

Cistite

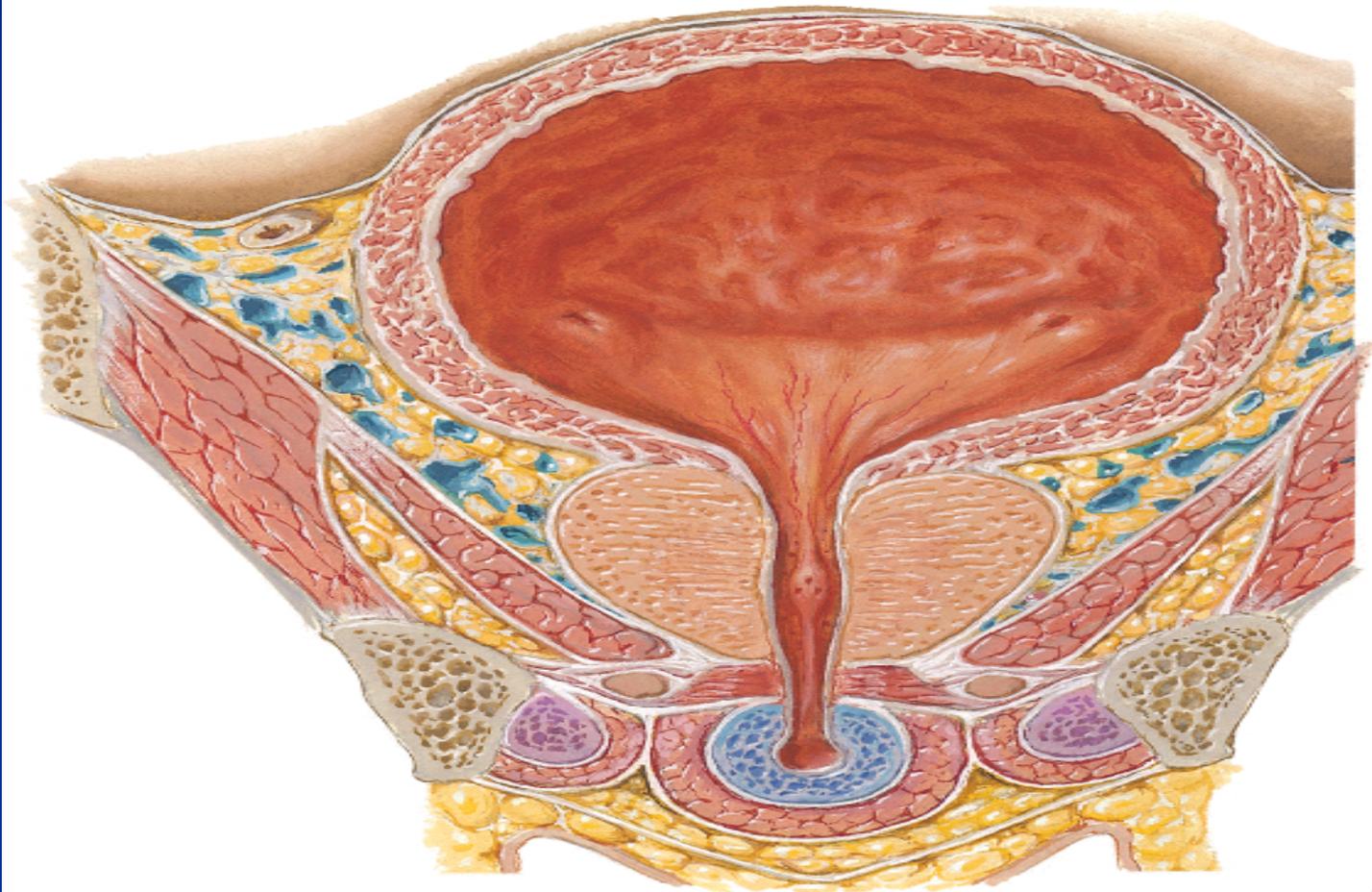
Università degli Studi di Foggia

Cattedra di Urologia e Centro Trapianti
di rene

DR. TOMMASO CORVASCE

Vescica maschile

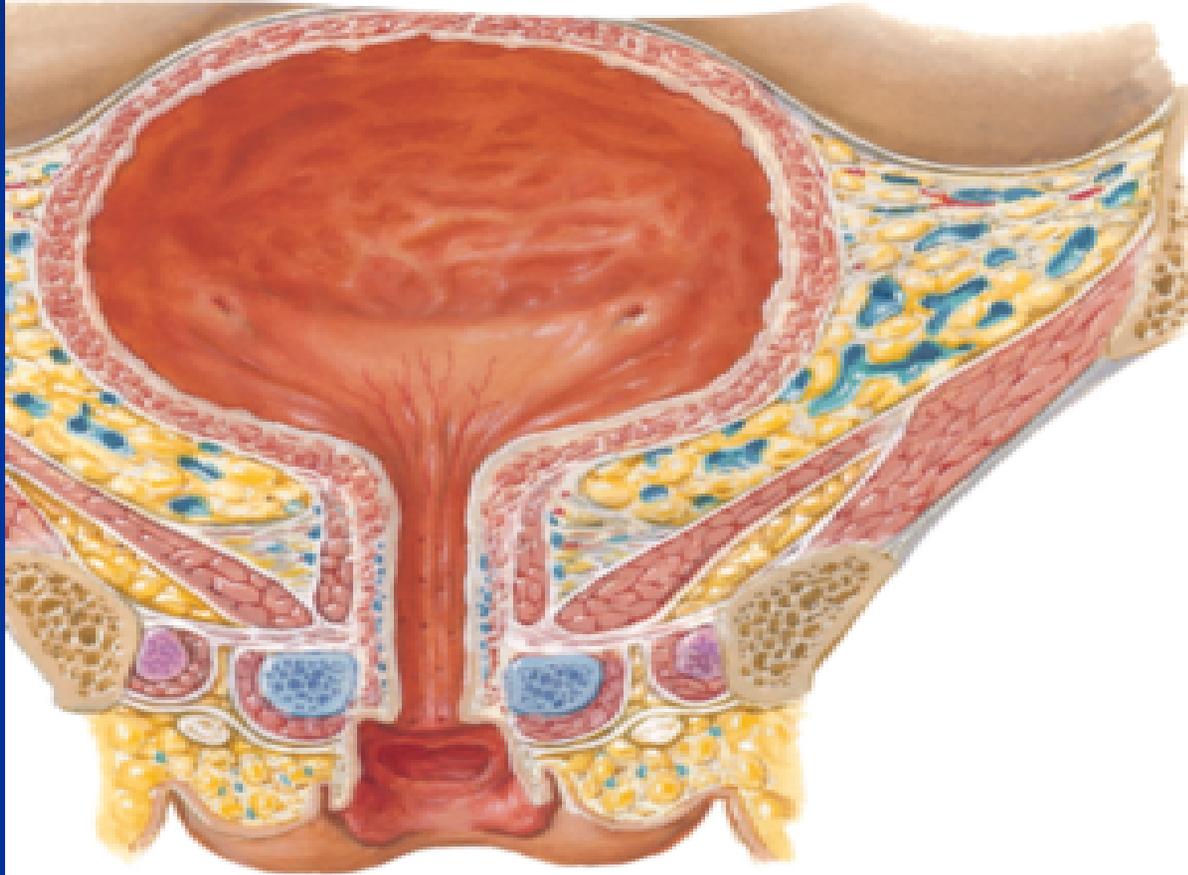
Urinary Bladder of Male
Frontal Section



F. Netter
M.D.
© IBN

Vescica femminile

Urinary Bladder of Female
Frontal Section



F. Netter
M.D.

Cistite

Epidemiologia

Prevalenza

700.000 persone negli Stati Uniti (90% donne)

Incidenza

Età di massima incidenza: 40 anni

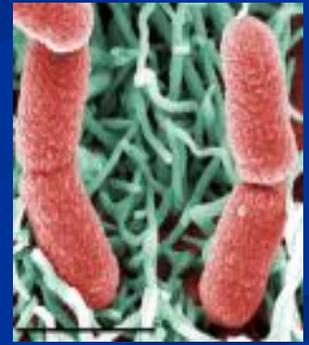
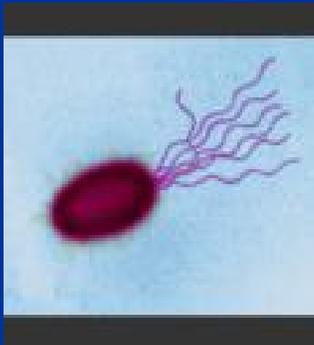
Cistite

Sintomi

1. Bruciore vescicale ed uretrale
2. Urgenza minzionale
3. Minzione frequente e dolorosa, con un dolore che persiste anche dopo la fine del getto urinario
4. Talvolta perdita di sangue con le urine
5. Dolore durante i rapporti sessuali

Cistite batterica

- Escherichia coli (80%)
- Stafilococcus epidermidis (9%)
- Streptococcus fecalis (2%)



Escherichia coli ed Enterococchi

Cistite interstiziale

Eziologia

1. Autoimmune
2. Ereditaria
3. Allergica
4. Infettiva



Cistite interstiziale

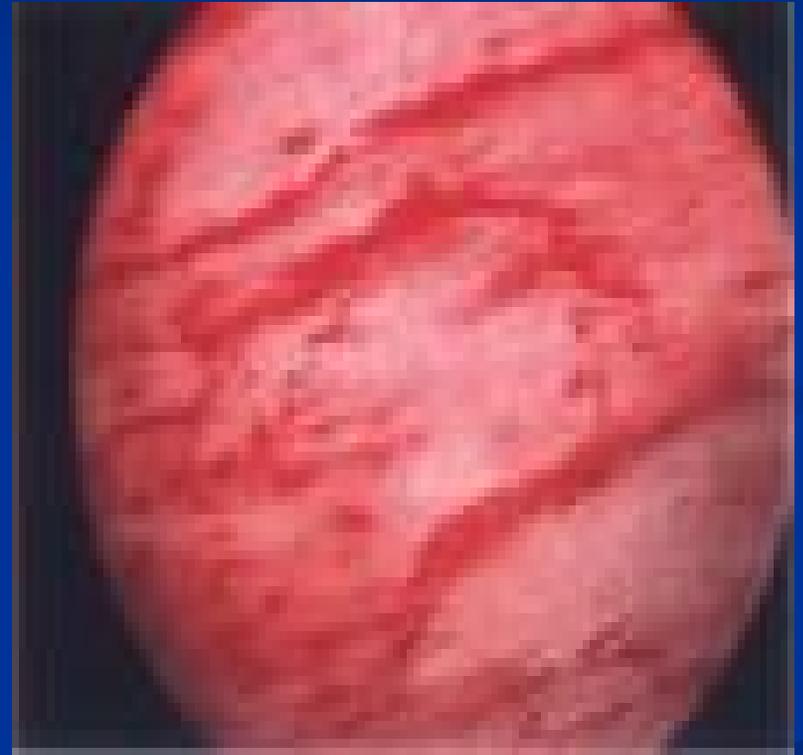
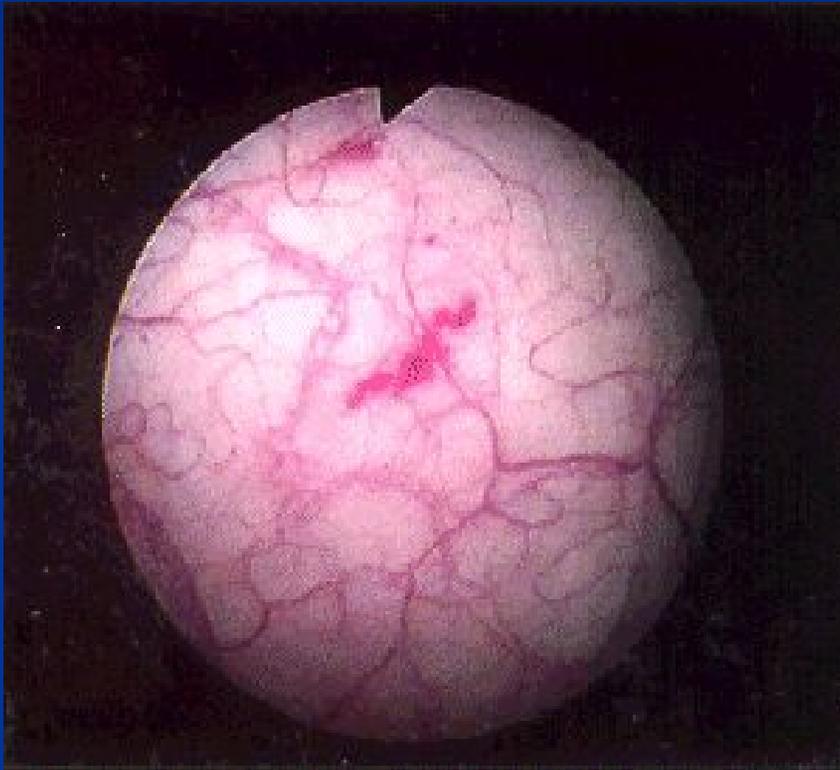
Sindrome caratterizzata da urgenza
e frequenza con o senza dolore
pelvico

A differenza della cistite batterica,
non viene identificato alcun agente
infettivo

Diagnosi

1. Anamnesi ed esame obiettivo
2. Esame urine ed urinocoltura
3. Escludere altre malattie e/o condizioni che presentano sintomi simili alla CI
4. Cistoscopia

Cystoscopy



Cistite interstiziale

Le cistiti sono più frequenti nelle donne per ragioni diverse:

1. Anatomiche
2. Ormonali

Età a rischio

1. Infanzia
2. Primi rapporti sessuali
3. Puerperio
4. Dopo la menopausa e senilità

Prevenire



Modificare lo stile di vita

1. Dieta



2. Fumo



Prevenire



Modificare lo stile di vita

3. Esercizio fisico

4. Bladder training



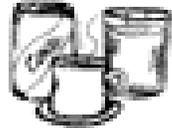
Diario giornaliero vescicale

Your Daily Bladder Diary

This diary will help you and your health care team. Bladder diaries help show the causes of bladder control trouble. The "sample" line (below) will show you how to use the diary.

Your name: _____

Date: _____

							ACCIDENTS						
Time	Drinks	Urine		Accidental leaks			Did you feel a strong urge to go?		What were you doing at the time?				
	What kind? How much?	How many times?	How much? (circle one)	How much? (circle one)			Circle one		Swimming, exercising, driving, etc.				
Sample	Coffee 2 cups	✓	5 <input checked="" type="radio"/> <input type="radio"/> mod <input type="radio"/> lg	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> lg	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> lg	Yes	<input checked="" type="radio"/> No	Running					
6-7 a.m.			<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No						
7-8 a.m.			<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No						
8-9 a.m.			<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No						
9-10 a.m.			<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No						
10-11 a.m.			<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No						
11-12 noon			<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No						
12-1 p.m.			<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No						
1-2 p.m.			<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No						
2-3 p.m.			<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No						
3-4 p.m.			<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No						
4-5 p.m.			<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No						
5-6 p.m.			<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No						
6-7 p.m.			<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No						