Preface

Focused issue on interstitial cystitis/bladder pain syndrome (IC/BPS) 2015: Part 2

It is with great pleasure that we introduce this second of the two-part volume of *Translational Andrology and Urology* (*TAU*) focused on interstitial cystitis/bladder pain syndrome (IC/BPS). The first issue (November 2015) has been exceedingly well received by a world-wide readership and we are confident that this December 2015 issue will be equally successful in providing a state-of-the-art compendium of the global approaches to diagnosis and treatment of IC/BPS.

A small retrospective study from Japan suggests that intravesical dimethyl sulfoxide (DMSO) and hydrodistension (HD) is more efficacious in patients with Hunner's "lesions" than in those without. This suggests a different pathophysiology in the two disease subtypes and the author suggests confirmation of these findings in a larger prospective study.

Complementary and alternative medicine (CAM) are widely used treatment modalities for interstitial cystitis (IC) and CAM is admirably reviewed in two papers in this issue. The mainland Chinese approach to CAM is well summarized as is the current approach to CAM in the USA. Both papers highlight the role of CAMs in the multi-modality treatment paradigm and emphasize the need for individualization and patient-centricity in CAM treatment choice.

Two of the most widely accepted and utilized patient-reported symptom questionnaires [O'Leary-Sant and Pelvic Pain and Urgency/Frequency (PUF)] underwent psychometric validation in Brazil following translation from English to Brazilian Portuguese. The reported reliability was underwhelming raising the question as to whether a literal translation of an English questionnaire is enough for trans-language psychometric validation. Perhaps this study needs to be extended to a larger group of patients (IC and controls) with similar socioeconomic characteristics?

The high incidence of Hunner's lesions in patients with IC is highlighted in a study of a selected group of urogynecologic patients. Most patients were successfully treated with intravesical "cocktail" of DMSO/dexamethasone/heparin for 30 months supplemented by oral pentosan polysulfate for 1 year. HD under anesthesia for diagnosis and treatment of IC/BPS is admirably reviewed in another paper that shows HD helps stratify the subtypes of the disease and offers symptomatic benefits.

IC/BPS has significant overlap with chronic prostatitis/chronic pelvic pain (CP/CPP) in men and this topic is admirably covered in a review paper. The authors recommend a phenotypic-directed, multi-modality treatment approach rather than a step-wise algorithmic approach.

Intravesical therapies are widely utilized for treatment of IC/BPS and there is wide geographic variation in the availability and regulatory approval of the various agents used. A review paper on intravesical therapies make a plea for randomized, placebo-controlled or comparator studies in large groups of patients. Glycosaminoglycans (GAGs) deficiency is thought to be an important pathophysiological component of IC/BPS and GAG replacement therapy (oral and intravesical) is succinctly reviewed. Hyaluronic acid (HA) and HA/chondroitin sulfate (CS) combinations emerge as the preferred approach to GAG replacement.

The multi-modality therapeutic approach to IC/BPS in 2015 is adequately reviewed in a paper based on the senior author's extensive clinical experience. The rationale and outcomes of treatment in a multi-modality, multi-specialty Women's Urology Center is highlighted and recommended. Another paper describes the crossover between vulvodynia and IC/BPS and suggests common embryology and pelvic pathophysiology. A simple treatment approach to both conditions is described.

The symptom evolution in IC is evaluated in a questionnaire survey that demonstrated that frequency is the earliest sign of the disease even before pain and urgency develop. This raises the question as to the application of the disease definition that includes "bladder pain" [e.g., bladder pain syndrome (BPS)] to women with "early" IC?

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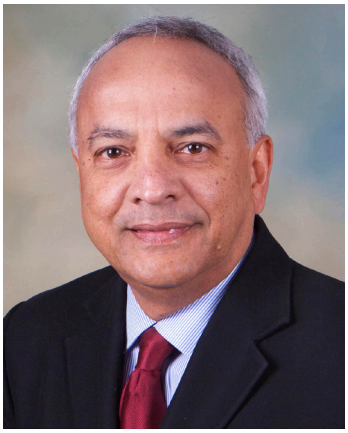

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