

## **Chronic Cystitis (August 2019)**

Many conditions can present with symptoms of chronic cystitis.

Please click [here](#) to see a pamphlet on “Chronic Cystitis”. This shows pictures of many of these conditions.

The conditions of the trigone (trigonitis) are by far the most common. They include: Cystitis cystica, cystitis glandularis, follicular cystitis and squamous metaplasia.

Patients may present with chronic irritative bladder symptoms such as urinary urgency, frequency, nocturia, painful voiding, bladder pain (trigonalgia) and haematuria. Although urine cultures are often positive, they may be negative in the later stages as bacteria can be trapped in these pus containing pockets. Patients often still respond to a course of antibiotics but with early return of symptoms.

Although treatment could be long term antibiotics or urinary antiseptics, antibiotic resistance and allergies or side effects to antibiotics are common. I found over the past 20 years that cauterisation (fulguration) of the trigone with eradication of these chronically inflamed lumps and presumed bacterial niches, gave a much better long term result.

This finding has been confirmed in an excellent article by Syed Hussain et al. from Dallas USA:

***“Long-term efficacy of fulguration of trigonitis for recurrent urinary tract infections in women”.***

They found intracellular bacterial species in trigonal biopsies. This may be the reservoir site for UTI reinfection. Their results showed that 91% of patients treated with fulguration of the trigone were cured or improved due to destruction of “bacterial factories”.

The trigone is the most sensitive part of the bladder and an additional advantage of cauterisation of the trigone may be that destruction of the afferent nerve endings on the trigone may make the trigone to become less sensitive.

This procedure is done in theatre under general anaesthesia. It takes 6 to 8 weeks for the trigone to be covered with a new, stronger lining.

**DIRK DRENT**