

Bladder Pain Syndrome

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Editors

Bladder Pain Syndrome

A Guide for Clinicians

 Springer

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ISBN 978-1-4419-6928-6

ISBN 978-1-4419-6929-3 (eBook)

DOI 10.1007/978-1-4419-6929-3

Springer New York Heidelberg Dordrecht London

Library of Congress Control Number: 2012950587

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Printed on acid-free paper

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Preface

In 2007 ESSIC (International society for the study of Bladder Pain Syndrome) proposed not more to use the name Interstitial Cystitis (IC) and replace the name with Bladder Pain Syndrome (BPS) [1]. The reason was that no uniform definition existed of IC and the problems arising from the lack of generally approved diagnostic criteria caused enormous problems both clinically and in research. To change a name of a disease is not something you do without careful consideration. It may have severe implications for patients, and their organizations with their aim at IC, and also for insurance and reimbursement practices in different health systems around the world.

When A.J.C. Skene in 1887 introduced the name Interstitial Cystitis (IC) he referred to an inflammatory disease: “When the disease has destroyed the mucus membrane partly or wholly and extended to the muscular parietes, we have what is known as interstitial cystitis...”. [2]. After the introduction of cystoscopes around the beginning of the last century, it was found that the disease had some specific cystoscopic features. These were first described by G.L. Hunner in female patients with severe frequency and pain, appearing as focal red bleeding areas, and he named them elusive ulcers [3, 4]. However, these inflammatory infiltrates are not ulcers, but rather focal inflammatory lesions with a central fragility resulting in a provoked crack or deep wound when the bladder is distended [5]. So in the beginning of the nineteenth century IC was a well-defined disease with microscopic and cystoscopic findings of characteristic inflammatory lesions in the bladder wall, mostly in female patients with severe frequency and bladder pain.

But in 1949 J.R. Hand described “small discrete submucosal hemorrhages, showing variations in form ... dot-like bleeding points ... little or no restriction to bladder capacity” and he claimed these “glomerulations” as a typical cystoscopic finding in IC [6]. Subsequently, IC became a real elusive disease with a total lack of a proper definition and proper diagnostic tools. E. Messing and T. Stamey underlined this in their paper from 1978 where they described IC as a diagnosis of exclusion in patients with the characteristic symptoms and glomerulations under anesthesia [7]. Unintentionally, the confusion became even greater after the introduction of the initial NIDDK criteria in 1988 [8] and the final NIDDK criteria in 1990 [9].

The NIDDK criteria were not meant as diagnostic, but rather as a means to select comparable patient populations for clinical trials. Nevertheless, these criteria became a worldwide standard for the diagnosis of IC. But the NIDDK criteria included two symptoms: Pain *or* urgency, and two cystoscopic findings: Hunner lesion *or* glomerulations. Urgency has later become the cardinal symptom of Overactive Bladder Syndrome (OAB) and the dispute concerning what exact nature or kind of urgency is characteristic for OAB and what kind for IC [10] is still running.

The problem of definitions was first considered in a terminology report of the International Continence Society in 2002 [11]. The following year, during the first International Conference on IC in Japan in 2003, the worldwide confusion concerning IC became evident [12]. Major differences in the concept of IC were brought to light. Some regarded IC as a frequency-urgency syndrome with or without pelvic pain. Some regarded IC as a cystoscopically defined disease and many did not really know what they should mean. As a consequence of this confusion ESSIC was founded in 2004. Annual meetings and busy Internet discussions in the following years resulted in the 2008 proposal to use the term bladder pain syndrome as the overall denomination, to include all patients with bladder pain within the definition, since interstitial cystitis rather describes a special phenotype with deep inflammation of the bladder wall.

The editors of this book have therefore tried to replace the name interstitial cystitis (IC) with bladder pain syndrome (BPS) throughout the book. The name IC is, however, maintained if the text refers to obvious historical data based on the concept of IC at that time, e.g., in the chapter on epidemiology.

The process of going from IC to BPS has brought major changes in our concepts and knowledge of this disease and we are therefore very happy getting the opportunity to gather all these new data and ideas in the present book.

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