

## ESSIC CONSENSUS ON CRITERIA, CLASSIFICATION, AND NOMENCLATURE FOR PBS/IC

van de Merwe JP, Nordling J, Bouchelouche P, Bouchelouche K, Cervigni M, Daha LK, Elnil S, Fall M, Hohlbrugger G, Irwin P, Mortensen S, van Ophoven A, Osborne JL, Peeker R, Richter B, Riedl C, Sairanen J, Tinzi M, Wyndaele JJ. Diagnostic Criteria, Classification, and Nomenclature for Painful Bladder Syndrome/Interstitial Cystitis: An ESSIC Proposal. *Eur Urol* 2008;53:60-7. Epub 2007 Sep 20  
[Go to Pubmed](#)

The **ESSIC** proposes:

- to use the name **bladder pain syndrome** (BPS), followed by a type indication; in a transition period the name bladder pain syndrome/interstitial cystitis (BPS/IC) could be used parallel with BPS
- that BPS would be diagnosed on the basis of chronic (>6 months) pelvic pain, pressure or discomfort perceived to be related to the urinary bladder accompanied by at least one other urinary symptom like persistent urge to void or frequency. Confusable diseases as the cause of the symptoms must be excluded. Further documentation and classification of BPS might be performed according to findings at cystoscopy with hydrodistension and morphological findings in bladder biopsies. The presence of other organ symptoms as well as cognitive, behavioural, emotional and sexual symptoms should be addressed.
- that BPS type indications consist of two symbols: the first symbol corresponds to cystoscopy with hydrodistension and the second to biopsy:
  - first symbols 1, 2 or 3 indicate increasing grade of severity at cystoscopy with hydrodistension
  - second symbols A,B or C indicate increasing grade of severity of biopsy findings
  - X indicates not done for both (see table below)

\*if indicated to document the type of BPS

## ESSIC CLASSIFICATION OF BLADDER PAIN SYNDROME TYPES

		<i>cystoscopy with hydrodistension</i>			
		not done	normal	glomerulations <sup>1</sup>	Hunner's lesion <sup>2</sup>
<i>biopsy</i>	not done	XX	1X	2X	3X
	normal	XA	1A	2A	3A
	inconclusive	XB	1B	2B	3B
	positive <sup>3</sup>	XC	1C	2C	3C

<sup>1</sup> cystoscopy: glomerulations grade II-III

<sup>2</sup> with or without glomerulations

<sup>3</sup> histology showing inflammatory infiltrates and/or detrusor mastocytosis and/or granulation tissue and/or intrafascicular fibrosis.

**For definitions: see previous ESSIC consensus reports ([www.essic.eu](http://www.essic.eu)):**

Nordling J *et al.* Primary evaluation of patients suspected of having interstitial cystitis (IC). *Eur Urol* 2004;45:662-9.

van de Merwe JP, Nordling J. Interstitial cystitis: definitions and confusable diseases. **ESSIC** Meeting 2005 Baden. *Eur Urol Today*; March 2006: pp 6,7,16,17

**List of relevant confusable diseases for BPS and how they can be excluded or diagnosed <sup>1</sup>**

<b>confusable disease</b>	<b>excluded or diagnosed by</b>
carcinoma	cystoscopy and biopsy
carcinoma <i>in situ</i>	cystoscopy and biopsy
infection with common intestinal bacteria	routine bacterial culture
<i>Chlamydia trachomatis</i>	special culture
<i>Ureaplasma urealyticum</i>	special culture
<i>Mycoplasma hominis</i>	special culture
<i>Mycoplasma genitalium</i>	special culture
<i>Corynebacterium urealyticum</i>	special culture
<i>Mycobacterium tuberculosis</i>	dipstick; if "sterile" pyuria culture for <i>M. tuberculosis</i>
Candida species	special culture
<i>Herpes simplex</i>	physical examination
<i>Human Papilloma Virus</i>	physical examination
radiation	medical history
chemotherapy, including immunotherapy	medical history
with cyclophosphamide	medical history
anti-inflammatory therapy with tiaprofenic acid	medical history
bladder neck obstruction	flowmetry and ultrasound
neurogenic outlet obstruction	medical history, flowmetry and ultrasound
bladder stone	imaging or cystoscopy
lower ureteric stone	medical history and/or haematuria (→ upper urinary tract imaging such CT or IVP)
urethral diverticulum	medical history and physical examination
urogenital prolapse	medical history and physical examination
endometriosis	medical history and physical examination
vaginal candidiasis	medical history and physical examination
cervical, uterine and ovarian cancer	physical examination
incomplete bladder emptying (retention)	post-void residual urine volume measured by ultrasound scanning
overactive bladder	medical history and urodynamics
prostate cancer	physical examination and PSA
benign prostatic obstruction	flowmetry and pressure-flow studies
chronic bacterial prostatitis	medical history, physical examination, culture
chronic non-bacterial prostatitis	medical history, physical examination, culture
pudendal nerve entrapment	medical history, physical examination, nerve block may prove diagnosis
pelvic floor muscle related pain	medical history, physical examination

<sup>1</sup> The diagnosis of a confusable disease does not necessarily exclude a diagnosis of bladder pain syndrome.