

Interstitial cystitis

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Background :

There is 1 /10000 person concerned, mostly female.

It is probably a disorder of the permeability of the wall face of the bladder. The main symptoms are pain and pollakiuria. The bladder pain relieves by micturition

There is no standard management (analgesic, antidepressants, surgery ...)

Rationale for HBO use

There is no rational correlation of HBO use in this specific disease. Only similitudes have been done between the interstitial cystitis and chronic radiation cystitis.

Few teams have shown it could intereting using HBO in interstitial cystitis.

Evidence – Based review of HBO use

There are only two pilot studies with a small cohort. There is a low evidence level

Patients selection for HBO and Current protocol

There is no current protocol

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Conclusion:

The use of HBO in interstitial cystitis has a very low evidence level (grade D). But some teams might have some good results and there are almost no side effects. So "it could be reasonable" to use HBO in IC (level 3). It is recommended to perform more prospective randomized studies, adding HBO to other treatment.

Study (authors, year)	Type	Nb patients	Aim(s) / Evaluation criteria	Inclusion / Exclusion criteria	HBO protocol (pressure, time, nb of session)	Results	Conclusion / comment
Pushkar 2014	Retrospective comparative	116	Pain microcirculation	All	2ATA	Persistence of improvement	Effectiveness in combined treatment
Gallego-Villar 2013	Open prospective randomised comparative	20	Pain Quality of life	CI treated by Dimethyl Sulfoxide	2.5 ATA 90mn		HBO prolong maintenance of DMSO effects
Loran 2011	Cases series	8	Histological estimation	pain	2 ATA 40mn	Increase proliferation epithelium	Effectiveness in combined treatment
Tankan 2007	Case report	2			2ATA 60mn	Ulcer disappear Less pain	HBO optional treatment
Van Ophoven 2006	Double blind sham control	21	Quality of life	All	2,4 ATA 30 sessions	Less pain	Hbo appears to be effective to treat