low Urinary Tract Symptoms



FILLING / STORAGE	EMPTYING / VOIDING	POST VOIDING SYMPTOMS
Frequency	Hesitancy	Post-micturition Dribbling
Urgency	Straining to Void	Feeling of Incomplete Emptying
Nocturia	Poor Stream	
Urgency Incontinence	Intermittency	
Stress Incontinence	Dysuria	
Nocturnal Incontinence	Terminal Dribbling	
Bladder / Urethral {Pain		
Absent or Impaired Sensation		

LUTS: Impatto clinico

Table 3. A Summary of the prevalence and troublesomeness of LUTS, listed in decreasing rank order, from Fryman and Abrams, 2000

Rank	Prevalence		Troublesomeness	
	Storage Symptom	Voiding Symptom	Storage Symptom	Voiding Symptom
1		Terminal dribbling		Post micturition dribbling
2		Reduced stream	Urge incontinence	
3		Intermittency	Nocturnal enuresis	
4		Hesitancy	Misc. incontinence	
5		Incomplete emptying	Urgency	
6	Urgency			Terminal dribbling
7	Nocturia		Frequency	
8	Repeat urination			Incomplete emptying
9	Frequency		Nocturia	
10		Strain to continue		Reduced stream
11		Post micturition dribbling		Strain to start
12		Strain to start	Pain in bladder	
13	Urge incontinence		Repeated urination	
14	Frequency			Dysuria
15		Dysuria		Strain to continue
16	Pain in bladder			Hesitancy
17	Misc. incontinence			Intermittency
18	Stress incontinence		Frequency	
19	Nocturnal incontinence		Stress incontinence	

From Frymann and Abrams, 2000.

LUTS: Impatto clinico

- **U**rgenza
- **F**requenza
- **D**olore

LUTS: Urgenza

Urgency is defined as a sudden compelling desire to pass urine which is difficult to defer (Abrams, et al.

Urgency Drives the Other Symptoms of OAB

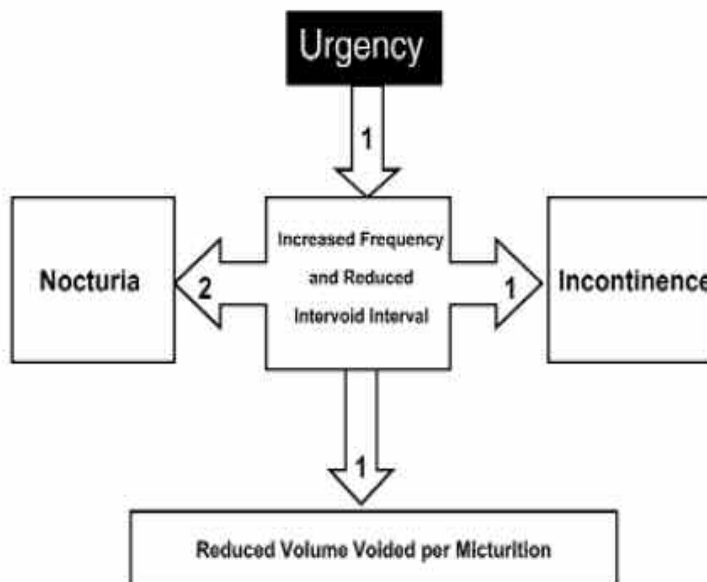


Figure 3.

1. Proven direct effect
2. Effect correlated with urgency but inconsistent due to multifactorial etiology of the symptom

Chapple C. ICI poster, 2004

LUTS: Vescica iperattiva

Urgenza minzionale, associata o meno ad aumento della frequenza minzionale (pollachiuria diurna e/o notturna) ed eventualmente alla incontinenza da urgenza

VESCICA IPERATTIVA ASCIUTTA

(Overactive Bladder Dry)

In presenza di
URGENZA e
POLLACHIURIA

VESCICA IPERATTIVA BAGNATA

(Overactive Bladder Wet)

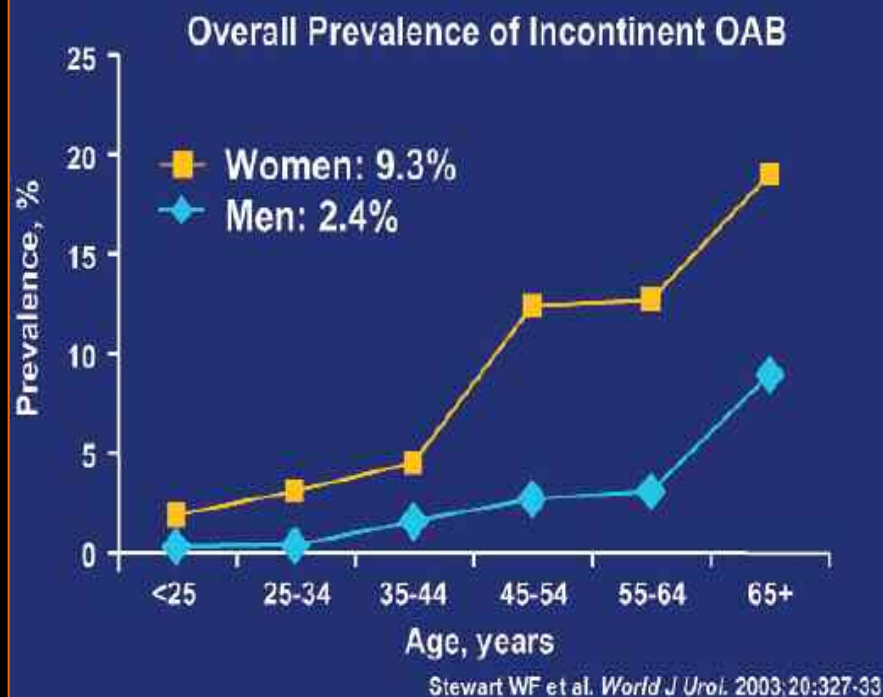
In presenza di
URGENZA
POLLACHIURIA
IUU

LUTS: Vescica iperattiva



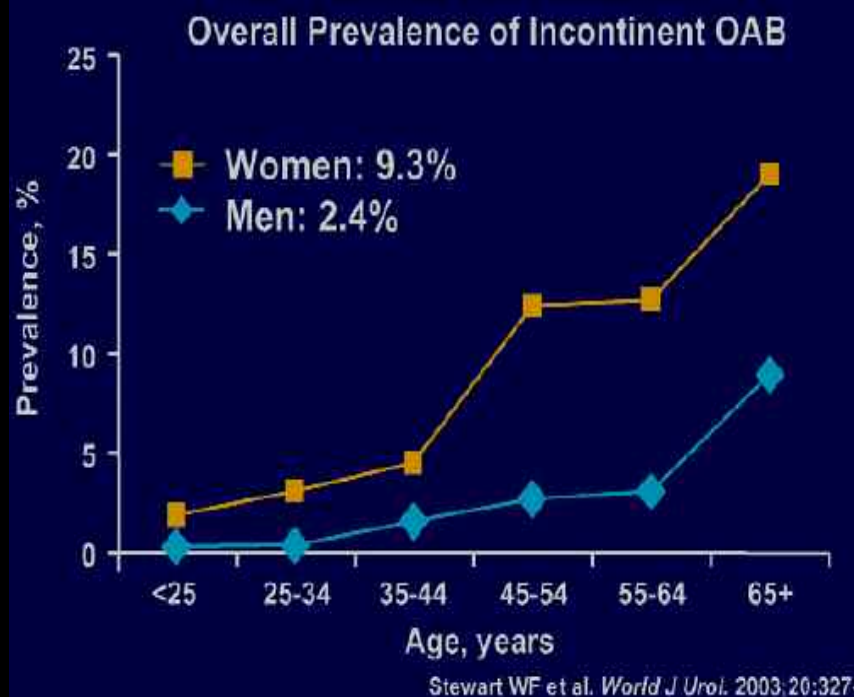
LUTS: Vescica iperattiva

Prevalence of Incontinent OAB by Age

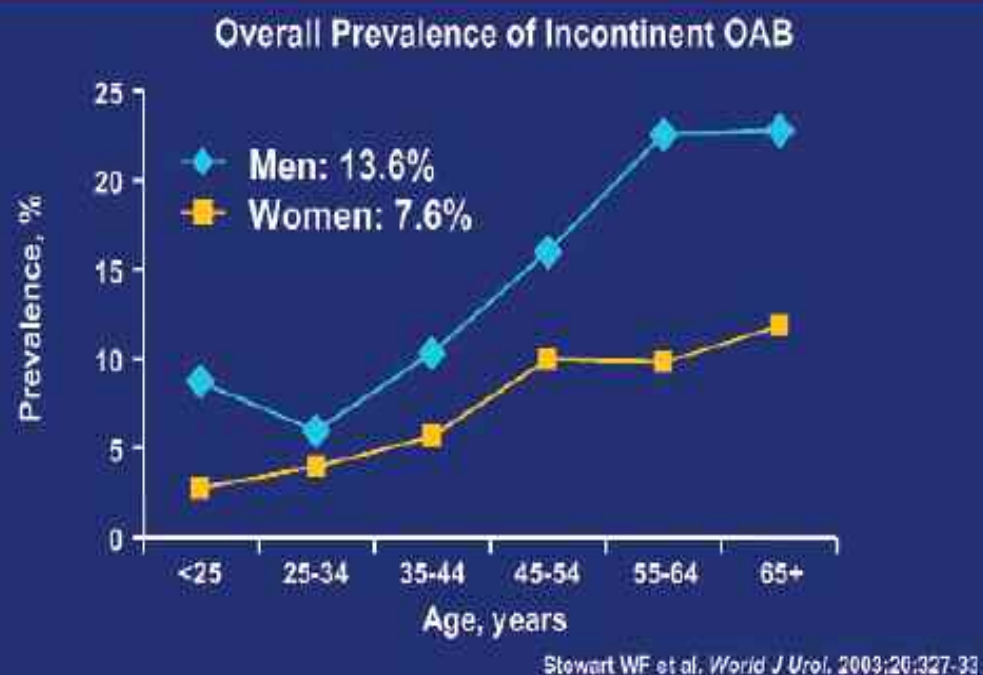


LUTS: Vescica iperattiva

Prevalence of Incontinent OAB by Age



Prevalence of Continent OAB by Age





LUTS: Frequenza

1. Volume vuotato normale

Polidipsia, diuresi osmotica, Diabete insipido

2. Volume vuotato ridotto

Iperattività detrusoriale

Elevato ristagno postminzionale

Incremento sensibilità vescicale (infiamm./non i.)

Psicogena

Riduzione strutturale capacità vescicale



LUTS: Dolore



LUTS: Dolore

Guidelines on Chronic Pelvic Pain



European
Association
of Urology



LUTS: Dolore

5.2 Definitions of chronic pelvic pain (CPP) and terminology

Chronic pelvic pain

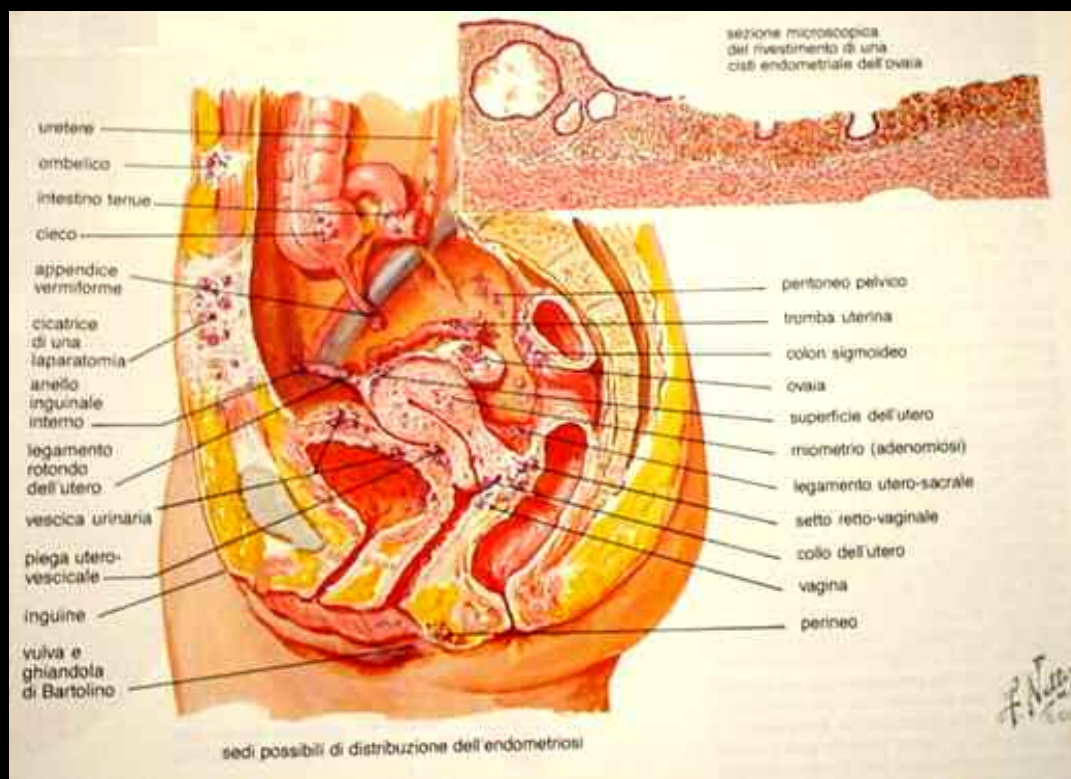
Chronic pelvic pain is non-malignant pain perceived in structures related to the pelvis of either men or women. In the case of documented nociceptive pain that becomes chronic, the pain must have been continuous or recurrent for at least 6 months. If non-acute pain mechanisms are documented then the pain may be regarded as chronic irrespective of the time period. In all cases, there may be associated negative cognitive, behavioural and social consequences (new definition).



LUTS: Dolore

Endometriosi

Coinvolgimento vie urinarie:
1% dei casi di endometriosi





LUTS: Dolore

Endometriosi

Rene

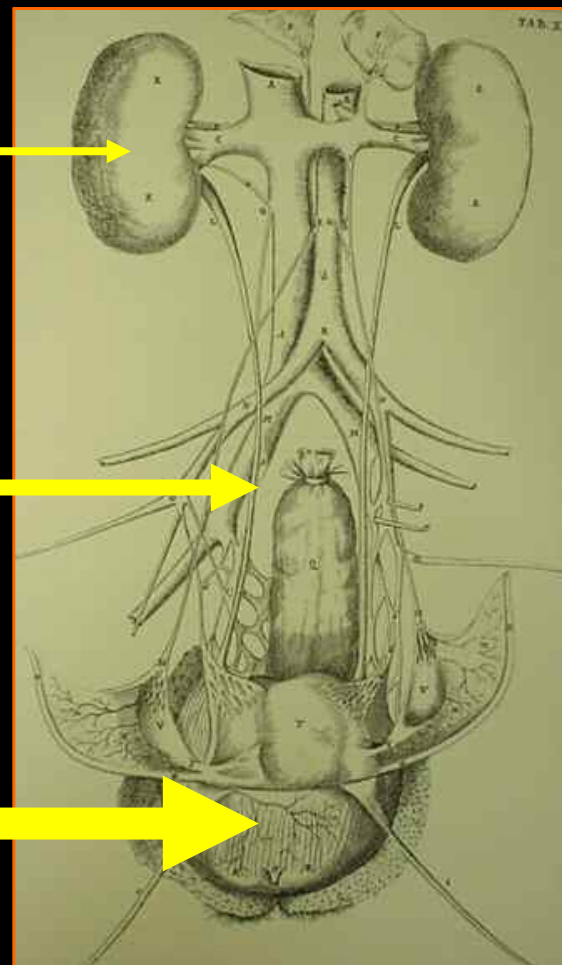
1%

Uretere

14%

Vescica

85%





LUTS: Dolore

Endometriosi

Algie pelviche: **75%**

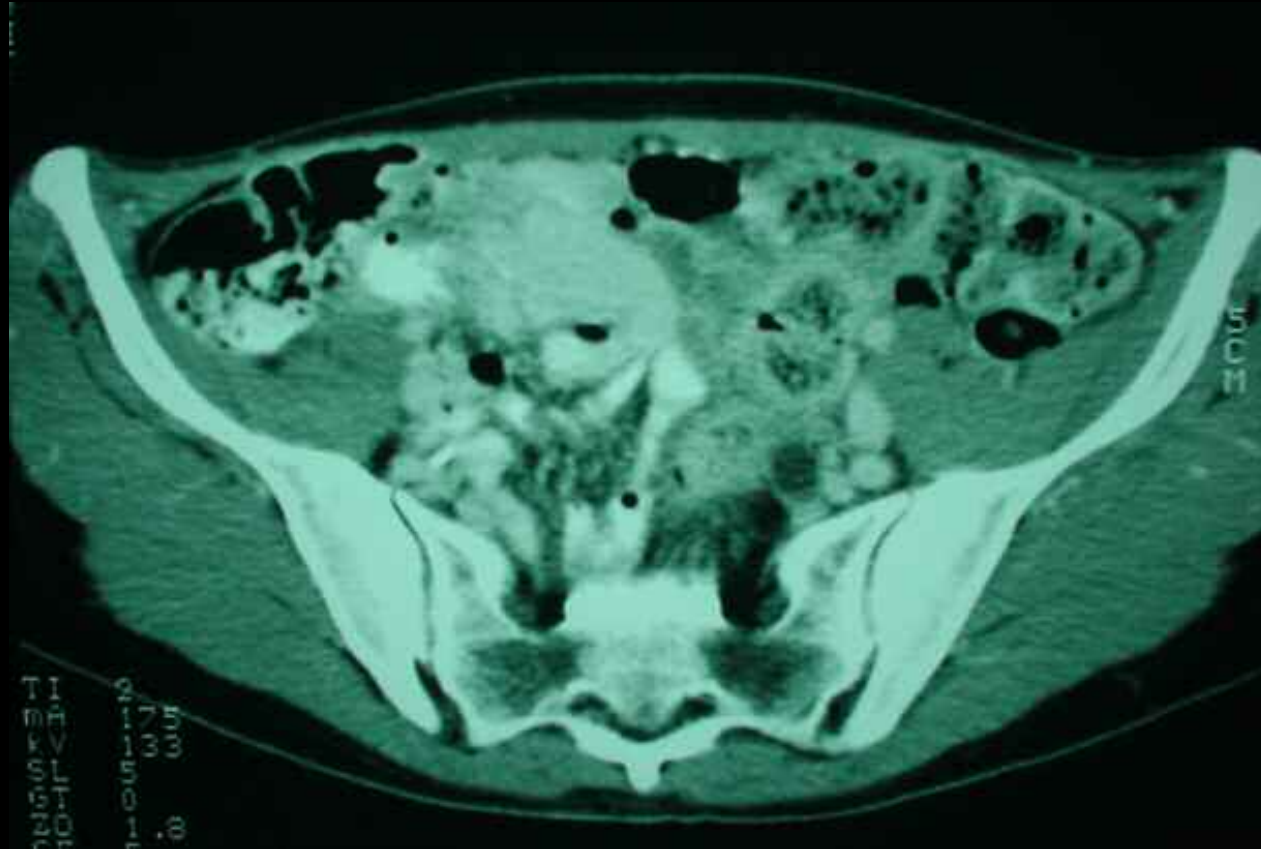
Disturbi minz.: **50%**

Macroematuria: **25%**

Asintomatica: **25%**



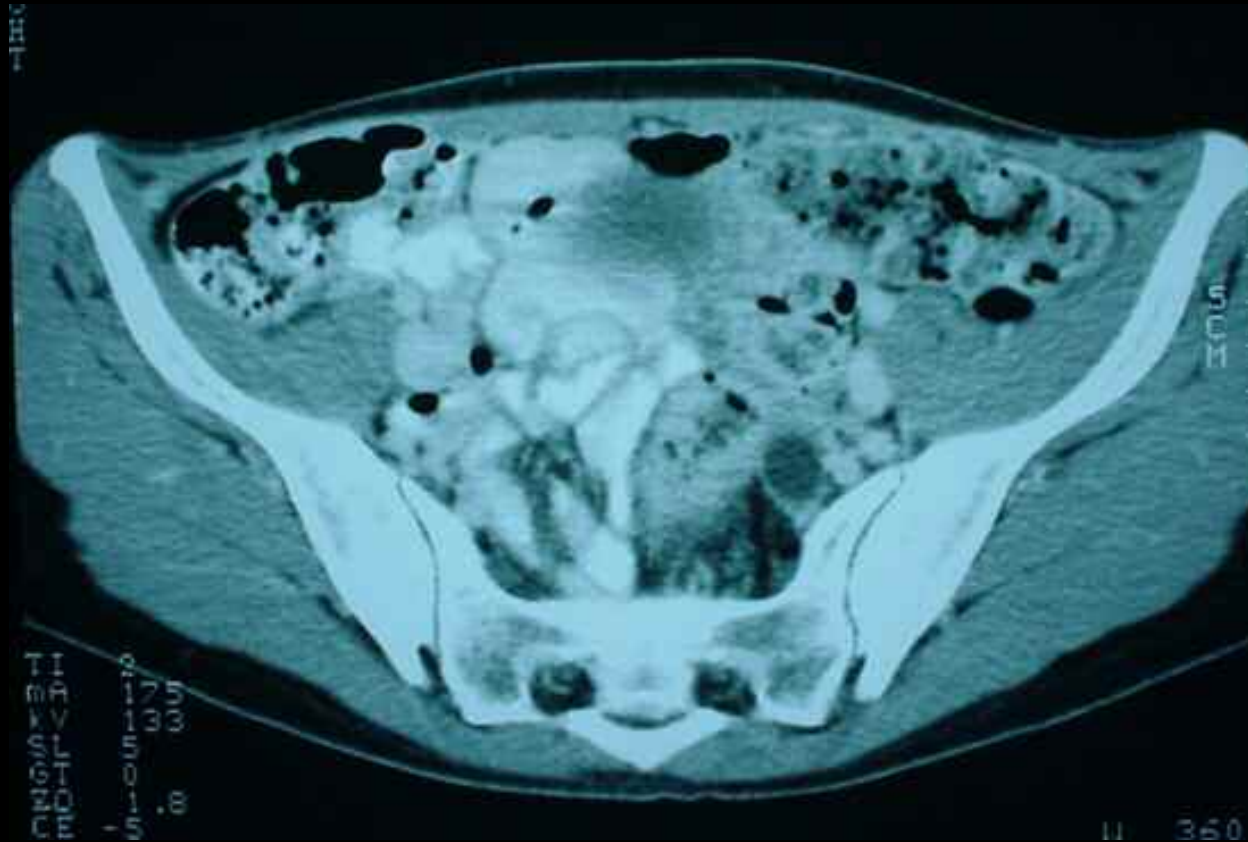
LUTS: Dolore Endometriosis





LUTS: Dolore

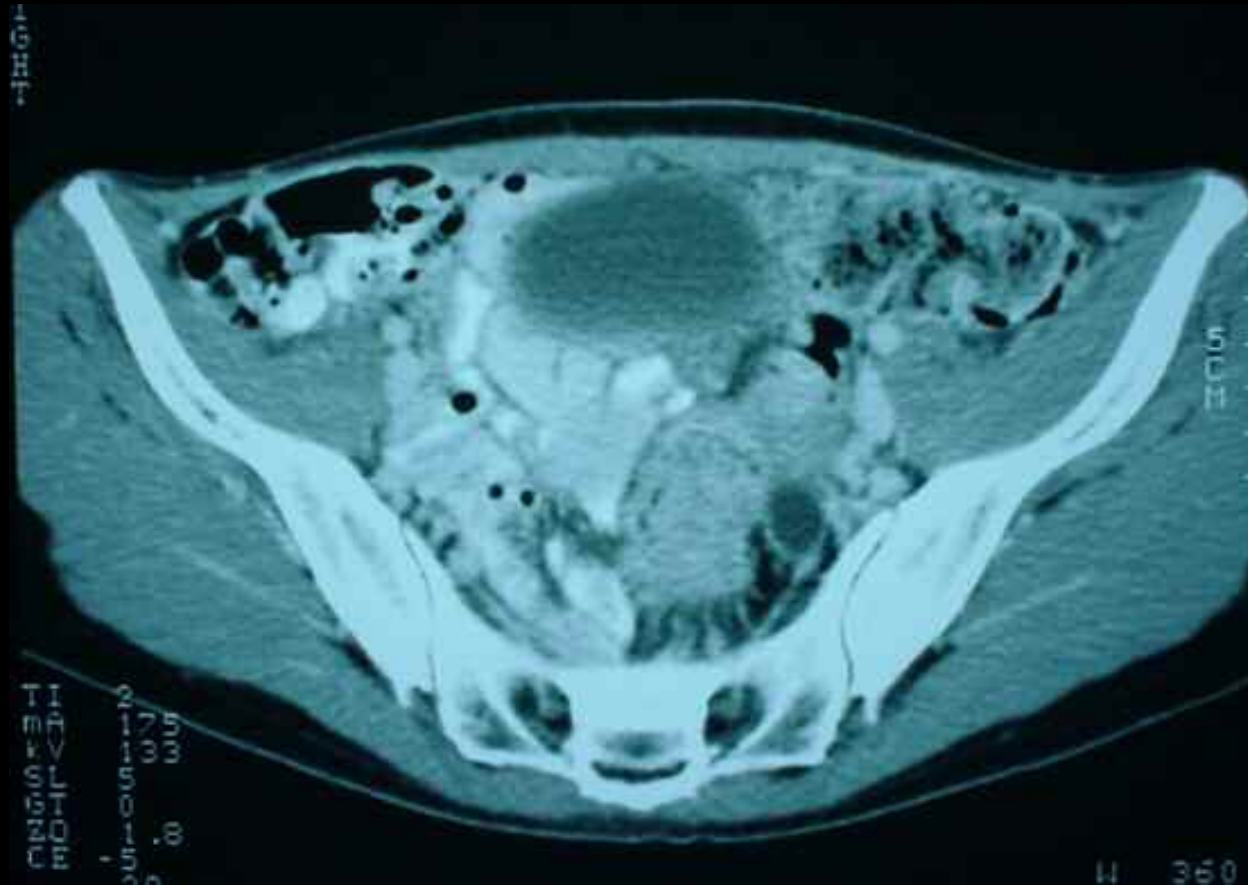
Endometriosis





LUTS: Dolore

Endometriosis

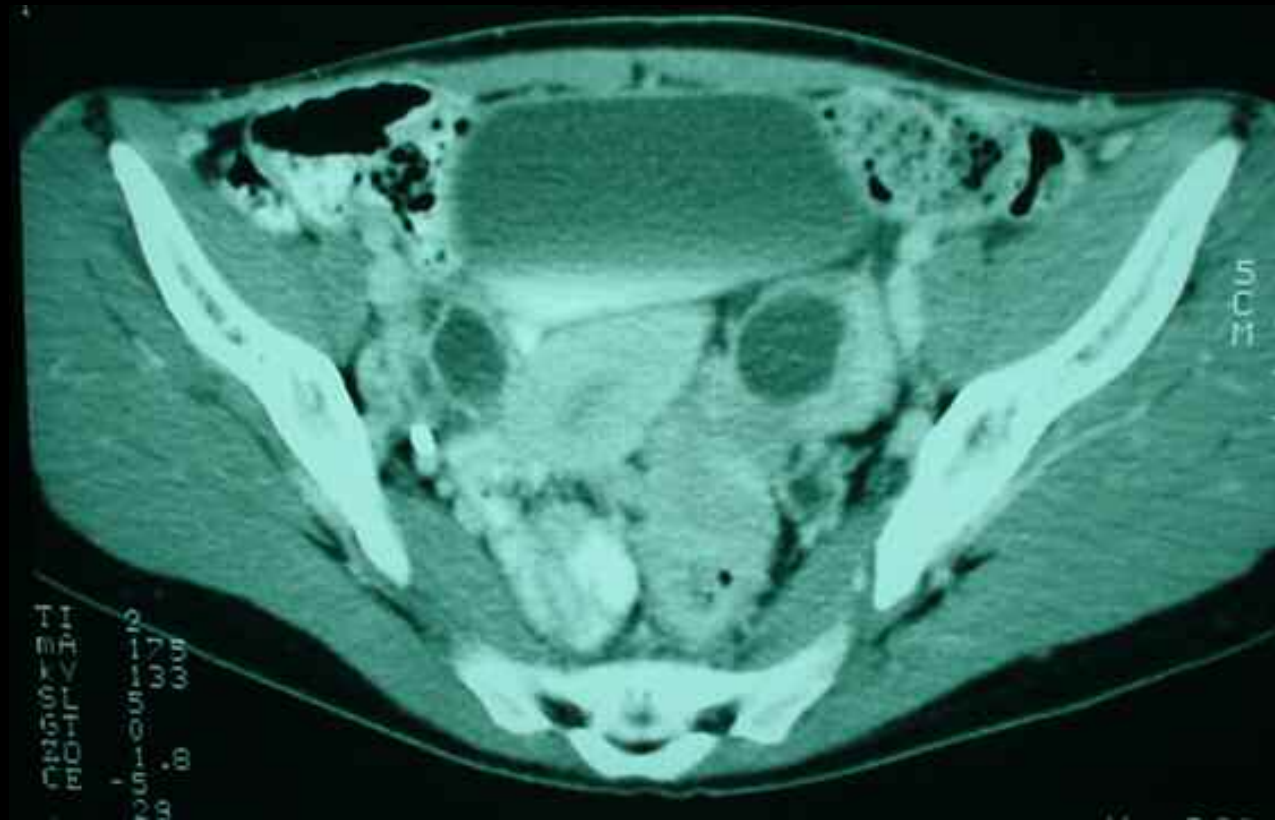






LUTS: Dolore

Endometriosis





LUTS: Dolore

Endometriosis

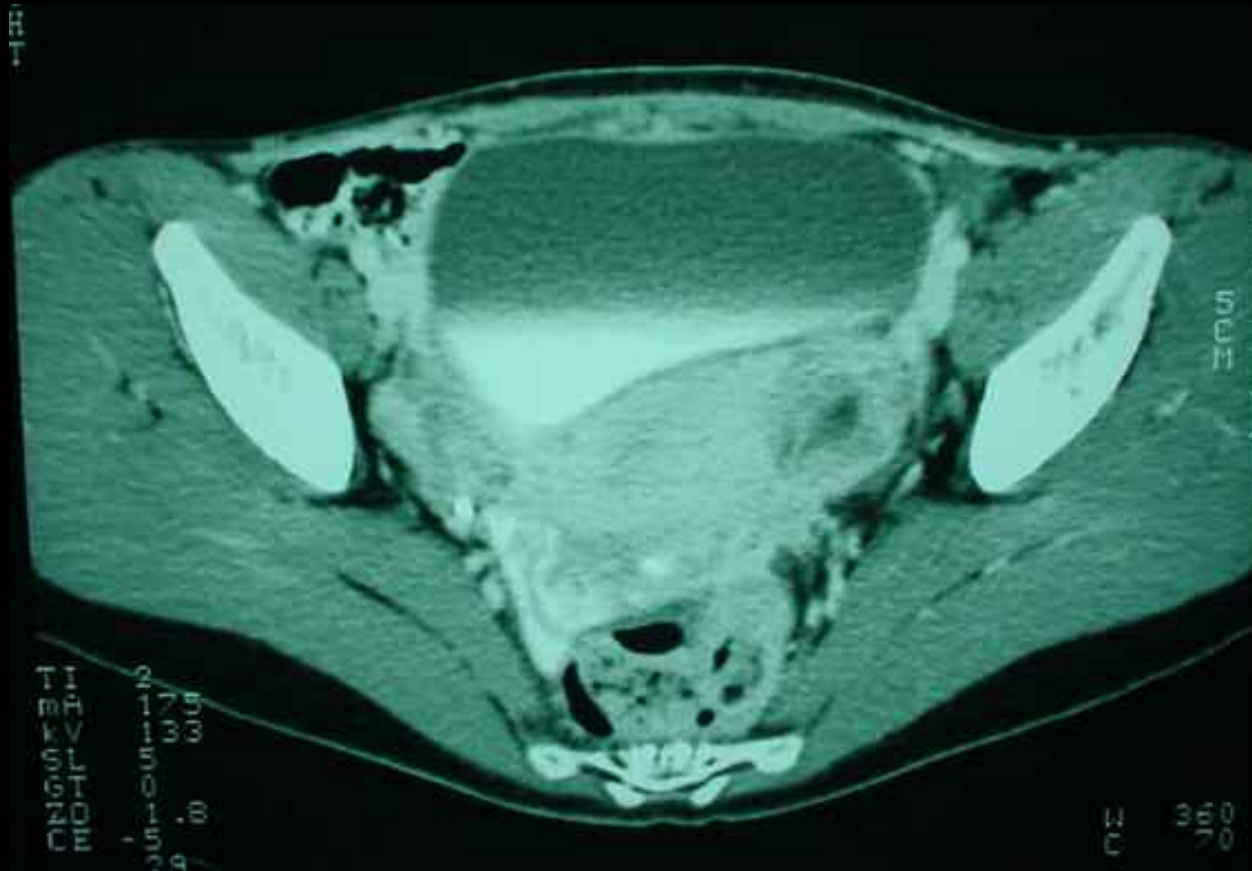




LUTS: Dolore

Endometriosis







LUTS: Dolore

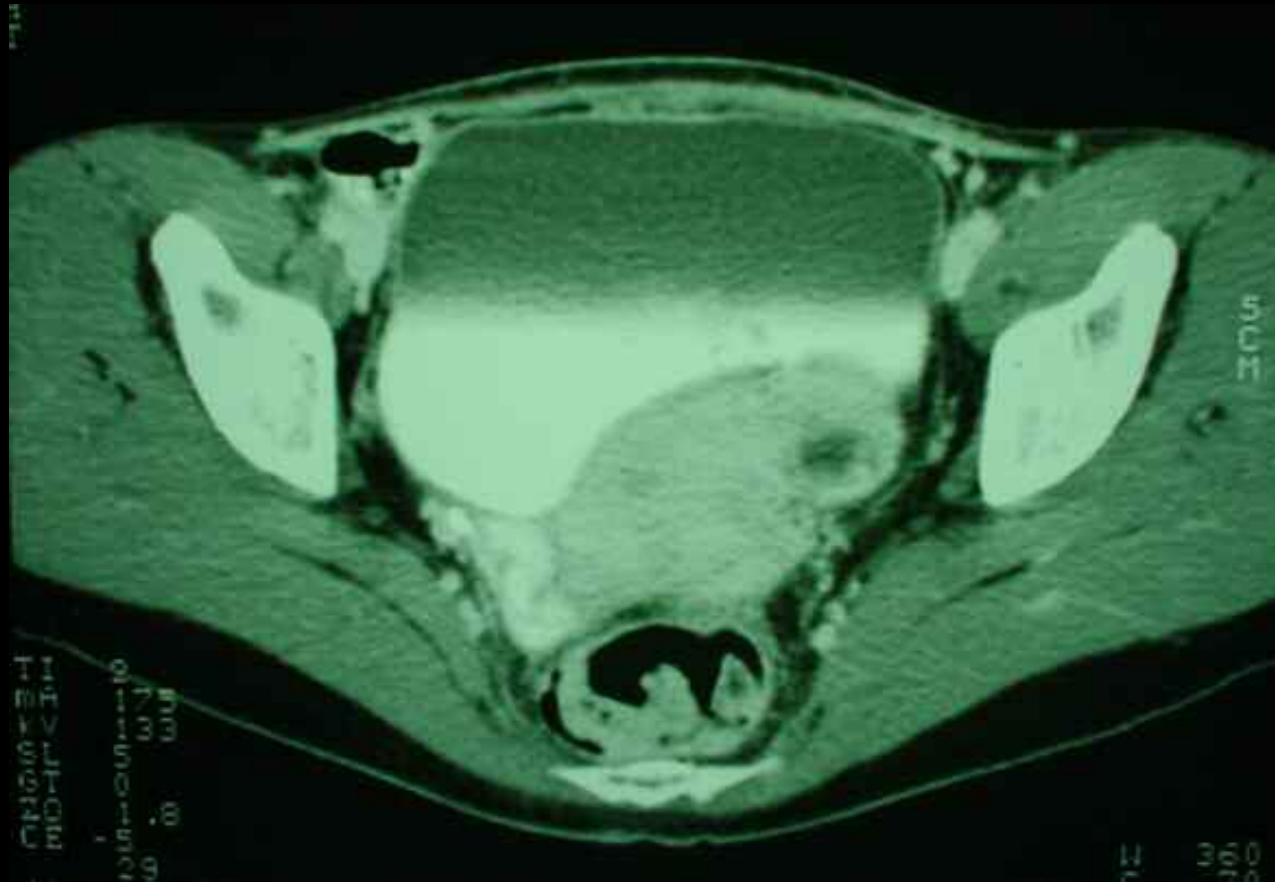
Endometriosis





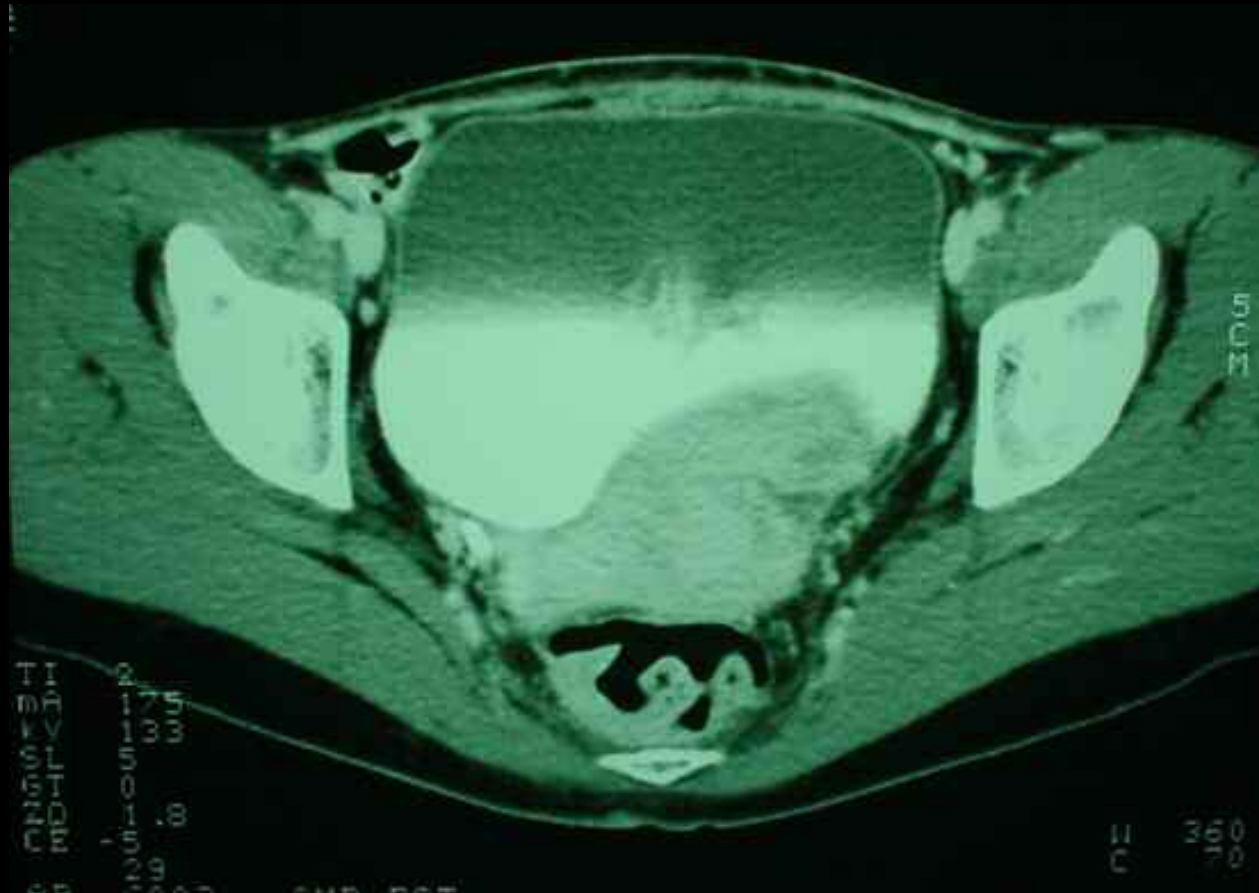
LUTS: Dolore

Endometriosis



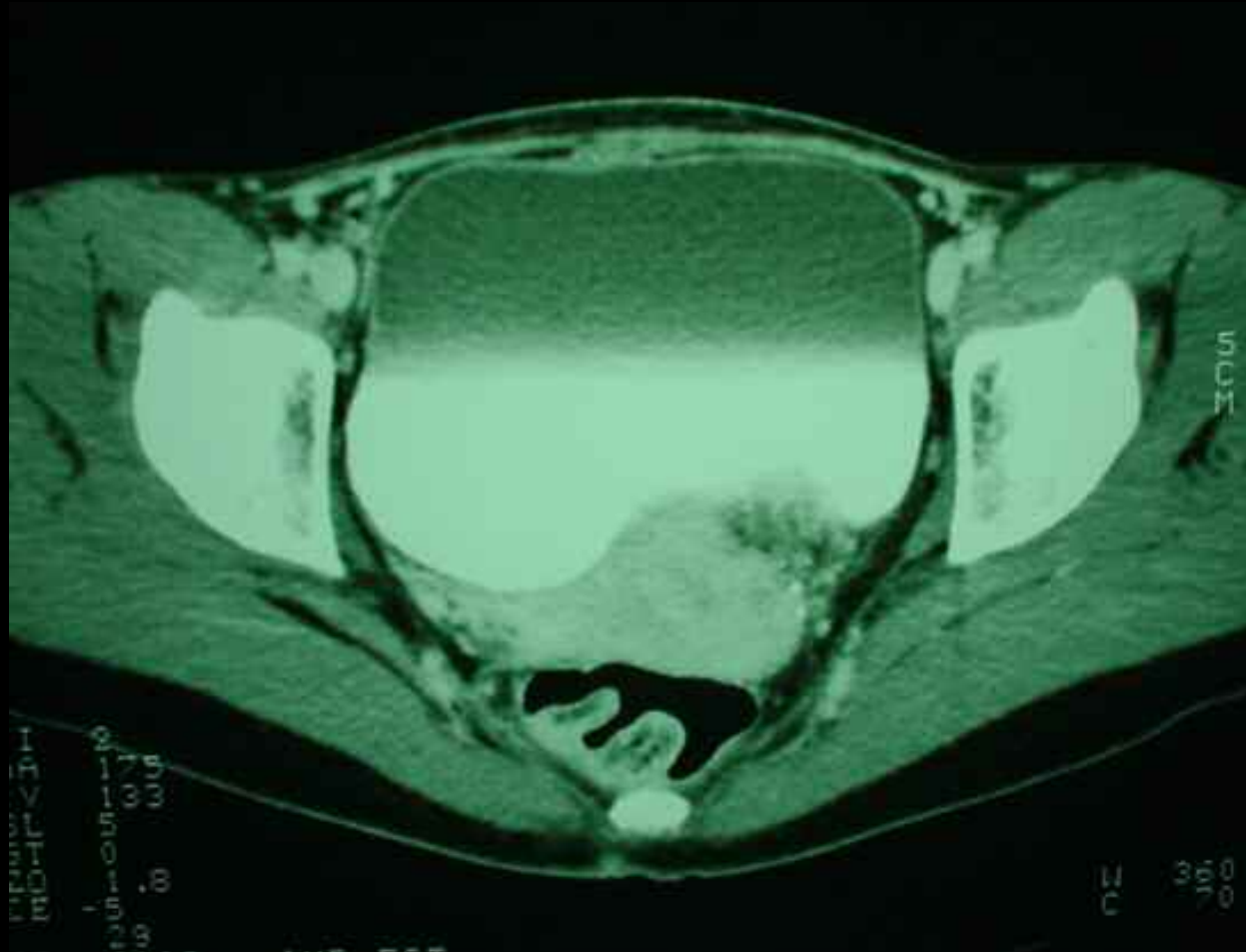


LUTS: Dolore Endometriosis





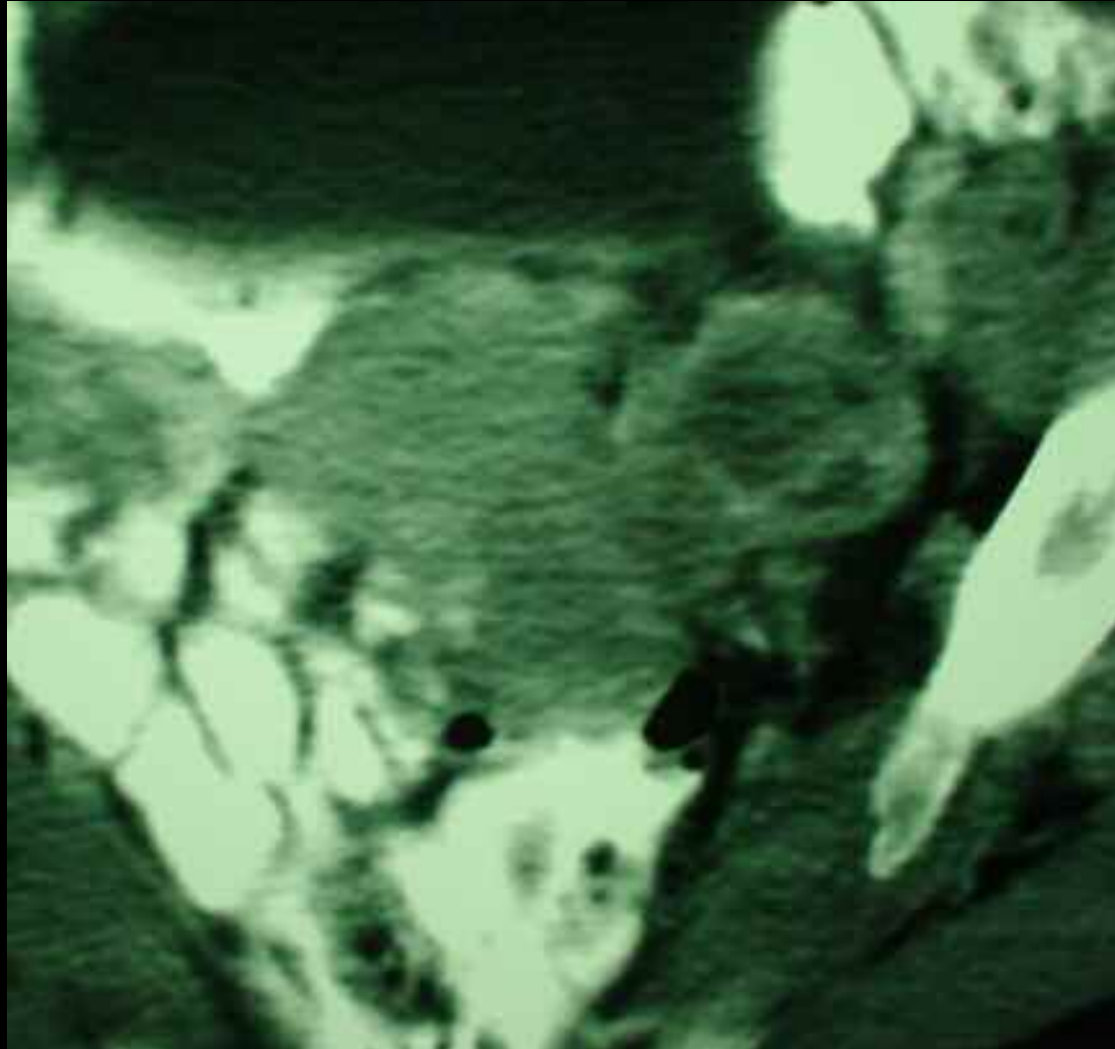
LUTS: Dolore Endometriosi





LUTS: Dolore

Endometriosis





LUTS: Dolore

Endometriosis



LUTS: Impatto clinico

Urgenza

Frequenza

Dolore

LUTS: Impatto clinico

Urgenza

Frequenza

Dolore

LUTS: Impatto clinico

Urgenza

Frequenza

Dolore

CISTITE INTERSTIZIALE

LUTS: Impatto clinico



LUTS: Cistite Interstiziale

5.6.2 Definition

An extremely wide variety of diagnostic criteria have been used because of the difficulties in defining the disease. In the late 1980s during a conference of the NIDDK, consensus criteria were established to ensure that the groups of patients enrolled in scientific studies would be relatively comparable (Table 3) (70). These criteria effect a diagnosis of IC by exclusion. Bladder pain, urgency and the finding of submucosal haemorrhages, called glomerulations, are the only positive elements. Identification of circumscribed lesions of the Hunner type is an automatic inclusion criterion. The NIDDK criteria are generally accepted, but represent a

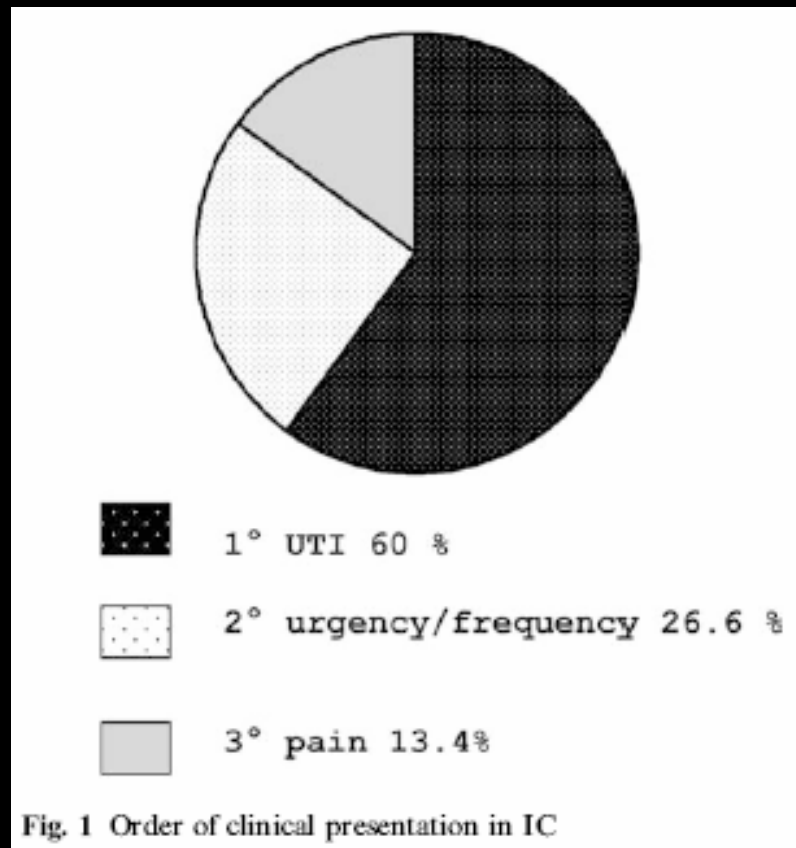
- Dolore vescicale
- Urgenza/Frequenza
- Dispareunia

LUTS: Cistite Interstiziale

D. Porru · R. Politanò · M. Gerardini · G. L. Giliberto
S. Stancati · L. Pasini · C. Tinelli · B. Rovereto

Different clinical presentation of interstitial cystitis syndrome

Int Urogynecol J (2004) 15: 198–202



LUTS: Cistite Interstiziale

Table 3: Research definition of interstitial cystitis established by NIDDK Workshop on IC, 28-29 August 1987 (70)

Automatic inclusions

- Hunner's ulcer

10-50%

Positive factors

- Pain on bladder filling relieved by emptying
- Pain (suprapubic, pelvic, urethral, vaginal or perineal)
- Glomerulations on endoscopy
- Decreased compliance on cystometrogram

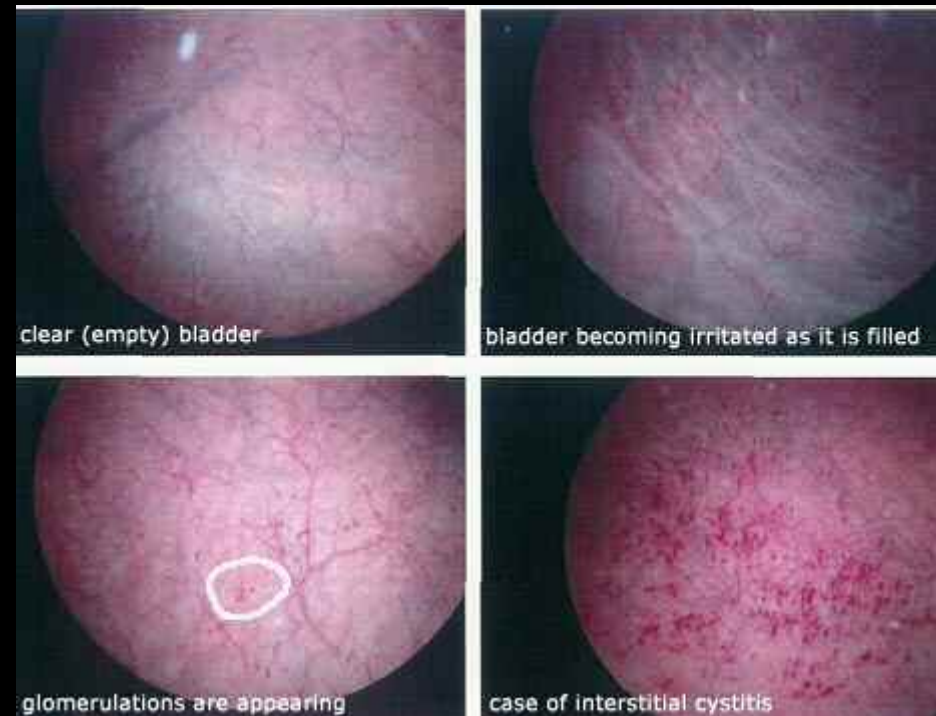
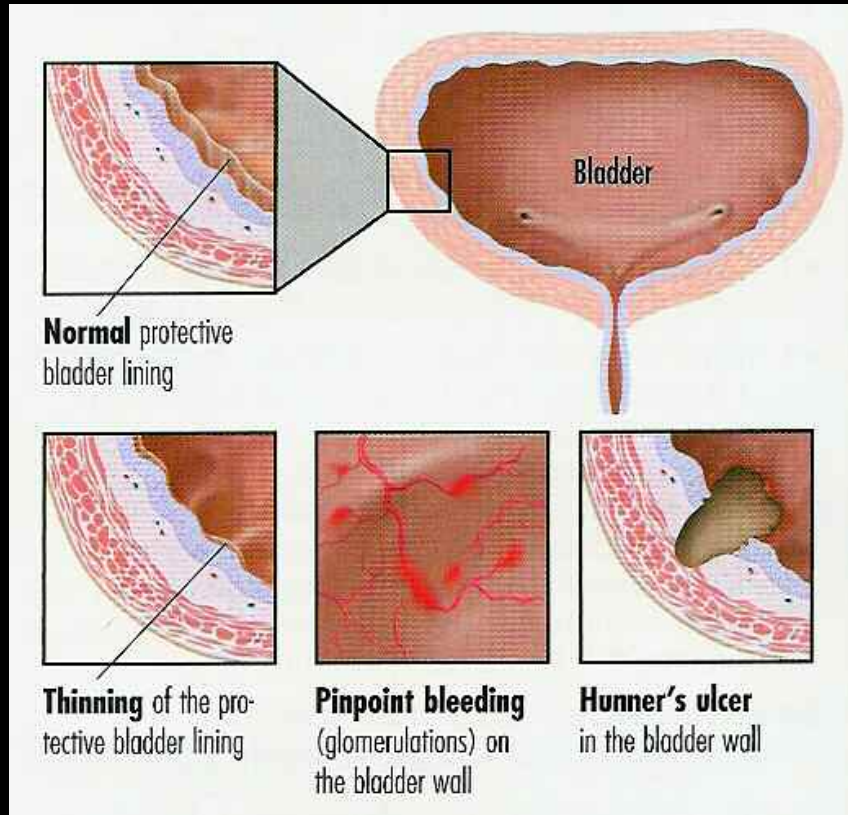
Automatic exclusions

- < 18 years old
- Benign or malignant bladder tumours
- Radiation cystitis
- Tuberculous cystitis
- Bacterial cystitis
- Vaginitis
- Cyclophosphamide cystitis
- Symptomatic urethral diverticulum
- Uterine, cervical, vaginal or urethral cancer
- Active herpes
- Bladder or lower ureteral calculi
- Waking frequency < five times in 12 hours
- Nocturia < two times
- Symptoms relieved by antibiotics, urinary antiseptics, urinary analgesics (for example phenazopyridine hydrochloride)
- Duration < 12 months.
- Involuntary bladder contractions (urodynamics)
- Capacity > 400 cc, absence of sensory urgency



European
Association
of Urology

LUTS: Cistite Interstiziale



LUTS: Cistite Interstiziale

✓ Prevalenza 5.6/10.000 USA

Curhan GC, Speizer FE, Hunter DJ, Curhan SG, Stampfer MJ. Epidemiology of interstitial cystitis: a population based study. J Urol 1999;161:549-552.

✓ F >>> M

✓ 50% incidenza maggiore in allergici

✓ 30% in Intestino Irritabile

✓ x% in pz con fibromialgia, CFS, artrite reumatoide, vestibulite vulvare, asma, sinusiti, ...

LUTS: Cistite Interstiziale

- ✓ Impatto sociale e psicologico
- ✓ 90%: CI interferisce con lavoro, viaggi, sonno, attività in genere
- ✓ 70%: CI ha impatto negativo nei rapporti affettivi
- ✓ 50%: ha depressione (Koziol, 1994)
- ✓ Rischio 2-3x di suicidio (Slade, Chalker, 1997)

LUTS: Cistite Interstiziale

- “After 3 years of non-stop pain, 40-60 bathroom trips a day, little sleep, lots of tests, 12 doctors...and six unnecessary operations, I have finally been diagnosed as having interstitial cystitis...” Anonymous, Letter to Anne Landers, San Antonio, 1987

LUTS: Cistite Interstiziale

Maschi

- ☑ Sintomi “prostatici”
- ☑ Associazione con Prostatite cronica?

Forrest 1999

LUTS: Cistite Interstiziale

PREVALENCE, DIAGNOSIS, CHARACTERIZATION, AND TREATMENT OF PROSTATITIS, INTERSTITIAL CYSTITIS, AND EPIDIDYMITIS IN OUTPATIENT UROLOGICAL PRACTICE: THE CANADIAN PIE STUDY

J. CURTIS NICKEL, JOEL M. H. TEICHMAN, MIREILLE GREGOIRE, JANET CLARK, AND JOE DOWNEY

UROLOGY 66 (5), 2005

TABLE II. *Prevalence, demographics, and symptom assessment of patients presenting to urologists in outpatient practice*

	n	Age (yr)	Duration (yr)	Symptom Index	Score
Prostatitis					
Men	166 (2.7)	50 (22–83)	3.1 (0.1–33)	CPSI	19.7 (0–40)
Interstitial cystitis					
Total	242 (2.8)	50.2 (18–86)	4.5 (0.1–75)	OSSI	11.8 (0–20)
				OSPI	10.5 (0–16)
Women	211 (7.9)	49.4 (18–86)	4.2 (0.1–33)	OSSI	11.8 (0–20)
				OSPI	10.6 (0–16)
Men	26 (0.4)	55.1 (27–83)	6.6 (0.1–75)	OSSI	11.4 (0–20)
				OSPI	9.8 (1–16)
Epididymitis					
Men	57 (0.9)	41.1 (18–78)	2.5 (0.08–20)	CESI	15.5 (3–27)

LUTS: Cistite Interstiziale

Patogenesi

✓ XXXXXXXXXXXXXXXX

✓ Risposta immunologica che determina un aumento di mastociti ed eosinofili

✓ Liberazione istamina

✓ Danno tissutale

✓ Rottura dell'epitelio con aumento permeabilità

✓ Accelerato turnover cellulare

LUTS: Cistite Interstiziale

Patogenesi

- ✓ Danno neuro-vascolare della parete
- ✓ Parete vescicale cicatriziale
- ✓ Riduzione capacità vescicale



LUTS: Cistite Interstiziale

Trattamento

Table 5: Medical treatment of IC

	Level of evidence	Grade of recommendation	Comment
Analgesics	4	C	Indications limited to cases awaiting further treatment
Corticosteroids	3	C	Corticosteroids not recommended as long-term treatment
Hydroxyzine	2b	B	Standard treatment
Cimetidine	1b	A	Preliminary data so far
Amitriptyline	1b	B	Standard treatment
Sodium PPS	1a	A	Standard treatment
Antibiotics	1b	A	Limited role in the treatment of IC
Prostaglandins	3	C	Insufficient data on IC, adverse effects
L-arginine	1b		Effect in IC uncertain
Immunosuppressants	3	C	Insufficient data on IC, adverse effects
Oxybutynin	3	C	Limited indication in IC
Tolterodine	3	C	Limited indication in IC
Gabapentin	3	C	Preliminary data so far
Suplatast Tosilate	3	C	Preliminary data so far
Quercetin	3	C	Preliminary data so far

LUTS: Cistite Interstiziale

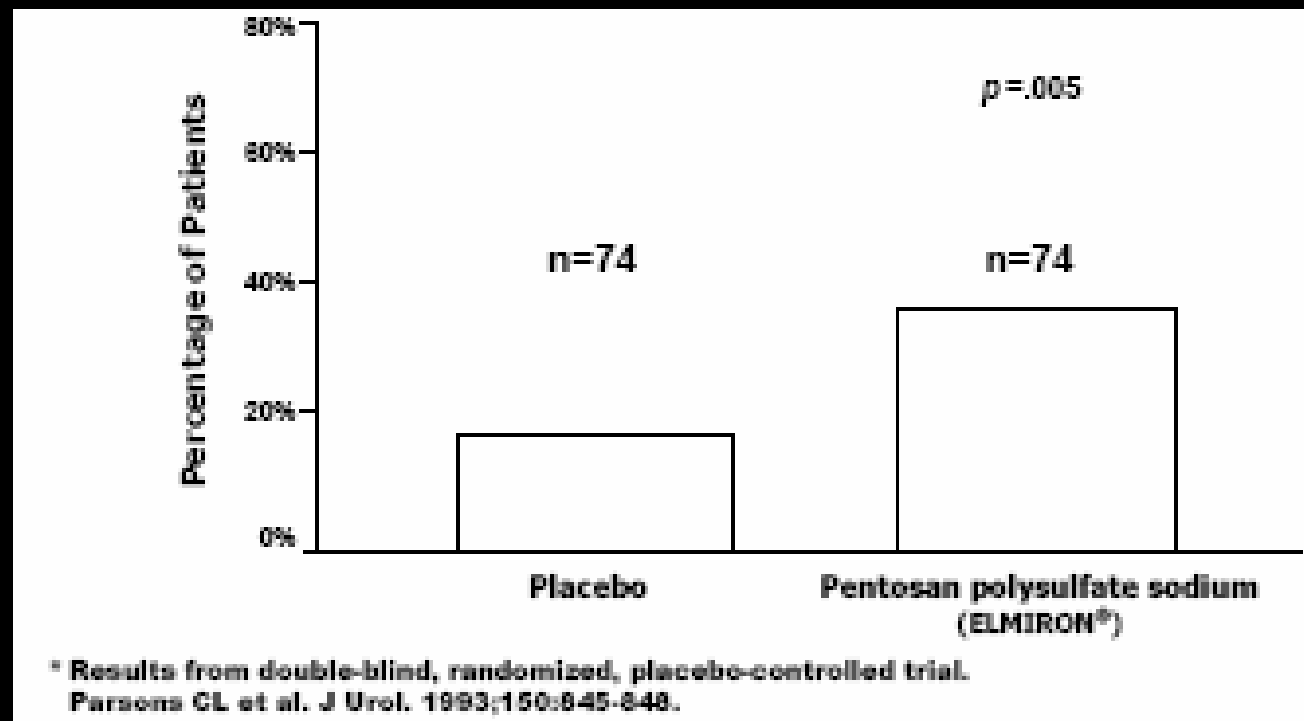
Trattamento

- ☑ Trattamento conservativo (stop fumo, aumento introito liquidi, dieta, ...)
- ☑ Bladder training
- ☑ Idrodistensione
- ☑ Farmaci
- ☑ Instillazioni vescicali
- ☑ Neuromodulazione
- ☑ Chirurgia

LUTS: Cistite Interstiziale

Trattamento: *Farmaci*

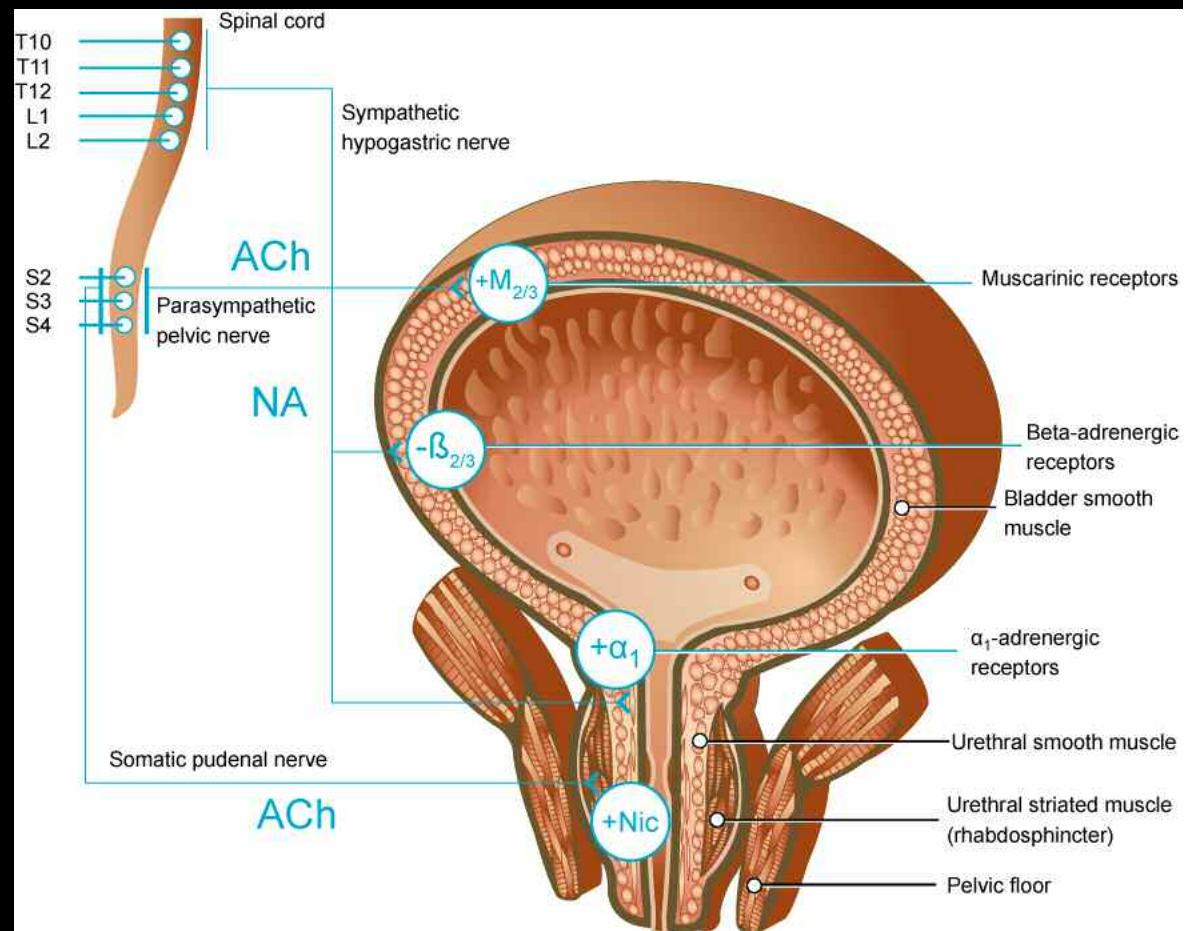
☑ Pentosan Polyfosfato (ELMIRON)



LUTS: Cistite Interstiziale

Trattamento: *Farmaci*

✓ Anticolinergici



LUTS: Cistite Interstiziale

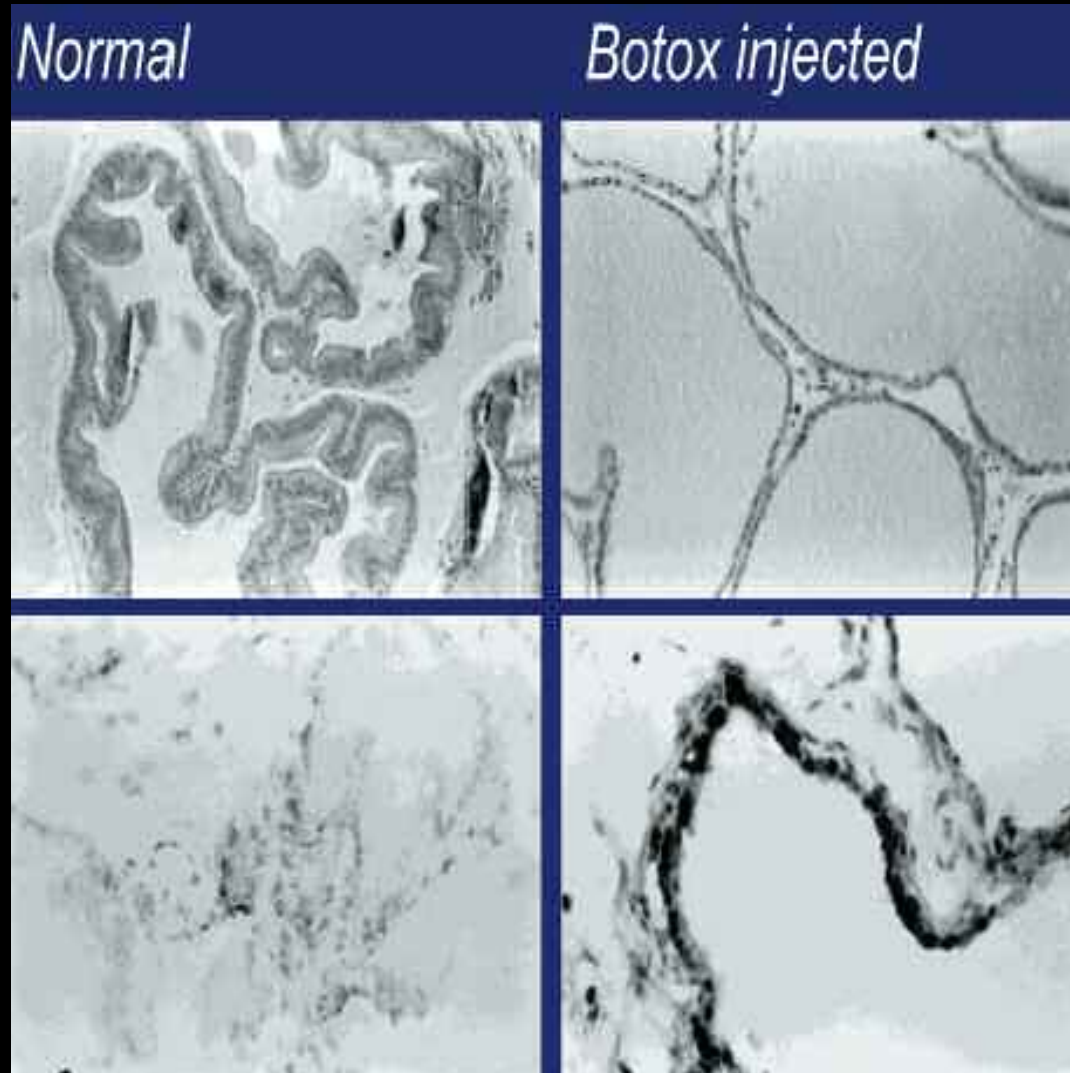
Trattamento: *Farmaci*

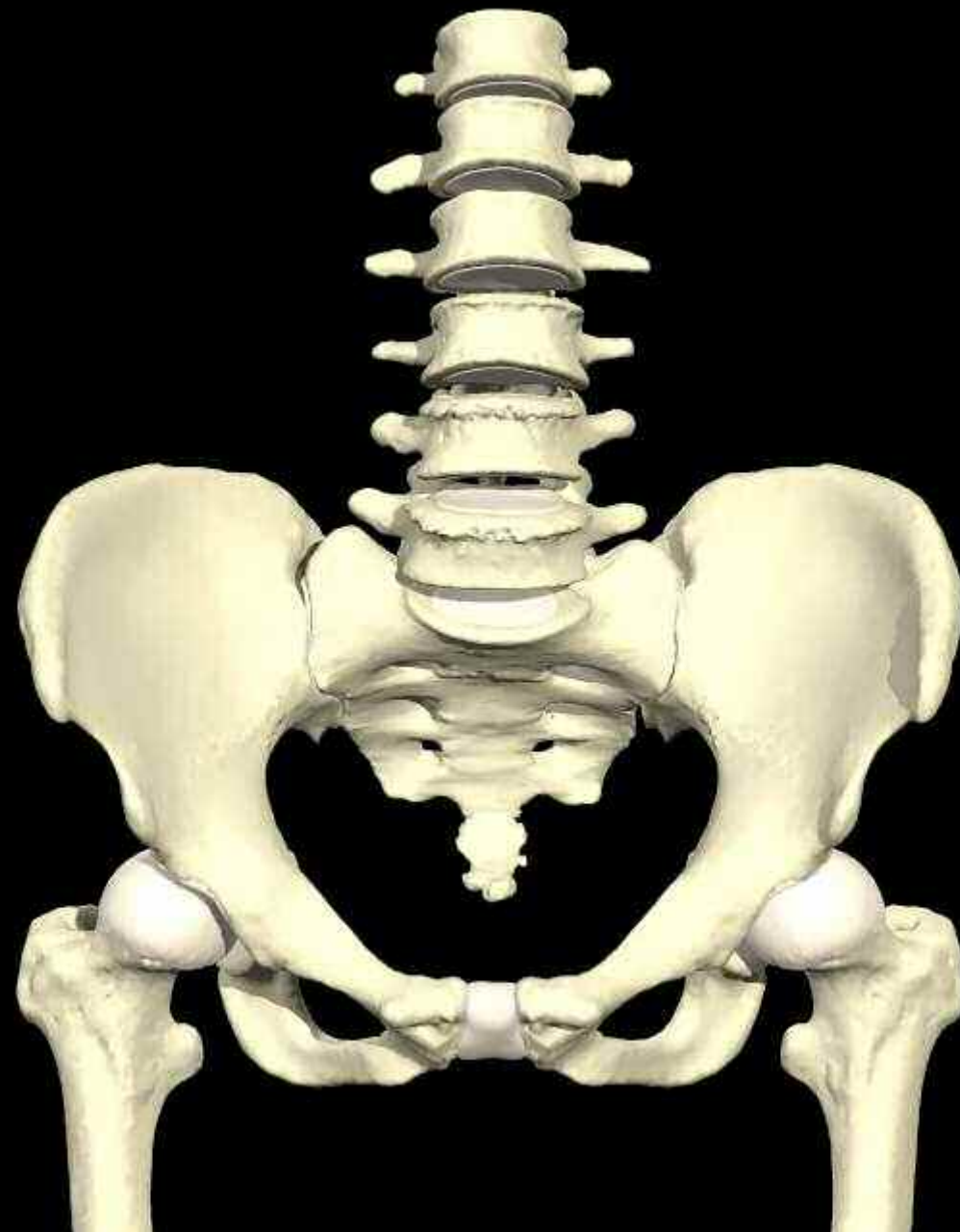
- ☑ Antistaminici
- ☑ Amitriptilina, Gabapentin, Narcotici
- ☑ Cortisonici

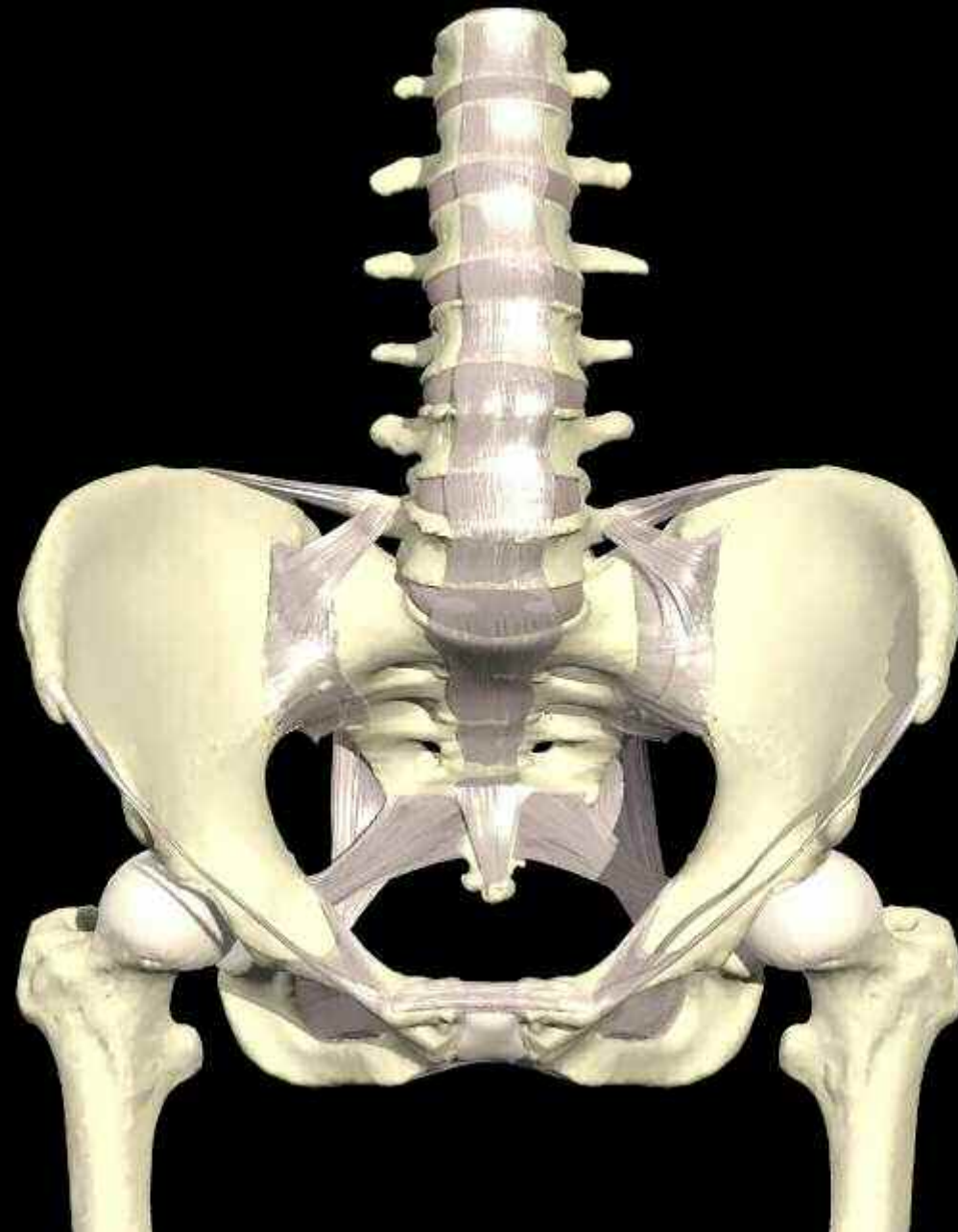
LUTS: Cistite Interstiziale

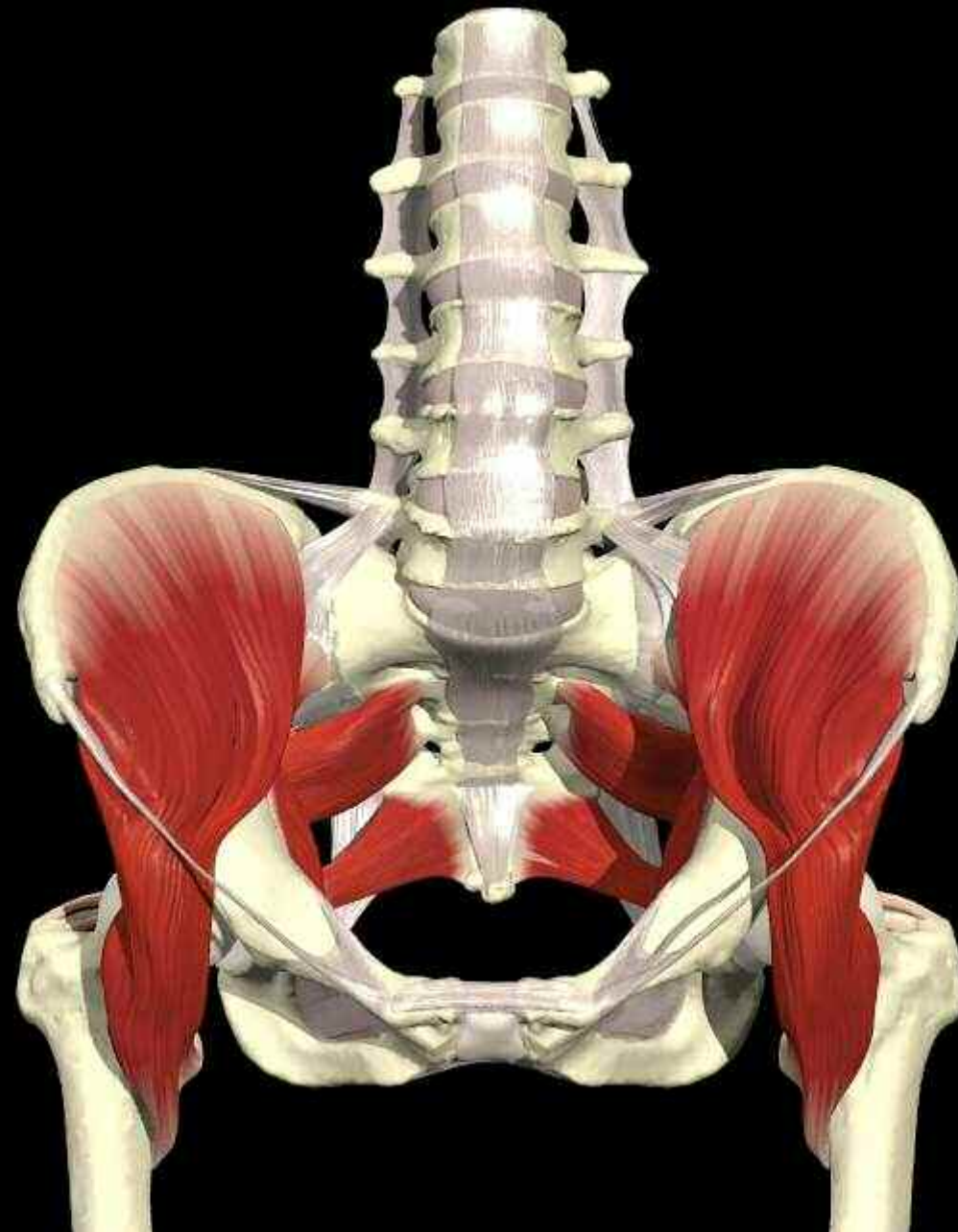
Trattamento: *Tossina Botulinica A*

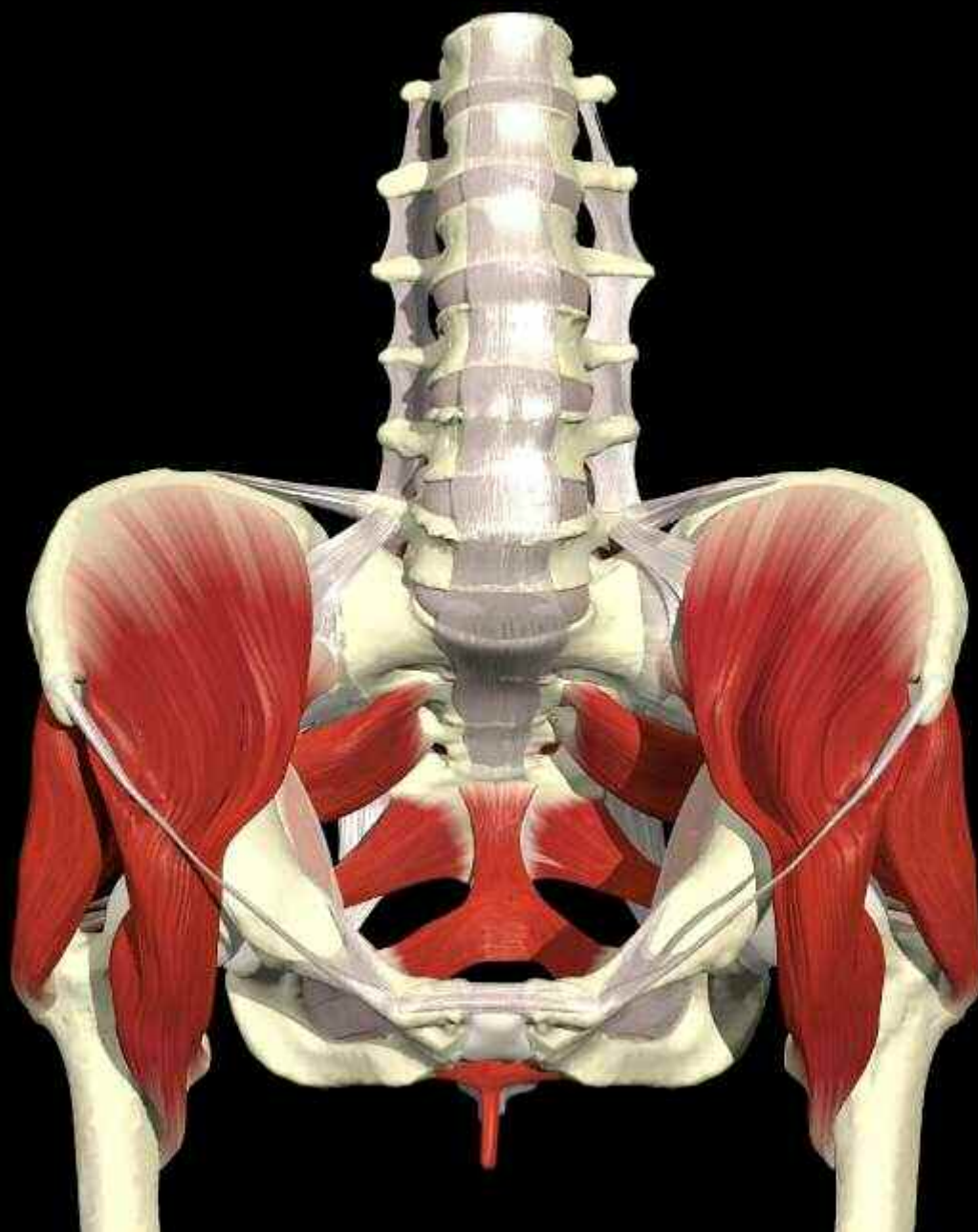
LUTS: Cistite Interstiziale
Trattamento: Tossina Botulinica A

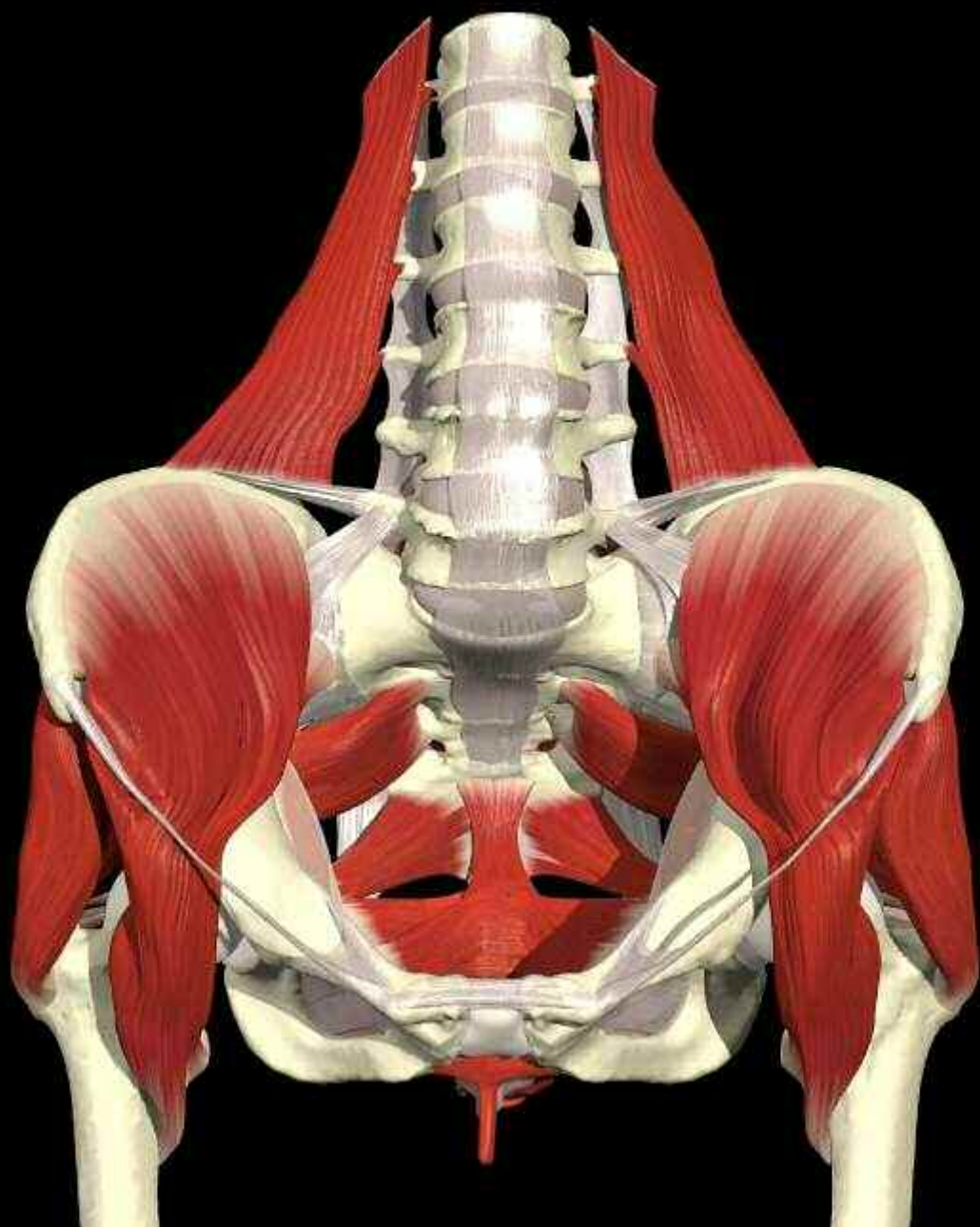


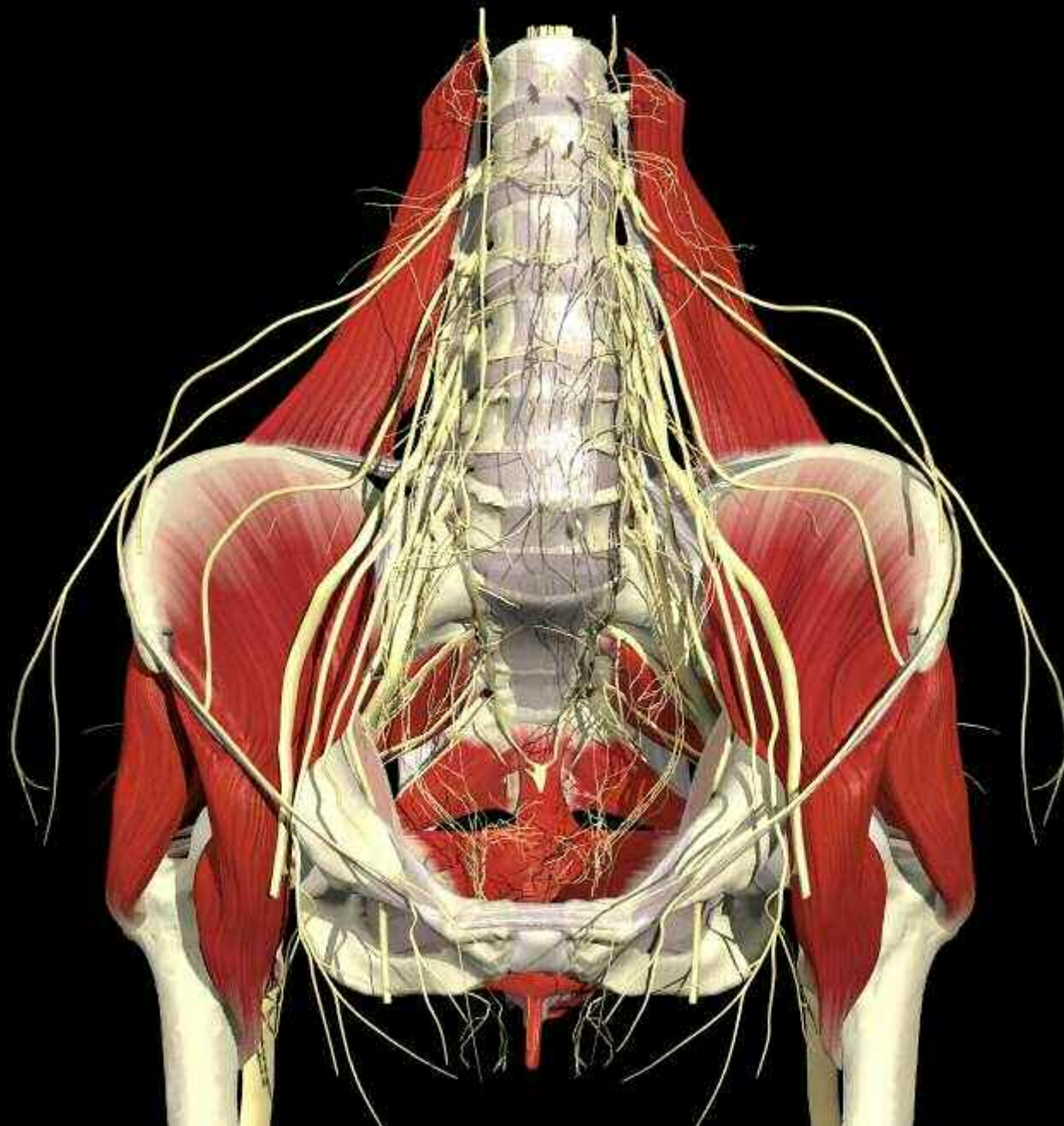


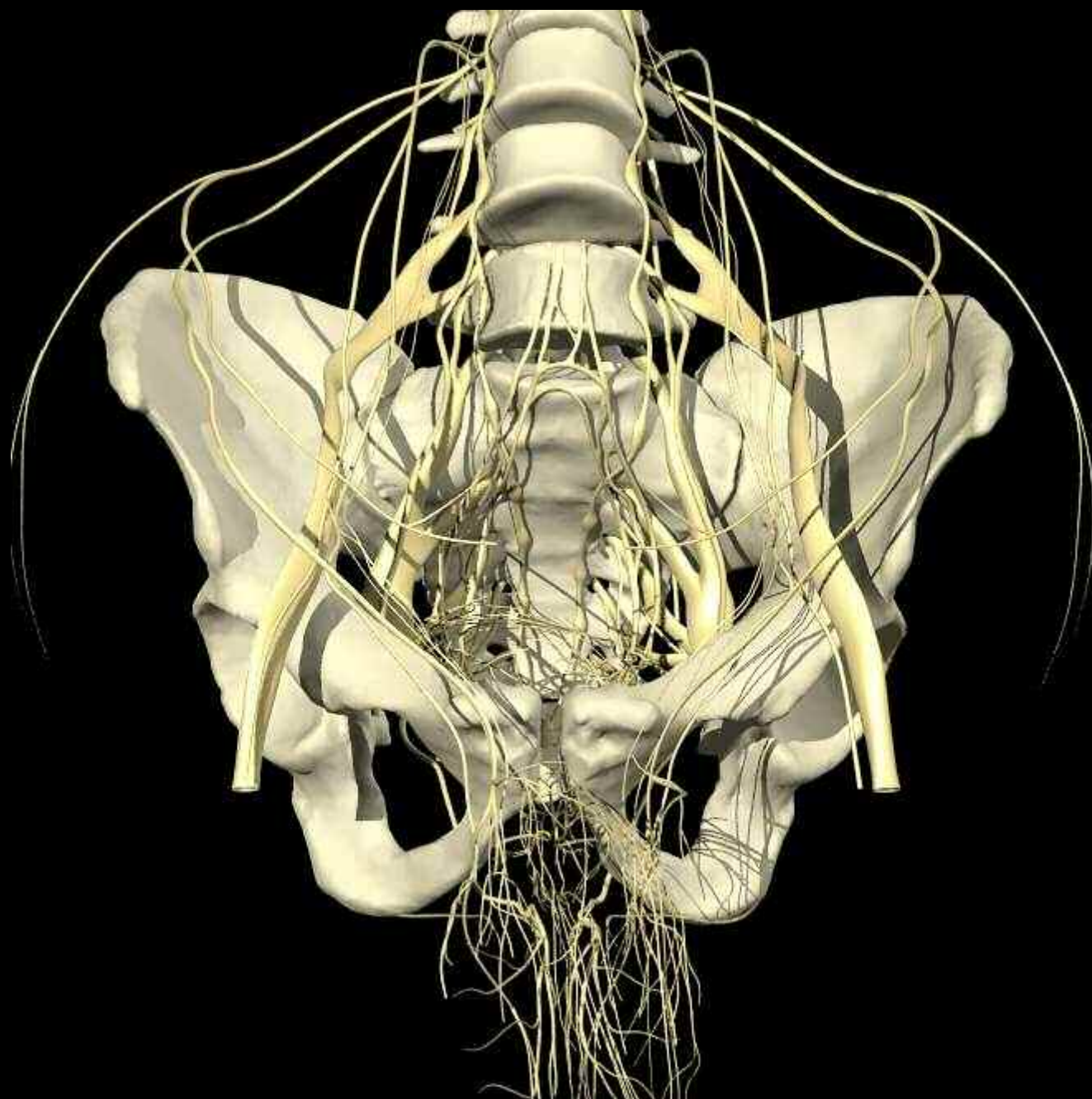


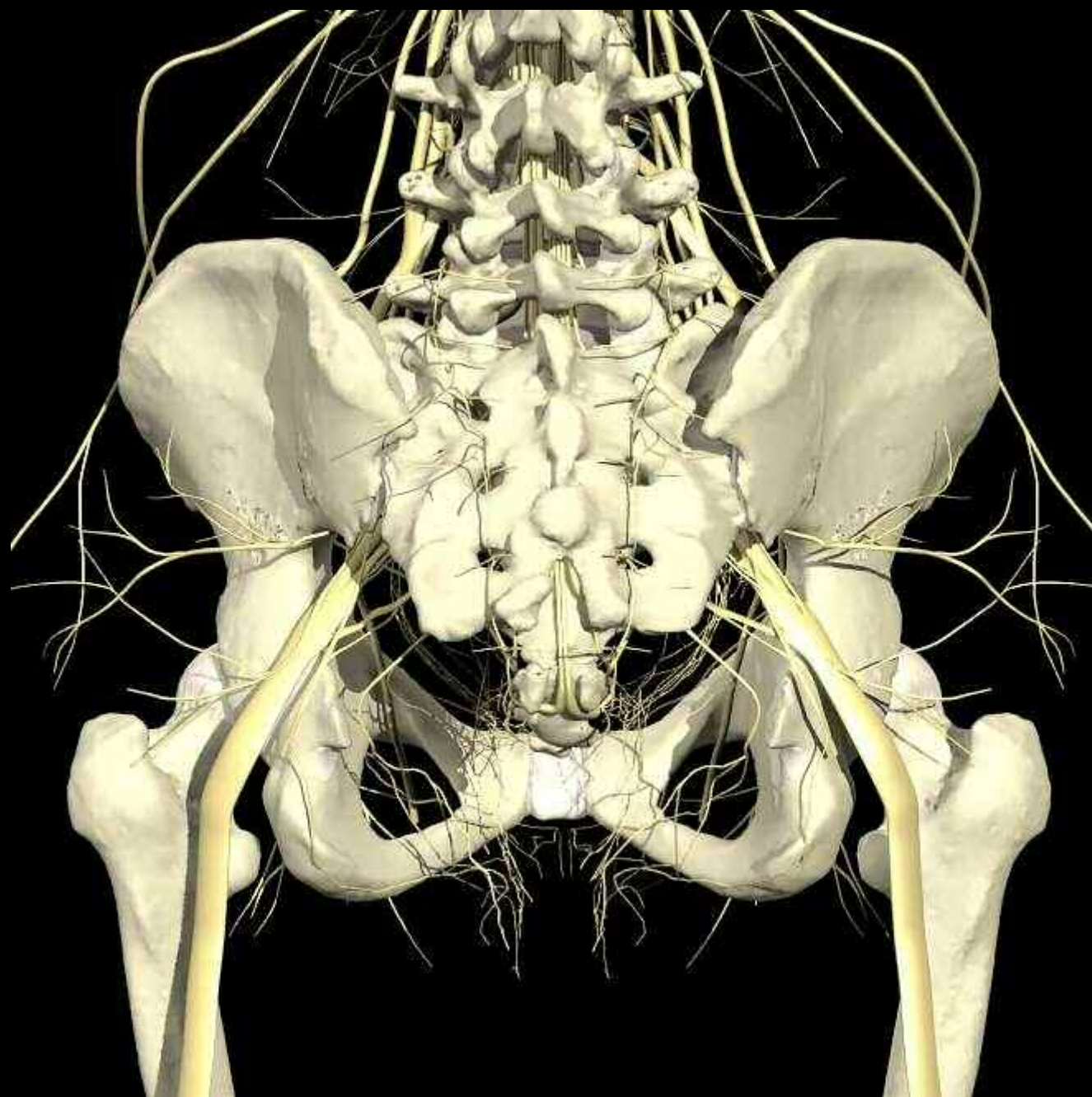






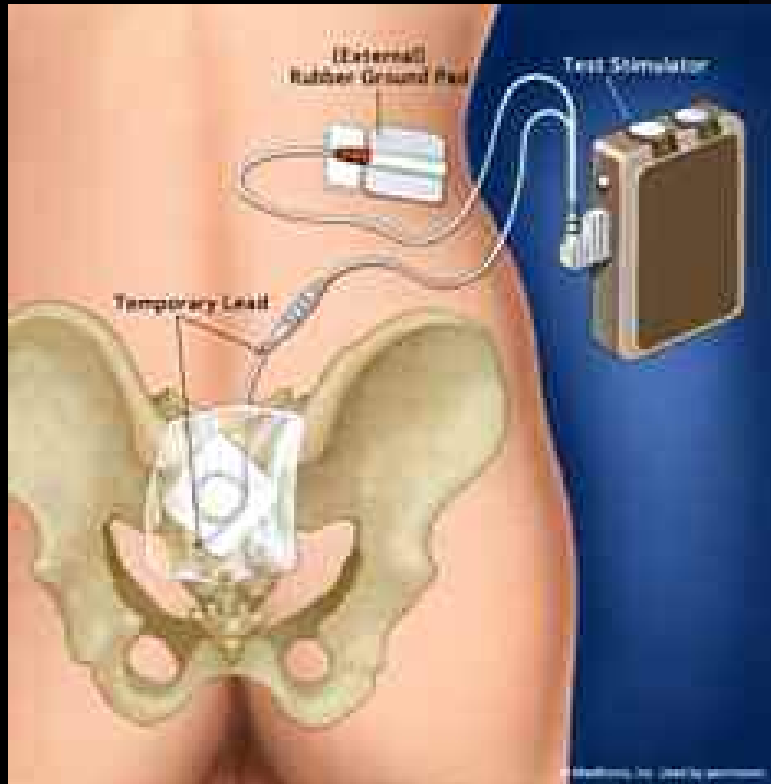






LUTS: Cistite Interstiziale

Neuromodulazione Sacrale

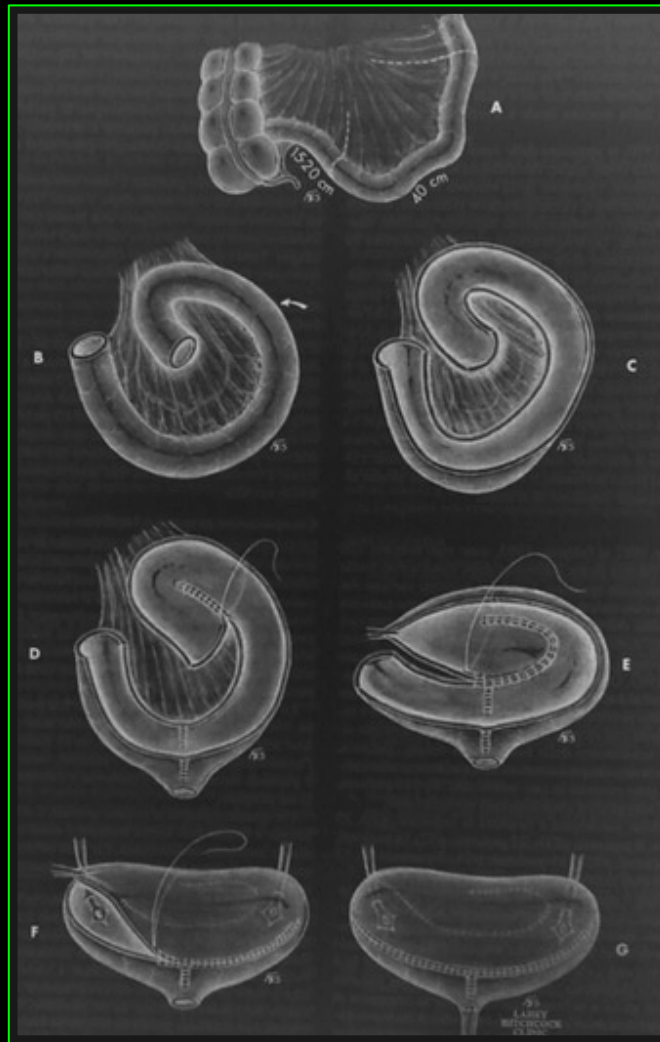


LUTS: Cistite Interstiziale
Trattamento: *Chirurgia*



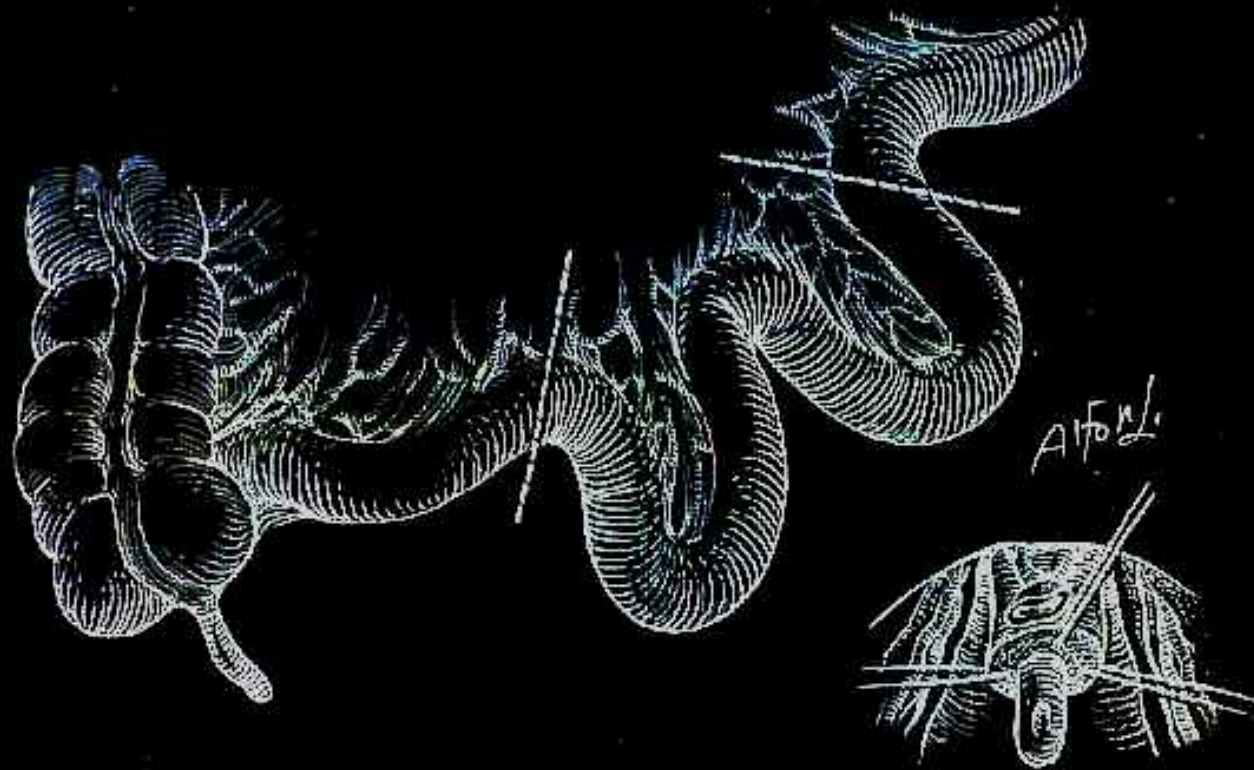
LUTS: Cistite Interstiziale

Trattamento: Chirurgia

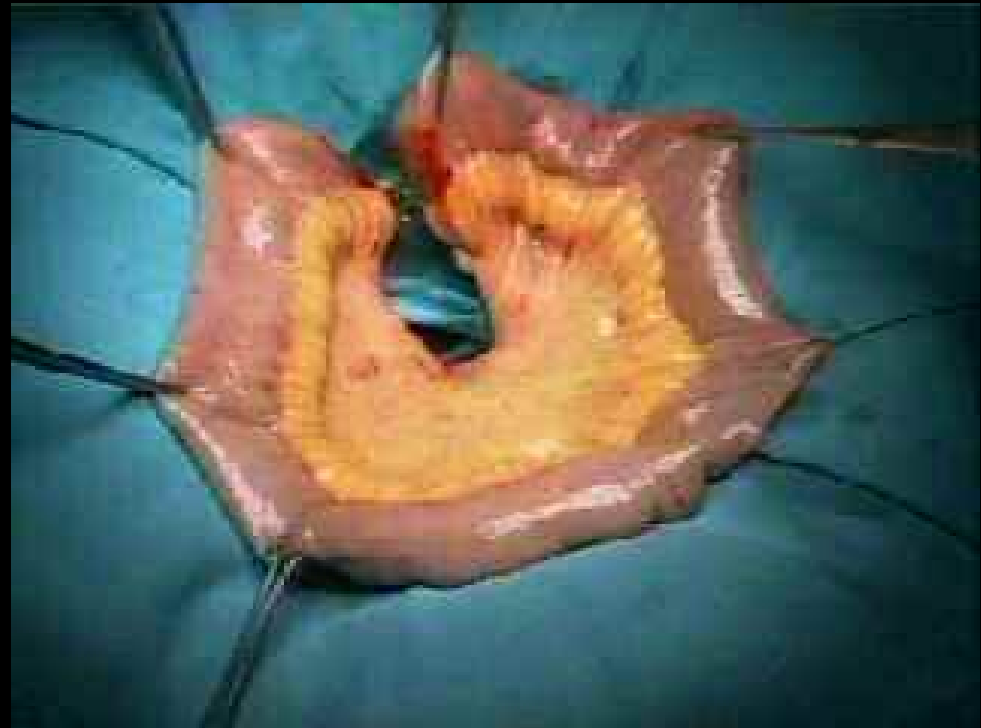
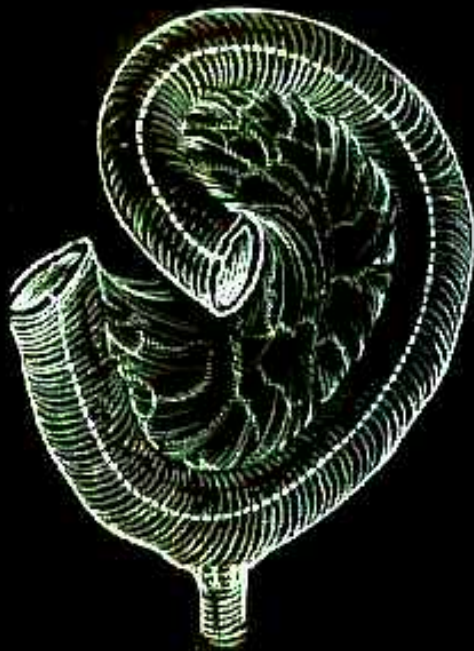


LUTS: Cistite Interstiziale

Trattamento: Chirurgia

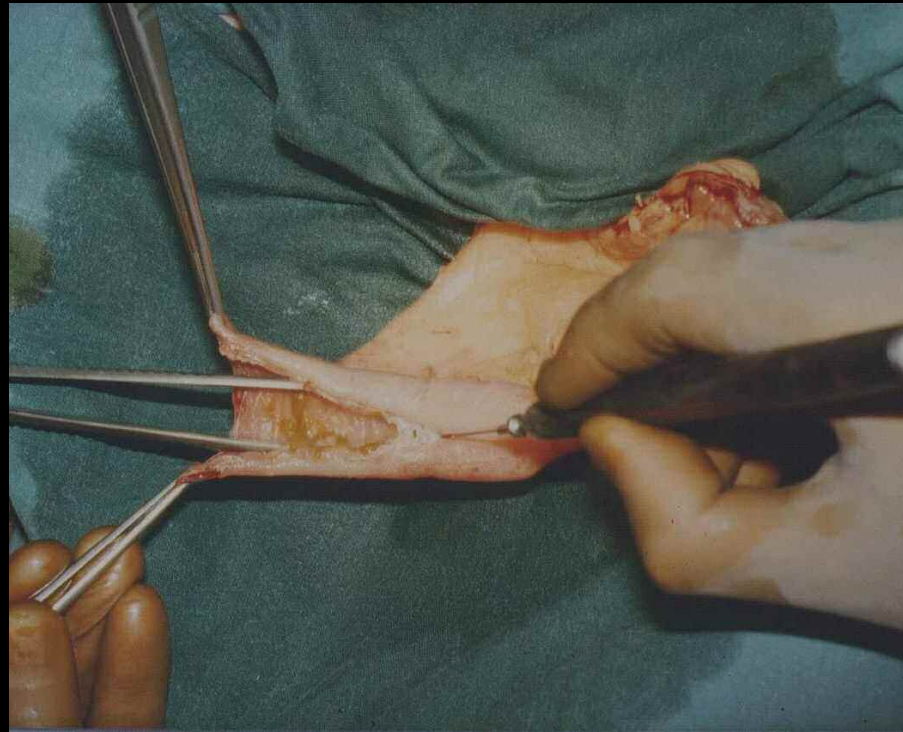


LUTS: Cistite Interstiziale
Trattamento: Chirurgia

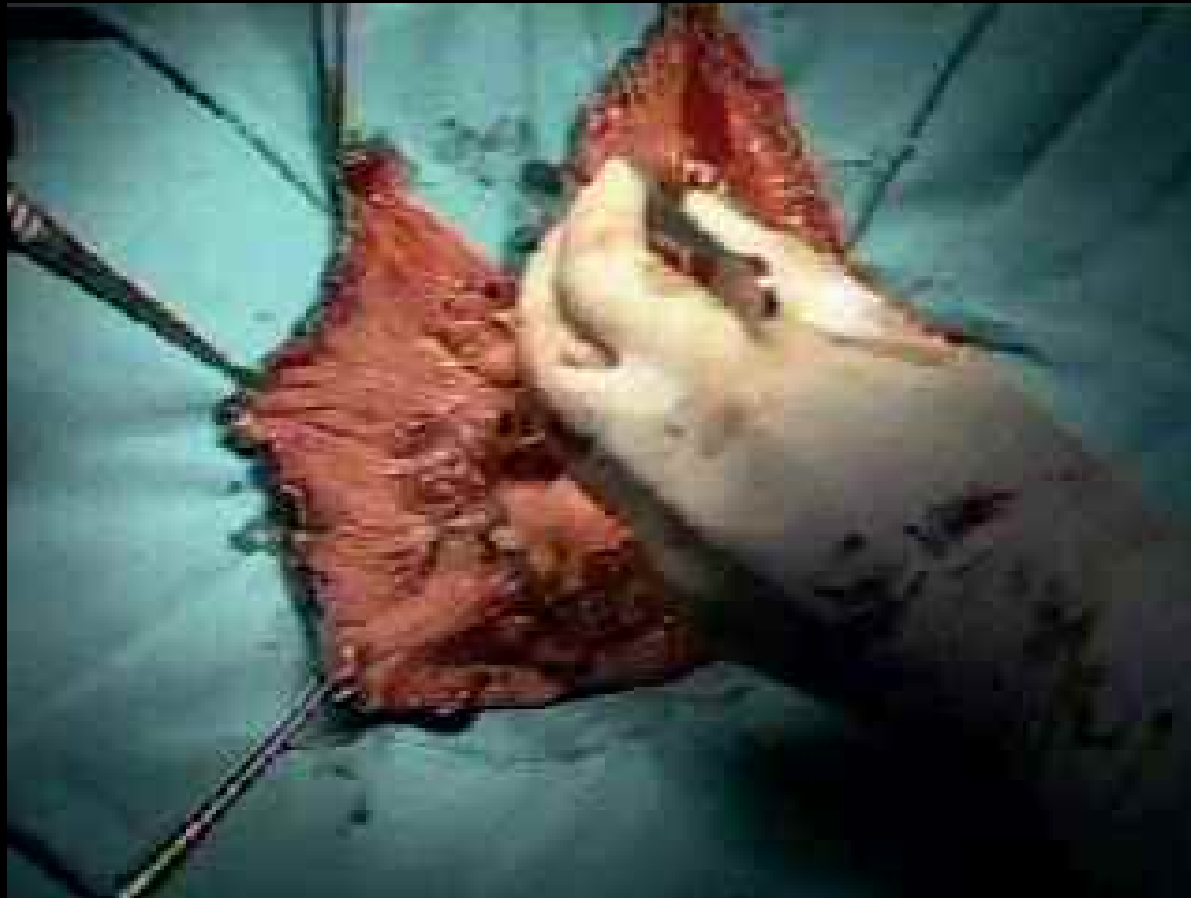


LUTS: Cistite Interstiziale

Trattamento: *Chirurgia*



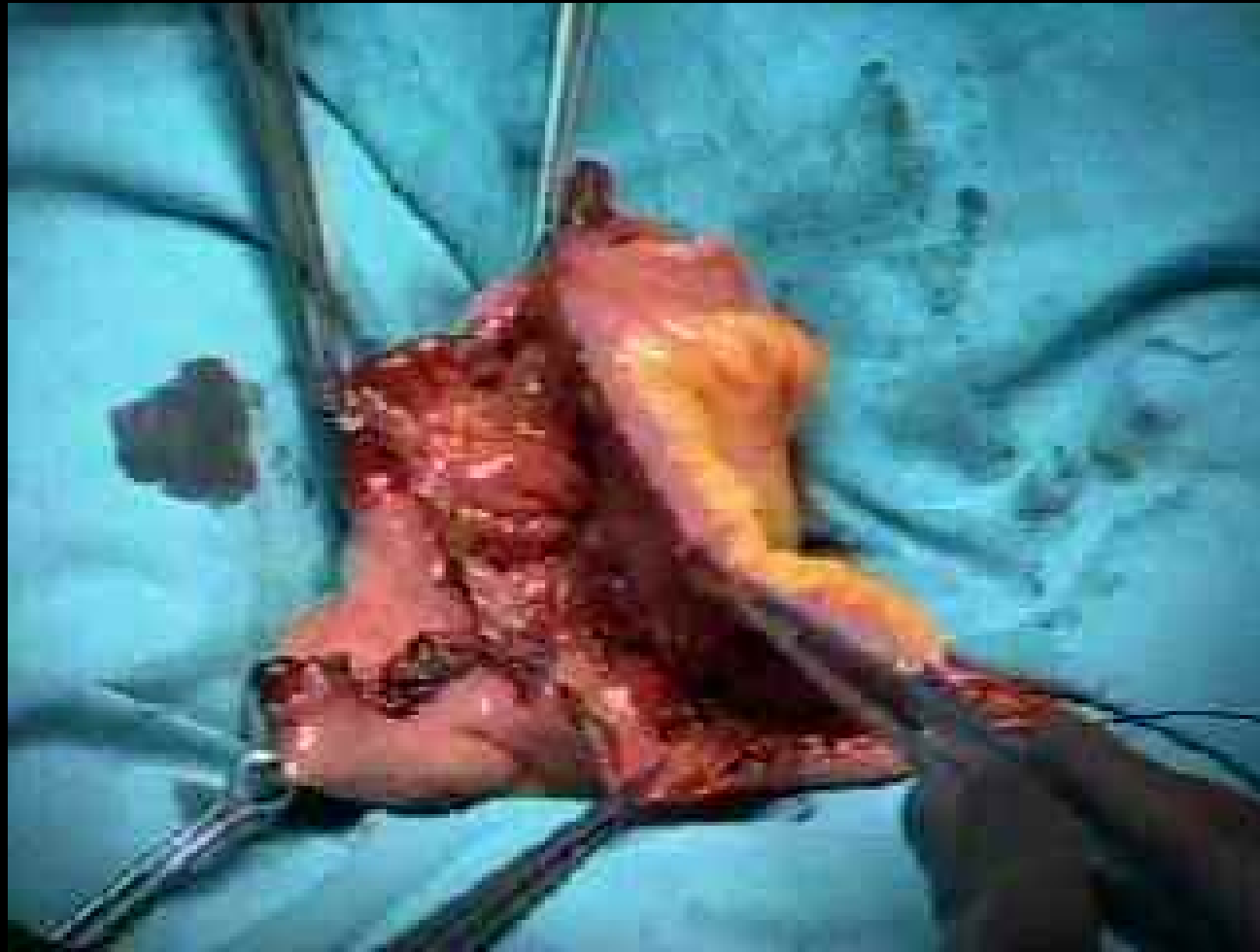
LUTS: Cistite Interstiziale
Trattamento: *Chirurgia*



LUTS: Cistite Interstiziale
Trattamento: *Chirurgia*



LUTS: Cistite Interstiziale
Trattamento: *Chirurgia*



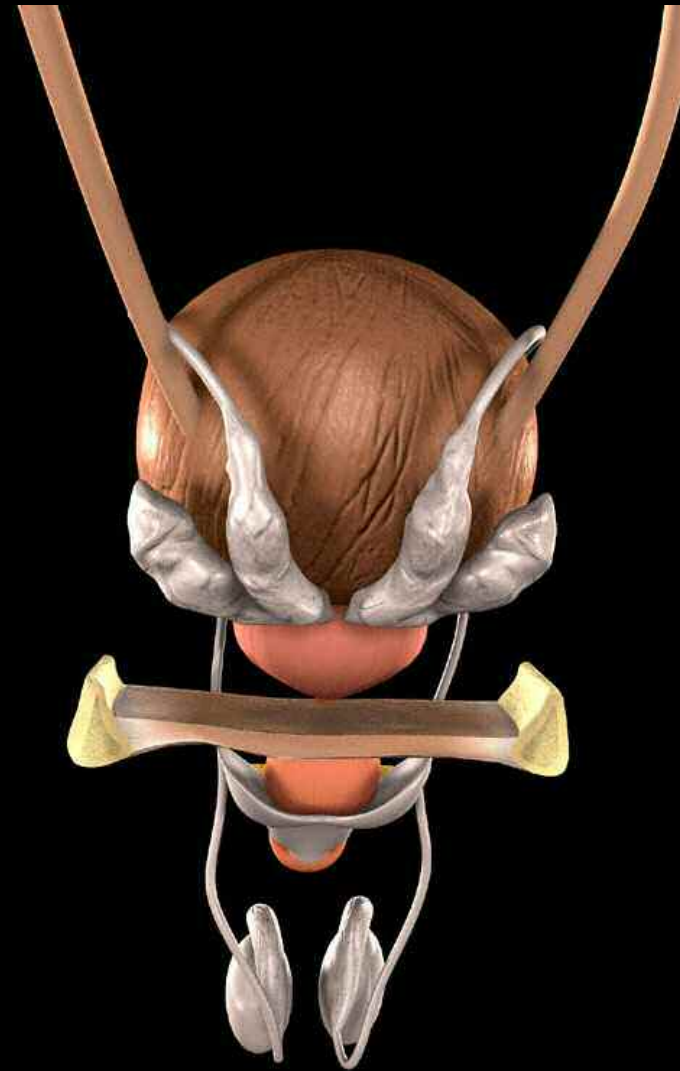
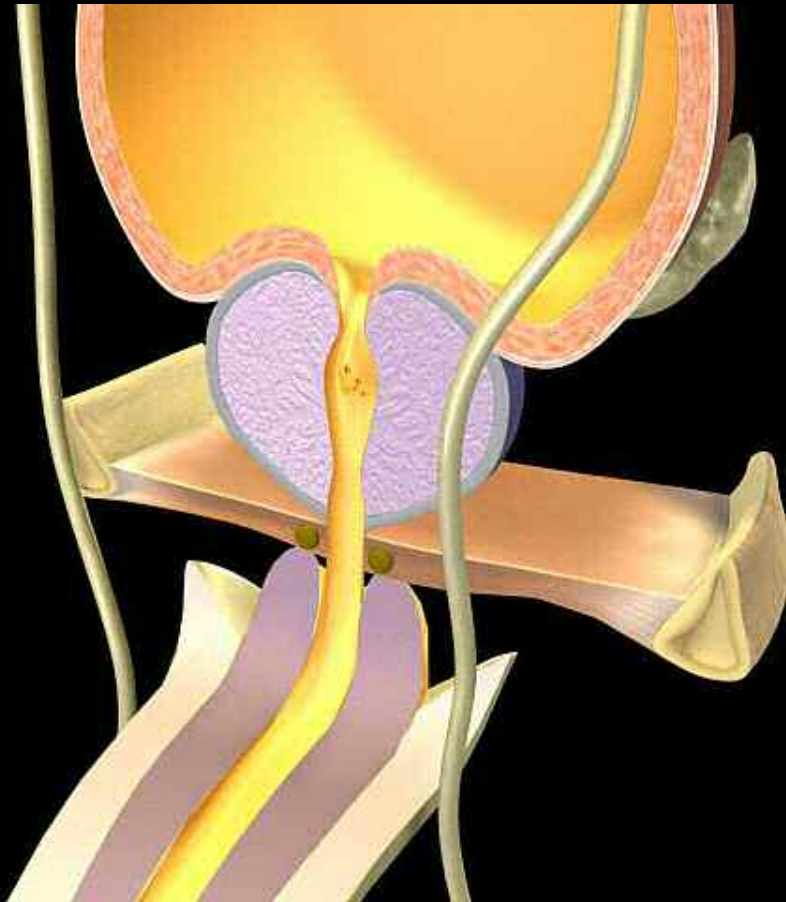
LUTS: Cistite Interstiziale

Economics of Interstitial Cystitis in Clinical Practice

John B. Forrest, MD, FACS

University of Oklahoma Health Science Center-Tulsa; Urologic Specialists of Oklahoma, Inc., Tulsa, OK

LUTS: Prostatite Cronica



LUTS: Prostatite Cronica

5.5.2 Definition

Chronic prostatitis associated with chronic pelvic pain syndrome is defined as discomfort or pain in the pelvic region with sterile cultures of specimens and insignificant white blood cell counts in prostate-specific specimens, namely semen, expressed prostatic secretions and urine collected after prostate massage (4).

Table 2. Classification of prostatitis according to NIDDK/NIH

- | | |
|------|---|
| I. | Acute bacterial prostatitis (ABP) |
| II. | Chronic bacterial prostatitis (CBP) |
| III. | Chronic pelvic pain syndrome (CPPS)
A. Inflammatory CPPS: WBC in semen/EPS/voided bladder urine-3 (VB3)
B. Noninflammatory CPPS: no WBC semen/EPS/VB3 |
| IV. | Asymptomatic inflammatory prostatitis (histological prostatitis) |

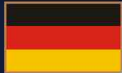
Eziologia batterica dimostrabile: 5-10%



European
Association
of Urology

LUTS: Prostatite Cronica

**Ferran Algaba**

**Jens Altwein**

**Peter Boyle**

**Frans Debruyne**

**Roger Kirby**

**Yoshio Aso**
Honorary member

**Alain Jardin**
Honorary member

**Francesco Pagano**
Honorary member

**Louis Denis**
Chairman

**Natasha Kyprianou**

**Chung Lee**

**Villis Marshall**

**Kurt Naber**

**Dalibor Pacik**

**Bernard Lobel**
Deputy Chairman

**Fritz Schroeder**
Honorary member

**Adolphe Steg**
Honorary member

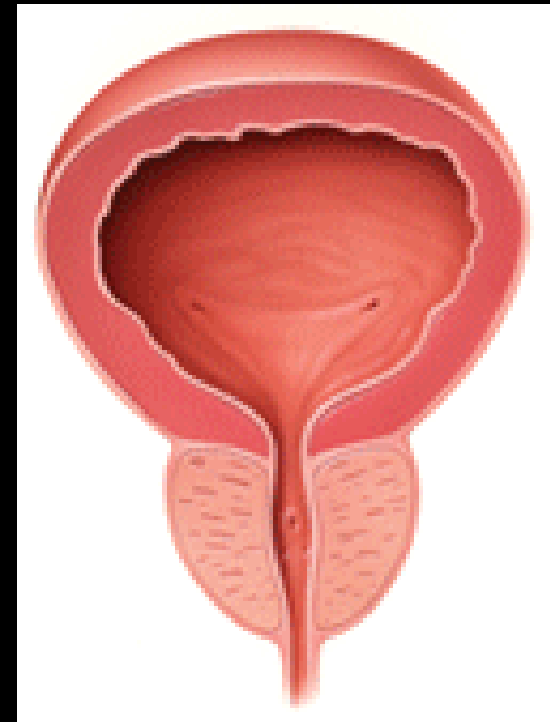
**Keith Griffiths**
Treasurer

**Domenico Prezioso**
Secretary





LUTS: Prostatite Cronica



LUTS: Prostatite Cronica

Some somatic disorders associated with CP or CPPS, described by Potts and compiled by Lobel

Chronic prostatitis (CP)/ Chronic pelvic pain syndrome (CPPS): A functional somatic syndrome ?

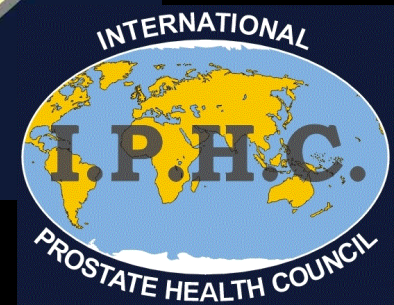
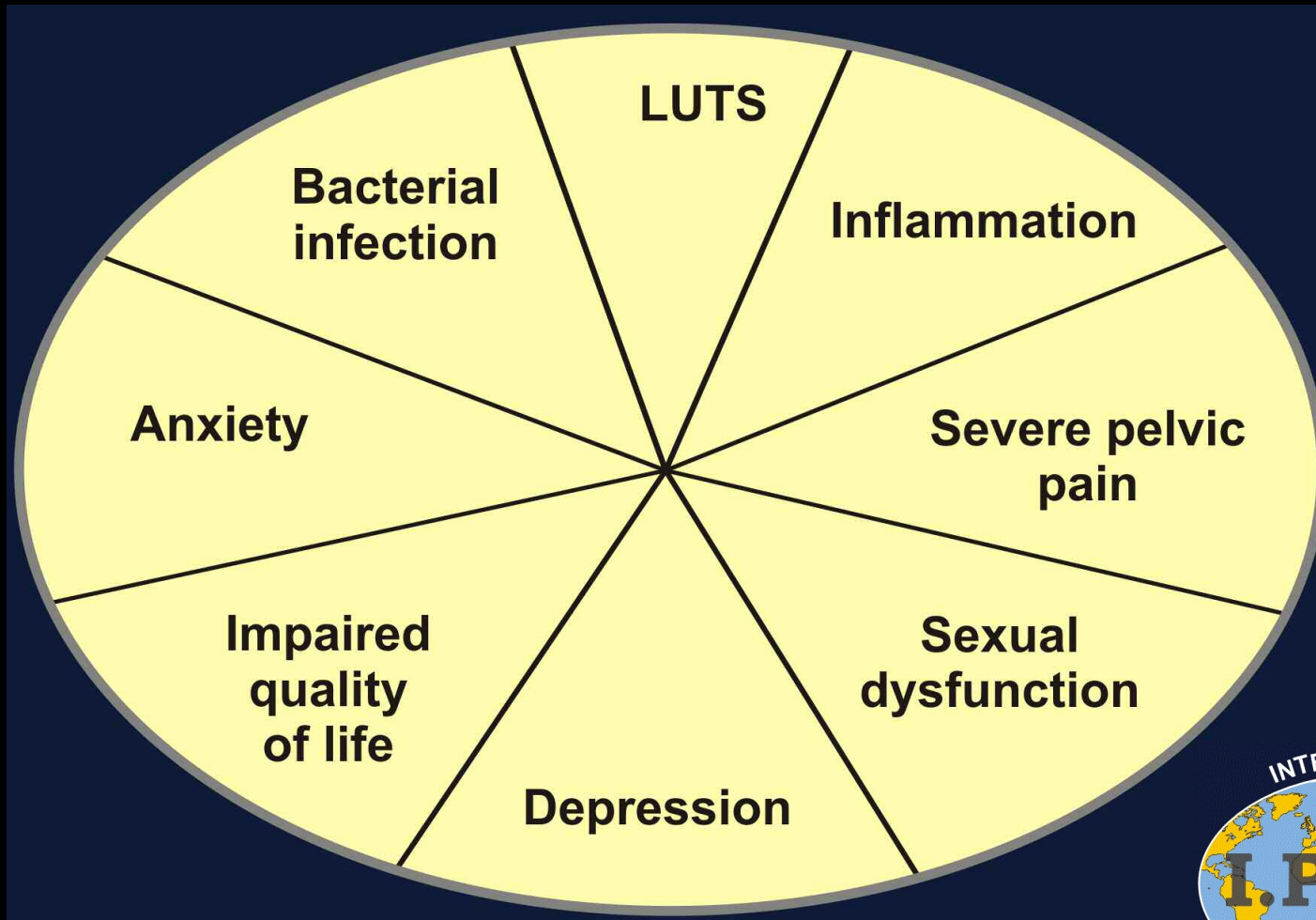
• Irritable bowel syndrome	35%
• Chronic headaches	36%
• Fibromyalgia	5%
• Non - specific rheumatological symptoms	21%
• Psychological factors: anxiety, depression, sleep disorders, alcoholism	48%
• Sexual dysfunction	23%

Data source: Potts J.M. (2003) Eur.Urol. 2 (Suppl.), 34-37

CG



LUTS: Prostatite Cronica



LUTS: Prostatite Cronica

Prevalence, diagnosis and treatment of prostatitis in Italy: a prospective urology outpatient practice study

M. RIZZO, F. MARCHETTI*, F. TRAVAGLINI, A. TRINCHIERI† and J.C. NICKEL‡

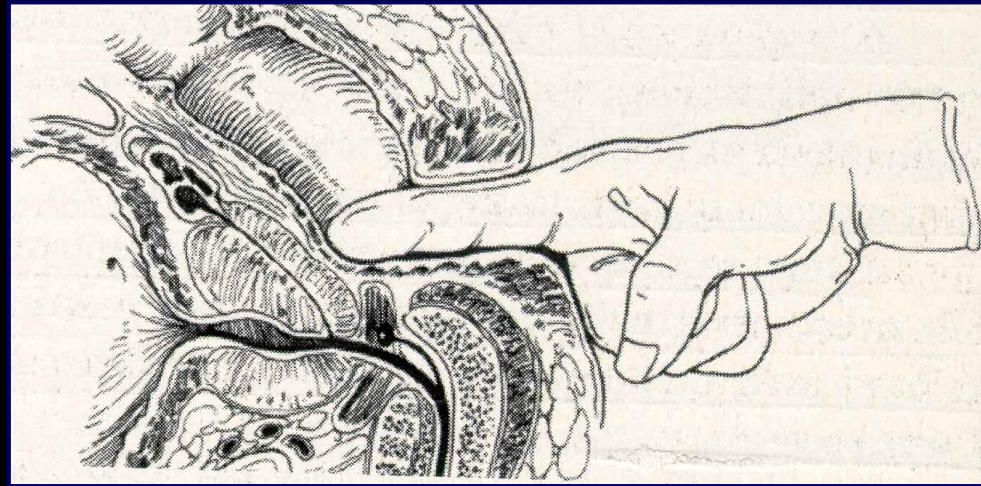
*Department of Urology, University of Florence, Florence, *Medical Department, GlaxoSmithKline S.p.a, Verona, †Clinics of Urology, University of Milan, Milan, Italy, and ‡Queen's University, Kingston, Canada*

© 2003 BJU INTERNATIONAL | 92, 955-959

Symptom	N (%)
Frequency	689 (64.2)
Obstructive voiding	675 (62.8)
Perineal pain or discomfort	630 (58.7)
Suprapubic pain or discomfort	492 (45.8)
Penile pain or discomfort	360 (33.5)
Premature ejaculation	305 (28.4)
Malaise	229 (21.3)
Urethral discharge	220 (20.5)
Inguinal pain or discomfort	216 (20.1)
Erectile dysfunction	205 (19.1)
Haematospermia	169 (15.7)
Voiding difficulties	162 (15.1)
Fever	159 (14.8)
Purulent urine	150 (14.0)
Abnormal seminal fluid	97 (9.0)
Myalgia	64 (6.0)
Abnormal urine (mucus)	61 (5.7)
Haematuria	46 (4.3)

Symptom	% (n/total)	Mean (SD) score	
		frequency	severity
Penile pain or discomfort	55.2 (386/699)	1.3 (1.4)	3.1 (2.7)
Perineal pain or discomfort	81.6 (666/816)	2.2 (1.3)	4.5 (2.5)
Suprapubic pain or discomfort	74.6 (561/779)	2.0 (1.4)	4.3 (2.5)
Ejaculatory pain or discomfort	63.9 (461/721)	1.4 (1.3)	3.3 (2.4)
Testicular pain or discomfort	43.9 (302/688)	0.9 (1.2)	2.5 (2.5)
Lumbar/inguinal/thigh pain or discomfort	35.4 (240/678)	0.8 (1.3)	2.3 (2.8)
Incomplete bladder emptying	72.8 (541/743)	1.8 (1.4)	3.7 (2.7)
Burning during micturition	81.7 (652/798)	2.0 (1.3)	4.2 (2.5)
Urgency	72.4 (514/710)	1.7 (1.4)	3.9 (2.8)
Urinary frequency	86.4 (717/830)	2.4 (1.4)	5.0 (2.7)

LUTS: Prostatite Cronica



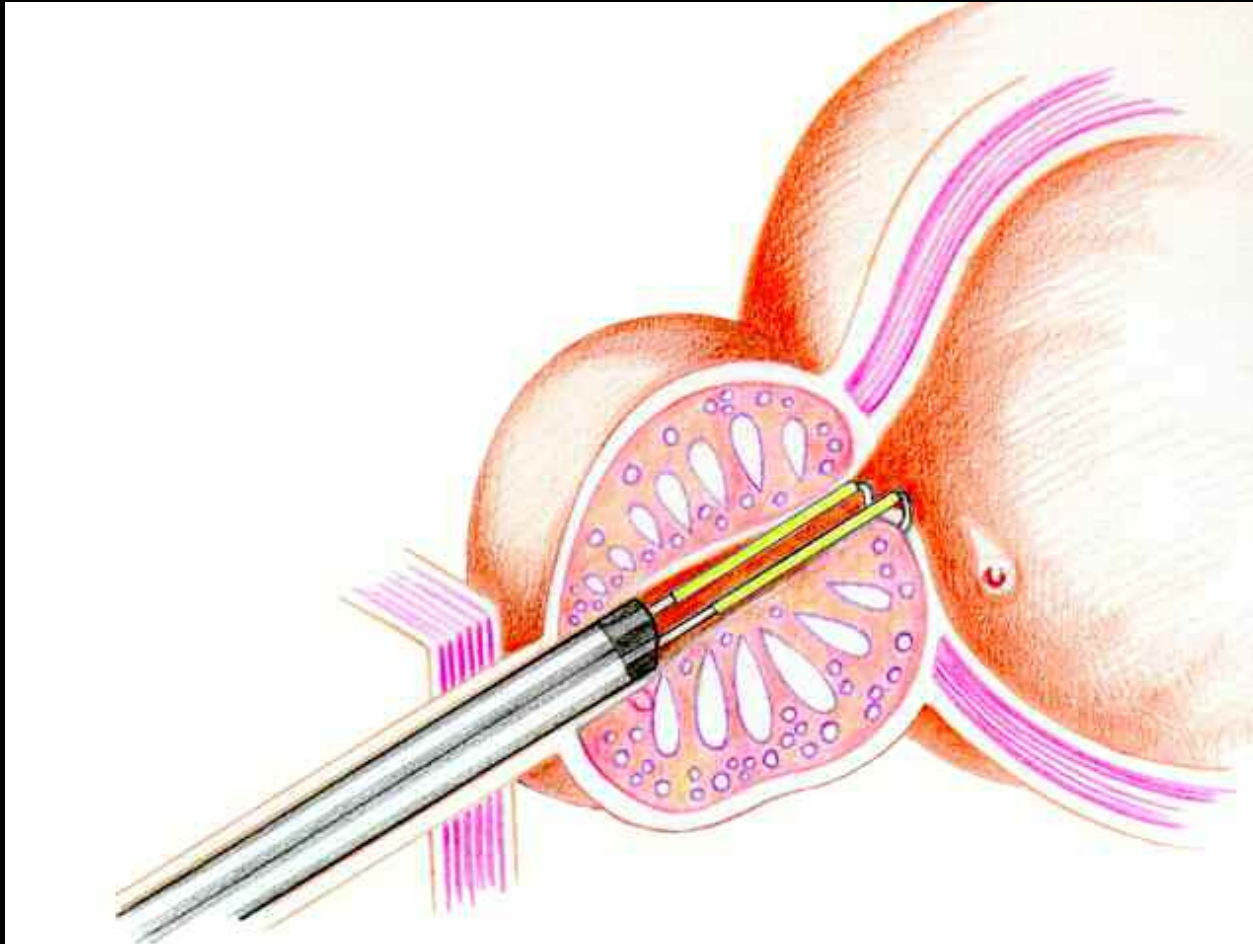
LUTS: Prostatite Cronica

Trattamento: *Medica*

- ☑ Alfa-bloccanti
- ☑ Antinfiammatori
- ☑ Inibitori 5-alfa-reduttasi

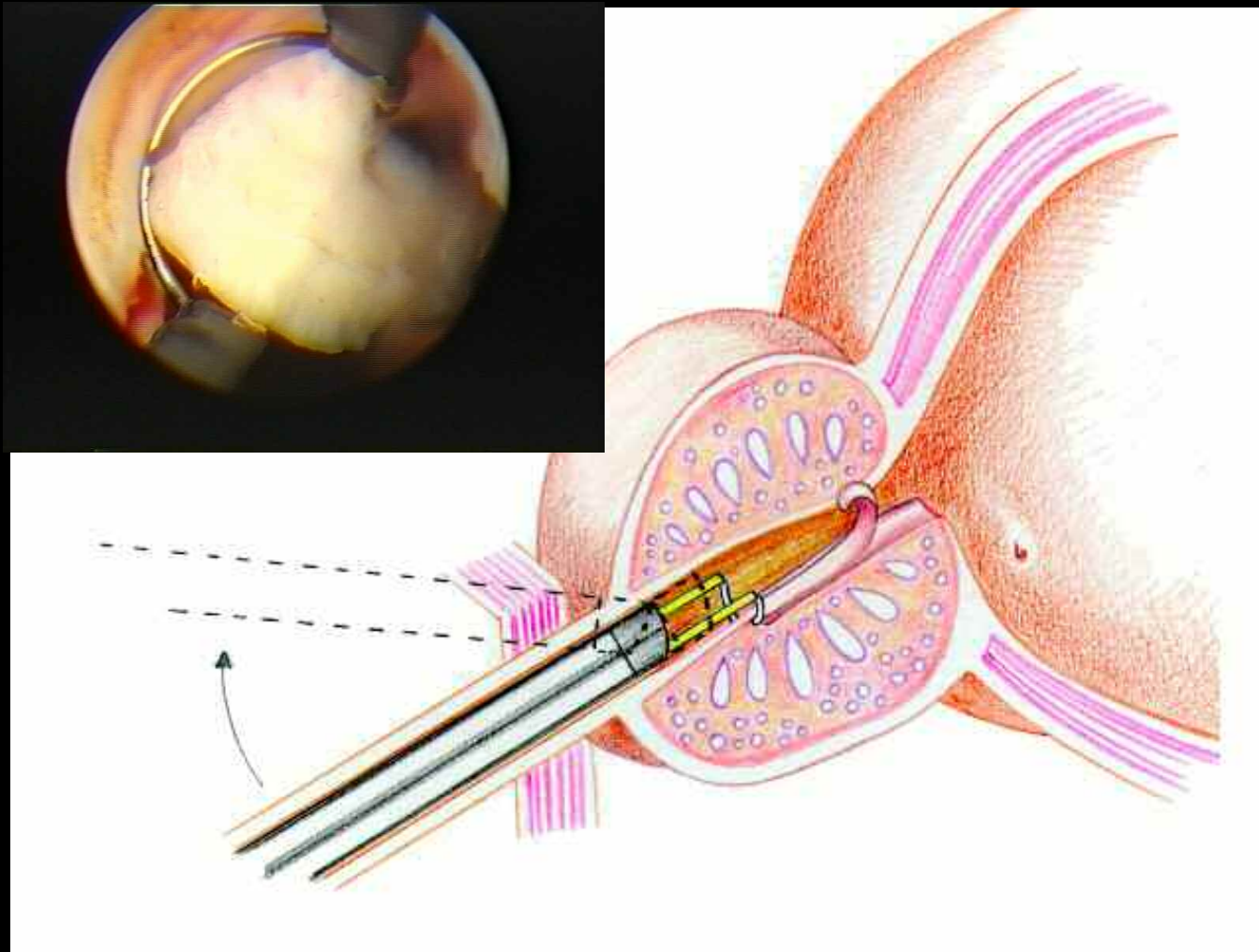
- ☑ Biofeedback
- ☑ Neuromodulazione

LUTS: Prostatite Cronica
Trattamento: *Endoscopia*



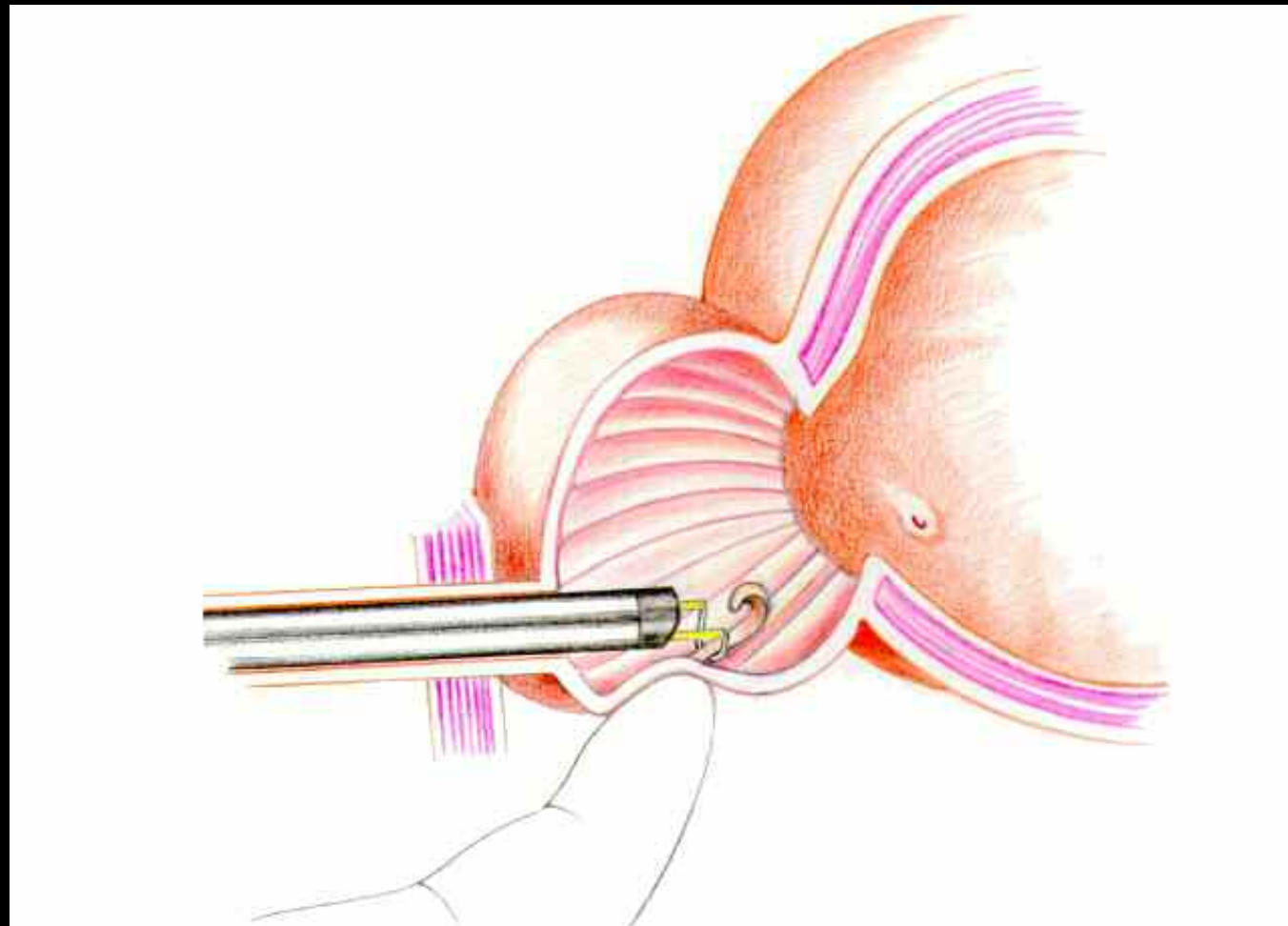
LUTS: Prostatite Cronica

Trattamento: *Endoscopia*



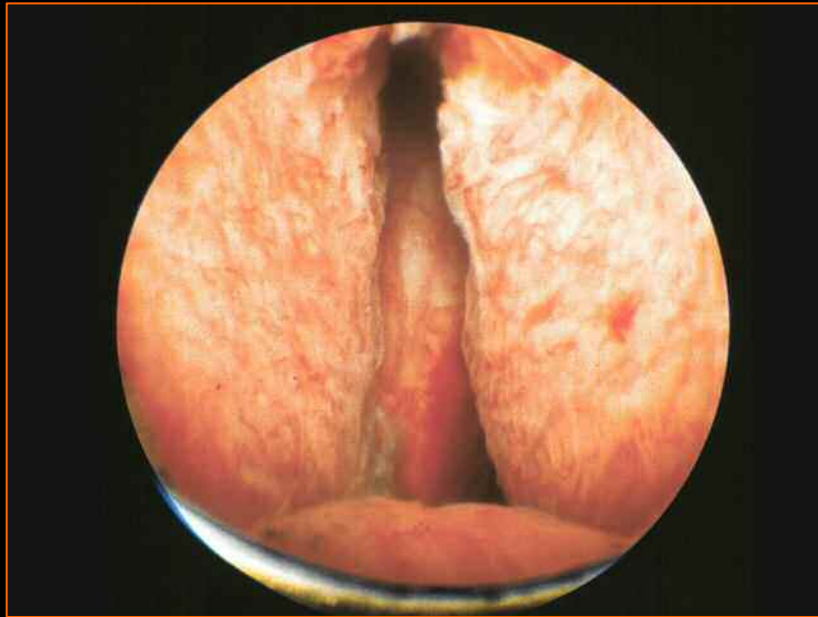
LUTS: Prostatite Cronica

Trattamento: *Endoscopia*

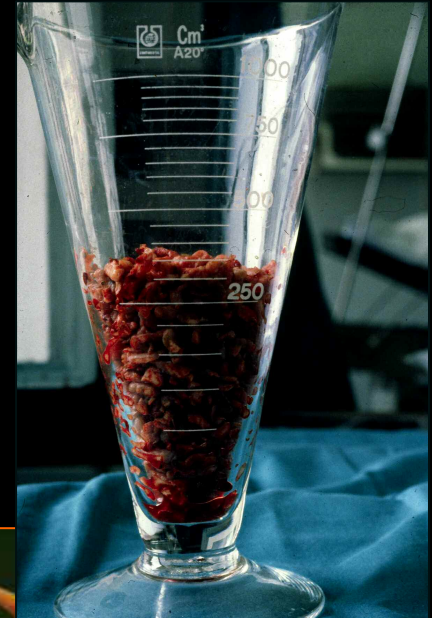


LUTS: Prostatite Cronica

Trattamento: *Endoscopia*



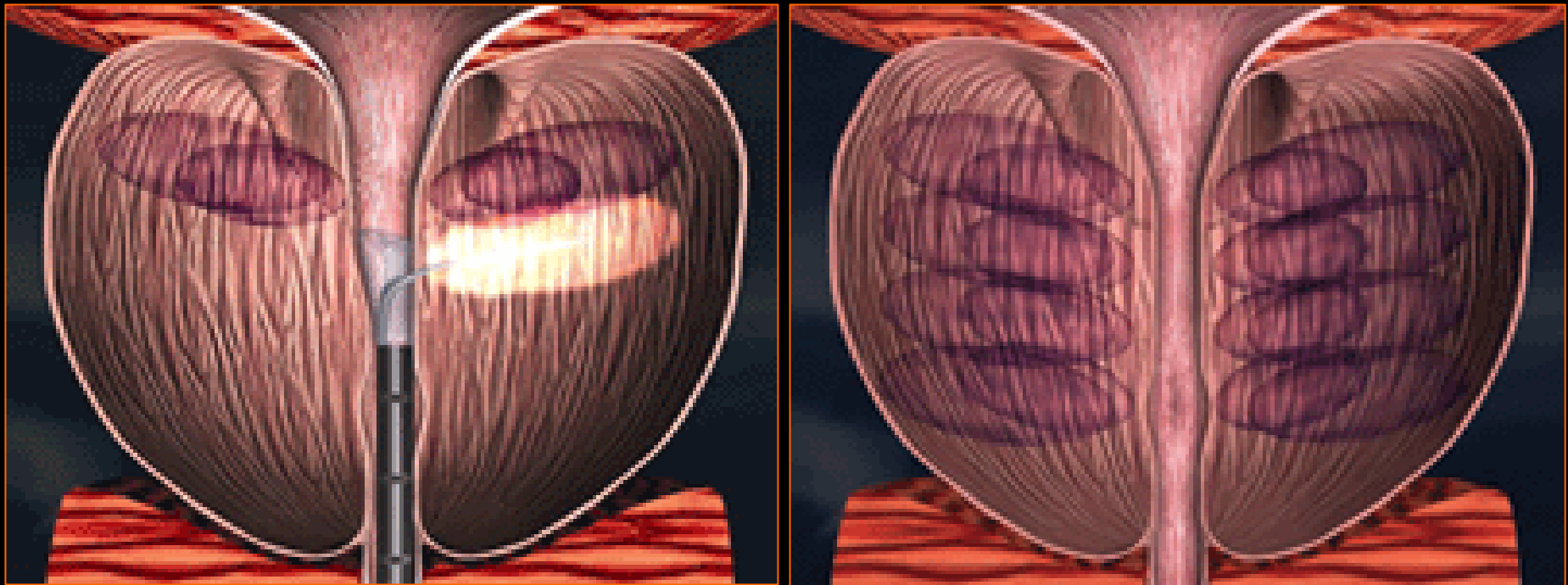
Prima...



...e dopo TURP

LUTS: Prostatite Cronica

Trattamento: *Endoscopia*



LUTS e CFS

Supporto psicologico



LUTS e CFS

H

L' Urologo e la CFS



SENZA
CURIOSITÀ,
COSA
SAREMMO?

