Is routine cystoscopy justified in female stress urinary incontinence?

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The investigation of women with SUI the Serbian urologist traditionally begins with cystoscopy to reduced risk of bladder tumor. There is no doubt regarding its ability to detect bladder cancer presented with characteristic symptoms or pathologic results of urinalyses. We discuss its routine use in patients presenting with symptomatology of SUI. The retrospective study was performed in order to evaluate clinical justifiability and cost/benefit ratio of routine cystoscopy in women with stress urinary incontinence (SUI) whose were surgically treated.

We reviewed records of 95 female, mean age 56,5 years (rang 46-78) who underwent SUI surgery at eight-year period. The clinical variables, including urinary symptoms, results of urinalyses, ultrasound records and cystoscopic findings, were obtained from the hospital reports.

Insignificantly abnormal cystoscopic findings were reported in 31% patients (vagina - like epithel, trigonitis, uterus wall impression, hyperemia, polypoid proliferation and mild trabeculation). No cases of malignancy were incidentally discovered.

In female SUI cystoscopic finding was insignificantly abnormal and was not influenced further therapy and contraindicated the planned SUI surgery. Routine cystoscopy in women with SUI cannot be justified only by customary practice or tradition of older generation urologists.

Key words: routine cystoscopy, female SUI, bladder cancer

INTRODUCTION

C}ontemporary urologic diagnostic procedures mandate a specific algorithm adjusted to the primary disease. In addition to the appropriate selection of the diagnostic method the reliability of the procedure, associated ad-
carried out subsequently to assess potential association to pathologic finding.

RESULTS

Most of our patients, 83 (87%) did not report any atypical urinary symptom and great majority of patients, 86 (91%) had no urinyses with microscopic hematuria or pyuria.

Abnormal cystoscopic findings were reported in 29 (31%) patients. These cystoscopic findings were insignificantly abnormal and involved vagina-like epithel in 27 patients, trigonitis in 9, uterus wall impression in 5, hyperemia in 7, polypoid proliferation in 4 and mild trabeculation in 10 patients. In none of these cases had the findings influenced further therapy and in none of them the planned surgery was not contraindicated.

Insignificantly abnormal ultrasound was reported in 24 (25%) patients. Roughly calyx, mild pelvic dilatation, solitary kidney, mobile kidney, microcalculeosis and small renal cyst were detected.

Atypical urinary symptoms, urinyses and ultrasound were unrelated to abnormal cystoscopic findings. No cases of malignancy were incidentally discovered.

DISCUSSION

Cystoscopy is an invasive diagnostic method that involves small yet significant risk. If anesthesia is required, there is additional risk. As with any invasive procedure, there are some risks involved with a cystoscopy1. Uncommon but severe complications reported with cystoscopy include profuse bleeding, a damaged urethra, a perforated bladder, a urinary tract infection and a generalized infection. The most common side effect is irritative symptoms including anxiety, bleeding, burning, painful and difficult urination, redness and swelling. The systemic adverse effect is rare. Moreover, the complications associated with cystoscopy are real.

Before asserting against the routine use of cystoscopy, let there be no doubt regarding its ability to detect bladder cancer presented with characteristic and usual symptoms. We discuss its potential role in patients presenting with symptomatology of SUI. Therefore, urologist must to differentiate the symptoms of SUI from those that occur in bladder tumor or other significant bladder diseases (e.g., stone, cystitis interstitialis).

Hematuria, either "gross" or "microscopic", is the most common symptom of urinary tract cancer but does not by itself confirm the presence of cancer. It may result from a urinary tract infection or stones rather than from cancer. It is important to note that hematuria, particularly microscopic, might be entirely normal for some individuals. Studies have shown that 9-18% of normal individuals can have some degree of hematuria. However, hematuria can be a sign of an important medical condition requiring treatment and any patient with hematuria should have further evaluation of the urinary tract included cystoscopy.

Other symptoms of bladder cancer may include symptoms and signs of cystitis. Typical symptoms of cystitis include painful and difficult urination with frequency and urgency and pyuria is present in urinyses. A diagnostic investigation by cystoscopy is necessary to determine whether bladder cancer is present.

Diagnostic uses of cystoscopy include evaluating urinary symptoms such as hematuria, frequency and urgency with pelvic pain and straining, poor stream, urinary retention and recurrent pyuria. With cystoscopy we are inspecting the bladder for stones or tumors, interstitial cystitis, evaluating a strictured urethra and vesica neuromegaly and inspecting of urine samples from each kidney to look for infection or tumor2.

In our study the great majority of patients whose underwent surgery for SUI had no urinary symptoms characteristic for some significant bladder disease (87%) and urinyses were not pathologic in the most patients (91%).

However, it still remains controversial whether cystoscopy should be noncritical applied in female patients who complain on SUI symptoms3. At our clinic routine cystoscopy is a mandatory procedure in female SUI and traditionally present first diagnostic step. Therefore, we must elaborated significance of the information provided by routine cystoscopy in female SUI.

In our study 31% of patients had insignificantly abnormal cystoscopic findings included vagina-like epithel, trigonitis, uterus wall impression, hyperemia, polypoid proliferation and mild trabeculation.

Cystoscopy must appropriately administer and there are compelling arguments for its use. Without evidence of risk for bladder cancer and significant bladder diseases in patients with SUI a mandate of cystoscopy must to remain with more critical consideration4. The main objections to routine cystoscopy are risk of its side effects, psychological benefits by reducing anxiety, the post work hours requiring for convalescence and also its cost can not to be overlooked5.

CONCLUSIONS

It remains unexplained what are the information we are looking for when performing cystoscopy in cases of SUI. It has never been evidenced that incidence of bladder malignancy is greater in patients with symptomatology of SUI than in general population. On the other hand, ultrasonographic examination, today with high resolution, makes possible more precise identification for majority of bladder diseases including carcinoma.

In the Serbia urologist routinely use cystoscopy in female SUI and we need to reduce this procedure in the interest of patients, at first. Before deciding on performing a cystoscopy each urologist should ask himself: "Why do I need it?" Routine cystoscopy cannot be justified only by customary practice or tradition of older generation urologists.
SUMMARY

Ispitivanje žena sa stress urinarnom inkontinencijom (SUI) spasni utakmići počivaju tradicionalno cistoskopijom da bi smanjili rizik postojanja tumora mokraće bešike. Nema osnova za potrebu o ograničenju izvođenja cistoskopije u detekciji karcinoma mokraće bešike praćenog karakterističnim simptomima i patološkim rezultatima analize urina. Kontrarazina je njena rutinska primena kod pacijenkitinja sa karakterističnim simptomima za stres urinarnu inkontinenciju.

U retrospektivnoj studiji kod žena operisanih zbog SUI analizirali smo rutinsku primenu cistoskopije u cilju potvrde njene kliničke i finansijske opravdanosti.

Revidirane su istoriJe bolesti u periodu od osam godina kod 95 žena prosečne starosti 56,5 godina (rang 46-78) operisanih zbog SUI. Iz istoriJa bolesti smo analizirali kliničke parametre urinarno simptome, rezultate analize urina, ultrazvučni i cistoskopski nalazi.

Nesigificantično abnormalan cistoskopski nalaz opisan je kod 31% pacijenktinja (vagina-like epitel, trigonitis, uterina impresija, hiperemija, polipoidne proliferacije je laka trabekulacija). Ni jedan slučaj maligniteta nije otkriven incidentonalno.

Kod žena sa SUI cistoskopski nalaz je bio nesigifiantni abnormalan i nije uplivalo nadalje ispitivanje i terapiju, uzi kontraindicovao planiranu operaciju za SUI. Rutinska cistoskopija kod žena sa SUI ne može se opravdati navikom i tradicijom starih generacija urologa.

Ključne reči: rutinska cistoskopija, SUI kod žena, tumor mokraće bešike

REFERENCES