

Ruling out other conditions needed with suspected interstitial cystitis

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Efforts to rule out bladder tumors and tuberculosis are still essential in the follow-up of patients with suspected interstitial cystitis (IC), according to a study [published](#) online Aug. 11 in the *International*

Journal of Gynecology & Obstetrics.

Hyun Ju Jeong, from the Seoul National University College of Medicine in South Korea, and colleagues reviewed the [electronic medical records](#) of 646 consecutive patients with pelvic pain diagnosed with IC between October 2005 and December 2019 to understand the impact of excluding confusable diseases.

The researchers found that 74.6% of patients underwent observational cystoscopy under the suspicion of IC; 2.2% (14 patients) had genitourinary tract malignancies, including bladder cancer (13 patients) and prostate cancer (one patient). Among individuals with [bladder cancer](#), three patients were diagnosed during initial observation cystoscopy, while the remaining 10 patients were diagnosed during subsequent follow-up cystoscopic surgery.

Seven patients overall were diagnosed with urinary tuberculosis (1.1%); five of the six patients (0.8%) with suspected urinary tuberculosis at baseline imaging were positive for tuberculosis in the acid-fast bacillus test. Tuberculous granulomas in the bladder tissue developed in one patient after a cystectomy for intractable pelvic pain.

"Our results show that continuous efforts to rule out bladder tumors or tuberculosis are still essential in the follow-up of patients with suspected IC, even if these diseases are not excluded at the initial examination," the authors write. "Imaging studies are necessary to rule out tuberculosis."

More information: Hyun Ju Jeong et al, Excluding confusable diseases in patients with presumptive diagnosis of interstitial cystitis: A large patient cohort study, *International Journal of Gynecology & Obstetrics* (2024). [DOI: 10.1002/ijgo.15856](https://doi.org/10.1002/ijgo.15856)

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