Introduction and objectives.– Lower urinary tract dysfunction (LUTD) in Multiple Sclerosis (MS) are frequent and could lead to severe complications. In Toulouse University Hospital, since 2004, the LUTD in MS’ management was organized through a cooperation with the MIPSPEP network, the development of a decision tree, and a multidisciplinary consultation (urologist and PRM physician). The objective is to evaluate this way of care and its impact on urinary complications appearance.

Population.– Between 2004 and 2009, 328 patients with MS got through this organization. We thus compared epidemiologic (age, sex), clinical data (evolution time of MS, EDSS score, progressive type of MS) and the urinary complications’ frequency of appearance between 2 groups: 168 patients before 2006 (group 1) and 160 after 2006, who had benefited from this organization (group 2).

Results.– There is a significant difference between the 2 populations concerning: age, evolution time of MS and EDSS level (Group 1 vs Group 2, respectively, 51.6 ± 12.6 years vs 48 ± 11.8 years, \( P = 0.008 \); 19 ± 9.7 years vs 13.8 ± 10.5 years, \( P < 0.0001 ; 5.8 ± 2 \) vs 5.1 ± 2, \( P = 0.008 \)). Furthermore, urinary complications appear more frequently in group 1 than in group 2 (66.3% vs 40%, \( P < 0.0001 \)).

Conclusion.– The development of LUTD in MS’ management in Midi Pyrénées permitted to take care of patients sooner in their disease evolution, and with less urinary complications.

Conclusion. Each patient underwent clinical evaluation, uroradiological and neuroradiological, and urodynamic exploration.

Results.– The mean age was 51 years. Peripheral neuropathy of the lower limbs was present in 40 patients (75%). Urinary frequency and dysuria were the predominant symptoms. Twenty-four (44%) patients reported an overactive bladder syndrome. Nineteen reported dysuria associated with a sensation of incomplete emptying. Urodynamic studies have revealed abnormalities in 43 patients. In 12 cases, the bladder was large capacity, hypotonic and hyposensitive. Peak flows were normal with post-voiding residue below 50 ml. In 2 patients the bladder was large capacity, sluggish, asensible post-voiding residue with a significant and an output below 15 ml/s. In one patient the catheterization has reduced 2600 ml. Cystometry showed an underactive bladder, without sensitivity disorders in 4 patients (7%) and an underactive bladder and hyposensitive in 12 patients (22%). Vesicospincter dyssynergia was evident in three patients (27%). Profilometry has objectified a urethral hypertension in 7 patients.

Discussion.– Most patients with diabetes will present voiding disorders related to a diabetic cystopathy. Its prevalence varies between 25 and 90%. Voiding disorders are found at the examination in 40% of asymptomatic patients. Urodynamic testing confirms the bladder involvement and can objectify significant abnormalities cystopathy diabetic even without any symptoms. The most frequently observed abnormalities are decreased bladder sensitivity and impaired detrusor contractility.

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Friedreich ataxia and bladder disorders

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Friedreich ataxia is an autosomal recessive neurodegenerative disorder with an incidence in the European population of approximately 1/50,000 but more frequent in Réunion Island. First settlers immigrated from France in 1645 and their descendants moved to the high plateau in the middle of the 18th century where they have since remained isolated, favoring expression of this disease. The aim of the study is to describe in a population of AF patients in Réunion Island the type and frequency of bladder disorder and the consequences on the quality of life.

Twenty patients were included: sex-ratio 0.67; age 47.4 years (±12); duration of the disease 21.5 years (±10), ICARS 46.6 (±24); Cardiomyopathy (25%) and diabetes (30%) were recorded. Two questionnaires were proposed: Urinary Profile Symptom and Qualiveen.

Results.– Ninety-five percent of patients complained of bladder symptoms: 15% stress urinary incontinence, 80% overactive bladder syndrome, 40% voiding symptoms and 25% both least. Only 2 patients didn’t complain. There was no significant correlation between ICARS and UPS (0.55; s = 1517) and disease duration and UPS (\( P = 0.44; s = 1572 \)).

Discussion.– Bladder symptoms and consequences in daily life are frequent (95% of patients). It is also important to screen them systematically because neither severity nor duration of the disease can predict them. Consequences on the quality of life should be evaluated to improve the management of these symptoms in AF patients.

Further reading


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