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COMMENTARY

Commentary on: Comparison of inflammatory urine markers in patients with interstitial cystitis and overactive bladder

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Chronic inflammatory seems to be a shared characteristic in patients with interstitial cystitis (IC) and overactive bladder syndrome (OAB).

This paper [1] is aimed at determining if inflammatory markers in urine vary between women with IC and those with OAB. It is a retrospective cohort study comparing marker levels in three groups of women: IC with Hunner lesions (HIC; $n = 30$), IC without Hunner lesions (NHIC; $n = 30$), and OAB patients ($n = 28$). Forty inflammatory urine markers, including growth factors, cytokines, and chemokines, were measured.

Vascular endothelial growth factor (VEGF), interleukin-1α (IL-1α), IL-6, and chemokines, including CCL2, CCL5, CXCL1, CXCL8, and CXCL10, were significantly increased in HIC and NHIC patients compared with OAB patients, suggesting that chronic inflammatory changes in IC patients might be more severe than those in OAB patients. The significant increases in chemokines CXCL8 and CXCL10 were also found in HIC patients compared with NHIC patients.

There is often an overlap in the symptomatology between IC and OAB and research aimed at teasing out a diagnosis may prove to be valuable.

The authors conclude that the increases in angiogenesis-associated proteins such as VEGF and CXCL10 may be pathophysiologically important for the development of IC and they raise the possibility of anti-angiogenic therapy being a novel and effective management approach to chronic inflammatory diseases.

References

1. Furuta A, Yamamoto T, Suzuki Y, Gotoh M, Egawa S, Yoshimura N. Comparison of inflammatory urine markers in patients with interstitial cystitis and overactive bladder. Int Urogynecol J. 2018; https://doi.org/10.1007/s00192-017-3547-5

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