Radiation cystitis

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Radiation cystitis is a common complication of pelvic radio therapy with incidence rates ranging from 23% to 80%. Radia tion treatment causes endothelial cell damage and perivascular fibrosis, resulting in ischaemia and obliterative endarteritis. Haematuria is more pronounced than that seen in BPS/IC. The end stage is a small, fibrotic b ladder with poor compliance and a risk of upper tract compromise, as for other chronic inflammatory bladder diseases. Emergency admission with haematuria requires resuscita tion, catheterisation and bladder washout and blood transfu sion as required. Cystoscopic management with fulguration or laser to bleeding vessels should be performed initially to stop bleeding. Intravesical GAG layer replacement therapies can be considered, and hyperbaric oxygen therap y has shown benefit in severe, refractory cases of haemorrhagic cystitis. Radiolog ical arterial embolisation can also be considered for refractory cases, but ischaemic complications occur in 10–63% (e.g. skin or bladder necr osis, gluteal paresis, perineal or buttock pain). Finally , urinary diversion with or without cystectomy can be performed for end-stage cases, but perioperative morbidity is almost 50% and mortality is 16%.

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