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FOR THE STUDY OF BPS



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ABSTRACT BOOK

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1. ASSESSING THE ROLE OF URODYNAMIC STUDIES IN BLADDER PAIN SYNDROME/INTERSTITIAL CYSTITIS: INSIGHTS FROM A RETROSPECTIVE COHORT AT A REGIONAL REFERRAL CENTRE

Presenter: Fabrizio TORELLI

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INTRODUCTION AND AIM OF THE STUDY

Urodynamic studies (UDS) are not routinely advised for the diagnosis of Bladder Pain Syndrome/Interstitial Cystitis (BPS/IC), as per guidelines from the European Society for the Study of Interstitial Cystitis (ESSIC) and the American Urological Association (AUA). While UDS findings are not pathognomonic for BPS/IC, they can yield valuable information regarding coexisting functional disorders and may help predict treatment outcomes. This retrospective analysis aims to determine the most clinically relevant urodynamic parameters in patients diagnosed with BPS/IC and to evaluate the role of UDS in identifying concomitant conditions such as bladder and voiding dysfunctions.

MATERIALS AND METHODS

From January 2013 to January 2025, a total of 84 patients were diagnosed with BPS/IC at our center, fulfilling criteria established by both ESSIC and the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). UDS was selectively utilized, particularly in male and younger patients, to investigate potential underlying dysfunctions. The male-to-female ratio was 1:9, and the average age was 53 years (range: 21–69). UDS was performed in 44 patients (52%) using the Laborie Medical Measurement System. In a standardized seated posture, bladder filling was conducted at 30 mL/s using a 7Ch microtip transducer catheter. A pressure-flow study measured parameters including first desire to void, cystometric bladder capacity (CBC), detrusor compliance (DC), detrusor pressure at Qmax, voided volume, and postvoid residual. The Blaivas-Groutz bladder outlet obstruction (BOO)

nomogram was applied, and dysfunctions were categorized using International Continence Society (ICS) definitions.

RESULTS

Of the 44 patients undergoing UDS, 24 (54%) showed decreased CBC (≤ 350 mL) and heightened bladder sensitivity, with 12 reporting urgency. Reduced DC (< 30 mL/cmH₂O) was identified in 15 patients (34%). Detrusor overactivity (DO) was present in 7 patients (16%), while one patient exhibited detrusor underactivity. Sixteen patients (36%) were diagnosed with BOO confirmed by UDS. Hesitancy and heightened or hypertonic urethral pressure profiles were more frequently observed in younger individuals, suggestive of pseudo-dyssynergia. Pain and pressure complaints were commonly noted but did not consistently align with CBC or bladder filling volumes. Among those with reduced DC and increased bladder tone, slow-flow hydrodistension appeared beneficial in minimizing bladder trauma. The 16% DO incidence in this cohort slightly exceeded the reported literature average of approximately 14%. Many BPS/IC patients also displayed signs of voiding dysfunction, including BOO, with 16 cases exhibiting obstructive voiding patterns on UDS. These findings reinforce the concept that bladder pain may trigger reflexive pelvic floor hyperactivity and hindered relaxation.

CONCLUSIONS

Though not indicated for routine diagnostic use, UDS can provide meaningful diagnostic and therapeutic value in BPS/IC patients, particularly those with atypical presentations or suspected voiding dysfunction. By identifying associated lower urinary tract conditions, UDS can help urologists develop more precise and individualized management strategies.

2. MYOFASCIAL PELVIC PAIN AND OTHER COMORBIDITIES IN PATIENTS WITH ENDOMETRIOSIS

Presenter: Marta Valdes-Bango Curell

Marta Valdes-Bango Curell (1) - Lara Quintas Marques (1) - Carla Box (1) - Meritxell Gracia (1) - Mariona Rius (1) - Francisco Carmona (1) - Maria Angeles Martinez Zamora (1)
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INTRODUCTION AND AIM OF THE STUDY

Pain associated with endometriosis is complex and influenced by multiple factors. The presence of myofascial pelvic pain (MPP) and associated comorbidities may play a role in endometriosis-associated pain. The aim of this study was to evaluate MPP in patients with endometriosis and correlate it with other self-reported comorbidities and symptoms, health-related quality of life, and mental health.

MATERIALS AND METHODS

Cross-sectional study performed at a tertiary hospital referral center. MPP was evaluated by clinical examination; if present, the patient was allocated to the MPP group (n = 84), and if absent, the patient was allocated to the non-MPP group (n = 91). Other comorbidities and symptoms frequently found in patients with chronic pain were also recorded. The Short Form 36-Item health questionnaire (SF-36) and the Hospital Anxiety and Depression Scale (HADS) were administered. Central sensitization-related symptoms were assessed using the Central Sensitization Inventory (CSI).

RESULTS

Patients with MPP showed significantly higher scores related to endometriosis-associated pain, reported lower scores in all domains of the SF-36, and higher scores in the HADS. This group also reported more comorbid symptoms and showed higher scores in the CSI. In the multivariate analysis, severe non-cyclic pelvic pain, abdominal bloating, and CSI ≥ 40 remained significantly associated with the presence of MPP.

INTERPRETATION OF RESULTS

Assessing MPP in endometriosis patients may improve the understanding of endometriosis-

associated pain and facilitate a comprehensive evaluation of other related comorbidities.

CONCLUSIONS

Endometriosis patients with MPP presented more pain comorbidities and general symptoms. Moreover, they reported more endometriosis-associated pain and worse health-related quality of life, and they may be at higher risk of depression and anxiety.

REFERENCES

1. Meister M.R., Sutcliffe S., Ghetti C., Chu C.M., Spitznagle T., Warren D.K., Lowder J.L. Development of a standardized, reproducible screening examination for assessment of pelvic floor myofascial pain. *Am. J. Obstet. Gynecol.* 2019;220:255.e1–255.e9.
2. Orr N.L.M., Wahl K.J.M., Lisonek M.B., Joannou A.B., Noga H.M., Albert A., Bedaiwy M.A., Williams C., Allaire C.M., Yong P.J. Central sensitization inventory in endometriosis. *PAIN.* 2022;163:e234–e245.

3. ASSESSING CHARACTERISTICS THAT DETERMINE A FAVORABLE RESPONSE TO INTRAVESICAL ANESTHETICS IN THE TREATMENT OF INTERSTITIAL CYSTITIS/BLADDER PAIN SYNDROME

Presenter: Derek Tran

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INTRODUCTION AND AIM OF THE STUDY

Intravesical anesthetic instillations may relieve pain for patients with interstitial cystitis/bladder pain syndrome (IC/BPS), but not all patients derive benefit.¹ Our objective is to identify patient characteristics that may predict a favorable response to bladder instillations.

MATERIALS AND METHODS

Retrospective chart review was conducted for IC/BPS patients seen at a tertiary academic center between 2022 and 2024. Patient gender, genitourinary pain indices (GUPI), pelvic and body pain mapping, instillation data, and

medical history were recorded. Patients were divided into two cohorts based on their response to instillations. A favorable response was defined as having 6 or more instillations with documented symptomatic relief. Regression models were constructed to identify characteristics associated with each cohort.

RESULTS

Of 100 patients, 70% demonstrated a favorable response. Age ($p=0.89$), gender ($p=0.88$), presence of Hunner lesions ($p=0.42$), and body pain mapping ($p=0.15$) were similar in both cohorts. Concurrent bowel symptoms were associated with unfavorable responses (OR 0.44, 95% CI 0.18-1.09, $p=0.076$). Within females, pain relieved by voiding was associated with favorable responses (OR 2.66, 95% CI 0.87-8.06, $p=0.085$). Dysuria and periurethral pain were associated with unfavorable responses (OR 0.35, 95% CI 0.10-1.21, $p=0.097$; OR 0.17, 95% CI 0.05-0.57, $p=0.004$, respectively). Both cohorts had similar presence of suprapubic ($p=0.388$) and pubic pain ($p=0.286$), comorbidities, and GUPI scores.

INTERPRETATION OF RESULTS

We hypothesized that patients demonstrating bladder-based pain, such as having Hunner lesions, would respond favorably to instillations. Our results do not support this. However, other aspects of bladder pain, including pain relieved by voiding, are associated with favorable responses. Patients with dysuria may have more urethral-based pain and are less likely to benefit.

CONCLUSIONS

Few clinical factors reviewed appeared to influence response to intravesical agents. Periurethral pain was associated with an unfavorable response. Factors nearing statistical significance included bowel symptoms, pain relieved by voiding, and dysuria. Further studies are needed to assess characteristics affecting instillation efficacy.

REFERENCES

1. Clemens JQ, Erickson DR, Varela NP, Lai HH. Diagnosis and treatment of interstitial

cystitis/bladder pain syndrome. J Urol. 2022;208(1):34-42.

4. MANAGEMENT OF HUNNER-TYPE INTERSTITIAL CYSTITIS IN THE ABSENCE OF NATIONAL GUIDELINES: A SURVEY OF RUSSIAN UROLOGISTS

Presenter: Alexander Karasev

Olga Plekhanova (1) - Alexander Karasev (1) - Timur Nomovir (1) - George Kasyan (1) - Dmitry Pushkar (1)

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INTRODUCTION AND AIM OF THE STUDY

Interstitial cystitis with Hunner's lesions (IC-HL) remains a notable cause of chronic pelvic pain. Most countries, including Russia, lack national clinical guidelines and rely on recommendations from major societies such as ESSIC, EAU, AUA, GIBS, and JUA. Although these guidelines share a general concept, they vary in details. The aim of this study is to examine physicians' approaches to the diagnosis and treatment of IC-HL in the absence of national clinical guidelines in Russia.

MATERIALS AND METHODS

From 2022 to 2023, the Department of Urology at Russian University of Medicine conducted an observational survey of urologists. Eighty-six specialists participated; 57 completed all 25 questions. The survey was conducted online via SurveyMonkey.

RESULTS

Thirty-three percent of respondents use treatment options not recommended by major societies. 68% reported urinary tract infections (UTIs) in IC-HL patients. Cystoscopy is employed by 88% of respondents; 54% prefer local anesthesia for initial diagnosis. Eighty-one percent consider cystoscopy under general anesthesia more informative; 75% perform biopsies. Common treatments include behavioral/non-pharmacological therapy (74%), bladder mucosa restoration (79%), and intravesical pharmacotherapy (77%). Botulinum toxin therapy is used by 67%. The O'Leary-Sant questionnaire is used by only 30%

of respondents, and in less than half of cases. Repeat surgery is typically offered within 6–12 months, with no established minimum interval.

INTERPRETATION OF RESULTS

Although IC-HL is a diagnosis of exclusion, 68% of specialists associate it with UTIs, while 33% misclassify it as a UTI and may withhold appropriate treatment. Despite the possibility of diagnosing IC-HL without cystoscopy, it remains the primary diagnostic method in Russia. The O'Leary-Sant questionnaire is infrequently used due to limited relevance. Surgical treatment outcomes in Russia are comparable to global data.

CONCLUSIONS

Usually, IC/PBS symptoms management is made of several treatment options. Oral assumption of Aloe Vera seems to be an effective choice to improve symptoms and QoL in patients affected by IC/BPS.

REFERENCES

1. IC-HL remains a relevant clinical issue, requiring revision of its definition, wider use of phenotyping, and improvements in diagnostic and therapeutic approaches.

MATERIALS AND METHODS

A 41-year-old male was referred to the Department of Physical Medicine and Rehabilitation due to persistent pelvic pain following bilateral inguinal hernioplasty (irreducible right inguinal hernia and left inguinal hernia). The patient described burning, stabbing pain radiating to the scrotum and inner thigh, with a maximum intensity of 9/10 on the Visual Analog Scale (VAS). Pharmacologic treatment with pregabalin (182.5 mg at night and 25 mg in the morning) and amitriptyline (10 mg at night) had proven ineffective. Clinical evaluation and pain mapping suggested involvement of the ilioinguinal and iliohypogastric nerves.

RESULTS

An ultrasound-guided ilioinguinal and iliohypogastric nerve block was performed. The patient reported rapid and significant pain relief, with a decrease in VAS from 9/10 to 2/10. No adverse effects were observed.

INTERPRETATION OF RESULTS

This case illustrates the complexity of treating postsurgical neuropathic pelvic pain, particularly when first-line medications fail. The marked clinical response to targeted nerve blocks highlights their value in diagnosis and therapy. Furthermore, it underscores the importance of integrating interventional procedures within a broader rehabilitation program tailored to the individual needs of the patient.

CONCLUSIONS

Neuropathic pelvic pain after hernioplasty requires a multidisciplinary and patient-centered rehabilitation approach. When pharmacological measures are insufficient, ultrasound-guided nerve blocks can provide effective pain control and should be considered within a structured rehabilitation plan to improve quality of life.

REFERENCES

1. McGrath A et al. Pain. 2020;161(5):1014–1021.
2. Kehlet H et al. Br J Surg. 2008;95(2):135–146.

5. ULTRASOUND-GUIDED NERVE BLOCKS FOR NEUROPATHIC PELVIC PAIN AFTER INGUINAL HERNIOPLASTY: A CASE REPORT AND REHABILITATION PERSPECTIVE

Presenter: Ana Belen PABA

Ana Belen Paba (1) - Marta Cantador Hornero (1) - Francisco Luna (1)

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INTRODUCTION AND AIM OF THE STUDY

Chronic pelvic pain after inguinal hernia repair may present with neuropathic characteristics and is often resistant to conventional medical therapy. This case highlights the importance of accurate pain localization, the role of ultrasound-guided nerve blocks, and the need for a comprehensive rehabilitation strategy to address pain and functional impairment.

3. Trescot AM et al. Pain Physician. 2008;11(2 Suppl):S215-S232

6. INTRAVESICAL HYALURONIC ACID VS AMITRIPTYLINE FOR BLADDER COMPLIANCE IN IC/BPS

Presenter: Michael Samarinas

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INTRODUCTION AND AIM OF THE STUDY

Interstitial Cystitis/Bladder Pain Syndrome (IC/BPS) is a chronic condition marked by pelvic pain and urinary symptoms, often leading to impaired bladder compliance. This study compares intravesical hyaluronic acid (HA) instillations and oral amitriptyline for improving bladder function and symptom relief.

MATERIALS AND METHODS

In a prospective study, 24 adult women with confirmed IC/BPS were divided into two groups. Group A received weekly intravesical HA for 6 weeks, then monthly for 6 months. Group B took 50 mg/day oral amitriptyline for 6 months. Exclusion criteria included neurological diseases, pelvic surgery, and other urological conditions. Outcomes were evaluated using urodynamic studies and the O'Leary/Sant symptom questionnaire at baseline and 6 months.

RESULTS

Both groups were similar at baseline. Group A had a mean maximum voided volume (MVV) of 120 mL, bladder compliance of 17.5, and urinary frequency of 11/day. After treatment, Group A improved significantly (MVV: 210 mL, compliance: 24.5, frequency: 8). Group B showed minimal changes (MVV: 125 mL, compliance: 16, frequency: 14). Only amitriptyline yielded a significant reduction in

pain ($p=0.03$), though overall symptom scores modestly improved in both groups.

INTERPRETATION OF RESULTS

HA instillations significantly improved bladder compliance and capacity, likely due to restoration of the urothelial GAG layer and anti-inflammatory effects. Amitriptyline primarily offered pain relief via neuromodulation, with limited impact on bladder structure or function.

CONCLUSIONS

Intravesical HA is more effective than amitriptyline in enhancing bladder compliance in IC/BPS patients, while amitriptyline may be preferred for pain management. A combined therapeutic strategy may provide optimal outcomes. Further large-scale studies are recommended to confirm these findings.

REFERENCES

1. Nickel, J. C., & Egerdie, R. B. (2002). A multicenter, randomized, double-blind study of pentosan polysulfate sodium for interstitial cystitis. *Journal of Urology*, 168(2), 533-538. [https://doi.org/10.1016/S0022-5347\(05\)64662-0](https://doi.org/10.1016/S0022-5347(05)64662-0)
2. Hung MJ, Tsai CP, Lin YH, et al. Hyaluronic acid improves pain symptoms more than bladder storage symptoms in women with interstitial cystitis. *Taiwan J Obstet Gynecol*. 2019 May;58(3):417-422. doi: 10.1016/j.tjog.2018.11.033.
3. Offiah I, McMahon SB, O'Reilly BA. Interstitial cystitis/bladder pain syndrome: diagnosis and management. *Int Urogynecol J*. 2013 Aug;24(8):1243-56. doi: 10.1007/s00192-013-2057-3.

7. SURGICAL OUTCOMES IN PATIENTS WITH KETAMINE-INDUCED UROPATHY: AN EXPLORATIVE PROSPECTIVE COHORT STUDY

Presenter: Jill Dewez

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INTRODUCTION AND AIM OF THE STUDY

Chronic abuse of ketamine is detrimental to the urinary tract, as it causes progressive and irreversible damage to the tissue. Over time, ketamine-induced uropathy (KIU) will arise, and lower urinary tract symptoms develop, such as severe dysuria or pelvic pain, frequency, urgency, and even incontinence is seen. Ultimately, some patients require invasive surgery for therapy-resistant symptoms or impending upper urinary tract damage. Even though there is an increasing prevalence of KIU, the pathophysiology and optimal treatment plan are still unresolved. Therefore, qualitative prospective data is needed. This study aims to evaluate the long-term quality of life of patients receiving surgery for KIU at a tertiary centre. Moreover, we will characterize biopsies from bladder resections for translational research.

MATERIALS AND METHODS

This prospective cohort study explores the long-term outcomes of adult patients receiving surgical treatment for KIU. The primary endpoint, change in quality of life at 6 and 12 months postoperatively, will be evaluated using the EuroQol 5-dimension 5-level index score and the International Consultation on Incontinence Questionnaire – Lower Urinary Tract Symptoms Quality of Life. Symptoms will be evaluated using the Pelvic Pain and Urinary/Frequency (PUF) Patient Symptom Scale. Patient demographics, comprehensive ketamine use history, urodynamic findings and results from additional diagnostic evaluations will be prospectively collected. Full thickness biopsies will be taken from the resection specimen for transcriptomic analysis to explore

the molecular and cellular changes in the bladder.

RESULTS

The study aims to enrol 50 patients. Recruitment, data collection and sample analysis started in 2025 and is currently ongoing.

INTERPRETATION OF RESULTS

The results of this research will enable us to determine the long-term quality of life of surgical treatment for KIU and unravel the molecular mechanisms underlying the tissue injury.

CONCLUSIONS

This study aims to address knowledge gaps and advance both clinical care and scientific understanding of ketamine-induced uropathy, ultimately leading to improved patient outcomes.

8. EVALUATION OF AN APP-BASED STRUCTURED BEHAVIORAL THERAPEUTIC PROGRAM FOR IC/BPS: INSIGHTS FROM A PILOT STUDY

Presenter: Rajesh Taneja

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INTRODUCTION AND AIM OF THE STUDY

Digital self-management programs incorporating cognitive-behavioral, mind-body, and lifestyle interventions have demonstrated substantial promise in chronic pain and functional urological disorders. Mobile interventions for overactive bladder and irritable bowel syndrome report 40-60% symptom improvement with high user acceptability. However, evidence for comparable digital interventions in Interstitial Cystitis/Bladder Pain Syndrome (IC/BPS) remains limited, despite encouraging preliminary findings: an algorithm-based texting platform improved usability scores and

urinary symptoms in 52 women [1]; telemedicine-delivered CBT reduced pain and urologic symptoms in a randomized pilot trial [2]; and a hypnosis intervention demonstrated feasibility with quality-of-life improvements [3].

Given the promising but limited evidence for digital IC/BPS interventions and recognizing the need for accessible, evidence based self management tools, we developed an eight-week, multi-modal mobile program integrating bladder retraining, pain-reprocessing techniques, guided hypnotherapy visualizations, pelvic floor relaxation, physiotherapy exercises, and stepwise dietary modification.

OBJECTIVE

To assess the feasibility, usability, engagement, and preliminary symptom impact of the structured mobile program in adults with IC/BPS.

MATERIALS AND METHODS

This prospective single-arm pilot will run at two outpatient urology clinics. Thirty adults diagnosed with IC/BPS who are English-fluent and smartphone-proficient will be prescribed the app by their physicians. Participants will engage with daily audio modules and record symptoms in-app over an eight-week period.

Primary endpoints

- Feasibility: recruitment \leq 30 days; retention \geq 70 %
- Usability: System Usability Scale (SUS)
- Engagement: Proportion of modules completed

Secondary endpoints

- Apollo Clinical Scoring System
- O'Leary-Sant Symptom & Problem Indices (OSSPI)
- Patient Global Impression of Improvement (PGI-I)

- Pre/post changes will be analysed with paired t-tests ($\alpha = 0.05$); qualitative feedback will undergo thematic analysis.

Pilot study is scheduled to begin in August 2025; interim feasibility and usability data are expected to be available for presentation at the conference."

RESULTS

If feasibility and early symptom gains meet predefined targets, results will justify a larger controlled trial to confirm efficacy, durability, and health-economic value in IC/BPS care.

REFERENCES

- (1) Kim EK, Brown LA, Hartzell-Leggin D, Andy UU, Harvie CE, Whitmore KE, et al. Algorithm-Based Mobile Texting Platform for the Self-Management of Interstitial Cystitis/Bladder Pain Syndrome: Pilot Study Evaluating Feasibility, Usability, and Potential Utility. *Urology Practice* [Internet]. 2025 Mar 1 [cited 2025 Jul 10];12(2):203–13. Available from: <https://doi.org/10.1097/UPJ.00000000000000737>
- (2) McKernan LC, McGonigle T, Vandekar SN, Crofford LJ, Williams DA, Clauw DJ, Bruehl S, Corbett BA, Dmochowski RR, Walsh EG, Kelly AG, Sutherland SL, Connors EL, Ryden A, Reynolds WS. A randomized-controlled pilot trial of telemedicine-delivered cognitive-behavioral therapy tailored for interstitial cystitis/bladder pain syndrome. *Pain*. 2024 Aug 1;165(8):1748-1760. doi: 10.1097/j.pain.0000000000003188. Epub 2024 Feb 27. PMID: 38422486; PMCID: PMC11257824.
- (3) Soriano AJ, Schnur JB, Harvie HS, Newman DK, Montgomery GH, Arya LA. Pilot randomized controlled trial of a hypnosis intervention for women with bladder pain syndrome. *Neurourol Urodyn*. 2021 Nov;40(8):1945-1954. doi: 10.1002/nau.24771. Epub 2021 Aug 22. PMID: 34420228.

9. CORNEAL CONFOCAL MICROSCOPY AS A MARKER OF SMALL FIBER NEUROPATHY IN PATIENTS WITH CHRONIC PELVIC PAIN SYNDROME: STABILITY OF CHANGES WITH TREATMENT

Presenter: Olga Malinina

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INTRODUCTION AND AIM OF THE STUDY

Corneal confocal microscopy (CCM) is a novel technique allows for the quantification of small fibers located near the center of the cornea. CCM is non-invasive and fast, and might be a useful method to confirm small nerve fiber pathology. Our objective was to assess corneal small nerve fiber morphology in patients with chronic pelvic pain (CPP) and to determine the prevalence of SFN in patients with chronic pelvic pain using CCM. Aims of the study: To evaluate the morphology of corneal small nerve fibers in patients with chronic pelvic pain syndrome (CPPS) and to determine the prevalence of small fiber neuropathy (SFN) in this group.

MATERIALS AND METHODS

This was a cross-sectional observational study aimed at evaluating corneal small nerve fiber morphology in patients with chronic pelvic pain (CPP) and determining the prevalence of small fiber neuropathy (SFN) in this population. The study included 27 patients with CPP who were either unresponsive to initial treatment or had comorbid pain syndromes, along with 10 healthy controls. All participants completed standardized questionnaires assessing symptoms of CPP, including a neuropathic pain questionnaire, to map clinical characteristics. Corneal imaging was performed using in vivo confocal microscopy (IVCM). Measurements of corneal nerve thickness and dendritic cell density were conducted by a single ophthalmologist blinded to the clinical diagnosis. Outcome Measures: Corneal stromal nerve thickness (quantified in micrometers). Dendritic cell density (cells per square

millimeter). Prevalence of SFN based on IVCM findings. Additional Analysis: Longitudinal data were analyzed to assess whether corneal microscopic changes (nerve thickness and dendritic cell density) varied over time in response to CPP treatment. Statistical Methods: Group comparisons between CPP patients and controls were performed using independent t-tests for continuous variables. A p-value < 0.05 was considered statistically significant.

RESULTS

In patients with CPPS, the mean stromal nerve thickness was 4.8 ± 1.0 micrometers, which was significantly lower than that of the control group (6.0 ± 1.3 micrometers, $p = 0.01$). Dendritic cell density was significantly higher in patients with CPPS: 10 ± 2 vs. 3 ± 1 in controls ($p = 0.01$). 73% of patients with CPPS showed evidence of SFN as measured by CCM. Comorbid conditions such as chronic prostatitis, irritable bowel syndrome, fibromyalgia and others were frequently observed in patients with CPPS.

INTERPRETATION OF RESULTS

Additional analysis showed that the microscopic pattern of the cornea (nerve thickness and dendritic cell density) did not change with treatment for chronic pelvic pain syndrome. This supports the hypothesis that corneal changes may be a stable marker of the SFN, independent of current status or therapy for CPPS.

CONCLUSIONS

Small fiber neuropathy plays an important role in the pathogenesis of chronic pelvic pain. Corneal confocal microscopy is a useful non-invasive method to diagnose SFN in patients with CPPS. The results emphasize the potential of CCM as a tool for early diagnosis and monitoring of SFN, as well as for studying the pathophysiological mechanisms of chronic pain. The lack of changes in the microscopic picture in the background of treatment indicates the need for further studies to identify possible pathogenetic links between SFN and CPPS.

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10. MANAGING SEXUAL HEALTH IN WOMEN WITH BLADDER PAIN SYNDROME: REVIEW OF GUIDELINES

Presenter: Jennifer Enaux

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INTRODUCTION AND AIM OF THE STUDY

Bladder pain syndrome (BPS) is a chronic condition involving pelvic pain, urinary urgency and frequency, significantly impacting sexual health. Affected women commonly experience dyspareunia, reduced libido, and emotional distress. Despite its severe impact, sexuality is rarely subject of clinical management. This review explores international Clinical Practice Guidelines' (CPGs) recommendations on self-management strategies addressing sexual health in women with BPS.

MATERIALS AND METHODS

A systematic review following a registered protocol searched MEDLINE, Guidelines International Network, Cochrane Library and relevant websites. Data extraction focused on interventions supporting self-management with corresponding grades of recommendation and levels of evidence. One area of intervention that emerged related to sexual health.

RESULTS

Eight CPGs from Europe (n=5), North America (n=2), and Asia (n=1) were included. Three of them (CUA, EAU, GG) recommend patient counselling on sexuality, with EAU providing 13 comprehensive self-management strategies. These involve individual adaptation of sexuality, symptom tracking, relaxation techniques before sexual activity, and alternative intimacy methods during symptom flares. Specific behavioural strategies suggested by the EAU include non-penetrative intimacy

(manual/oral stimulation), alternative coital positions (female superior, side-lying), lower pacing, advanced planning of intercourse, post-coital medical examination to identify triggers, and pre/post-coital voiding. Additional supportive measures recommended include ice pack application, vaginal dilators or sex toys, lubricants, and topical oestrogen creams. None of the CPGs categorise the recommendations according to gender.

INTERPRETATION OF RESULTS

While all CPGs recognise the importance of addressing sexual dysfunction, they differ significantly in the scope and specificity of their recommendations.

CONCLUSIONS

Due to gender-specific experiences and challenges, future CPGs should explicitly address women's sexual health needs through evidence-based, person-centred recommendations. Further research and guideline development are required.

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11. VALIDATION OF A SEVERITY CLASSIFICATION SYSTEM FOR HUNNER-TYPE INTERSTITIAL CYSTITIS

Presenter: Aya Niimi

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INTRODUCTION AND AIM OF THE STUDY

Interstitial cystitis (IC) significantly impairs quality of life (QOL) due to pain and urinary symptoms, though severity varies among individuals. In 2020, an expert-based severity classification was proposed in Japan, but its clinical validity had not been examined. This study aimed to assess the association between this classification and symptom severity or voiding parameters in patients with Hunner-type IC (HIC).

MATERIALS AND METHODS

Patients with HIC enrolled in a nationwide registry were classified into three severity groups based on predefined criteria:

- Severe: NRS pain score ≥ 7 and maximum voided volume ≤ 100 mL
- Mild: NRS ≤ 3 and maximum voided volume ≥ 200 mL
- Moderate: Cases not meeting criteria for either mild or severe

We compared O'Leary-Sant indices (ICSI/ICPI), numerical rating scale (NRS) for pain, urinary frequency, average and maximum voided volumes, and QOL scores across the three groups.

RESULTS

Data from 326 patients (mild: 14; moderate: 240; severe: 72) were analyzed. OSSI scores increased significantly with severity (mild: 9.3; moderate: 14.3; severe: 17.1; $p < 0.01$), as did NRS (4.1, 6.3, 7.8; $p < 0.001$). Voiding frequency rose with severity (11.9, 16.9, 24.8 times/day; $p < 0.01$), while maximum voided volume declined (267 mL, 176 mL, 78.9 mL; $p < 0.01$). QOL (4.3, 5.6, 5.8; $p < 0.01$) and OSPI scores (8.0, 12.3, 14.4; $p < 0.01$) also worsened with increasing severity.

INTERPRETATION OF RESULTS

The severity classification showed consistent and significant correlation with symptom burden and voiding dysfunction.

CONCLUSIONS

This study supports the clinical validity of the proposed severity classification for HIC, which could aid in treatment stratification and evaluation of disease progression.

REFERENCES

Niimi, Aya, et al. "Clinical manifestations of interstitial cystitis and bladder pain syndrome: Analysis of a patient registry in Japan." *International Journal of Urology* 32.1 (2025): 103-109.

12. VULVAR VESTIBULE RADIOFREQUENCY AND ELECTROPORATION AMELIORATES VULVAR SYMPTOMS IN WOMEN WITH VULVODYNIA

Presenter: Stefania Azzalini

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INTRODUCTION AND AIM OF THE STUDY

Although their efficacy has not yet been validated, vulvar vestibule radiofrequency and electroporation (RE) are empirical non-invasive options in the treatment of vulvodynia. This retrospective study aims to assess the efficacy of these treatments in patients with spontaneous (SV) and/or provoked vulvodynia (PV).

MATERIALS AND METHODS

Patients with SV, PV or both (SP/PV) who received at least 4 sessions of combined RE, along with other interventions (multimodal therapeutic approach) after pelvic floor rehabilitation, were retrospectively analysed. Symptoms severity, comparing baseline and post-treatment values, was determined using swab test for hyperalgesia/allodynia (A/A), Reissing scale for muscle tone evaluation, Marinoff scale for dyspareunia, and the Vaginal Health Index (VHI) for the vulvovaginal mucosal assessment. Exclusion criteria was Reissing scale $> +2$.

RESULTS

88 patients were enrolled. SV and PV symptoms were present in 55.7% and 98.9% of women, respectively. After RE, patients reporting SV or PV significantly decreased to 19% ($p < 0.0001$) and 77.4% ($p < 0.001$). VHI significantly increased (mean score preRE=10.3, postRE=15.5; $p < 0.0001$) while A/A, increased muscle tone, and dyspareunia significantly decreased (swab test preRE=6.25, postRE=4.1, $p < 0.0001$; Reissing preRE=1.34, postRE=0.9, $p = 0.0003$, Marinoff preRE=2.2, postRE=0.8, $p < 0.0001$; respectively). No major adverse events were reported.

INTERPRETATION OF RESULTS

The combination of RE is a valuable therapeutic option for vulvodynia, as demonstrated by significant improvements in vulvar symptoms and pelvic floor dysfunction.

CONCLUSIONS

RE is well tolerated and represents a promising non-invasive treatment for SV and PV. We used these techniques in selected patients (already heavily treated and never as a first-line intervention). Further analyses considering additional variables (such as length of disease, ongoing treatments, role of recurrent infections, radiofrequency parameters, electroporated substances) are needed to better understand whether this approach could yield higher rate of success in specific subgroups of patients.

13. CLINICAL AND COMORBIDITY PROFILES OF FEMALE PATIENTS WITH CHRONIC PELVIC PAIN: A RETROSPECTIVE SINGLE-CENTER COHORT STUDY

Presenter: Timur Nomovir

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INTRODUCTION AND AIM OF THE STUDY

Chronic pelvic pain (CPP) affects 4-39% of women globally with heterogeneous etiology and age-related variations requiring comprehensive clinical characterization for optimized management strategies. Aim: to evaluate clinical profile, diagnosis spectrum and comorbidity burden in women with CPP, assessing age-related features.

MATERIALS AND METHODS

Retrospective cohort analysis of 96 female patients with CPP (pain duration ≥ 6 months). Data on demographics, complaints, diagnoses, and comorbidities were extracted from medical records. Patients were stratified by age (≤ 50 vs

>50 years). Statistical analysis: chi-square and Fisher's exact tests ($p < 0.05$).

RESULTS

Mean age was 48.5 ± 16.5 years; mean CPP duration 8.9 ± 8.4 years. Urinary symptoms were dominant in 68.8%, mixed urinary + pelvic floor/sexual symptoms in 24.0%, isolated pelvic floor/sexual symptoms in 6.2%. Leading diagnoses included interstitial cystitis with Hunner lesions (40.6%) and chronic bacterial recurrent cystitis (34.4%). Multifactorial diagnoses were present in 44.8%. Age differences: bacterial cystitis prevailed in ≤ 50 years, interstitial cystitis dominated in >50 years. Comorbidity burden: 45.8% had no comorbidities, while 13.5% had ≥ 4 categories. Most common comorbidities: arterial hypertension (27.1%), gastritis/gastroduodenitis (13.5%), oncology (13.5%), autoimmune thyroid disease/hypothyroidism (11.5%), neurological disorders/CVD (10.4%), gynecological diseases (9.4%). Older patients had significantly higher rates of hypertension ($p=0.000015$), obesity/metabolic syndrome ($p=0.00089$), thyroid disease ($p=0.00095$), CVD ($p=0.00439$), ischemic heart disease ($p=0.0139$), and GI diseases ($p=0.0139$).

INTERPRETATION OF RESULTS

Distinct age-related patterns emerged in CPP etiology. Bacterial cystitis predominance in younger patients may reflect sexual activity factors, while interstitial cystitis prevalence in older women aligns with age-related inflammatory processes. Multifactorial diagnoses (44.8%) underscore complex pathophysiology. Increased comorbidities with age suggest systemic inflammatory contributions to pain complexity. Mixed symptom presentations indicate significant overlap between urological, gynecological, and musculoskeletal systems.

CONCLUSIONS

Female CPP patients exhibit substantial heterogeneity. Nearly half had multifactorial mechanisms, with older patients showing higher comorbidity burden. Multidisciplinary, personalized approaches are essential for optimal management.

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14. CHRONIC URINARY FREQUENCY AND NOCTURIA REVEALING HUNNER LESION DISEASE: A DIAGNOSTIC CHALLENGE.

Presenter: Merkourios Kolvatzis

Merkourios Kolvatzis (1) - Ioannis Kolioulis (2) - Michael Samarinas (1)

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INTRODUCTION AND AIM OF THE STUDY

Interstitial cystitis/bladder pain syndrome (IC/BPS) with Hunner lesions represents a distinct and underdiagnosed subtype of chronic bladder inflammation, characterized by severe urinary symptoms and mucosal ulcerations. We present a challenging diagnostic case of a postmenopausal woman with longstanding lower urinary tract symptoms (LUTS), ultimately diagnosed with Hunner lesion disease following cystoscopy with hydrodistension.

MATERIALS AND METHODS

Case Presentation: A 53-year-old female presented with a 4-year history of persistent urinary urgency, severe nocturia (up to 10 times nightly), and daytime frequency, without stress or urge incontinence. Despite multiple antibiotic treatments for presumed recurrent urinary tract infections, no culture-proven infections were documented. Imaging (CT) showed right renal lithiasis (11 mm) and bladder wall thickening. Pelvic floor assessment and pelvic ultrasound revealed increased bladder wall and trigonal mucosal thickness (11 mm and 8 mm respectively), as well as significant tenderness on bladder palpation. Initial differential diagnosis included detrusor overactivity (OAB dry) and neurogenic bladder. However, persistent pain and severe symptoms led to cystoscopic evaluation under anesthesia with hydrodistension.

RESULTS

Findings: Cystoscopy revealed typical Hunner lesions almost at the whole bladder wall, confirming the diagnosis of Hunner lesion disease. Hydrodistension was performed and BONT/A treatment was initiated. The patient

has been advised of a possible radical cystectomy.

INTERPRETATION OF RESULTS

This case highlights the diagnostic complexity of IC/BPS with Hunner lesions in female patients with non-specific LUTS and normal urinalysis. The absence of incontinence, the presence of bladder pain, bladder wall thickening, and poor response to conventional OAB therapy should prompt further evaluation, including cystoscopy.

CONCLUSIONS

Early identification of Hunner lesions is essential for targeted management and improved quality of life. This case underscores the need for multidisciplinary awareness and individualized evaluation strategies in chronic bladder syndromes.

REFERENCES

1. Homma Y, Ueda T, Tomoe H, et al. Clinical guidelines for interstitial cystitis/bladder pain syndrome. *Int J Urol.* 2020;27(7):578–589. doi:10.1111/iju.14242
2. Jhang JF, Kuo HC. Pathomechanism of interstitial cystitis/bladder pain syndrome and mapping the heterogeneity of disease. *Int Neurourol J.* 2016;20 (Suppl 2):S95–S104. doi:10.5213/inj.1632720.360

15. CLINICAL PROFILE, SYMPTOM STRUCTURE, AND COMORBIDITY IN MALE PATIENTS WITH CHRONIC PELVIC PAIN: SINGLE-CENTER EXPERIENCE

Presenter: Timur Nomovir

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INTRODUCTION AND AIM OF THE STUDY

Chronic pelvic pain (CPP) is a multifactorial condition with heterogeneous clinical presentation and frequent multimorbidity. A detailed understanding of symptom patterns, clinical mechanisms, and comorbidities in male patients is essential for developing effective diagnostic and therapeutic approaches. The aim of this study was to analyze the clinical profile, symptom structure, comorbidities, and diagnosis spectrum in a cohort of male patients with CPP.

MATERIALS AND METHODS

Retrospective analysis of 24 male CPP patients hospitalized at urological center (October 2024–April 2025). Age, symptom duration, complaints, diagnoses, and comorbidities were assessed.

RESULTS

Mean patient age was 48.8 ± 15.1 years; mean CPP duration 7.9 ± 9.5 years (median 4.5). All patients reported pain, most commonly localized to the bladder/urethra (70.8%), pelvic/perineal region (33.3%), radiating to

thighs/genitals (25.0%), and lower back/sacrum (4.2%). Urinary symptoms were present in 33.3%, neurological in 29.2%, sexual dysfunction in 30.4%, gastrointestinal in 21.7%, and impaired quality of life in 4.2%. Main pain mechanisms included MPS (45.8%), neuropathic pain (33.3%), BPS/IC (29.2%), pelvic floor spasm (8.3%), and chronic postsurgical pain (4.2%). Comorbidities were identified in 58.3%, predominantly cardiovascular (62.5%) and gastrointestinal (45.8%). A bimodal age distribution was observed: 40–49 (29.2%) and 60–69 years (29.2%). In patients <50 years ($n=14$), bladder pain was reported by 78.6%, MPS and neuropathic pain by 28.6% each. In ≥ 50 years ($n=10$), MPS predominated (70.0%), with bladder pain in 60.0% and neuropathic pain in 40.0%.

INTERPRETATION OF RESULTS

Patients <50 years exhibited more bladder-related pain and a more balanced pain mechanism profile. Those ≥ 50 years showed a predominance of MPS (70.0% vs 28.6%) and a higher rate of multimorbidity (60.0% vs 35.7%), though differences were not statistically significant.

CONCLUSIONS

Male CPP patients demonstrate a bimodal age distribution with distinct age-related symptom and comorbidity profiles. These differences warrant consideration in designing individualized, multidisciplinary treatment strategies.

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