**749**

Hessami S[1], Gosturani A[1], Adhyaru H[1]
***1.*** *St. Joseph's Regional MEdical center, Paterson, NJ*

# DIFFERENCES IN URODYNAMIC AND CYSTOSCOPIC FINDINGS IN PATIENTS WITH OVERACTIVE BLADDER –WET AND OVERACTIVE BLADDER- DRY

Hypothesis / aims of study

To identify the differences in urodynamic and cystoscopic findings of female patients within the two different subtypes of overactive bladder (OAB), namely, overactive bladder-dry and overactive bladder –wet.

Study design, materials and methods

This is a retrospective chart review of patients diagnosed with Overactive bladder in a setting of private uro-gynecologic office. Patients with pure stress urinary incontinence, mixed incontinence, prior ant-incontinence surgery and advanced pelvic organ prolapse were excluded.

All Urodynamic studies (UDS) and cystoscopies were done at private surgical centre. We reviewed urodynamic studies, cystoscopic findings, age, BMI, history of prior hysterectomy, history of hypertension, diabetes, post void residual (PVR), 1st sensation, 1st urgency, Capacity and Abdominal Leak Point Pressure (ALPP).

Over active bladder (OAB) patents were selected based on International Continence Society recommendation, OAB syndrome described as the presence of urgency, usually accompanied by frequency and nocturia, with or without urgency urinary incontinence in the absence of urinary tract infection or other obvious pathology. Patients with frequency alone or nocturia alone were not considered to have OAB [1]. Patients who leak urine are OAB-dry and who do not leak urine are OAB- Dry. All UDS tests were done according to the ICS good urodynamics practice protocols.

The results were statistically evaluated using fisher's exact probability test and unpaired – t test. Fisher's exact probability test was performed to assess differences in categorical data (HTN, DM, cystscopic findings, prior hysterectomy) between patients with OAB-Wet and OAB-Dry. Unpaired t test was used to assess differences in continuous data (Age, BMI, Urodynamic findings) between patients with OAB-Wet and OAB-Dry. P values less than 0.05 were considered statistically significant.

Results

Our study included a total of 36 patients with Over Active Bladder, of which 22 patients had OAB-Wet and 14 patients had OAB-Dry

Table 1: comparison of different factors among patients with OAB-W and OAB –D

| Demographic | OAB-Wet(n=22) | OAB-Dry(n=14) | P value |
|---|---|---|---|
| Age(years) | 64.13±14.57 | 62.42±18.08 | P>0.05 |
| BMI | 29.53±7.74 | 28.41±4.60 | P>0.05 |
| Prior hysterectomy | 4(18.18%) | 3(21.42%) | P>0.05 |
| Hypertension(HTN) | 15(68.18%) | 6(42.85%) | P>0.05 |
| Diabetes Mellitus(DM) | 2(9.09 %) | 1(7.14%) | P>0.05 |

Table 2: comparison of cystoscopic findings in patients with OAB-W and OAB-D

| CYSTOSCOPY | OAB-Wet(n=22) | OAB-Dry(n=14) | P value |
|---|---|---|---|
| No Trabeculations | 16(72.72%) | 9(64.28%) | P>0.05 |
| Mild Trabeculations | 1(4.54%) | 1(7.14%) | P>0.05 |
| Severe trabeculatons | 5(22.72%) | 4(28.57%) | P>0.05 |

Table 3: Comparison of Urodynamic studies in Patients with OAB-W and OAB- D

| URODYNAMICS | OAB-Wet (n=22) | OAB-Dry(n=14) | P value |
|---|---|---|---|
| | | | |
| PVR (ml) | 45.71 ±63.27 | 22.95 ± 27.06 | P>0.05 |
| 1st sensation(ml) | 92.64 ± 55.80 | 113.27 ± 49.18 | P>0.05 |

| | | | |
|---|---|---|---|
| 1st urgency(ml) | 120.85 ± 115.83 | 142.22 ± 75.41 | P>0.05 |
| Capacity(ml) | 182.00 ± 134.83 | 215.68 ±65.24 | P> 0.05 |
| ALPP(ml/cmH2O) | 81.33 ± 59.24 | N/A | |

Interpretation of results

There is no difference in age, BMI, history of hysterectomy, history of Hypertension, History of diabetes Mellitus, cystoscopic findings and urodynamic findings (PVR, 1st sensation, 1st urgency, bladder capacity) in patients with OAB-Wet and OAB –Dry.

Concluding message

There is no difference in urodynamic and cystoscopic findings of patients with two subtypes of overactive bladder. Further studies are needed to better differentiate the pathophysiology in these subgroups.

References

1. AN INTERNATIONAL UROGYNECOLOGICAL ASSOCIATION (IUGA) / INTERNATIONAL CONTINENCE SOCIETY (ICS) JOINT REPORT ON THE TERMINOLOGY FO R FEMALE PELVIC FLOOR DYSFUNCTION -2009

Disclosures

**Funding:** None **Clinical Trial:** No **Subjects:** HUMAN **Ethics Committee:** Institutional review Board at st Joseph's regional Medical center, Paterson, NJ , USA. **Helsinki:** Yes **Informed Consent:** No