

LETTER TO THE EDITOR



Comments to Editorial by J. Curtis Nickel. It is premature to categorize Hunner lesion interstitial cystitis as a distinct disease entity. *Scandinavian Journal of Urology* 2020, Vol. 54, No. 2, 99–100; <https://doi.org/10.1080/21681805.2020.1744714>

We would like to thank Dr. Nickel for his comments (J. Curtis Nickel (2020) It is premature to categorize Hunner Lesion interstitial cystitis as a distinct disease entity, *Scandinavian Journal of Urology*, 54:2, 99–100, DOI: 10.1080/21681805.2020.1744714) regarding our publication: Hunner lesion disease differs in diagnosis, treatment and outcome from bladder pain syndrome: an ESSIC working group report in *SCANDINAVIAN JOURNAL OF UROLOGY* 2020, VOL. 54, NO. 2, 91–98 <https://doi.org/10.1080/21681805.2020.1730948>.

We disagree with him vehemently. It has been 33 years since Fall and coworker's paper 'Chronic interstitial cystitis: a heterogeneous syndrome' which described 'marked clinical differences between ulcerative and nonulcerative interstitial cystitis' [1] appeared in the literature. This was the first publication to call for evaluating these conditions separately in clinical studies and noted the different clinical pathways for treatment. Much literature has been published to support this concept. Failure to act earlier is a major reason that no new treatments have been found effective enough to warrant FDA approval since the 1996 approval of sodium pentosan polysulfate (Elmiron), which itself has failed two subsequent phase-four clinical efficacy trials.

While the symptoms of Hunner lesion positive and negative patients may be similar, that is no reason not to continue the efforts to phenotype the disorder and discover what treatments may benefit individual phenotypes. The one phenotype we have that can be applied today is the Hunner lesion for the numerous reasons noted in our publication and supported by much of the cited recent literature [2,3]. We can all agree that, though recurrent urinary tract infection, radiation cystitis, ketamine cystitis, and even overactive bladder may have similar presentations, we would not lump them together in clinical trials or use similar treatment algorithms.

Medicine is not a perfect science and things do change. We would expect that a symptom-based syndrome would over time yield new phenotypes based on etiology, new biomarkers, pathology, response to different therapies, etc. As new knowledge is gained our care of patients will evolve. At this point in time, denying the current evidence and continuing upon our current unproductive pathways makes no sense, especially for the patients who depend on us. It is time that Hunner lesion took its place as a specific disease that can be diagnosed and treated apart from the general symptom-based syndrome of BPS/IC.

Disclosure statement

No potential conflict of interest was reported by the author(s).

References

- [1] Fall M, Johansson SL, Aldenborg F. Chronic interstitial cystitis: a heterogeneous syndrome. *J Urol.* 1987;137(1):35–38.
- [2] Akaiyama Y, Lou Y, Hanno PM, et al. Interstitial cystitis/bladder pain syndrome: the evolving landscape, animal models and future perspectives. *Int J Urol.* 2020;27(6):491–503.
- [3] Homma Y, Akiyama Y, Tomoe H, et al. Clinical guidelines for interstitial cystitis/bladder pain syndrome. *Int J Urol.* 2020, doi: 10.1111/iju.14234

Magnus Fall

Department of Urology, Sahlgrenska University Hospital, Göteborg, Sweden

Jørgen Nordling

Department of Urology, Herlev University Hospital, Herlev, Denmark

✉ jnordling@dadlnet.dk

Mauro Cervigni

Department of Urogynecology, San Carlo Hospital, Rome, Italy

Paulo Dinis Oliveira

*Department of Urology, Hospital de Sao Joao, Porto, Portugal
Faculty of Medicine, University of Porto, Porto, Portugal*

Jennifer Fariello

The Arthur Smith Institute for Urology, Pelvic Pain Treatment Center, Garden City, NY, USA

Philip Hanno

Department of Urology, Stanford University School of Medicine, Stanford, CA, USA

Christina Kabjörn-Gustafsson

Department of Urology, Karolinska Institute, Stockholm, Sweden

Yr Logadottir

Department of Urology, Institute of Clinical Sciences, Gothenburg, Sweden

Jane Meijlink
*International Painful Bladder Foundation, Narden, The
Netherlands*

Robert Moldwin
*Zucker School of Medicine at Hofstra-Northwell, The Arthur
Smith Institute for Urology, Lake Success, NY, USA*

Loredana Nasta
Italian Interstitial Cystitis Ass, Rome, Italy

Jorgen Quaghebeur
University of Antwerp, Antwerpen, Belgium

Jukka Sairanen
*Department of Urology, Helsinki University Central Hospital,
Helsinki, Finland*

Rajesh Taneja
*Department of Urology Andrology and Robotic Surgery,
Indraprastha Apollo Hospital, New Delhi, India*

Hikaru Tomoe
*Department of Urology, Tokyo Women's Medical University
Medical Center East Tokyo, Japan, Tokyo, Japan*

Tomohiro Ueda
Ueda Clinic, Kyoto, Japan

Gjertrud Egge Wennevik
*Department of Urology, Odense University Hospital, Odense,
Denmark*

Jean Jacques Wyndaele
*Faculty of Medicine and Health Sciences, University of Antwerp,
Wilrijk, Belgium*

Andrew Zaitcev
*Department of Urology, A.I. Yevdokimov Moscow State
University of Medicine and Dentistry, Moscow, Russian
Federation*

Received 18 May 2020; accepted 15 June 2020