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# LRA by ELISA/ACT®

## CLINICAL PEARLS UPDATE#34

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### *Interstitial cystitis*

July 16, 2004

Dear Colleague,

**Interstitial cystitis (IC)** is a chronic sterile inflammatory disease of the bladder of unknown etiology that we view as cumulative repair deficits that lead to increased focal tissue permeability and access to sensitive, sensory nerves in the bladder and urethra. Free radical (antioxidant deficit) and cytotoxic environmental chemicals may predispose cells to self-destruct faster than the individual can re-cycle their DNA. This may exacerbate or be causative of IC. **LRA by ELISA/ACT® tests and plans** are designed to enhance host immune repair functions by reducing defense work and stimulating repair abilities. Sustainable remissions are the expected result.

We encourage you to share this valuable clinical update newsletter with your colleagues and staff so they can learn more about how our comprehensive approach can be applied to their practice with beneficial results. Please also let us know if any of your colleagues or staff would like to be added to our email distribution list.

We are grateful for the opportunities to be of service to you and your patients.

Sincerely,

***Russ Jaffe, MD, Ph.D., CCN, NACB***  
***Lab Director***

**Bouchelouche K, Nordling J. Recent developments in the management of interstitial cystitis. *Curr Opin Urol* 2003;13(4):309-313.**

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**PURPOSE OF REVIEW:** Interstitial cystitis, a great enigma of urology today, is a chronic sterile inflammatory disease of the bladder of unknown etiology characterized by urinary frequency, urgency, nocturia and suprapubic pain. Although there are plenty of theories, the etiology of the condition remains obscure. This review focuses on recently published literature on interstitial cystitis. **RECENT FINDINGS:** Several pathophysiological mechanisms have been proposed in the past few years including epithelial dysfunction, activation of mast cells, neurogenic inflammation, autoimmunity and occult infection. Evidence indicates that it is a heterogeneous syndrome and that the two subtypes, classic and nonulcer disease, represent different entities. The diagnosis is made by clinical and cystoscopic evaluation with hydrodistension and often with biopsy when other disorders are excluded. The National Institute of Arthritis, Diabetes, Digestive and Kidney Diseases has developed criteria for clinical studies. There is a need for a noninvasive marker of interstitial cystitis. Antiproliferative factor as a urinary marker has shown promising results. The value of the bladder permeability test in interstitial cystitis needs further investigation. Many gynecologic conditions mimic the symptoms of interstitial cystitis. Multiple forms of therapy are available including self-care and dietary changes, medical and intravesical treatments, neuromodulation, multimodality treatment and surgical intervention. It is recommended that the most conservative treatments are used first and surgery should be regarded as the last resort. **SUMMARY:** Interstitial cystitis is a challenging disease of urology today. While causative factors remain unknown, treatment is based on empiricism. Intensive research may result in new and hopefully more effective treatments in the future.

**Ochs RL. Autoantibodies and interstitial cystitis. *Clin Lab Med* 1997; 17(3):571-579.**

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Interstitial cystitis (IC) is a chronic inflammatory disease of the bladder characterized by symptoms of urgency, frequency, and pain. The etiology of IC is unknown but autoimmune mechanisms may play a causal or exacerbating role since we have found that up to 50% of the IC patient population have autoantibodies, some of which are novel and others of which are shared by other diseases. We are currently investigating the role of autoantibody testing in relationship to diagnosis, prognosis and therapy of IC.