Commentary: Efficacy of Clorpactin in refractory bladder pain syndrome/interstitial cystitis: a randomized controlled trial

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The management of bladder pain syndrome/interstitial cystitis (BPS/IC) is often arduous, requiring a multi-disciplinary approach combining treatment of lifestyle and dietary modifications with pharmacological oral and/or intra-vesical treatments. Although there are numerous intra-vesical treatments available, none has proven greater efficacy over another.

This study is a multi-centre, single-blinded randomized controlled trial [1] investigating the use of Clorpactin instillation in patients with refractory BPS/IC. This is particularly important owing to the current lack of good-quality evidence for the use of Clorpactin which, although reported to be effective in patients with BPS/IC since 1955, lacks controlled trials and is associated with caustic effects. This led to it being an unpopular treatment in BPS/IC.

This study randomised 50 subjects, 25 to Clorpactin instillation (0.4% solution, 2 g in 500 ml of normal saline) and 25 to hydrodistension (500 ml or less of normal saline alone under 80 cm H₂O pressure for 4 min) in patients undergoing cystoscopy under general anaesthesia. The primary outcome was based on Global response Assessment (GRA) at 3 months. Secondary outcomes included the O’Leary Sant Symptom Index (OLSI) and the O’Leary Sant Problem Index (OLPI) questionnaire scores, visual analogue scale (VAS) score for pain and bladder diary parameters.

Follow-up was complete in 22 women receiving hydrodistension and 16 receiving Clorpactin. At 3 months, GRA improvement of “much better” or “very much better” was noted in 56% of subjects in the Clorpactin group versus only 4.5% of subjects in the hydrodistension group ($p =$

0.001). Both the OLSI and the OLPI were significantly improved/lower at 3 months in the Clorpactin group but not in the hydrodistension group. Of note, there was a >50% reduction in VAS pain scores in 56% of subjects in the Clorpactin group versus no reduction in the hydrodistension group.

It is important to note that Clorpactin was associated with higher rates of same-day admissions and re-admissions (8 and 6 out of 25 respectively) compared with hydrodistension, which was associated with 3 out of 25 patients requiring same-day admissions and no subjects requiring re-admission. This study suggests that Clorpactin therapy in BPS/IC subjects provides improved short-term symptom relief over hydrodistension. This study provides a foundation for future research to be done comparing Clorpactin with other instillation agents.

Reference

1. Cvach K, Rosamilia A, Dwyer P, Lim Y, DeSouza A, Ow L, Thomas E, Murray C, Leitch A, Schierlitz L. Efficacy of Clorpactin in refractory bladder pain syndrome/interstitial cystitis: a randomized controlled trial. *Int Urogynecol J*. <https://link.springer.com/article/10.1007/s00192-020-04652-3>

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