IS-36  EFFECTS OF HYDRODISTENTION AND BLADDER RETRAINING IN THE TREATMENT OF PATIENTS WITH INTERSTITIAL CYSTITIS.

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Objective: The purpose of this study was to evaluate the effects of hydrodistention and bladder retraining on interstitial cystitis (IC). Method: A total of 276 IC patients, diagnosed by NIH-NIDDK diagnostic criteria of IC, were treated by bladder hydrodistention (HD) under IV. General anesthesia and followed up with bladder retraining from Aug. 1997 to Nov. 2001. The histories, urinary s/s, suprapubic pain, urinary analyses and urinary cultures, urinary diaries and urodynamic studies (UDS) of all patients were evaluated before cystoscopies done. The patients were hydrodistended with N/S at the pressure of 80—100 cm H2O, then N/S were drained promptly. They were all followed up with diaries for bladder retraining weekly after HD. The statistic analysis we used were logistic regression and Pearson chi-square. Results: The number (N) of times voided, the average voided volume (AV) before treatment (BT), the 36th, 60th, 84th, 120th, and 168th week after treatment were analyzed both diurnally (d) and nocturnally (n).

BT 36w 60w 84w 120w 168w N/d 14.4 6.4 6.4 4.5 6.7 7.3 N/n 2.56 1.25 73.29 1.056 AV/d 111 299 272 301 245 241 AV/n 176 326 319 301 289 263
83% of the IC patients treated with HD and bladder retraining improved obviously (p<0.05). The outcomes were not relative to UDS finding (FDV, MDV), distended pressure, distended volume, suprapubic pain, or cystoscopic finding (bladder neck polyps, mycosis, squamous metaplasia etc.). But age was a negative factor that decreased the possibility of cure rate (Odds Ratio: 0.97). Conclusions: Bladder HD and bladder retraining with voided diaries is highly effective and safe in the treatment of IC.

IS-37  Pelvic actinomycosis abscess

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Background: Pelvic actinomycosis is difficult to diagnose preoperatively. The chronic infection is locally infiltrative and causes a profound induration of infected tissue planes, mimicking pelvic malignancy. Pelvic Actinomycosis infection caused by Intra-uterine Device was firstly described in 1973 by Henderson. The common symptoms of pelvic actinomycosis infection were low abdominal pain and abnormal vaginal bleeding. Owing to the chronic infection of actinomycosis. Intestinal involvement and ureter stenosis, hydronephrosis was also noted. We present a case with initial symptom of long-term partial intestinal obstruction and incidental finding of Right-side hydronephrosis during preoperative studies.

Case report: A 54 year old lady G5P4A1, complaining of low abdominal pain off and on for months, was transferred from other hospital where intestinal obstruction with the the impression of pelvic mass R/O colon cancer was told. The CT scans revealed a pelvic mass about 6cm over the cul-de-sac area,. She had worn IUD for 20 more years. Surgical intervention was performed under the impression of ovarian malignancy. Exploratory laparotomy revealed a firm, indurated, fibrotic reaction in the pelvis involving the uterus, adnexa and sigmoid colon. Pelvic adhesion with right-side ovarian abscess, fibrosis of sigmoid colon and Rt ureter stenosis was noted. Double J of Rt ureter and Colostomy was performed following total abdominal hystereotomy and bilateral salpingo-oophorectomy. The colostomy was re-anastomosised three months later after prolonged antibiotics treatment. The double J was removed smoothly through cystoscopy.