

# Diagnosis and Misdiagnosis Given to IC Patients

Joel M.H. Teichman  
Derek Ottem

## Introduction

- IC shares symptoms present in other urological conditions
- Alternative diagnosis may delay appropriate treatment
- Patients may be subjected to unnecessary investigations
- Patients may receive ineffective treatment

## Objectives

- Determine the time from onset of symptoms until diagnosis of IC
- Identify the previous diagnosis given to male and female IC patients

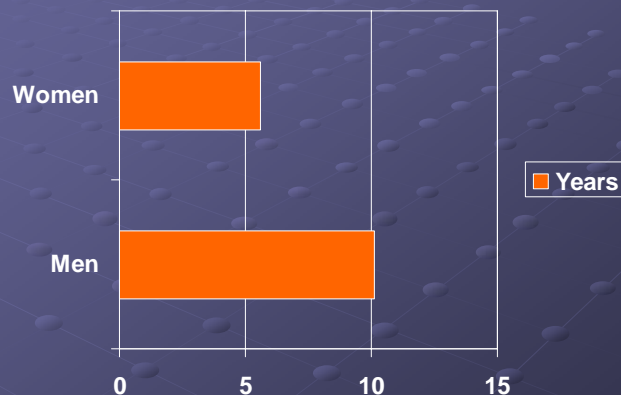
## Materials and Methods

- Retrospective study
- 32 consecutive patient charts reviewed
- Diagnosis made by history, physical examination, negative urine cultures, PUF questionnaire, voiding diary +/- cystoscopy and urodynamics.

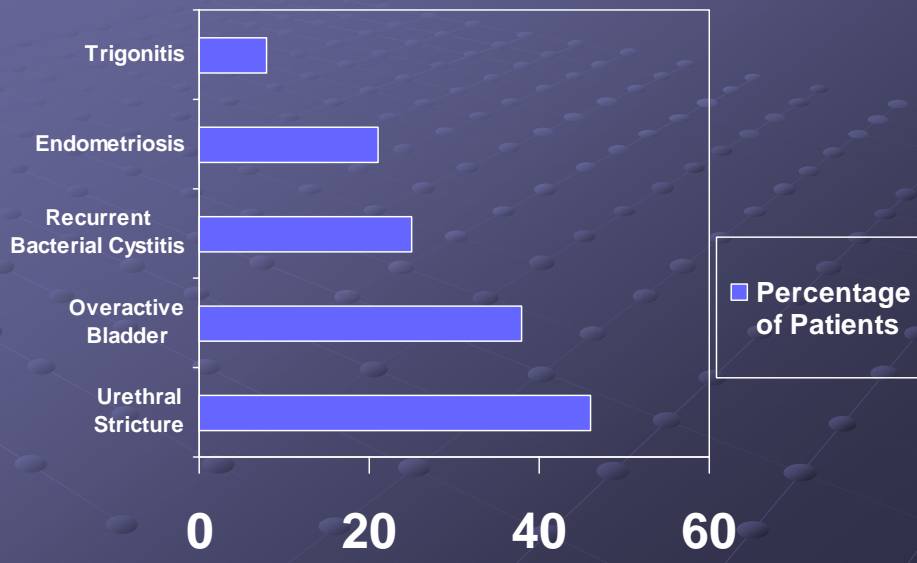
## Materials and Methods

- Previous diagnosis of primary care and tertiary care physicians noted. Many patients had multiple diagnosis
- Duration of symptoms was taken as time from initial assessment for complaints to a diagnosis of IC being made

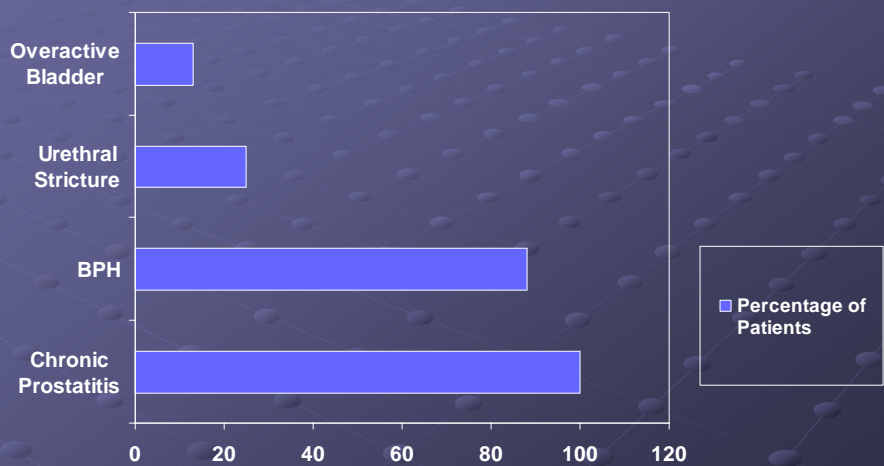
## Time from Symptom Onset to IC Diagnosis



## Previous Diagnosis Given to Female IC Patients



## Previous Diagnosis Given to Male IC Patients



## Discussion

- IC patients typically have a delay in their diagnosis
- Patients are often investigated and receive treatment for alternative conditions
- The most common previous diagnosis for women is urethral stricture and overactive bladder.
- For men chronic prostatitis and BPH is the most common previous diagnosis

## Conclusion

- IC should be considered early in the differential diagnosis of patients with refractory chronic LUTS