

ESSIC CONSENSUS ON CRITERIA, CLASSIFICATION, AND NOMENCLATURE FOR PBS/IC

van de Merwe JP, Nordling J, Bouchelouche P, Bouchelouche K, Cervigni M, Daha LK, Elnil S, Fall M, Hohlbrugger G, Irwin P, Mortensen S, van Ophoven A, Osborne JL, Peeker R, Richter B, Riedl C, Sairanen J, Tinzi M, Wyndaele JJ. Diagnostic Criteria, Classification, and Nomenclature for Painful Bladder Syndrome/Interstitial Cystitis: An ESSIC Proposal. *Eur Urol* 2008;53:60-7. Epub 2007 Sep 20
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The **ESSIC** proposes:

- to use the name **bladder pain syndrome** (BPS), followed by a type indication; in a transition period the name bladder pain syndrome/interstitial cystitis (BPS/IC) could be used parallel with BPS
- that BPS would be diagnosed on the basis of chronic (>6 months) pelvic pain, pressure or discomfort perceived to be related to the urinary bladder accompanied by at least one other urinary symptom like persistent urge to void or frequency. Confusable diseases as the cause of the symptoms must be excluded. Further documentation and classification of BPS might be performed according to findings at cystoscopy with hydrodistension and morphological findings in bladder biopsies. The presence of other organ symptoms as well as cognitive, behavioural, emotional and sexual symptoms should be addressed.
- that BPS type indications consist of two symbols: the first symbol corresponds to cystoscopy with hydrodistension and the second to biopsy:
 - first symbols 1, 2 or 3 indicate increasing grade of severity at cystoscopy with hydrodistension
 - second symbols A,B or C indicate increasing grade of severity of biopsy findings
 - X indicates not done for both (see table below)

*if indicated to document the type of BPS

ESSIC CLASSIFICATION OF BLADDER PAIN SYNDROME TYPES

| | | <i>cystoscopy with hydrodistension</i> | | | |
|---------------|-----------------------|----------------------------------------|--------|-----------------------------|------------------------------|
| | | not done | normal | glomerulations ¹ | Hunner's lesion ² |
| <i>biopsy</i> | not done | XX | 1X | 2X | 3X |
| | normal | XA | 1A | 2A | 3A |
| | inconclusive | XB | 1B | 2B | 3B |
| | positive ³ | XC | 1C | 2C | 3C |

¹ cystoscopy: glomerulations grade II-III

² with or without glomerulations

³ histology showing inflammatory infiltrates and/or detrusor mastocytosis and/or granulation tissue and/or intrafascicular fibrosis.

For definitions: see previous ESSIC consensus reports (www.essic.eu):

Nordling J *et al.* Primary evaluation of patients suspected of having interstitial cystitis (IC). *Eur Urol* 2004;45:662-9.

van de Merwe JP, Nordling J. Interstitial cystitis: definitions and confusable diseases. **ESSIC** Meeting 2005 Baden. *Eur Urol Today*; March 2006: pp 6,7,16,17

List of relevant confusable diseases for BPS and how they can be excluded or diagnosed ¹

| confusable disease | excluded or diagnosed by |
|-------------------------------------------------|----------------------------------------------------------------------------------|
| carcinoma | cystoscopy and biopsy |
| carcinoma <i>in situ</i> | cystoscopy and biopsy |
| infection with common intestinal bacteria | routine bacterial culture |
| <i>Chlamydia trachomatis</i> | special culture |
| <i>Ureaplasma urealyticum</i> | special culture |
| <i>Mycoplasma hominis</i> | special culture |
| <i>Mycoplasma genitalium</i> | special culture |
| <i>Corynebacterium urealyticum</i> | special culture |
| <i>Mycobacterium tuberculosis</i> | dipstick; if "sterile" pyuria culture for <i>M. tuberculosis</i> |
| Candida species | special culture |
| <i>Herpes simplex</i> | physical examination |
| <i>Human Papilloma Virus</i> | physical examination |
| radiation | medical history |
| chemotherapy, including immunotherapy | medical history |
| with cyclophosphamide | medical history |
| anti-inflammatory therapy with tiaprofenic acid | medical history |
| bladder neck obstruction | flowmetry and ultrasound |
| neurogenic outlet obstruction | medical history, flowmetry and ultrasound |
| bladder stone | imaging or cystoscopy |
| lower ureteric stone | medical history and/or haematuria (→ upper urinary tract imaging such CT or IVP) |
| urethral diverticulum | medical history and physical examination |
| urogenital prolapse | medical history and physical examination |
| endometriosis | medical history and physical examination |
| vaginal candidiasis | medical history and physical examination |
| cervical, uterine and ovarian cancer | physical examination |
| incomplete bladder emptying (retention) | post-void residual urine volume measured by ultrasound scanning |
| overactive bladder | medical history and urodynamics |
| prostate cancer | physical examination and PSA |
| benign prostatic obstruction | flowmetry and pressure-flow studies |
| chronic bacterial prostatitis | medical history, physical examination, culture |
| chronic non-bacterial prostatitis | medical history, physical examination, culture |
| pudendal nerve entrapment | medical history, physical examination, nerve block may prove diagnosis |
| pelvic floor muscle related pain | medical history, physical examination |

¹ The diagnosis of a confusable disease does not necessarily exclude a diagnosis of bladder pain syndrome.