

Prevalence of Pelvic Floor Dysfunction in Patients with Interstitial Cystitis



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BERKELEY, CA (UroToday.com) - Many IC patients also suffer from pelvic floor spasm, which causes pelvic pain, dyspareunia, and urinary hesitancy.

In this article, Peters and colleagues from Royal Oak, Michigan evaluated 70 women with IC and pelvic pain. They found that 87% had levator pain and 71% had dyspareunia. The average levator pain score was 4.48 out of 10. 11 women had an Interstim device and 1 had a Bion Microstimulator. All neuromodulation units were functioning at the time of evaluation with the overall levator pain score significantly higher in the neuromodulation subgroup (7.2 vs. 3.87) than in those without neurostimulation. Half of the women reported irritable bowel syndrome, urinary incontinence was reported in one-third of the patients evaluated, and pain intensity was independent of pain duration.

The authors speculate that neural pathways coordinating smooth and striated muscle activity of the pelvic organs may respond to ongoing long-term stimulation by negatively impacting the nonirritated pelvic organs. This may lead to neurogenic inflammation and sensitization through the release of neurotrophic factors. It has been proposed that a noxious stimulus may trigger the release of nerve growth factor and substance P in the periphery causing the mast cells in the bladder to release proinflammatory substances leading to neurogenic inflammation of the bladder wall. This can result in BPS symptoms or vulvar or vaginal pain. The pelvic floor dysfunction may lead to voiding difficulties and ultimately urinary urgency, frequency, and pelvic pain.

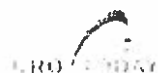
Peters and colleagues suggest that if one suspect's pelvic floor dysfunction myofascial release may be offered as a first line of treatment. If bladder symptoms fail to respond then medical or surgical therapies directed toward the bladder can be provided.

Peters KM, Carrico DJ, Kalinowski SE, Ibrahim IA, Diokno AC

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