

URETHRAL SYNDROME

Urethral Syndrome refers to a primarily female syndrome in which women suffer from irritative bladder symptoms (urinary frequency, urgency, burning, and more) in the absence of any objective urologic findings. That is to say, when they under medical evaluation their physicians discover no specific findings to account for their symptoms. The features of this condition are very similar to Chronic Non-bacterial Prostatitis or CPPS (see Inflammatory Prostate Disease section).

Symptoms, Causes, and Diagnosis.

Once again, the irritative symptoms accompanying urethral syndrome include: urinary frequency, urgency and burning in addition to possible low buck pain, suprapubic pain, and hesitant or slowed urinary stream. Because these symptoms are so common with other urinary problems, your physician must eliminate other disease possibilities and diagnose urethral syndrome by exclusion.

Many urethral syndrome patients were initially told that they have recurrent urinary infections. Upon closer history, however, it is discovered that their supposed urinary infections have been poorly documented. Other disease processes that must be excluded are: Chlamydia infections, Ureaplasma infections, neurological disorders, gynecological disorders, bladder tumors, urethral narrowing, interstitial cystitis (see below) and more. Your physician may wish to perform certain tests in order to clarify the diagnosis. These tests may include X-ray studies and bladder studies. The X- rays may be done in order to be sure there is no stone or other physical abnormality. The bladder studies may include cystoscopy, which allows direct visual inspection of the interior of the bladder.

The true cause of urethral syndrome is not known. Some feel that it may be due to urethral stenosis (narrowing) but this is not well documented. Others feel that it may be due to infectious agents that are difficult to isolate, neurologic factors, or psychology factors.

Treatment

The challenge in treating a disease whose cause is uncertain is obvious. Because the most likely cause of urethral syndrome remains infectious, antibiotics are the first treatment choice of most physicians. If different antibiotic regimens fail, other treatments must be tried. These include looking into the bladder (cystoscopy) and perhaps burning some infected appearing areas using a special scope. Some physicians may try to instill different chemicals into the bladder to treat urethral syndrome. At still other times, a patient may respond to certain oral pharmaceutical agents that relax or otherwise relieve bladder symptoms.