The study of the causes of things must be preceded by the study of things caused.

HUGHLINGS JACKSON

The epilogue of a symposium on disorders of the feline lower urinary tract published in the May 1984 issue of The Veterinary Clinics of North America: Small Animal Practice began with the aforementioned aphorism by Hughlings Jackson and stated in part:

One of the major goals of this symposium is to promote the concept of feline lower urinary tract disorders rather than the concept of feline urologic syndrome. Descriptive terms pertaining to the site (bladder, urethra, and so on), causes (bacteria, metabolic disorders, neoplasms, idiopathic forms, and so on), morphologic changes (inflammation, neoplasia, and so on), and pathophysiologic mechanisms (obstructive urethropathy, detrusor urethral reflex dyssynergia, and so on) should be used whenever possible. By adopting this format, the same terminology and approach routinely used to diagnose and treat lower urinary tract disorders of other species will also be routinely used for the feline species. It will foster "study of things, naturally caused" and thus aid "study of the natural causes of things." The outcome will likely promote routine use of appropriate diagnostic procedures and individualization of therapy.

As emphasized in this 1996 symposium on feline lower urinary tract disorders, this concept has been adopted by most of the veterinary profession.

The 1984 epilogue continued with these thoughts:

Contributors to this symposium have answered many questions related to the etiopathogenesis, diagnosis, prognosis, and treatment of feline lower urinary tract disorders. However, it is no surprise that a new list of questions has been formulated that will require additional effort and study. What is the cause of dysuria, hematuria, and/or urethral obstruction in abacteriuric cats that have no gross anatomic abnormalities, neuro-muscular dysfunction, or uroliths? What is the biologic behavior of the disease(s) in this group of cats? Is any form of specific, supportive, or symptomatic therapy of value in modifying the clinical course of this disorder(s)? What is the source and composition of
matrix found in urethral plugs? Are sex differences involved in formation of plug matrix? Are cell-associated herpesviruses, ureaplasmas, or other as yet unidentified pathogens responsible for naturally occurring lower urinary tract disorders in some cats? Is detrusor urethral reflex dyssynergia an important primary or secondary cause of urethral obstruction in male cats? Are urachal diverticula affecting the urinary bladder capable of inducing dysuria and/or gross hematuria in absence of infection? How are obesity, stress, and change in season related to the onset of clinical signs of different types of naturally occurring lower urinary tract disease of cats? Are recurrent episodes of signs of lower urinary tract disease most commonly representative of recurrence of the original disease, a delayed manifestation of the original disease, and/or different diseases? Are anti-inflammatory agents of therapeutic value in cats with abacteriuric dysuria and hematuria? Are perineal urethrostomies more effective than nonsurgical therapy in preventing recurrence of urethral obstruction in male cats?

Contributors to this 1996 symposium have answered some but not all of the questions posed in 1984. Some causes of feline lower urinary tract disease included in the FUS category a decade ago have been identified, and methods have been developed to treat them. Notably, however, there remains a substantial population of cats with idiopathic forms of feline lower urinary tract disease. Fortunately, for many of these cats, the associated clinical signs are of short duration. Unfortunately, the clinical signs are unpredictably recurrent. What progress will be made during the next decade?

The 1984 epilogue concluded with the following challenge:

The answer to these and other questions can only be obtained by further study. Throughout this symposium, special emphasis has been placed on the need for properly controlled clinical trials to study various types of treatment advocated for cats with naturally occurring disorders of the lower urinary tract. Initiation of these studies is not solely the responsibility of clinical investigators. Government agencies, pharmaceutical companies, pet food manufacturers, research foundations, owners of companion animals, and veterinarians must support this endeavor. More will be accomplished if we all adopt the frame of mind that states, “I must do something” rather than “something must be done.”

As in 1984, we sincerely hope that when all is said and done, and the next symposium on feline lower urinary tract disorders appears in the Veterinary Clinics of North America, there will not be more said than done.

Reference


CARL A. OSBORNE, DVM, PhD
JOHN M. KRUGER, DVM, PhD
JODY P. LULICH, DVM, PhD

Guest Editors

Drs. Osborne and Lulich
Department of Small Animal Clinical Sciences
University of Minnesota
College of Veterinary Medicine
1352 Boyd Avenue
St. Paul, MN 55108

Dr. Kruger
Department of Small Animal Clinical Sciences
College of Veterinary Medicine
Michigan State University
East Lansing, MI 48824

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