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Overactive Bladder Syndrome in a Woman with Rheumatoid Arthritis

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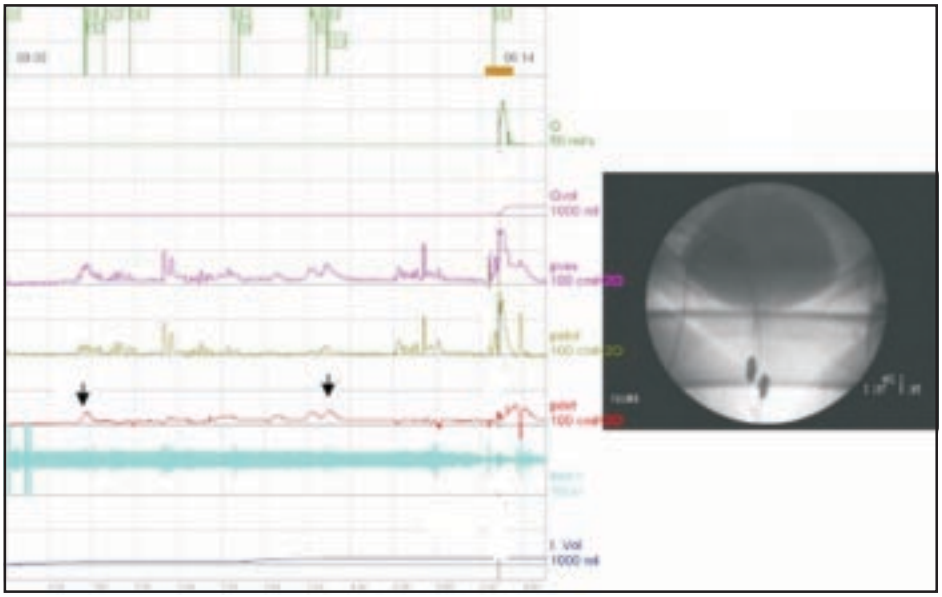

BRIEF HISTORY

A 59 year-old women with rheumatoid arthritis under regular medication developed symptoms of overactive bladder for 3 months, including urgency, urgent incontinence, urinary frequency, and nocturia 4 times per night. She was referred to a urology clinic.

CLINICAL INVESTIGATION

By reviewing of systems, the patient described dry eyes and multiple joint tenderness on her first visit of the urological clinic. Because overactive bladder syndrome may be associated with secondary Sjögren's syndrome, a bladder biopsy was done, which disclosed chronic cystitis in this patient.

URODYNAMIC FINDINGS

A vediourodynamic study was done. Several phasic detrusor overactivities were noted in the filling phase of cystometry (arrows). The first sensation of bladder filling was at 80 mL, and the patient could hold urine until a bladder capacity of 300 mL. Then, the urine passed through the urethra quickly with a maximum flow of 28 mL/sec with a detrusor pressure of 25 cmH_2O. The post-void residual volume was 20 mL. Electromyography showed coordination in the voiding phase.

CLINICAL DIAGNOSIS AND MANAGEMENT

The clinical presentation showed rheumatoid arthritis, secondary Sjögren's syndrome and overactive bladder symptoms in this patient. The diagnosis from the videourodynamic tracing was bladder oversensitivity and phasic detrusor overactivity. No evidence of bladder outlet obstruction or sphincter insufficiency was observed. The treatment of this patient started with steroid with antimuscarinics for 3 weeks. Then, the medication was adjusted into tolterodine ER 4 mg once per day and imipramine 25 mg twice per day for another 3 months. The symptoms of nocturia and urgent incontinence subsided.

DISCUSSION

Overactive bladder is a symptom complex that may have many underlying contributing urological pathologies [1]. Patients with Sjögren's syndrome have been reported to present with irritable bladder symptoms, in which anti-M3-muscarinic acetylcholine receptor antibodies in the patients' serum are recognized to induce the overexpression of M3-muscarinic acetylcholine receptors in the bladder [2]. In this case, a patient with rheumatoid arthritis developed secondary Sjogren's syndrome along with overactive bladder syndrome. It should be noted that autoimmune cystitis can occur and cause overactive bladder syndrome. Lee et al. reported that rheumatoid arthritis patients with secondary Sjögren's syndrome may have interstitial cys-

titis -like urinary symptoms as well as severe lower urinary tract symptoms, particularly frequency [3]. For this woman, the urgency symptom was more prominent and bothersome, and was improved by short- term steroid therapy. Hence, controlling the activity of Sjögren's syndrome is as important as controlling urinary symptoms in such a case.

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