



ORIGINAL ARTICLE

Causes, characteristics and mid-term course of acute urinary retention in women referred to a urodynamics unit[☆]

G. García-Fadrique*, G. Morales, S. Arlandis, M.A. Bonillo, J.F. Jiménez-Cruz

Servicio de Urología, Hospital Universitario y Politécnico La Fe, Valencia, Spain

Received 10 March 2011; accepted 11 March 2011

Available online 20 October 2011

KEYWORDS

Female gender;
Urinary retention;
Acute disease;
Urodynamics

Abstract

Objectives: Acute urinary retention (AUR) is uncommon in women and can be related to different conditions. Only some patients are referred to the urodynamics units for a more extensive study. We intend to describe the characteristics and causes of AUR in women referred to our unit and to analyze their middle term evolution.

Material and methods: We performed a descriptive retrospective study (January 1982–December 2006), including the women referred to our Uro-Neurology and Urodynamics Unit after suffering an AUR. Medical charts were reviewed with special emphasis on medical history, physical examination, and also complete urodynamics study during the AUR event and after its resolution.

Results: A total of 202 women were included, median age of 57 years (12–87 years). Prior to the AUR, 59 women (28.7%) reported voiding symptoms. The urodynamics findings were: 65 (32.2%) detrusor hypocontractility; 64 (31.7%) normal study; 37 (18.3%) detrusor acontractility; 21 (10.4%) bladder outlet obstruction; 15 (7.4%) poor pelvic floor relaxation. The causes of the AUR were: 53 neurological (26.2%); 46 unknown (22.8%); 19 gynecological (9.4%); 22 diabetes mellitus (10.9%); 16 urological (7.9%). Renal insufficiency was observed in 14 patients (6.9%). After the AUR 106 women (52.4%) needed some kind of prolonged treatment.

Conclusions: In our experience, AUR in the female is mainly related to underlying neurologic/urogynecologic disease, even though the etiology could not be known in a significant percentage of patients. Half of the patients recovered completely and did not require any treatment.

© 2011 AEU. Published by Elsevier España, S.L. All rights reserved.

[☆] Please cite this article as: García-Fadrique, et al. Causas, características y evolución a medio plazo de la retención aguda de orina en las mujeres remitidas a una Unidad de Urodinámica. Actas Urol Esp. 2011;35:389–93.

* Corresponding author.

E-mail address: gonzag1@hotmail.com (G. García-Fadrique).

PALABRAS CLAVE

Sexo femenino;
Retención urinaria;
Enfermedad aguda;
Urodinámica

Causas, características y evolución a medio plazo de la retención aguda de orina en las mujeres remitidas a una Unidad de Urodinámica

Resumen

Objetivos: La retención aguda de orina (RAO) es poco frecuente en mujeres y puede relacionarse con distintas patologías. Sólo algunas pacientes son remitidas a una Unidad de Urodinámica para un estudio más exhaustivo. Se pretende describir las características y causas de RAO en las mujeres derivadas a nuestra unidad y analizar su evolución a medio plazo.

Material y métodos: Estudio descriptivo retrospectivo (enero 1982- diciembre 2006) incluyendo las mujeres derivadas a la Unidad de Urodinámica tras sufrir una RAO. Se revisaron las historias clínicas con especial énfasis en antecedentes personales, exploración física, así como estudio urodinámico completo durante el episodio de RAO y una vez superado este.

Resultados: Se incluyeron 202 mujeres, con una mediana de edad de 57 años (12- 87). Previamente 59 pacientes (28,7%) presentaban síntomas de vaciado. Los patrones urodinámicos que se encontraron fueron: 65 hipocontractilidad vesical (32,2%), 64 estudio normal (31,7%), 37 acontractilidad (18,3%), 21 obstrucción infravesical (10,4%) y 15 ausencia de relajación de suelo pélvico (7,4%). Las principales causas de RAO fueron: 53 neurológica (26,2%); 46 causa desconocida (22,8%); 19 ginecológica (9,4%); 22 diabetes mellitus (10,9%); y 16 urológica (7,9%). Deterioraron la función renal 14 mujeres (6,9%). Tras la RAO 106 mujeres (52,4%) necesitaron continuar con algún tipo de tratamiento.

Conclusiones: En nuestra serie la RAO en mujeres suele ser consecuencia de una enfermedad neurológica o uroginecológica subyacente, aunque en un porcentaje importante de pacientes no se logra filiar la causa. La mitad de las pacientes se recuperaron totalmente y no precisaron ningún tipo de tratamiento.

© 2011 AEU. Publicado por Elsevier España, S.L. Todos los derechos reservados.

Introduction

Acute urinary retention (AUR) is the sudden inability to empty the bladder content. It is an uncommon entity in women, whose incidence is estimated at 0.07 per 1000 inhabitants each year.¹ It may relate to different disorders. Unlike what happens in men, the AUR in women is not usually due to obstructive processes.² In men, benign prostatic hypertrophy plays an essential role. In women, it often appears in the context of a gynecological or neurological disease. Pharmacological or surgical iatrogenesis is also common. In a considerable percentage of cases the cause cannot be identified, and given that additional examinations are normal, a psychogenic component is suspected.³

Not all the women who suffer an episode of AUR are referred to urology, as in most cases it is a specific episode without repercussions. However, in some women, neurological or urogynecological disorders that require further study, close monitoring, or the establishment of a treatment are detected. The aim of this work focuses on describing the causes of AUR in women referred to a specific unit of functional disorders and analyzing the medium-term evolution of these.

Materials and methods

We performed a retrospective descriptive study including all the women who were referred to our Neurourology and Urodynamics Unit after suffering an AUR between January 1989 and December 2006.

We reviewed the medical records of the patients, including personal history, concomitant medication, general physical examination, neurological and urogynecological examination and medium-term development. We performed a urine culture and a complete urodynamic study during the AUR episode once it was overcome. The study included, in all the cases, free flowmetry, filling cystometry and pressure-flow study. Sometimes other additional tests such as electromyography, evoked potentials or magnetic resonance imaging were necessary.

Results

The studied patients were 202, with a median age of 57 years (range 12–87 years). Prior to the episode of AUR, 58 patients (28.7%) had voiding symptoms, consisting of difficulty in starting urination, weak and intermittent stream, voiding difficulty or feeling of incomplete emptying.

Regarding the digestive history in 44 patients (21.8%), there was history of chronic constipation, 82 patients (40.6%) had normal intestinal rhythm and two (1%) irritable bowel syndrome. In 74 patients (36.6%) information on this aspect was not available. Table 1 shows the urodynamic patterns. The most common finding was bladder hypocontractility (65 patients, 32.2%), followed by normal study (64 patients, 31.7%), and acontractility (37 patients, 18.3%).

The causes of the AUR were divided into 9 categories, whose respective percentages are shown in Table 2. The most frequent cause was unknown (46 cases, 23%). This group includes women with no comorbidity and no apparent

Download English Version:

<https://daneshyari.com/en/article/3845744>

Download Persian Version:

<https://daneshyari.com/article/3845744>

[Daneshyari.com](https://daneshyari.com)