512 Early experience of safety and efficacy of sodium hyaluronatechondroitin sulfate solution in chronic painful conditions in the bladder

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INTRODUCTION & OBJECTIVES: GAG (glycosaminoglycan) layer plays as a barrier in the urothelium. A damaged GAG layer may lead to pain, increasing possibility of bacterial adherence. A combination of sodium hyaluronate and chondroitin sulfate (SH-CS), which are main components of GAG layer, are commercially available as intravesical instillating solution. In this study, we reviewed the early experience of SH-CS solution instillation in chronic GAG layer destructing conditions.

MATERIAL & METHODS: Data of 31 patients with chronic pain in the bladder (either from chronic cystitis or BPS/IC) who were treated with SH-CS solution (sodium hyaluronate 1.6% and chondroitin sulfate 2% with calcium chloride in water, laluril[®], IBSA Institut Biochimique SA, Lugano, Switzerland) were retrospectively analyzed. Ialuril[®] was administered intravesically as manufacturer's recommendations ; as weekly 4 times, then biweekly 2 times, and then monthly according to patient's response or symptom relapse. Patients' past medical

history, pre- and post-treatment VAS (visual analogue scale), individual response to drug were reviewed and analyzed.

RESULTS: Mean age of the patients was 50.9 (31-78, median 51) years old. Among 31 patients, male and female ratio was 1:14.5. 15 out of 31 patients were diagnosed as chronic cystitis and 16 patients were diagnosed as BPS/IC. 2 of the chronic cystitis patients were combined with neurogenic bladder. All of the 31 patients had failed previous medical treatments. Mean follow up duration was 24.7(10-32, median 26) weeks. Patients' symptoms were improved within 3.6 weeks (chronic cystitis 2.5 weeks, BPS/IC 4.6 weeks) from initial instillation. Post treatment VAS were significantly changed from baseline; 7.3 to 1.2 in chronic cystitis and 8.2 to 4.2 in BPS/IC (pth instillation, and 8 out of 16 patients were taking analgesics/anticholinergics due to their bladder pain on demand not every day. There had been no drug related adverse reactions during the whole period of instillation.

CONCLUSIONS: In our early experiences, both chronic cystitis and BPS/IC were effective with SH-CS instillation without any significant side reactions. These results supporting that intravesical instillation of the combination formula of sodium hyaluronate and chondroitin sulfate is effective in recovering damaged GAG layer leading to relieving chronic pain from diverse diseases presenting GAG layer destruction. Further longer-term study will be followed.