

2. BLADDER INSTILLATIONS WITH SODIUM HYALURONATE IN THE MANAGEMENT OF URINARY TRACT INFECTIONS: A CASE REPORT STUDY



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Introduction. Recurrent urinary tract infections (UTIs) present a significant challenge, particularly in conjunction with neuro-muscular dysfunction of the bladder and chronic pelvic pain syndrome. Traditional interventions frequently result in limited success, necessitating an investigation into alternative therapeutic modalities. In this case study, the focus is on assessing the effectiveness of bladder instillation with sodium hyaluronate 40mg/50ml in managing the intricate urological challenges faced by a 66-year-old female patient diagnosed a decade ago with cervical cancer. The evaluation aims to shed light on the potential of sodium hyaluronate in addressing recurrent UTIs and related complications, taking into account the patient's history of cervical cancer surgery.

Case statement. The patient underwent total hysterectomy with bilateral adnexectomy and received adjuvant radiotherapy and chemotherapy. A recurring issue manifested in the form of UTIs caused by *E. coli* accompanied by right renal colic. Diagnostic investigations, including ultrasound and contrast-enhanced CT scans, revealed a diagnosis of right ureterohydronephrosis resulting from ureteral stenosis at the iliac level. Additionally, retroperitoneal fibrosis was identified following prior radiotherapy. The initial intervention involved the insertion of a double J catheter, but the patient exhibited intolerance to the stent, experiencing severe low urinary tract symptoms (LUTS), renal colic, and recurrent UTIs. Long term stenting failed to ameliorate the ureteral stenosis, and the patient exhibited a rapid decline in renal function on the affected side over time. Consequently, a decision was made to proceed with nephrectomy. Simultaneously, bladder instillations with sodium hyaluronate 40 mg/50 ml were initiated, involving four weekly instillations initially, followed by monthly sessions for a duration of 12 months. Following nephrectomy and a year of treatment, the recurrence rate of UTIs exhibited a slower progression compared to the initial stages of therapy. Presently, the patient performs instillations every 2-4 months, resulting in a reduced frequency of UTIs appearing at this interval, as opposed to the previous monthly reappearance.

Discussions. The discussion delves into the challenges encountered in managing the patient's condition and the rationale behind incorporating bladder instillations with sodium hyaluronate. Analyses of previous treatments, surgical interventions, and the recurrent nature of UTIs underscore the need for alternative therapies. Emphasis is placed on the evolving clinical response observed post-sodium hyaluronate instillations, addressing the multifaceted aspects of the patient's urological complications, including neuro-muscular dysfunction and chronic pelvic pain syndrome.

Conclusion. Bladder instillation with sodium hyaluronate emerges as a promising adjunct in the management of recurrent UTIs and associated urological complexities. The observed improvements in symptomatology, particularly in reducing UTI recurrence, neuro-muscular dysfunction symptoms, and chronic pelvic pain, highlight the potential efficacy of sodium hyaluronate. These findings suggest a novel avenue for addressing challenging urological cases, though further research is essential to validate these preliminary outcomes.