

Cystitis Glandularis Accompanied with Upper Urinary Tract Obstruction

Introduction and Objective: To explore the clinical character of cystitis glandularis accompanied with upper urinary tract obstruction.

Materials and Methods: Between February 2006 to August 2011, 130 cases of cystitis glandularis were treated after informed contents were obtained from patients. Seventy cases of cystitis glandularis accompanied with upper urinary tract obstruction were compared with 60 cases of cystitis glandularis without upper urinary tract obstruction.

Results: Incidence of cystitis glandularis in women was higher than that in men and the age in cystitis glandularis accompanied with upper urinary tract obstruction is younger than that without upper urinary tract obstruction. Distribution and morphological characteristics of lesions on bladder and urine culture were no difference between the two groups. Main clinical symptom of cystitis glandularis accompanied with upper urinary tract obstruction were renal or abdominal pain (59, 85.51%), nausea and vomiting (26, 37.68%), irritation sign of bladder (13, 18.84%), hematuria (13, 18.84%) and fever (9, 13.04%), etc. With a shorter clinical course, two weeks or more was in 17 cases (24.64%). Main clinical symptoms of cystitis glandularis without upper urinary tract obstruction were hematuria (39, 73.58%, $P<0.001$), irritation sign of bladder (36, 67.92%, $P<0.001$), renal or abdominal pain (14, 26.42%, $P<0.001$) and fever (1, 1.89%), etc. Most patients were admitted to hospital for hematuria or long-term irritation sign of bladder that can't be cured. A few patients were for renal or abdominal pain, but generally not severe. With a longer clinical course, two weeks or more was in 26 cases (49.06%, $P<0.01$). Seventeen (13.93%) cases were positive urine culture in 122 cases of cystitis glandularis ($P>0.05$). No second operation was performed on patients accompanied with upper urinary tract obstruction, but second operation or more was performed on 9.3% patients without upper urinary tract obstruction.

Conclusions: It is suggested that the main clinical symptom of cystitis glandularis accompanied with upper urinary tract obstruction usually is as that of upper urinary tract obstruction. Identifying and removing the causes of upper urinary tract obstruction is the most important management. For serious cystitis glandularis, active treatment should be performed, otherwise, long-term close follow-up should always be made.