



Correspondence

Low compliance bladder



Dear Editor,

In the current issue of the *Taiwanese Journal of Obstetrics and Gynecology* (Volume 54, Issue 6), Liao et al [1] presented an interesting article entitled “Monitoring bladder compliance using end filling detrusor pressure: Clinical results and related factors.” We congratulate the success of this publication and are happy to read this article. However, we are uncertain about some of the data presented in this article, and we hope that the study authors can provide additional information about their results. First, because there is no gold-standard reference to evaluate the compliance of urinary bladder, caution should be exercised when using the investigated tools; besides, these tools might not be accepted by the majority of the experts to define those who might have low compliance bladder. We believe that the investigated tools should be carefully compared with the well-accepted procedures, to analyze the sensitivity and specificity between the investigated tools and well-accepted procedures. Furthermore, the authors claimed that target women ($n = 1490$) in their study who had received videourodynamic studies had lower urinary tract symptoms, including voiding dysfunction ($n = 385$), urinary incontinence ($n = 374$), pelvic organ prolapse ($n = 275$), recurrent urinary tract infection ($n = 171$), and neurogenic bladder ($n = 285$) [1]. The authors reported that 136 women (9.1%) had low compliance bladder based on their original definition (i.e., >20 cmH₂O of end filling detrusor pressure) [1]. However, the authors failed to mention how they obtained this definition. In addition, the cutoff point (end filling detrusor pressure ≥ 17.5 cmH₂O) in the area under a receiver operating characteristic curve suggested by the study authors may be questionable. Finally, it is uncertain whether those women who were diagnosed with low compliance bladder showed any clinical significance in the study. The data presented by the authors showed that there was a statistically significant difference in the end filling detrusor pressure between all patients and the patients diagnosed with low compliance bladder (15.02 ± 7.54 cmH₂O vs. 48.67 ± 95.58 cmH₂O). However, we found that the standard deviation of the data was too big, thus resulting in the high possibility of no use. The standard deviation in women with low compliance bladder was so big and reached up to 95.58, which is two times as that of the mean (48.67), suggesting that that data presented should be interpreted with caution. Furthermore, it is interesting to find that patients with low compliance bladder even had a much higher urinary capacity than all patients studied, because the first desire to voiding in this group occurred when the bladder capacity reached a mean value of 409.98 mL; by contrast, for all other patients studied, the first desire to voiding was much smaller

(226.06 mL), which reached the statistical significance ($p < 0.001$). Moreover, patients with low compliance bladder had a higher maximum cystometric capacity than all patients (530.69 mL vs. 433.51 mL, $p < 0.001$). These data are relatively confusing, because based on our limited knowledge, low compliance bladder might be represented by low cystometric capacity and also by the earlier onset of first desire to voiding when bladder filling was still low [2–4].

Conflicts of interest

The authors have no conflicts of interest relevant to this article.

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